

The Conceptualization of Emotions in Eating Disorders

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1. Introduction

Anorexia nervosa and bulimia nervosa are the most well-known eating disorders that mainly affect women aged between 13 and 23. Bulimia and anorexia are part of psychosomatic disorders in which the problems of the soul and the body are connected. Moreover, anorexia can be regarded as a phobia because the patient is afraid of gaining weight and is reluctant to eat, while a bulimic person makes huge binges and after this, he/she purges herself/himself. Eating disorders have circular reasonings, which means that there is no main reason why someone has become bulimic or anorexic (Túry, 2005). Sometimes anorexics tend to use anorexia as an opportunity to liberate themselves from the pressure of the family or society: they feel that they are not the ones who are in control, and they are only outsiders in their own bodies. In their behavior, both adult and childish elements can be observed (Caskey, 1985). Although the causes of the condition are nearly the same for bulimics, their responses to stress vary.

Furthermore, eating disorders may also be variants of other mental illnesses; consequently, it is crucial to analyze the emotions of the patients, for which Cognitive Linguistics can provide a tool. One of the goals of my research is to demonstrate that cognitive linguistics may be considered an applied science because some of its methodological approaches, such as Conceptual Metaphor Theory (CMT), can be beneficial in therapeutic sessions. Based on the principle of cognitive linguistics that metaphors are conceptual in nature (Lakoff and Johnson, 1980), the analysis of the conceptual metaphors used by the patients is useful as it provides an opportunity to describe their inexplicable circumstances. On the other hand, the metaphors employed by therapists provide an alternative way of thinking that can be livelier and more complex and can help the patients to create a more positive way of thinking. Moreover, metaphors make the therapy less intimidating (Tay, 2017).

Analyzing the conceptual metaphors describing these eating disorder (ED) patients' emotions forms part of social responsibility as in the case of analyzing and understanding CANCER metaphors, because they can help to make the patients' situation more comprehensible to others (Semino et al., 2018). In alignment with Semino et al.'s research, this study also aims to "verbalize and analyze experiences that could not easily be expressed using literal language" (ibid, p. 3.). Besides, the metaphors can also help to get to know the conflicting perceptions, attitudes and challenges of ill people and make their reality more understandable to society. As a result, these people will not be compelled to hide their problems.

Additionally, this research is the continuation of my previous work which was about the conceptualization of EATING DISORDERS and THE HEALING PROCESS (Süle, forthcoming). The present study aims to take a different perspective and present a novel side of these health problems. It places the emphasis on the patients' emotions, which might also help us have a better understanding of the disorder they suffer from, as well as its causes and consequences. I selected ANGER, SHAME and FEAR as the three unpleasant emotions because, according to previous research (Espeset et al.) these are the most prevalent and important components of anorexic or bulimic personality traits.

The paper is structured as follows: after the introduction theoretical background of the research will be introduced (2), namely Conceptual Metaphor Theory, with special regard to conceptual metaphors (2.1.) and conceptual metonymies (2.2) and emotion metaphors (2.3); as well as Conceptual Blending Theory (2.4). In the next section of the paper (3), an overview of previous research on the relationship between eating disorders and emotions will be given. The literature review is followed by the introduction of the aims and hypothesis, as well as the methodology applied in this research (section 4). Then, a detailed analysis of the results will be presented (section 5). The conclusion part of the paper (6) will highlight the main findings of this study, and finally few possibilities will be suggested as for how to expand this research in the future (section 7).

2. Theoretical background: Conceptual Metaphors and Metonymies, Emotion Metaphors and Conceptual Blending Theory

2.1. Conceptual Metaphor Theory

George Lakoff and Mark Johnson's Conceptual Metaphor Theory (CMT) is different from the previous metaphor theories in many aspects. According to the Classical Metaphor Theory, metaphor was a matter of language and not thought. It was assumed that metaphors did not appear in everyday conventional language, only in literary works. However, this theory turned out to be false. In contrast with the classical theory, Lakoff and Johnson (1980) claim that thought processes are largely metaphorical, so it can be stated that "the human conceptual system is metaphorically structured and defined" (Lakoff and Johnson, 1980, p. 6). Consequently, it can be seen there is a distinction between metaphors as conceptual systems that influence our thinking and metaphors as linguistic expressions. The latter ones, the

linguistic metaphors are manifestations of the conceptual ones; they are the final stage in construction of metaphors (Lakoff and Johnson, 1980).

