11 The Power of Metaphors

Michael B. Buchholz

> In psychotherapeutic treatment, for example, the step towards understanding one's own self consists of the client becoming aware of how he lives according to unconscious metaphors and how these determine his life.
>
> Lakoff, Johnson 1980: 72

Abstract: Transcript examples from therapeutic conversations are used to show the richness of metaphors in therapeutic discourse. Particular emphasis is placed on verbs rather than nouns. Modern metaphor theory is then presented and its neural basis outlined. Finally, again using examples of transcripts, the question of how a new metaphor suggested by the therapist is actually adopted by the patient is explored. Conver-

sation analysis tools are used to describe this. The combination of metaphor theory and conversation analysis makes it transparent how, in a therapeutic session, the therapeutic *reformulation* of a patient's metaphor used to describe their symptom succeeds in building up a shared *imaginative agenda.* The therapist *positions* himself *meta-complementarily* in the conversation, which is described in detail, as are linguistic *alignments* that lead to intensified forms of affective *affiliation* and increased *listener-speaker* synchronization. To this end, the therapist makes use of *empowerment* and *completion* practices. The former increases the patient's self-esteem by categorizing some of the relevant aspects differently than the patient has done so far; the latter completes the narrative embedding of the symptom with details to which the affect is attached. The seemingly meaningless symptom can then gradually become recognizable as a meaningful production. Once such an agenda has been created, the transformation of the metaphorical *verb-island construction* determining the symptom can succeed by implementing a reformulated metaphor suggested by the therapist. What sounds abstract here becomes easy to understand through the examples.

11.1 A preliminary remark

When members of a professional team form a hypothesis about patients, they say, for example: "He's kind of a *rascal*" or "She's a real *gem*". Or they formulate: "He can't *see* his contempt", "She's still *fighting* for her father". Or they describe their relationship experience: "I spoke to her and she actually wanted to *sell* me that..."; "in talk he then *admitted* that he sometimes has these or those thoughts". Patients become "*fluid*" or "*harden*" during the conversation, you can *approach* them, they *look up* to their therapists or *look down* on them, after a conversation they sometimes feel "liberated" or "cleansed".

Hypotheses are implicitly formed in all such statements; the word "hypothesis" here has the meaning of "*image*". Professional therapists form a picture - of their patient, of the relationship, of themselves. In a clinical context, to formulate a hypothesis means "to form a picture". The linguistic form for this is the metaphor.

It has been clear for many years that this requires a certain familiarity with another person. At the beginning of treatment, therapists think in diagnostic categories; this indicates how committed they feel to their

profession. But it also shows how unfamiliar the other person still is to them. After all, therapists don't treat diagnoses, they talk to another person. The more they get to know another person, the more the professional tone dissolves and makes way for a different attitude. Since Benedek (1992) described this change in therapeutic mental activity, it has been repeatedly observed and differentiated (Aveline 2005; Bartesaghi 2009). Such mental activity is known colloquially as "getting an idea" of someone or even an "image". The mental activity of therapists perceives a "person" (of a certain age, type of clothing, coming and going, etc.) as well as the “lifeworld”, circumstances or other “contexts” (Kriz 2017). It is a shame that these basic concepts from the humanistic tradition of therapeutics have become so marginalized. Psychoanalysis can contribute the observation that such 'mental activity' takes place unconsciously, or at least very quickly, much more quickly than when talking to colleagues. “Thinking in images" is fast, while image communication is very slow in comparison – but productive.

The word "hypothesis" has a different meaning in a scientific context, but that is not of interest here. Rather, it is worth paying attention to the fact that different images have very different consequences for action. If a therapist thinks to himself about a couple sitting in front of him "This relationship is a battlefield", he sees something different than if he sees the image of a "playground" in front of him. And when I write that he "sees", this is of course itself a metaphorical expression, because he sees a couple - one that is arguing or one that is "playing" with each other.

Such imagination is also unavoidable in everyday life, but it by no means only extends to nouns. It applies just as strongly - and usually completely unnoticed - to verbs that we use to describe actions, as my examples here should show by way of introduction.

11.2 What constitutes a therapeutic conversation?

So how does a therapeutic conversation differ from an everyday one? A simple but important answer is that therapists (want to) talk to their patients about their metaphors, not in their metaphors. Patients usually have a metaphorically tangible idea of what therapy is. They imagine it, for example, as "exercise" as in physiotherapy; or as "strengthening" (the soul) or as "dissolving" (a trauma) or as "untying knots" or as "re-

mothering" or as "finding again" (the "inner child") or as "going my own way" etc. Plassmann (1986) once used the beautiful term "process fantasy" for this and this could also be investigated (Schöttler, Buchholz 1993). Patients also imagine their progress.

Therapists, as I have already shown, have comparable mental activities, albeit with one difference. They learn in their training that they have to find ways to talk about these process fantasies. This "about" is itself a metaphorical preposition, as I will make clear in a moment. It assigns the mental activity a "place" that is situated above the process fantasy, from which we can speak together. This has even been given a name, it is called "aboutness" and can be defined in this way:

Box 11.1 Aboutness
Thoughts, beliefs, human actions, as well as the linguistic and pictorial representations we compulsively produce, are about something. This aboutness distinguishes the mental from the (merely) physical.

Hendriks-Jansen 1996: 279

Why is such a step of "aboutness" necessary? Because sometimes mutual understanding becomes so close that you get "under the skin" of the other person (Bernhardt et al. 2020). Listening is definitely a physical matter, we are embodied listeners - on both sides of the therapeutic process. And this gives us an idea that it is itself a process fantasy when some believe that therapists "apply" a theory. Person and integrity of the therapist play a more important role than method and technique, as we have gradually come to realize throughout psychotherapy research (Buchholz 2012; Crits-Christoph, Minth 1991; Luborsky et al. 1997; Finsrud et al. 2021; Klug et al. 2008; Knobel 1990; Lingiardi et al. 2018; Nissen-Lie et al. 2021).

11.2.1 Only witches can fly with brooms

We once tried to formulate this connection in a metaphor. Freud spoke of the "witch metapsychology", which easily overlooks everything in flight. Of course, witches need brooms to fly. However, even a magic broom is nothing more than an instrument to sweep the room for those who cannot control it. But if the person with sufficient therapeutic ex-

perience takes hold of the broom, it can be used to "fly", i.e. to survey large and far-flung mental territories. Theory and person unite to form the "broom with which the witch flies" (Buchholz, Gödde 2012).

Using verbatim examples from therapeutic conversations, I will now show the richness of metaphors. I will focus more on verbs than on nouns. Why? Because verbs describe the person's actions. Verbs form an "island" of action - Tomasello (1999) spoke of the verb-island constructions around which the whole construction (of a sentence or description) revolves. If someone says: "My feelings (my anger, my fear, my desire) are flooding me" then this construction shows that someone is being passive about their feelings while presenting *them* as actors. The verb "flooding" is the metaphor, the passive form adresses the speaker as a sufferer who can do "nothing" - because the person's feelings are metaphorically mentally imagined as "stronger than myself".