By CMT, mappings play important roles; they describe the mental organization of information in domains. There is a source domain from which the metaphorical expressions are drawn, and there is a target domain which is interpreted through the source domain. The target domain is constituted by the subject matter, while in the source domain, important metaphorical reasoning takes place and the source domain provides the source concepts for that reasoning (Lakoff and Johnson, 2003). The existence of CMT was also proven by neuroscientific tests. Gallesse and Lakoff (2005) explained that when we interpret abstract metaphoric terms, two neuron groups are activated in our brain at the same time. It means that when a certain neuron group is stimulated (source domain), another one will be triggered as well (target domain). This process is responsible for the development of primary metaphors, and the complex metaphors are born from these (Kövecses and Benczes, 2016).

In the example of LOVE IS A JOURNEY metaphor, JOURNEY is the source, while LOVE is the target domain; the travelers of the journey in the source domain would be mapped onto the lovers in the target domain; the vehicle corresponds to the love relationship, the distance covered is in connection with the progress made, while the obstacle encountered are mapped onto difficulties experienced. These conceptual metaphors are unidirectional, because the mappings go from the source domains to the target domains but not vica versa (Evans and Green, 2006).

These metaphors have a systematicity as well. It means that when “we focus on one aspect of a metaphor, it keeps us from focusing on other aspects of the concept that are inconsistent with that metaphor; as a result, highlighting and hiding appear” (Lakoff and Johnson, 1980, p.10.). Besides, Kövecses (2002) introduced the term “meaning focus” which refers to a major theme in conceptual metaphors. It means that in the case of more source domains, “each source domain is used to conceptualize one or a small number of aspects of the target domain” (Kövecses, 2008, p. 170). It is also important to know the context in which the metaphor is applied, because it has a large influence on interpreting metaphors as in the case of eating disorder metaphors (Kövecses, 2015).

2.2. Conceptual metonymies

Metaphors are tightly connected to metonymies; many of them are based on or combined with metonymies (Lakoff and Johnson, 1980). For this reason, metonymies have also been identified in my research, therefore, they need to be introduced here.

Metonymies are based on contiguity rather than similarity. Therefore, the entities in metonymies are close to each other; they are in the same conceptual domain or as Lakoff puts it, they belong to the same idealized conceptual cognitive model (Lakoff and Johnson, 1980). It can be concluded that “one conceptual entity, the vehicle, provides mental access to another conceptual entity, the target, within the same conceptual domain” (Kövecses, 2010, p.171). Ruiz de Mendoza (2000) distinguishes two types of metonymies: source-in-target and target-in-source. The former one means that the source is a subdomain of the target; Lakoff and Johnson (1980) discuss this metonymy type as “the part stands for the whole”. In contrast with it, the latter one means that the target is a part of the subdomain, so the whole stands for one of its subdomains (Forceville and Kashanizadeh, 2020).

As mentioned previously, they can give the base of metaphors like in the case of ANGER IS HEAT, which derives from the PHYSIOLOGICAL EFFECT FOR ANGER metonymy as we really feel heat and tension when we experience anger (Lakoff and Johnson, 1980). Similarly to the previously mentioned example, REDNESS IN THE FACE FOR ANGER metonymy is the base of ANGER IS A HOT FLUID IN A CONTAINER metaphor as our face turns red when we are angry. This aspect of metonymies has a huge role in the analysis of ED emotions as bodily experiences can determine the metaphors.

Besides, metonymies could form chains which aspect was also identified in my research. Conceptual metonymic chains “are series of metonymic sources unified by common metonymic targets” (Brdar, 2015, p. 88).

2.3. Emotion metaphors

Experientialism¹ can be regarded as the philosophy behind Cognitive Linguistics, with the “embodiment hypothesis” playing a central role. As Rohrer (2007) describes, “in its broadest definition, the embodiment hypothesis is the claim that human physical, cognitive, and social embodiment ground our conceptual and linguistic systems” (p. 25).

¹ Experimentalism is the philosophical view that truth is discovered through experimentation and reliance on empirical evidence (Bunnin, 2004).

Embodiment-based cognitive linguistic approaches draw from Talmy's theory of force dynamics interactions (2003) and Johnson's ideas about image schemas (1987). Talmy describes forceful interactions between two entities: the Agonist ('the focal force entity') and the Antagonist ('the force element opposing the Agonist'). Each entity attempts to dominate the other, and the forces will change according to their weakening or strengthening (Talmy, 2003). Johnson (1987) proposes that 'image schemas emerge primarily as meaningful structures for us chiefly at the level of our bodily movements through space, our manipulation of objects, and our perceptual interactions' (Johnson, 1987, p. 29). One fundamental schema which structures our conceptual system is the FORCE image schema in which Talmy's theory is also included.