Modern metaphor theory is then presented and its neuronal basis outlined. Finally, again using examples of transcripts, the question of how a new metaphor suggested by the therapist is actually adopted by the patient will be explored. In order to describe this, I will focus on the therapeutic conversation and explore a few ways in which it can be analyzed. Connecting metaphor (mental activity) and conversation (conversational activity) makes transparent how, in a therapeutic session, therapeutic reformulations of a patient's metaphor used to describe their symptom succeed in building a shared imaginative agenda. The therapist helps his or her patient to see how badly the fixation on some unresolved metaphors has a restrictive effect and so patients can free themselves, to be no longer in the metaphor's grip, but achieve a position of *aboutness*; thus, richness of images in mental activity increases, it does not decrease! Some details of the conversation can be described well.

Some strengthen the patient's self-esteem by categorizing relevance differently than the patient did previously; others complete the narrative embedding of the symptom with details to which the affect is attached. Then, the seemingly meaningless symptom can gradually become recognizable as a meaningful production - and thus be abandoned. Once such an agenda has been created, the transformation of the metaphorical verb-island construction that determines the symptom can succeed through a reformulated metaphor. What sounds abstract here becomes easy to understand after studying the examples.

11.2.2 A verb-island construction in a supervision

On a ward in a psychotherapeutic clinic, the participants of the weekly ward meeting meet. We (Buchholz et al. 2000) had permission to record these sessions on tape. Supervision is, as it were, the institution in which aboutness is to be made possible. As a reader, please pay attention to the speaker's verbs.

The senior doctor leading the group says a half-sentence: "Who of you would like to ..." and then the first male speaker refers to a talk with Mrs. N., a new patient in the clinic, with the following utterance:

B 11.1	"Wanted to sell me that ..."
Yes, well, Mrs. N. is (clears her throat) relatively (-) mmh (.) reserved towards the nursing staff and at the same time (1.5) if she wants something then she says it relatively firmly (.) So! Actually, you can say (.) like that (-) then she knows what she wants, then she comes in (-) at least that's how she behaves with me. I've actually had one real contact so far (..) last week anyway (.) where she told me that her (-) mmh (-) daughter is probably a geriatric nurse somehow. Then she wanted to sell me that it was really great and I said that I had also worked there for 3 years in Geronto and I didn't really think it was that great! Well, it got to the point where we started talking and she said to me (-) °that was a really naive conversation° (1) but yes, they earn more money than nurses anyway.	

The speaker reports on an encounter with a patient, Ms. N. She kept a low profile, she knew what she wanted. He had only had real contact with her once; the conversation had been about working in "Geronto", i.e. geriatric psychiatry. After a short pause, represented by the bracketed dash (-), he makes a self-reflective comment in a °quiet voice°, indicated by the superscript small zero, "(-) °that was really a naive conversation° (1)". This comment is addressed to the listening group and obviously anticipates a slight criticism of his conversation.

But if you look closely, what he says is by no means "naive". He makes a characteristic transformation, which most people miss on first reading. He talks about a conversation and says that the patient wanted to "sell" him something. Such transformations of conversational elements happen very often when we tell others about a conversation (Holt, Clift 2007). Nobody reproduces a conversation as if it were a technical recording, as this would take up too much time. The con-

densed formulation using a metaphor creates temporal gain because speaking is much slower than the simultaneity of mental processes.

However, the transformation does even more. It unconsciously presents an imaginative scenario. The conversation he reproduces was a sales pitch. If you formulate the metaphor SPEAKING IS SELLING - here for this representation - you can check everything right away: The patient becomes a salesperson, the narrator becomes a customer. The value of what is being sold is debatable: for the one it is "really great", for the other "actually not so great" to work in the "Geronto". The metaphor of "selling" transforms the entire imaginative agenda. Some call this an "agenda transforming utterance" (Stivers 2006) and thus precisely describe the transformative effect of the verb-island construction.

Does this transformation have further consequences? Yes, as the contribution of this first speaker is recognizably pervaded by the communication of a diffuse unease, his difficult-to-grasp-skepticism towards the patient is communicated. If his skepticism is now related to the metaphorically analyzed agenda, it becomes immediately understandable: the speaker felt that the patient was involved in a "deal" in which he was to be "sold" something that he did not want because of its low value.

This feeling turned out to be wise. The analysis of this case discussion showed, as the supervision progressed, that the patient had actually come to the ward for treatment in a very unusual way and was on the run from the public prosecutor for serious tax evasion. However, the speaker had not even known this when he began to talk about it with the first remark reproduced here. It is communicated much later by other members of the team.

The transformation through metaphor is shown here to be motivated by an unconscious perception; in this situation there was the great advantage that this knowledge could be verified. Listening to metaphors could prove to be particularly helpful.

11.2.3 Metaphors in therapeutic conversation

A very similar type of transformation occurs in countless therapeutic conversations. The difference is that the transformation is carried out by the therapist; the patient's formulations are *reformulated* by the therapist (Antaki 2008, Dreyer, Goßmann 2014, Deppermann 2011). Let's take a look at the next example (E 11.2):

E 11.2		"I got the day off to a great start yesterday"
01	?	((tape running)) (31) (clearing throat) (8) .
02	P	I go:t through the day yesterday very well (2) and (2:) I don't know that (1) any obsessive thoughts came up again (1) when I somehow drove home (1) and then I was I was at home for a while (1) and err:m (1) then (1) I went to Landsberg with a friend (3) and (-) and there we met two: (1) old friends of ours and went to the SWIMMING pool and after the weather wasn't so good .we went out for a bite to eat in town and then we had an ice cream afterwards and YES! (.) I could really (.) switch off really well again . (7) . so I didn't notice that there was anything wrong (1,2)
03	T	[hmhm
04	P	that something crept in (..) that was all=
05	T	°beautiful!
06	P	=very far away (11)
07	T	Actually, you didn't get THROUGH the day, you ENJOYED it!
08	P	Yes (!), exactly ((laughs)) Hey! That's right! (-)

This is the beginning of a 28th session of analytical psychotherapy with a young female patient with the compulsive obsession that fat men standing in front of her could expose her penis. The fact that she has already been able to get this obsession under control somewhat is what makes the beginning of the session. You can't say that she is *narrating*. This is because the moment of a short introduction, an increase in tension leading to a climax, a drop in tension and then possibly a coda, which is so characteristic of a narrative, is completely missing here (Reeder 2005). She also describes the obsessive thoughts as independent agents that can "emerge" or sneak in, as if they had their own "agency", i.e. (Deppermann 2015) as agents acting on their own initiative. We find several examples of the conceptual metaphor *thoughts are persons*.

In contrast to narration, the format in which she speaks is *reporting*. This is characterized by the additive juxtaposition of events with phrases such as "and then". The report format is characterized by a certain affective pallor, which can also be visualized prosodically on the screen; the F0 line, the basic structure of the so-called "formants", is almost linear (Buchholz, Reich 2014). The defense mechanism of affect

isolation can be made visible here in parallel: both through the reporting format and in the prosody.

A metaphor also appears in her first statement, that of "getting through"; we recognize again how this metaphor is condensed in time; the experience of the whole day is summarized here and detailed in the subsequent report fragments. The therapist *reformulates* this metaphor. In the first example, the speaker had also replaced the verb (speak) with another verb (sell), here the therapeutic reformulation now speaks of "enjoying". Spoken with a clear accentuation, this reformulation has a similar effect, it transforms the imaginative agenda in such a way that the isolated affect can enter and free itself in a powerful laugh. Again, this can be seen very clearly on the screen.

Through a single reformulation, the therapist succeeds in creating a new, liberating affective situation for the patient for a moment.

Why is this actually possible? The answer lies partly in what some (Tomasello 2002) have called a "verb island" construction, which is of course itself a metaphorical expression. What is meant is that verbs form a kind of "island" for our activities in the stream of communication, around which many other things land. If you change the verb, the agenda changes. So if you want to learn to hear metaphors, it's worth paying attention to more than just nouns in the style of “Achilles is a lion”. With few exceptions, the metaphor discussion of the past 2000 years has been focused on nouns and has largely ignored the transformative power of verbs; however, they serve our self-understanding of what we do far more - and at the same time elude our attention as long as they seem as self-evident to us as talk of "selling".

11.3 Theory of metaphor

The older discussion about metaphor has received powerful new impulses through the work of linguist George Lakoff and his philosophical co-author Mark Johnson. I summarized their work and have been able to use it in several metaphor-analytical studies in the analysis of a brief therapy (Buchholz 1996/2003), of "contact scenarios" between patients and therapists in a psychosomatic-psychotherapeutic clinic (Buchholz, v. Kleist 1997) and in the complete analysis of a videographed group therapy of convicted sex offenders (Buchholz et al. 2008). I can be brief here.

11.3.1 Conceptual metaphors (CM)

The first impulse of Lakoff and Johnson refers to the description of so-called "conceptual metaphors" (CM). I have already made tacit use of this above when I showed that the patient uses the metaphor *thoughts are persons.* She does not speak this in the manifest dialogue, but in such a way that one can easily recognize the corresponding *concept,* which can be described by the phrase *thoughts are persons.* The manifest phrases in the dialog ("emerge", "that somehow something came", "crept in") do not formulate the concept, but they are, as it were, *speaking representations* of the metaphorical concept.

Lakoff and Johnson have illustrated the idea of CM with many examples. One CM that is so widespread in our world is TIME IS MONEY. We hear it in phrases such as that time should be spent on something worthwhile; that it must be allocated; in the accusation of stealing someone's time. Another CM is widespread in academic debates, it's called ARGUMENT IS WAR. Phrases are then uttered such as that someone had to *vacate* their positions, another had *to give up*, a third was able to *defend* their theory very strongly, while a fourth had considerable *holes punched* in their presentation and their opponent was able to *expand* their positions.

Here, too, one immediately notices that the affective values change abruptly when we visualize academic debate in which another conceptual metaphor, ARGUMENT IS DANCE, governed events. We immediately see slight movements, hear turns of phrase such as the participants passing balls to each other (instead of fighting each other) and the report of such, unfortunately somewhat rare, events always comes across in an uplifted mood. The change in a CM shows its power. Lakoff and Johnson draw three conclusions from such examples:

a) The alternative to a metaphor is not the image-free or image-distant academic conceptualiy, but the alternative metaphor (Debatin 1995); "argument" can be metaphorized in one *way* or another.
b) The metaphor is by no means just an element of the text, but of cognition - we think in metaphors (more on this later)
c) The metaphor is not the representation of a word by another word; it is rather the "matching" of a concept from a sensually tangible source area to a more abstract target area. This "match-

ing" is best imagined as a kind of projection, like a projector. A white wall (target area) suddenly shows a colored image (source area).

The new theory thus makes some shifts: it abolishes the traditional opposition between concept and metaphor, which has always been associated with a tacit elevation of the *concept*. Many have set out to show how scientific language, even that of mathematics, is overflowing with metaphors (Konersmann 2007, Nunez 2008, Núnez 2010, Radman 1995). Another discovery was that their origins can be recognized in embodied gestures (Cienki, Müller 2010, McNeill 2000, Lee, Schwarz 2010) and embodied experience in general. In short, metaphor theory discovers the body, it even rehabilitates it and radically reverses the relationship between body and mind, as some book titles such as "The Body in the Mind" (Johnson 1987) or "Philosophy in the Flesh" (Lakoff, Johnson 1999) had programmatically announced. Metaphor theory has given strong impetus to the idea of *embodiment*.

Nevertheless, the new theory is called *cognitive* linguistics because it includes cognition and does not separate speech from either physical performance or imagination; and finally, it includes the fact that concepts are present as "scenarios" in a mental-imaginative way. Concepts are less conceptually abstractly available, but rather as narrative scenarios; only on them does the concept rest.

We understand a word like "to have" precisely when, as children, we saw the ball in front of us while crawling and exerted strength to have it. Since such examples were first mentioned (Johnson 1987) and analyzed in many different ways, a huge research effort has developed that has sought and found connections - to the role of gestures in learning (Goldin-Meadow 1997, 2003, 2006) in general or especially in the vital human cooperation before the first year of life (Liszkowski 2006) or also to the structure of time experience in other cultures (McNeill 2007) with the finding that in almost all cultures the future is articulated on a metaphorical arrow of time as being ahead of us, but the past as being behind us – (with very few exceptions only).

11.3.2 The role of embodied schemes

Lakoff and Johnson not only introduced the completely new idea of CM, but also sought to link the theory of metaphors with other scientific findings. One question is how newborns can actually cope with the enormous amount of information that comes to them through their sensory channels. The answer was found in a theory that can describe the way in which experience is *organized.* The many millions of bits and bytes of information must be given some form of *organization.* These authors propose a theory of embodied schemas. The easiest way to visualize it is to place the *balance schema* at the beginning.

How do we learn balance? Certainly not by applying the physical laws of free fall and the inclined plane, but because we learn it physically. Children find it pleasant when they are picked up from their crib in such a way that their spatial and positional instability is not disturbed and their still very imperfect body control can follow the process of being picked up, i.e. not too quickly. They have a physical sense of balance that becomes more refined as their muscles develop and eventually enables them to learn to walk upright. When they later hear the word balance, they already know what it means.

When learning to walk upright, they have another sensory experience, which Lakoff and Johnson formulate as CM: ABOVE IS MORE. They can stand upright and see more. When the mother pours milk into a glass they see how the liquid level rising to the TOP indicates MORE. The fact that adults are on top from their perspective and have more to say is part of this chain of experience. This prepares them to understand sentences such as "The dollar is rising" as well as metaphors of social advancement, talk of a high-flyer or, conversely, when someone's self-esteem is at the bottom. Studies (Kronberger 1999, Charteris-Black 2012) have shown that depression is used metaphorically with phrases such as falling or even crashing; black holes are never at the top, but always at the bottom. Changes in the corresponding metaphors can be used as indices of therapeutic outcome (Levitt et al. 2000); the physical-symptomatic representations of depression (gaze, back, general habitus) are directed downwards.

Another physical pattern is that of strength. We feel the pressure of the stomach, we have to exert force ourselves if we want to reach a goal and even very young children experience this. Johnson (1987) shows in elaborate speech act theoretical analyses that the *modal* verbs *can, may* and *must* indicate precisely this force. Let's look at an example (B 11.3),

it is the opening scene from the movie "Oh Boy". (Buchholz, Hamburger 2016).