In his work, Zoltán Kövecses applied the above-mentioned FORCE schema as a source domain for emotion concepts (EMOTIONS ARE FORCES) (2000). He argues that "given the force-dynamic character of [the conceptual metaphors that most typically characterize emotions] and given that they can be said to make up a large part of the conceptual structure associated with emotions, it can be suggested that emotion concepts are largely force-dynamically constituted" (Kövecses, 2010, p. 108).

This model of emotion consists of four stages: (1) cause of emotion, (2) emotion, (3) attempts to control the emotion, (4) response (Nucz, 2017). It means that 'the emotion is triggered by a particular cause, the person (the Antagonist) attempts to control the emotion (the Agonist), control over the emotion is either successful or not, and the unsuccessful control of the emotion leads to an emotional response. The cause of the emotion (CAUSES ARE FORCES), the emotion (EMOTIONS ARE FORCES) and the person attempting to control the emotion (THE PERSON IS AN ANTAGONIST TO THE EMOTION) all appear as forces.' (Nucz, 2017. p. 25).

The specific-level metaphors are instantiations of the generic-level metaphor EMOTIONS ARE FORCES. These metaphors highlight either the 'cause → emotion' or the 'emotion → response' part of emotion dynamics. Consequently, emotions can be understood not only as forces that trigger specific responses but also in terms of their origins—the events or objects that initially give rise to the emotions (Kövecses, 2000). These statements are crucially important in this current study as both aspects appear in the analysis of emotions regarding the eating disorders.

2.4. Conceptual Blending Theory

Conceptual Blending Theory can also be a useful and significant tool in the examination of emotions. According to Gilles Fauconnier and Mark Turner, the creators of this theory, “conceptual integration – ‘blending’ – is a general cognitive operation on a par with analogy, recursion, mental modeling, conceptual categorization, and framing and it serves cognitive purposes” (Fauconnier and Turner, 1998, p. 133).

In their model, blends arise in networks of mental spaces. ‘Mental spaces are small conceptual packets constructed as we think and talk, for purposes of local understanding and action’ (Fauconnier and Turner, 2002, p. 40). They determined three types of mental spaces as presented in the figure below:

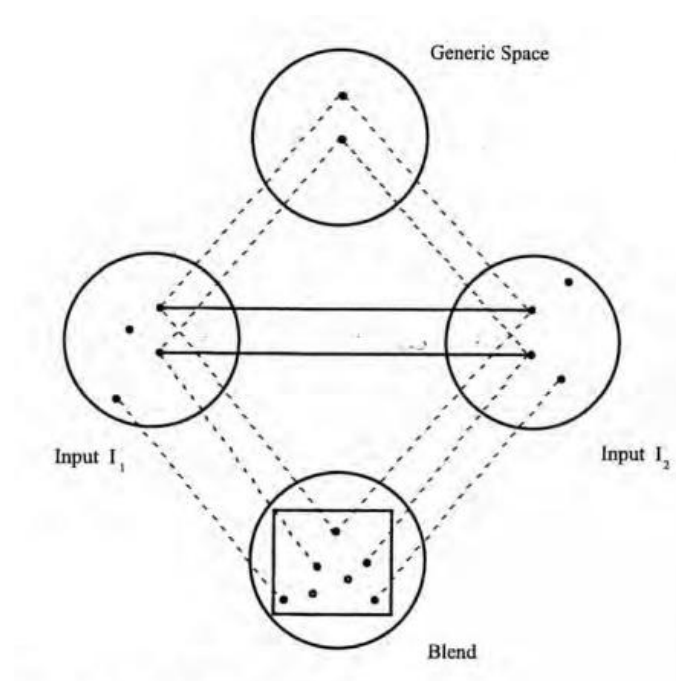


Figure 1 (Fauconnier and Turner, 2002, p.46)

It is a basic diagram, as conceptual integration networks can have more input spaces and more blended spaces as well. The generic space represents a common structure found across all input spaces and in turn, maps onto each input space. The input spaces are the ones that contain the contents of the specific situation or idea and there is a partial match between them. The blend contains specific elements from the input spaces and a generic structure from the generic space; besides, the structures from the input spaces appear through selective projection in the blended space. At the end of the blending process, an emergent structure is created, which is

not found directly in any of the input spaces, and it is generated through the three following ways: composition, completion, and elaboration. The first one means that blending can establish relations between elements that become observable only when elements from separate input spaces are combined. Completion refers to the background knowledge and structure that are brought into a blend unconsciously and are associated with elements from the input spaces. Elaborating blends indicate that they are treated as simulations and run imaginatively according to the principles established for the blend (Fauconnier and Turner, 2002).