B 11.3		Opening scene from "Oh Boy!"
01		Tom Schilling in the role of Niko gets dressed quietly one morning, his shoes follow, a woman lolls in bed. He tries to be quiet and not disturb her.
02	S	You are leaving already?
03	H	(looks over at her and delays putting on her shoes) (2) Hey! (2) >>Yes! (0.5) 'I have to go .
04	S	(surprised, after looking at a clock to the side) So early?=
05	H	(puts on his jacket): =I have appointments .
06	S	(plays her left ear with her right hand) (4) .
07	H	I::=call-you (0.2) Ok?
08	S	Why don't you sit down again
09	H	(sits down on the bed with her, the camera now shows both of them in silhouette profile from the perspective of the door) (4)
10	S	(in a flattering voice): Slept well? (Her hand goes to him, her face smiles at him)
11	H	Hmm
12	S	(looks at him seductively) Shall I make us another coffee?
13	H	that’s nice (his gaze goes to the floor) I'm late (he looks at her)

She speaks the first four words, which are difficult to *categorize*: Does "You are leaving already?" formulate a question or a reproach or is it a statement? Conversation analysis has often observed that ambiguity is not communicatively connectable and we can see that here, too.

Her first statement, which can only be *categorized* ambiguously, is answered by him with an equally vague "Hey" and then, after a short pause, the remark "'I have to go" follows. With the modal verb "have to" he indicates a force relevant to himself, he positions himself as being under the influence of this force - the time pressure, the obligations. She recognizably doubts this, is still trying to establish a "we", the gesture of her hand to his ear is a gesture of self-assurance (Hoffer 1947) in the face of what is difficult to believe that she sees before her: that he is sneaking off after a night together. When he states again that he is late - and thus brings the power of having to be late into play once more - she has already understood that this is a rationalization, a pretext to deceive her. When he finally realizes that she "sees through" him, he not

only drops his head in resignation, but also guilt. His body reacts in harmony with the linguistic events.

In his book (Lakoff 1987), Lakoff names a further 25 schemas of the embodied organization of experience, of which the "container" schema should be mentioned here; it is used not differently than in psychoanalysis, namely in such a way that something can be thought to be contained in something - but based on experience. The experience is, for example, that a baby is lying in a crib, the crib is in a room and the room is part of an apartment that exists in a house that stands in a street. In short, the preposition "in" here indicates the relationship of the smaller to the more comprehensive. When we say that Peter takes his friend Paul "into" his gaze, the gaze is conceptualized as something more comprehensive. When we say that Werner's article appeared "in" the newspaper, we are also using the preposition “in” metaphorically based on the container schema. The very fact that the preposition is used literally rather than metaphorically in the sentence "The house is in the city" shows that it was used metaphorically in the other examples. The container schema organizes large parts of our experience and its articulation.

For example, when we say "I take from your words..." or "This plan necessarily also contains that...", much more than the older theory assumed is metaphorically based. The once so careful separation between the conceptually pure and the vividly pictorial formulation of a fact or representation is losing its conciseness (Jacobs 2014). The concept is based in the metaphorical image, the image emerges from the experiential organization of the body in its schemata.

11.3.3 The neuronal substructure

The neurosciences are also working towards this dissolution of previously familiar boundaries. It is therefore not surprising that Lakoff also attempts to give his metaphor theory a neuroscientific foundation. The neurosciences are familiar with the so-called "attachment problem", whereby the term "attachment" is not used in the sense of John Bowlby's "attachment theory". Rather, it is about how it is possible to immediately see a "red triangle", for example, although the information for color, edge length and shape is "stored" in completely different regions of the brain. This problem has not been solved in detail; Lakoff has made a proposal in various publications (Lakoff 2008, Gallese, Lakoff

2005) on the basis of body schemata (Feldman 2008). The "Neural Theory of Language" (NTL) jointly developed by these authors assumes that the brain undergoes "shaping" through experience, but that this must pass through the eye of the needle of the body schemata. The common metaphor of "imprinting" is discarded because it presents the human coin to be imprinted as far too passive. In fact, we are talking about bottom-up and top-down processes.

This means that the development of an emotional reaction cannot simply be imagined as the "input" of a sensory impulse that is transmitted directly to the brain's recipient sensory areas. Rather, processes of re-evaluation of an experience from the "higher", above all cortical, regions of the brain intervene in the transmission of an impulse, as do impulses from "below", above all from the dopaminergic reward system and the serotonergic mood regulation. These "interventions" can be outlined in more detail.

Even infants perceive another person primarily by looking into their eyes and at their face. Certain brain regions can be assigned to this, in particular the amygdala. In this way, an allocentric representation of the other's body is gradually represented on one's own body and one's own body on the other's body (extrastriate area), one's own and the other's body movements are analyzed in more detail (upper temporal sulcus), a simulation (Gallese, Goldman 1998, Goldman 2006) of the other occurs, which is experienced as "like-me".

These higher-level processes are ultimately represented more and more cortically (lower parietal cortex and lower frontal cortex), the development of the ability to perform one's own intentional acts takes place in the middle prefrontal cortex, as does the development of "theory-of-mind" skills between the ages of three and four. This is (Kandel 2014) a rather schematic line of development, but it fits in quite well with other findings (Ulmen, Wirth 2014), according to which young children as young as one year of age can clearly recognize the needs of others in an alterocentric and not just egocentric way, can give non-egocentric clues to hidden objects that the other person is looking for - but would not pass corresponding tests of the theory-of-mind. The temporal dating of social abilities must be shifted far forward into pre-linguistic developments of the first year of life. This difference in aging has been described as the "paradox" of theory-of-mind research (Astington 2006).

This is where the neuronal metaphor theory comes in. Human experiences can still be explained in the pre-linguistic realm by the discovery

of mirror neurons and by so-called simulation semantics: We imitate, as it were, everything we experience; we assimilate even in the face of external immobility. This creates a neural choreography that follows the principle that "neurons that fire together wire together". Different types of neuronal circuits are created, higher levels of information processing are formed and the formation of conceptual metaphors is seen as part of the cognitive unconscious.

Lakoff by no means excludes social and cultural experience, as he has sometimes been wrongly accused of doing:

Box 11.2 Childhood – prime place of cognitive, social and culture learning
The preponderance of our system of primary metaphors is acquired in childhood, and childhood experience has an important influence on the system of our primary metaphors that we learn.

Lakoff 2008: 28

This also means that the "top-down" control must not only be related to the relationship between the cortex and the early evolutionary layers of the brain, but that the social environment provides another very important "top-down" control. Therein lies the opportunity for therapeutic influence on human experience, without which no communicative competence could develop.

A modern metaphor theory could not do without such a dual, social and neuronal, foundation. Lakoff offers such a foundation without abandoning his interests in cultural and social contexts. His political commitments already speak against this (Lakoff 2008).

I would now like to pursue questions that lead back to the beginning of this text: How can this conception of metaphors be used in the practice of counseling and therapy? Is it possible to simply tell a patient that they should use a different metaphor? How can a new metaphorical reformulation be implemented?

11.4 The implementation of an alternative metaphor

We have seen the power of metaphor to transform a socio-emotional agenda. As a culturally implemented conceptual metaphor (e.g. TIME IS MONEY), it can coherently control the self-image and understanding of large human groups. Its mode of operation is "matching", the *metaphorical projection* of an image of sensual-physical experience into a more abstract realm. This mode of operation explains why even completely new metaphors can be immediately understood by other people. Metaphor theory was able to provide powerful impulses for the development of the *embodiment concept* in the *cognitive sciences* (Buchholz 2014). If the formation of metaphors could be

- during the playback of conversations
- for one's own self ("I am a bounce-back person")
- in the conceptualization of experiences
- in the structuring of narratives
- in the representation of other persons

therapeutically, there should be considerable opportunities for therapists to provide helpful treatment. Psychotherapeutic research has certainly paid attention to this (Angus, Rennie 1988, Angus 1996, Buchholz 1995, Cameron, Maslen 2010, Fischer 2005, Gelo, Mergenthaler 2012, Stigler, Pokorny 2001).

11.4.1 First antagonistic exchange

I would like to present here passages from an intensively studied short-term therapy that can be used as an example to analyze the transformation of a metaphor that controls a patient's obsessive-compulsive symptom. This is the case of the "student" documented in the "Ulmer Textbank", which was subsequently transcribed in my working group at the Berlin International Psychoanalytic University (IPU)[1] . We did not want to do without the subtleties of communicative exchange; pauses and mutual interruptions, answering or not answering questions etc.

[1] Thanks to the International Psychoanalytic Association for funding this post-transcription with a grant.

make too much difference to the atmosphere of a session for these dimensions to be ignored. We can follow here how the reconstruction of a metaphor succeeds within and through such conversation.

The encounter between the student and his therapist begins like this in the audio recording:

E 11.4		"Did you get the hang of it?"
01	?	Sounds of unintelligible words, doors being opened/closed, footsteps (approx. 20sec in total)
02	?	((Clack))
03	T	So (.) ((ringing noise)) if you would like to take a seat here, (2)
04	?	hhh (9) ((footsteps, scraping sound as if from a chair))
05	T	s!O!; hhh ((smacking noise)) (2.2) I know:
06	P	=hm=
07	T	>about You::: < not many=details (.) yes (1)
08	P	=hm=
09	T	Mentz ((proper name)) spoke briefly: >about you< = and said that you were looking for a .hh treatment center,
10	P	hm
11	T	h (1.3) and maybe (2) >let's talk about it<? [what leads (1)
12	P	[hm
13	T	you here? (..)
14	P	yes: did you get the form I filled out? (1.4) I filled out a form about my problems [didn't you?
15	T	[>>Are compulsive:<< (.) any [compulsive:=

In line 3 and line 5, the therapist utters his striking "So!". This is a particular communicative object that has received special attention from conversation analysts (Barske, Golato 2010) because of its multiple effects. Here[2] , the contrastive effect is of particular interest; a "before" (entering the room) is distinguished from an "after" (sitting down). The pre-phase of the encounter is distinguished from the "working phase" that now begins with a small particle.

The therapist then states what he knows about the patient, namely "not much", and makes a suggestion with a questioning intonation and a modulating "maybe". However, the patient does not follow this suggestion "dutifully", but responds with a question of his own. With condi-

[2] The role of *deontic authority* exercised by the therapist here has been analyzed far more extensively elsewhere (Buchholz 2014).

tional relevance, the therapist must now postpone the reaction to his own request, as it were, and answer the patient's question. The cooperation between the two thus begins somewhat antagonistically. This antagonism continues in the following:

E 11.5		"and also check that I haven't forgotten anything"
15	T	[>>Are compulsive:<< (.) any [compulsive:=
16	P	[(Yes so)] =behavior so so control compulsion (..) and when I so (.) for example (.) go out of the front door (.) >then not< but when I go in [then I look
17	T	[hm:
18	P	back=
19	T	=yes
20	P	and check that I haven't forgotten anything or anything like that=
21	T	=when you go in the front door
22	P	[Yes when I go out not=
23	T	=then: check what; (1.2)
24	P	yes what, so .hh
25	T	and where are you looking? When you?
26	P	on the ground, (.) normally
27	T	from outside so look outside [you?
28	P	no from inside >>so I'm going in the door or something [or
29	T	[hm
30	P	just outside the door
31	T	hm
32	P	that would be a very concrete thing
33	T	↑hm hm

When this section was presented at the second Berlin workshop for qualitative research at the IPU in May 2013, half of the participants were certain that the patient exercised his compulsion when entering the house, while the other half thought it was when coming out. Apparently, even the therapist also struggles to understand this, he uses "ancillary questions" (Heritage 2011, Heritage, Lindström 2012) in order to build up an appropriate *picture* of what is happening in his own comprehensible imagination - but this attempt fails and he gives up the attempt at this point. Why does this attempt fail?

Pauses can have a semantic meaning. In line 16, the patient makes such a micro-pause before the "then not" with the result that it becomes undecidable whether the "not" is a Swabian (original language) "tag" at the end of a sentence (like the Swiss "oder?", the Hessian "gell", the widespread "ne?" or the English "isn't it?", cf. Jefferson 2012), or whether a negation is meant; he distributes his pauses a-rhythmically, as it were. This irritation is repeated in lines 21-22. The german version of line 22 "Ja wenn ich rausgeh net" can be heard in such a way that the colloquial "net" is a negation or a confirmation token; in this case, however, there is an irritation with the introductory "yes", which would then be understood as a agreement to the therapist's utterance. But the therapist (line 21) spoke of "go *in* the front door" which would contradict the "go out" of the patient's utterance-with confirmation token. The patient's response ending with "not" (line 22) is a "tag" eliciting agreement, and the therapist's previous statement *seems* agreed to.

This ambiguity is repeated again in lines 27-28, where the therapist also remains unclear as to how the particles "yes" and "not" are to be heard; his repeated attempts to provoke a clear response reveal his irritation.

We see that a basic empathic function of the therapist is effectively blinded, namely the need to be able to imagine what the patient represents. Does the patient enact his compulsion while coming home or when leaving? Experienced therapists know how much about irritating details, when trying to exactly reproduce the patient's experience. Affect depends on the details.

We note here that the patient uses the verb "check" (line 20) in the sense of "control", while the therapist uses the reformulation "looking", which is not yet adapted by the patient. Both are still in different imaginative agendas; the patient formulates his compulsion to control, the therapist formulates a re-normalizing activity - looking would be nothing offensive.

11.4.2 Cooperative development of an imaginative agenda

How is it possible for the patient to take over the therapist's reformulation at the end of the interview - and then again and again in the course of the treatment? The reconstruction of the leading verb metaphor requires the development of an agenda that is jointly set as relevant in

such a way that both participants can refer to it as a common focus of attention.