Moreover, Kövecses applies Conceptual Blending/Integration Theory in his work about Extended Conceptual Metaphor Theory (ECMT) (2020). He claims that they are compatible and complementary within the framework of ECMT. He “shows that mental spaces as the highest level of the production of metaphorical meaning are the level of the online conceptual integration but the integration is strongly anchored in offline conceptual structures and inferences, like domains and mappings” (Csatár, 2022. p. 267).

3. Previous studies on the relations between emotions and eating disorders

Many studies in the field of psychology seek to interpret and examine the relationships between emotions and eating disorders. They mainly focus on eating disordered patterns as consequences of certain emotions rather than on the distinctiveness of these feelings within the eating disorder community.

Espeset et al. (2012) conducted a study in which they analyzed the emotional background of anorexia nervosa. Their study had two phases: the first one was a wide-ranged and exploratory study aimed at detecting and describing experiences associated with anorexia nervosa; while in the second part, their main goal was to get to know how the anorexic patients manage negative emotions, namely sadness, anger, fear and disgust and connect them to their anorexic behavior. In the latter one, they made interviews with fourteen women participants aged between 20-39, who were admitted to treatment. Six of them suffered from restrictive anorexia, while eight of them had the bulimic subtype of anorexia. They found that anorexics tend to use their eating disorder to avoid, suppress or cope with their feelings. Sadness was understood as an overwhelming emotion as the patients with anorexia nervosa felt hopeless and sad most of the time. The participants also said that they used their anorexic behavior to avoid this feeling; furthermore, some of them described it as a threatening emotion that is hard to express, and they mentioned that they fear of expressing sadness because they might become a burden to others. Anger was regarded as one of the most difficult emotions to process as it is

unpredictable, and they find it hard to cope with it. They used their eating disorder as a strategy to suppress the anger that they feel towards themselves and their situation; some of them mentioned that as long as they focus on food, they are not compelled to deal with this feeling. Fear was also an invading emotion for them, and they were mainly afraid of gaining weight and food. They mentioned that they tried to suppress this feeling by eating restrictively. Disgust was also described as a strong, intense and overwhelming emotion which was brought on by surroundings that reminded the patient of her own body. Consequently, they tried to avoid situations in which their bodies would be exposed and purged themselves to get rid of this emotion.

Skårderud (2007) designed a study in which his main aim was to define shame and describe the types and subtypes of it and its relation to symptoms and meaning to anorexic behavior and to investigate the possible role of pride. The study included thirteen women aged 16-39 who had been diagnosed with either restrictive or bulimic anorexia. He made a semi-structured interview in which he asked the informants to define shame and describe what they consider shameful in their past and present and to circumscribe shame related to eating and their bodies. Based on the statements about shame, he created two main categories: 'Globalized Internal Shame' and "Focuses of Shame". The first one refers to the sense of being unworthy, which can lead to the wish to disappear from one's body even in the form of suicide. The second one, 'Focuses of Shame' relates to various characteristics of the self; for example, some feelings and thoughts were described as shame-inducing like envy, grandiosity, greed, rage and sadness. Body image, achievement failures and self-destructive behavior also contribute to the feeling of shame, but shame can also result in disruptive behavior. Consequently, it can be concluded that shame can be regarded both as cause and consequence in relation to symptoms in anorexia nervosa, hence a shame-shame cycle. Conversely, pride is explored as a contrasting emotion, where individuals may take pride in their self-control, appearance and rebellious behaviour.

Fox and Froom (2009) designed research which aimed to address the contributory effect of the five basic emotions, namely anger, sadness, disgust, fear and happiness onto disordered eating patterns. The participants were fifty-three women recruited through B-EAT, an organization which provides support to people with eating disorder. The researchers utilized a cross-sectional design and applied two analytical strategies, correlational and regression analysis. They applied two scales: The Basic Emotion Scale and the Hospital Anxiety and Depression Scale. The first is a "three-part scale constructed from 20 emotional terms which relate to the five basic emotions of anger, disgust, fear, happiness and sadness", while the second

“consists of seven items consists of seven items relating to anxiety symptoms, and seven pertaining to depressive symptoms” (Fox and Froom, 2009. p 331). The results showed that there is a strong correlation between eating disordered behavior and the four negative feelings (anger, sadness, disgust, fear), but in the case of the regression analysis, only sadness and anger was regarded as contributors to the eating disorders.