The material of the entire therapy cannot be presented here; this has been done elsewhere (Buchholz 2014). The following observations can be mentioned:

The therapist withdraws, he does not accuse the patient of unclear forms of expression. This retreat is accompanied by a musical structure (Buchholz 2014): he repeatedly utters small, two-pulse clocked prosodic listening signals ("go ahead token", "continuer") when the patient takes small pauses in speech. This rhythm is interrupted almost regularly by an active questioning impulse. After the question has been formulated, the therapist makes the small utterances mentioned above. It seems as if the therapist is speaking in a four-four rhythm with emphasis on the one, the question, which enters the conversation like an accentuated accent. This rhythm, which has certainly escaped the attention of both participants, unconsciously contributes to the entry into the shared imaginative agenda. Neuroscientifically, one could assume that this process has to do with mirror neurons and other described neuronal processes. After all, neuronal synchronization between people has been observed for a long time (Hofer 1984). However, no analyses are available here.

The conversational alignments give the patient the feeling that the speaker-listener line is not interrupted, i.e. that he is being listened to, and so his affiliation with the therapist, the emotionally positive connection with the therapist, also grows.

The position from which the therapist speaks must be described as meta-complementary: He does not wrestle with the patient for the initiative to "lead" the conversation; rather, it is he who allows the patient to have it. Accordingly, the patient also says at one point (which I am not showing here) that he talks so much and that the therapist "only" listens.

On the manifest level, the therapist is "below" and exercises very little leading authority; on another, far less visible, but all the more effective level, his activity is to allow the patient to be a leader.

Another activity is empowerment. The therapist repeatedly encourages the patient not to express himself in a complaisant manner or in the merely adopted technical language of the other person, but to express his own views.

E 11.6		"it bothers me, yes yes"
60	P	((smacking/clacking noise like a slight clicking with the tip of the tongue)) So I do that even when I'm in my swimming trunks, for example; (-) and that has bothered me so much ((noise)) (1.8) lately? (-)(well) I could live with it, it's not so (.) noticeable (1.1)
61	T	.h !YES AL[SO!
62	P	[it simply disturbs=
63	T	yes:, [it bothers you so much
64	P	[it bothers me yes
65	T	it bothers you and increasingly it disturbs you=
66	P	=increasingly. And this has also intensified=it's only just started pha:sically.
67	T	[(ahem)

The patient continues to talk about practicing his compulsive actions, even doing them when he is in his swimming trunks. Then he downgrades the relevance, saying that it has "bothered me so much (1.8) lately" - and in the pause of 1.8 seconds he seems to switch to a different speech plan, which he then formulates in line 60: that you can "live with it" because it is not so noticeable. You just have to ask: "noticeable" - for whom? and notice how much he mentally overpowers the other person's position here. Here the therapist intervenes and emphasizes in line 65: "it bothers you and increasingly it disturbs you" and with a quick speech connection (represented by the equals sign =) the patient can agree ("increasingly", line 66). The relevance level is now synchronized by both. The therapist withdraws into the utterance of prosodic listener signals.

In the following segment the patient reported a literally restrictive childhood experience:

E 11.7		"Freedom taken"
114	P	and I think it's connected to the (..); maybe that was just the trigger? .hhhh that the hhhh this behavior is already deeper? (1) so it comes from childhood (-) and I just can't figure it out myself. (-)
115	T	well, they took him a bit, I could say they somehow took you a bit (-)

116	P	[Freedom
117	T	[Sense of self? Freedom? (.)
118	P	but that this has such an effect
119	T	security? (.)
120	P	security (.) [yes
121	T	[taken (1.5) such a bit of (..) self-confidence taken? (3.1)

We can clearly see here how precisely the synchronization of the speaker's rhythms and empowerment contribute to building the shared imaginative agenda. In line 116, the patient completes the therapist's briefly interrupted sentence, inserts the missing word and this in turn is followed by a further completion by the therapist, who *completes* "freedom" with "sense of self" and "security", which the patient had been deprived of by the experience.

It is important to emphasize the small miracle that happens here. We are in about the 8th minute of the conversation - speakers who usually know each other let each other finish and interrupting each other is treated as "trouble" and followed by "repair activities". This is not the case here; the two speak as if they have known each other for some time.

The manifest theme of "being constricted" is now enriched with several examples - for example, that the patient enjoys cooking in the evening more than studying because he is not so "constricted" by paragraphs. Finally, this thematic object of constriction is linked to an actual action when the patient takes off his jacket:

E 11.8		"that you pay attention to whether you feel constricted"
209	T	i::f the:: the important thing would be that you pay attention to whether you feel constricted
210	P	.hh I've neglected that for far too long (.)
211	T	yes? (1.6) and what you could !DO! Now you could take off your jacket.=
212	P	=hm (-)
213	T	o::ff (2.5)
214	P	hm (.)
215	T	didn't even have to, ↑a:sk?=

This short sequence is accompanied by *empowerment* on the part of the therapist, who welcomes the fact that the patient did not even have to

ask if he could take off his jacket. At the end, the conversation returns to the obsessive-compulsive symptoms described at the beginning:

E 11.9	"one could say search"
848 T	you have no idea what this looking [could mean
849 P	[ne::?Hh (4,8)
850 T	we have to find out what you are actually looking for, (2.5) why you are looking (.)
851 P	>well< (.) I've always thought about it, am I so materialistically oriented that I'm afraid that I'll forget something (.) let something go, but I don't think so; because I do it in my pyjamas or in my swimming trunks, (-) that's something else (we-) (1.7)
852 T	↑hm
853 P	i::ts is no longer in any relation to what I could observe (.) control? (.) And wanted to? (.) uh, like as strongly as it expresses itself, right?=
854 T	: [hm; =hm (1.2) .hh yes:? So that will keep us busy with what you are looking; (-) what you are looking for, (.) searching (2.1)
855 P	I can already say yes, (---) I think not only controlling but already searching,=
856 T	that's how it sounds to me,

Here, the reformulating new metaphor *search* has taken the place of *control* and is clearly accepted by the patient (line 855). The agenda-transforming effect is that *controlling* (his own obsessive behavior) would have to be fought as a compulsion, at least this is what compulsive patients who fight many things by fighting believe. *Searching*, on the other hand, is an activity that does not have to be normatively criticized - and it has been given a meaning that *controlling* could not have by definition, so to speak; treatment is sought precisely because of the compulsion's meaninglessness. Here, the basis for further therapeutic steps, namely a shared imaginative agenda, has been skillfully and cooperatively created.

11.5 Conclusion and further information

The modern theory of metaphor, as outlined here, is well suited to the study of therapeutic dialogues. It can be integrally linked with the findings of *conversation analysis*. Therapeutic transformations can be easily recognized by reformulations; whether they are accepted depends on other factors that can be described well using conversation analytic tools. In addition to *reformulations, alignments, affiliations* and *empowerment* as well as the therapist's adoption of a *meta-complementary position* were described here. These activities serve to build up a shared imaginative agenda, which forms the basis for searching for the right verbs and suitable metaphors.

For further reading, please refer to the "classic" by Lakoff and Johnson (1980, 1999) and Buchholz's metaphor analysis of the psychotherapeutic process (2003: "Metaphors of Cure"). In the further course of the textbook, empirical examples of the use of metaphors in the negotiation of meaning are repeatedly cited, which serve in particular the narrative self-interpretation in patients' life narratives (§ 19-21).

References

Further references on doctor-patient communication can be found in other topic-specific chapters and in the complete bibliography of the handbook.

Angus LE (1996): An intensive Analysis of Metaphor Themes in Psychotherapy. In: J. Mio und A. Katz (Hg.): Metaphor: Pragmatics and Applications. Hillsdale, NJ: Lawrence Earlbaum, S. 34–51.