Waller et. al (2003) conducted research with the primary goal of comparing levels of different aspects of anger among different eating disorders and people with EDs, and healthy people, and they also investigated whether levels of the various anger facets are correlated to negative core beliefs. The participants were 140 women who suffered from anorexia, bulimia nervosa or binge-eating disorder, while the comparison group consisted of fifty women from a university. The researchers used two self-report questionnaires which measured the anger levels and the unhealthy core beliefs. It was found that women with eating disorders tend to have higher levels of state anger, and they try to suppress it, but unhealthy core beliefs were connected to trait anger in both groups.² The results indicate that core beliefs influence eating pathology as they may increase the likelihood of experiencing and suppressing anger.

4. The research

4.1. Aims and hypotheses

My main aim is to explore how the people suffering from eating disorders conceptualize negative aversive feelings, namely shame, anger and fear, and how these conceptualizations are related to the nature of the disorders. For this purpose, I have the following five research questions:

- 1) What conceptual metaphors are used by people with eating disorders in the case of these three emotions when they speak about their EDs?
- 2) Are there any emotion-specific metaphors among these?
- 3) Which metaphors are used for all the three negative emotions?
- 4) How are these metaphors different from ‘healthy’ people’s conceptualization?

²‘The State Anger scale (15 items) measures anger intensity as a momentary emotional state, while the Trait Anger scale (10 items) measures the disposition to experience angry feelings as a personality-like trait over lengthy time periods (i.e., the individual's disposition to become angry or angry temperament)’ (Grady et al., 2011, p. 36).

5) How do these results relate to previous research on emotion concepts?

My hypotheses:

- 1) The metaphors that the ED patients use will be different from healthy people's ones due to the nature of the disorder.
- 2) There will be emotion-specific metaphors because of the different causes of emotion in eating disorders.

4.2. Methods

For this research, I collected data from two different websites: r/Eating Disorder subreddit on Reddit and Eating Disorder Forum. These websites are very similar to each other as people can create threads and comments anonymously which allows them to share intimate information about their lives and their EDs. Both sites have their own search engines where I utilized the keywords anger, shame and fear. The upcoming sentences and utterances containing these words were manually compiled into a corpus. In this corpus all the emotion metaphors were identified, and their frequency was calculated. The corpus contains 134 utterances altogether: shame subcorpus has 57, anger has 54 and fear contains 23 elements.

For metaphor identification, I applied the Metaphor Identification Process (MIP) developed by the Pragglejaz Group in 2007.³ Before doing the metaphor analysis, I read through the threads and the comments and established a general understanding of the meaning. Secondly, for each lexical unit, I established its meaning in context which means that I analyzed how it applied to an entity, relation or attribute in the situation evoked by the narrative. This process aims at identifying the contextual meaning of the unit. Thirdly, I determined whether each unit had a more basic and more concrete meaning in the dictionaries than its contextual meaning. This basic meaning can be related to bodily actions, can be more precise or historically older. If the unit had a more basic meaning in other contexts than the given one, I decided

³ The group consisted of professors and researchers from various universities and institutions, for example, Zoltán Kövecses from Eötvös Loránd University or Elena Semino from Lancaster University. They said that their main aim was “to provide a reliable and flexible tool for the identification of metaphorically used words in context” (Pragglejaz Group, 2007, p. 36.) They asserted, however, that the process can be learned and applied gradually since analysts must be careful to follow all the procedures and avoid making premature decisions.

whether the contextual meaning contrasts with the basic meaning but could be understood in comparison with it. If all the answers were positive, I concluded that the unit was metaphorical.

5. The results

In this section, I will summarize the results of my research, and the most frequent metaphors and metonymies will be presented in each emotion. In the first part of each subsection a diagram is presented about the identified metaphors of the emotion, which will be followed by a detailed analysis of the most frequent metaphors and then, metonymies.

5.1. The conceptualization of SHAME

Shame is understood as a social emotion which has two different layers: first, how the individual or the self sees the emotion, and secondly, how this individual sees this emotion in relation to others. Furthermore, it is a complex emotion as its causes vary among people and there are no automatic responses that trigger this feeling (Nucz, 2017). Consequently, context plays a crucial role in the interpretation of the conceptualization of SHAME.

In my dataset, there are 57 sentences containing the lemma *shame* and, in these sentences, there are 60 identified metaphors overall. In the diagram below, the metaphors of SHAME that appear at least in two sentences or utterances are indicated, the ones which appear only in one sentence or utterance are in the category of “other”. The most frequent metaphors that appear at least three utterances will be analyzed in detail below. Furthermore, the findings will be compared with Kövecses’ work, *Metaphor and Emotion* (2000) in which the major metaphors of SHAME are presented. Nucz’s (2017) also analyzed the concept of SHAME in her doctoral dissertation, but she focuses rather on Indian English; hence it cannot be applied for comparison.

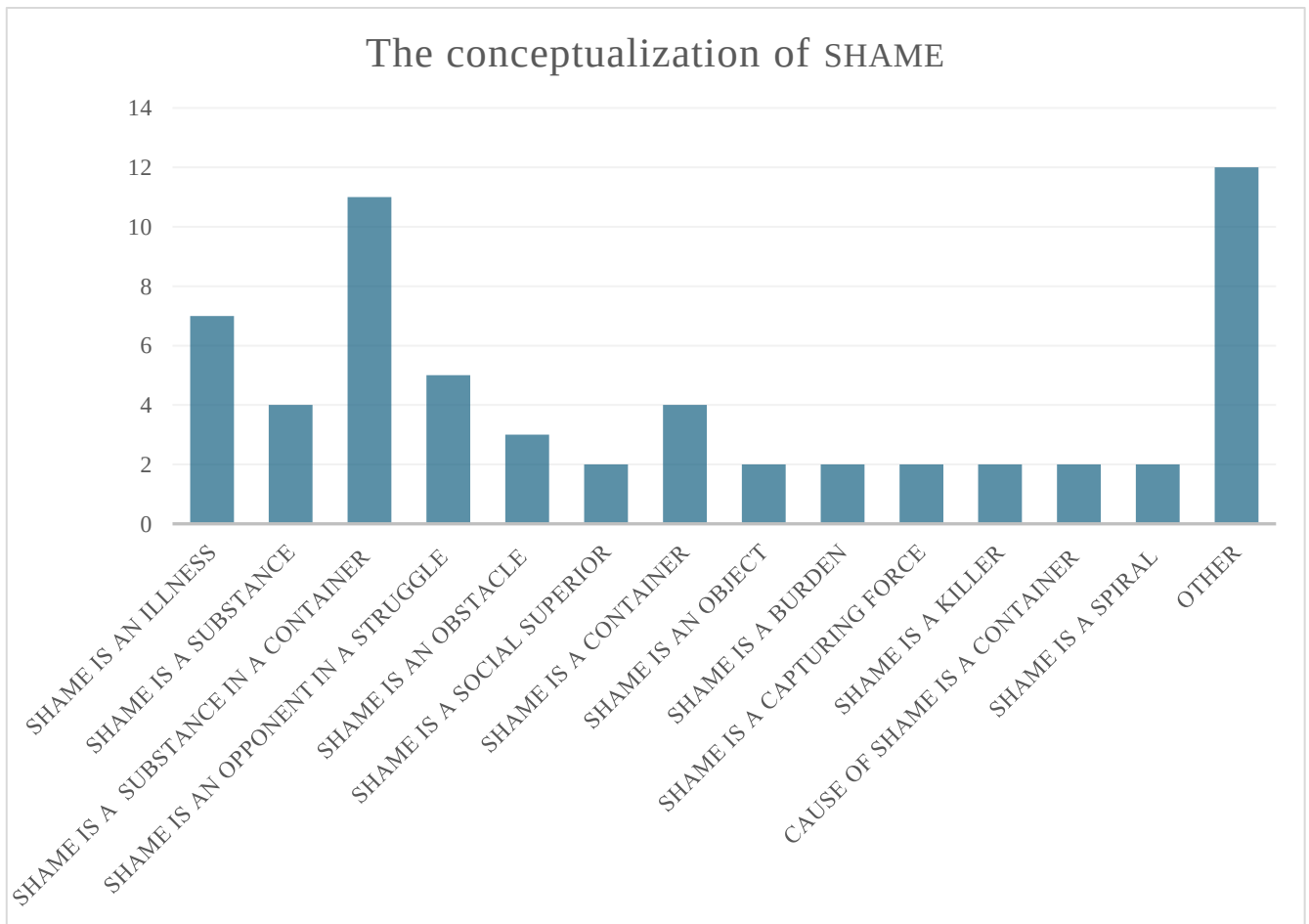


Diagram 1: The Conceptual Metaphors of SHAME

5.1.1. The conceptual metaphors

1. SHAME IS A SUBSTANCE IN A CONTAINER

1. it's the only way i could convey the level of shame
2. i can feel myself slipping into not being able to eat in front of anyone b/c of the level of shame
3. I want to lose weight so I can actually not be filled with shame and guilt everytime someone even walks into a room I'm in, and also like everyone else in my family is skinny