Angus LE, Rennie DL (1988): Therapist participation in metaphor generation: collaborative and non-collaborative styles. In: Psychotherapy 25, S. 552–560.

Antaki C (2008): Formulations in psychotherapy. In: Peräkylä A, Antaki C, Vehviläinen S, Leudar I (eds.): Conversation Analysis and Psychotherapy. Cambridge: University Press, 26-43.

Astington JW (2006): The Developmental Interdependence of Theory of Mind and Language. In: Levinson SC, Enfield NJ (eds.): Roots of human sociality. Culture, cognition and interaction. Oxford: Berg Publishers, 179–206.

Aveline M (2005): The Person of the Therapist. In: Psychotherapy Research 15, S. 155–164.

Barske T, Golato A (2010): German "so": managing sequence and action. In: Text & Talk 30 (3), S. 245–266.

Bartesaghi M (2009): Conversation and psychotherapy: how questioning reveals institutional answers. In: Discourse Studies 11 (2), S. 153–177.

Benedek L v (1992): The Mental Activity of the Psychoanalyst. In: Psychotherapy Research 2, S. 63–72.

Bernhardt IS, Nissen-Lie HA, Råbu M (2020): The embodied listener: a dyadic case study of how therapist and patient reflect on the significance of therapist's personal presence for the therapeutic change process. In: Psychotherapy Research, S. 1–13.

Buchholz MB (ed.) (1995): Psychotherapeutische Interaktion – Qualitative Studien zu Konversation und Metapher, Geste und Plan, Opladen: Westdeutscher Verlag.

Buchholz MB (1996/2003): Metaphern der `Kur'. Qualitative Studien zum therapeutischen Prozess. (Metaphors of the 'cure'. Qualitative studies on the therapeutic process) (2. Auflage 2003). Gießen: Psychosozial-Verlag.

Buchholz MB (2012): Formen des Wissens und ihre Entwicklung bei Therapeuten. In: Günter Gödde und Michael B. Buchholz (Hg.): Der Besen, mit dem die Hexe fliegt. Wissenschaft und Therapeutik des Unbewussten. Band 1: Psychologie als Wissenschaft der Komplementarität. 2 Bände. Giessen: Psychosozial-Verlag, S. 409–449.

Buchholz MB (2014): Patterns of empathy as embodied practice in clinical conversation - a musical dimension. In: Front. Psychol. 5.

Buchholz MB, Gödde G (2012): Hexen und Besen und was sie fliegen macht. In: Günter Gödde und Michael B. Buchholz (Hg.): Der Besen, mit dem die Hexe fliegt. Wissenschaft und Therapeutik des Unbewussten. Band 1: Psychologie als Wissenschaft der Komplementarität. 2 Bände. Giessen: Psychosozial-Verlag, S. 9–40.

Buchholz MB, Grabhorn R, Hartkamp N, Kleist C v, Metzger H-G, Overbeck A, Stirn A (2000): Illegitime Deals - ein Teamprozeß unter der Lupe. In: Psychother. Soz. 2 (1), S. 34–61.

Buchholz MB, Hamburger A (2016): Embodiment, Metapher und Filmrezeption: Körperwissen in "Oh Boy" (D 2012). In: Paragrana-Internationale Zeitschrift für Historische Anthropologie 25 (1), S. 373–400.

Buchholz MB, Kleist C v (1997): Szenarien des Kontakts. Eine metaphernanalytische Untersuchung stationärer Psychotherapie (Scenarios of contact. A metaphor-analytical investigation of inpatient psychotherapy). Gießen: Psychosozial-Verlag.

Buchholz MB, Lamott F, Mörtl K (2008): Tat-Sachen. Narrative von Sexualstraftätern. Giessen: Psychosozial-Verlag.

Buchholz MB, Reich U (2014): Dancing Insight - How Psychotherapists Use Change of Positioning in Order to Complement Splitt-off Areas of Experience. In: Orsucci F (Hg.): Psychotherapy as a Complex Dynamical System - The New Meta Model. London.

Cameron L, Maslen R (2010): Using metaphor analysis to compare expert and public perceptions of the risk of terrorism. In: Cameron L, Maslen R (eds.): Metaphor Analysis. Research Practice in Applied Linguistics, Social Sciences and the Humanities. Oakville: Equinox Publications, 248-57.

Charteris-Black J (2012): Shattering the Bell Jar: Metaphor, Gender, and Depression. In: Metaphor and Symbol 27, 199–216.

Cienki A, Müller C (eds.) (2010): Metaphor and Gesture. Amsterdam: Benjamins (Gesture studies, 3).

Crits-Christoph P, Minth J (1991): Implications of Therapist Effects for the Design and Analysis of Comparative Studies of Psychotherapies. In: J. Consult. Clin. Psychol. 59 (1991), S. 20–26.

Debatin B (1995): Die Rationalität der Metapher. Eine sprach-philosophische und kommunikationstheoretische Untersuchung, Berlin, etc.: de Gruyter.

Deppermann A (2011): The Study of formulations as a key to an interactional semantics. Human Studies 34, 115-28.

Deppermann A (2015): Positioning. In: Anna de Fina und Alexandra Georgakopoulou (Hg.): The handbook of narrative analysis. Chichester, West Sussex, UK: Wiley Blackwell (Blackwell handbooks in linguistics), S. 369–386.

Dreyer F, Goßmann M (2014): Die "Formulierung" als therapeutisches Referenzieren. Selbstpsychologie 15, 80-104.

Feldman JA (2008): From molecule to metaphor. A Neural Theory of Language. Cambridge, Mass.: MIT-Press.

Finsrud I, Nissen-Lie HA, Vrabel K, Høstmælingen A, Wampold BE, Ulvenes PG (2021): It's the therapist and the treatment: The structure of common therapeutic relationship factors. In: Psychotherapy Research (1), S. 1–12.

Fischer HR (ed.) (2005): Eine Rose ist eine Rose … Zur Rolle und Funktion von Metaphern in Wissenschaft und Therapie. Weilerswist: Velbrück.

Gallese V, Goldman AI (1998): Mirror neurons and the simulation theory of mindreading. In: Trends in Cognitive Sciences 2, S. 493–501.

Gallese V, Lakoff G (2005): The brain's concepts: The role of the sensory motor system in conceptual knowledge. In: Cognitive Neuropsychology 22, S. 455–479.

Gelo OCG, Mergenthaler E (2012): Unconventional metaphors and emotional-cognitive regulation in a metacognitive interpersonal therapy. In: Psychotherapy Research 22 (2), 159–75.

Goldin-Meadow S (1997): When gestures and words speak differently. Current Directions in Psychological Science 6, 138-43.

Goldin-Meadow S (2003): Thought before language: Do we think ergative? In: Gentner D, Goldin-Meadow S (eds.): Language in Mind. Advances in the Study of Language and Thought. Cambridge, Mass.: MIT-Press, 493-522.

Goldin-Meadow S (2006): Meeting other minds through gesture: How children use their hands to reinvent language and distribute cognition. In: Levinson SC, Enfield NJ (eds.): Roots of Human Sociality. Culture, Cognition and Interaction. Oxford: Berg Publishers, 353-74.