4. everyday i would body check and be filled with shame and embarrassment that i had to push away and deny so that i could get through the day.
5. I was very hungry, and it was a period full of shame for me.
6. I feel instantly bloated and full then am filled with regret and shame for eating at all
7. Loosing the weight fills me with shame .
8. I don't want to be bulimic anymore (..). I tried talking to my boyfriend about it but I'm honestly just filled with shame .
9. Deep shame associated with being watched
10. And deepest shame that I'll do the same damn thing tomorrow because the anxiety of doing anything different is worse than the chance that I'll lose control my letting go of my rituals
11. I'm just filled with so much shame

Table 1

As it can be seen in the Diagram and in Table 1, the most frequent metaphor in the dataset is: SHAME IS A SUBSTANCE IN A CONTAINER, which was also identified by Kövecses in Metaphor and Emotion (2000). This metaphor is based on the following mappings:

substance → shame

container → the individual experiencing the emotion and suffering from ED

the quantity of the substance → the intensity of shame

the depth of the container → the intensity of shame

This metaphor is in connection with the nature of the disorder in which food and the emotions connected to it as substances have a crucial role. Because they believe this substance is intolerable, people with EDs look for ways to limit or eliminate it through purging or other restrictive methods. Furthermore, these individuals may look at their bodies as containers of

their EDs and shame deriving from this ED. In this case, the emotion is seen as an internal motivation for action (Kövecses, 2000).

2. SHAME IS AN ILLNESS

1. I feel like I won't be able to recover from the shame that will instantly hit me
2. As a result of this chronic shame , I am resentful of recovery.
3. accepting regression immediately cured my shame
4. i'm dying of shame
5. Wanted to die of shame how long till the bloat of IV fluids go away?
6. I'm dying of shame for the plateau
7. What things did you do to recover from shame ?

Table 2

The second most frequent metaphor is SHAME IS AN ILLNESS. which also appears in Kövecses' work (2000). This metaphor is based on the following mappings:

illness → shame

the person with the illness → the eating disordered person with shame

recovering from the illness → being relieved from shame

the chronic state of an illness → a long time period with shame

medicine curing the illness → phenomenon reducing/eliminating shame

This metaphor is connected to the MORALITY IS HEALTH metaphor as the experience of health is used to understand moral or mental well-being (Garrett, 2005). It can be concluded that people with ED see shame as a pervasive feeling as they mention it can influence their behavior and can lead to a fatal ending. Furthermore, this feeling of shame can exacerbate eating disorder symptoms.

3. SHAME IS AN OPPONENT IN A STRUGGLE

1. I struggle with shame .
2. I'm really struggling with the shame of being bulimic
3. Understand and combat the shame you feel when you eat something you don't allow yourself to eat
4. Struggling with shame and guilt, I still find my body to be too big especially my legs and can't fathom how other people can look at me
5. I don't know how to cope with shame .

Table 3

The third most frequent metaphor is SHAME IS AN OPPONENT IN A STRUGGLE, which is not among the major metaphors in Kövecses' work (2000). This metaphor is based on the following mappings:

opponent → shame

defender → the self with ED

the opponent trying to gain control over the defender → shame trying to gain control over the self

winning over the opponent → overcoming shame

the defender trying to gain control over the opponent → the self trying to gain control over shame

From these quotes, it seems that the fight is for emotional control, and two subjects fight against each other, the rational self and the emotion which tries to gain power over the individual (Kövecses, 2000). Emotional control is a crucial aspect when it comes to eating disorders as these people have issues with interpreting their feelings and problems.

4.1. SHAME IS A CONTAINER

1. I am in the cycle of shame .
2. I live in debilitating shame for these actions
3. I'm back online after hiding in shame for what feels like ages. I was anorexic for years until my body started finally giving up on me

4. In shame of my appearance , the weight gain.
--

Table 4

One of the fourth most frequent metaphors is SHAME IS A CONTAINER. STATES ARE CONTAINERS submetaphor within the EVENT STRUCTURE metaphor appears here, which is the most natural way to refer to emotional states (Kövecses, 2000).

The following mappings were identified:

container → shame

the substance in the container → the person in shame

This feeling was extremely intense, and it was really hard for the people with EDs to get out of this state and to get rid of this emotion. They felt that they were subsumed into this situation, and it seems impossible to break the cycle and get out of this “container”.

4.2. SHAME IS A SUBSTANCE

1.	Shame on me: I just ate a lot
2.	Shame on me for being HEALTHY
3.	shame on me this a new low just shoplifted some 89ct cheap ass cheese this 18sn’t the only thing i had shoplifted
4.	Shame and guilt in disproportionate amounts are a staple of eating disorders.