Goldman AI (2006): Simulating Minds. The Philosophy, Psychology, and Neuroscience of Mindreading. Oxford: University Press.

Hendriks-Jansen H (1996): Catching ourselves in the act. Situated activity, interactive emergence, evolution, and human thought. Cambridge, Mass: MIT Press (Complex adaptive systems).

Heritage JC (2011): Territories of knowledge, territories of experience: empathic moments in interaction. In: Stivers T, Mondada L, Steensig J (eds.): The Morality of Knowledge in Conversation. Cambridge: University Press, 159-83.

Heritage JC, Lindström A (2012): Knowledge, empathy, and emotion in a medical encounter. In: Peräkylä A, Sorjonen M-L (eds.): Emotion in Interaction. Oxford: University Press, 256-73.

Hofer MA (1984): Relationships as regulators: a psychobiological perspective on bereavement. Psychosomatic Medicine 15, 475-80.

Hoffer W (1947/1964): Mund, Hand und Ich-Integration. Psyche 18, 81-8.

Holt E, Clift R (Hg.) (2007): Reporting Talk. Reported Speech in Interaction. Cambridge: University Press.

Jacobs AM (2014): Metaphern beim Lesen in Gehirn und Geist. Psychosozial 37, 27-38.

Jefferson G (2012): Das grausige Ne? Eine Untersuchung des Strebens nach Antwort nach der Antwort. In: Ayaß R, Meyer C (Hg.): Sozialität in Slow Motion. Theoretische und empirische Perspektiven; Festschrift für Jörg Bergmann. Wiesbaden: Springer VS, 299-333.

Johnson M (1987): The body in the mind: The bodily basis of meaning, imagination and reason. Chicago: University of Chicago Press.

Kandel ER (2014): Das Zeitalter der Erkenntnis. Die Erforschung des Unbewussten in Kunst, Geist und Gehirn von der Wiener Moderne bis heute. München: Pantheon.

Klug G, Henrich G, Kächele H, Sandell R, Huber D (2008): Die Therapeutenvariable. Immer noch ein dunkler Kontinent? In: Psychotherapeut 53 (2), S. 83–91.

Knobel M (1990): Significance and Importance of the Psychotherapist's Personality and Experience. In: Psychotherapy and Psychosomatics 53, S. 58–63.

Konersmann R (ed.) (2007): Wörterbuch der philosophischen Metaphern. Darmstadt: WBG.

Kriz J (2017): Subjekt und Lebenswelt. Personzentrierte Systemtheorie für Psychotherapie, Beratung und Coaching. Göttingen: Vandenhoeck & Ruprecht.

Kronberger N (1999): Schwarzes Loch, geistige Lähmung und Dornröschenschlaf: Ein metaphernanalytischer Beitrag zur Erfassung von Alltagvorstellungen von Depression. Psychotherapie und Sozialwissenschaft 1 (2), 85-104.

Lakoff G (1987): Women, Fire, and Dangerous Things. What Categories Reveal about the Mind. Chicago/London: The University of Chicago Press.

Lakoff G (2008): The neural theory of metaphor. In: Gibbs RW Jr (ed.): The Cambridge Handbook of Metaphor and Thought. Cambridge: University Press, 17-38.

Lakoff G, Johnson M (1980): Metaphors We Live By. Chicago: University of Chicago Press.

Lakoff G, Johnson M (1999): Philosophy in the Flesh. The Embodied Mind and Its Challenge to Western Thought. New York: Basic Books.

Lee SWS, Schwarz N (2010): Dirty hands and dirty mouths: Embodiment of the moral-purity metaphor is specific to the motor modality involved in moral transgression. Psychological Science 21, 1423-5.

Levitt HM, Korman Y, Angus LE (2000): A metaphor analysis in treatments of depression: Metaphor as a marker of change. Counselling Psychology Quarterly 13, 23-35.

Lingiardi V, Muzi L, Tanzilli A, Carone N (2018): Do therapists' subjective variables impact on psychodynamic psychotherapy outcomes? A systematic literature review. In: Clinical psychology & psychotherapy 25 (1), S. 85–101.

Liszkowski U (2006): Infant pointing at 12 months: Communicative goals, motives, and social-cognitive abilities. In: Levinson SC, Enfield NJ (eds.):

Roots of Human Sociality. Culture, Cognition and Interaction. Oxford: Berg Publishers, 153-78.

Luborsky L, McLellan AT, Diguer L, Woody G, Seligman DA (1997): The psychotherapist matters: Comparison of outcomes across twenty- two therapists and seven patient samples. Clinical Psychology: Science and Practice, 4(1), 53-65.

McNeill D (2007): Gesture and Thought. Chicago, London: The University of Chicago Press.

McNeill D (ed.) (2000): Language and Gesture. Cambridge: University Press.

Nissen-Lie HA, Orlinsky DE, Rønnestad MH (2021): The emotionally burdened psychotherapist: Personal and situational risk factors. In: Professional Psychology: Research and Practice.

Núnez R (2008): Conceptual metaphor, human cognition, and the nature of mathematics. In: Gibbs RW Jr (ed.): The Cambridge Handbook of Metaphor and Thought. Cambridge: University Press, 339-62.

Núnez R (2010): A fresh look at the foundations of mathematics: Gesture and the psychological reality of conceptual metaphor. In: Cienki A, Müller C (eds.): Metaphor and Gesture. Amsterdam: Benjamins.

Plassmann R (1986): Prozeßphantasien: zur Technik der systemischen Einzeltherapie. In: Familiendynamik 11, S. 90–108.

Radman Z (ed.) (1995): From a Metaphorical Point of View. A Multidisciplinary Approach to the Cognitive Content of Metaphor. Berlin, etc.: de Gruyter.

Reeder J (2005): Die Narration als hermeneutische Beziehung zum Unbewußten. Psyche 59, 22-35.

Schöttler B, Buchholz MB (1993): "Haltung", "Prozeßphantasie" und "Fortschrittsvorstellung" nach stationärer Psychotherapie - Das Tiefenbrunner Abschlußinterview. In: PPmP Psychother. Psychosom. med. Psychol. 43, S. 140–149.

Stigler M, Pokorny D (2001): Emotions and primary process in guided imagery psychotherapy: Computerized text-analytic measures. Psychotherapy Research 11 (4), 415-31.

Stivers T (2006): Treatment decisions: negotiations between doctors and parents in acute care encounters. In: Heritage J, Maynard DW (eds.): Communication in Medical Care: Interaction between Primary Care Physicians and Patients. Cambridge: University Press, 279-312.

Tomasello M (1999): The Cultural Origins of Human Cognition. Cambridge/London: Harvard Univ. Press.

Tomasello M (2002): Die kulturelle Entwicklung des menschlichen Denkens. Zur Evolution der Kognition. Frankfurt/M: Suhrkamp.

Ulmen H, Wirth J (2014): Zur Entwicklung metaphorischen Denkens. Psychosozial 37, 9-26.

Citation note

Buchholz MB (2025): The Power of Metaphors. In: Koerfer A, Albus C (eds.): Medical Communication Competence. Göttingen (Germany): Verlag für Gesprächsforschung.