Table 5

The SHAME IS A SUBSTANCE metaphor appears in four utterances as the previous one; thus, it is also at the fourth place. It has the following mappings:

shame → substance

the substance on the surface → the self with EDs

the amount of the substance → the amount of shame

This metaphor suggests shame is an intense and pervasive emotion for people with EDs, and it is largely connected to their habits. It also refers to the notion that they view their deeds and sometimes themselves as unclean and spoiled.

5. SHAME IS AN OBSTACLE

1. Frustration is normal after the feeling of losing control to help push us forward but shame will get you stuck
2. I can't get over this shame I feel for being at the weight I am
3. The shame I carry on a day-to-day basis is insurmountable

Table 6

SHAME IS AN OBSTACLE is the fifth most frequent metaphor, which is not among the most frequent metaphors of SHAME in Kövecses' Metaphor and Emotion (2000). The following mappings can be identified in this case:

the obstacle → shame

the obstacle impeding the person → shame impeding the person with ED from doing things

person walking on a path → person with Ed experiencing the emotion

being unable to bypass the obstacle → being unable to control the emotion

ED patients usually have a hard time coping with their emotions, and it prevents them from self-acceptance, healthy eating habits and hinders recovery. Furthermore, it can cause “mental barriers” that make the individuals feel unworthy and incapable of change.

5.1.2. The conceptual metonymies

1. WALKING OUT FOR EXPOSURE FOR SHAME (CAUSE FOR EFFECT FOR EFFECT)

1.	My walk of shame used to be down the grocery store aisle or through the check out.
2.	Did the walk of shame all the way home from the grocery store
3.	the walk of shame out of the bathroom after puking <<<
4.	i can, wash my mouth, clean up all the evidence as fast as i can, and then do the walk of shame out the bathroom while they watch me leave
5.	And the absolute walk of shame I had as I left the restroom still haunts me as I'm typing this out.
6.	You've done this walk of shame before.

Table 7

It was the most frequent metonymy and metonymic chain that I identified during the research, but interestingly, it featured in only a single expression: the” walk of shame”. Exposure is regarded as an important aspect when it comes to shame.

The meaning focus of the metonymy is about the visibility of the emotion to others who serve as moral authority, and in case the cause of the individuals' shame is revealed, the person is exposed to their judgement (Nucz, 2017). Consequently, people with ED try to avoid exposure and ease their negative feelings by performing several forms of behavior; for example, ED patients try to clean up the mess they have created or avoid eye-contact with their family members when they leave the bathroom or the shop. Furthermore, they try to hide their eating habits and binge in private or avoid social interactions to prevent the feeling of shame. Here a metonymic chain could be observed as it shows a contiguous relationship, and their common target is shame.

5.2. The conceptualization of ANGER

Anger is one of the five basic emotions which guide us during our lives. It has a great evolutionary role too as it promotes survival instincts. Furthermore, anger has several manifestations: it can appear as a reaction to bodily distress, or it can support goal-directed behavior or can cause frustration (Williams, 2017).

Besides, “anger is perhaps the most studied emotion concept from a cognitive semantic point of view” (Kövecses, 2000. p. 21). However, none of these studies focus on the conceptualization of ANGER in a special subgroup such as people with eating disorders.

In my dataset, there are 54 sentences containing the lemma *anger* and, in these sentences, there are 56 identified metaphors overall. In the diagram below, the metaphors that appear at least in two sentences or utterances are indicated, the ones which appear only in one sentence or utterance are in the category of “other”. In the discussion, the most frequent metaphors that appear at least in three utterances and metonymies will be analyzed. Furthermore, the findings will be compared with Kövecses and Sullivan’s work on ANGER metaphors in American English (2024) as most of the users apply American English and are from the USA. The aforementioned study examined both type-based and token-based salience of the metaphors. In this analysis, the frequency list derived from their token-based salience list is utilized for comparison, because it uses a similar methodology as the authors examined random examples of the lemma *anger* in a large language corpus, namely in naturally emerging linguistic data. This comparison can provide insights into the distinct mental states of individuals with ED.⁴

⁴ The study can be found in the book of “*Metaphors of ANGER Across Languages*” edited by Zoltán Kövecses, Réka Benczes and Veronika Jávör-Szelid. It is a very recent account of the metaphors of ANGER, which have been observed in twenty-five languages. It is a large-scale study based both on lexical and corpus data in each language. In the case of the token-based salience, they looked for random examples of the lemma *anger* in national corpora.

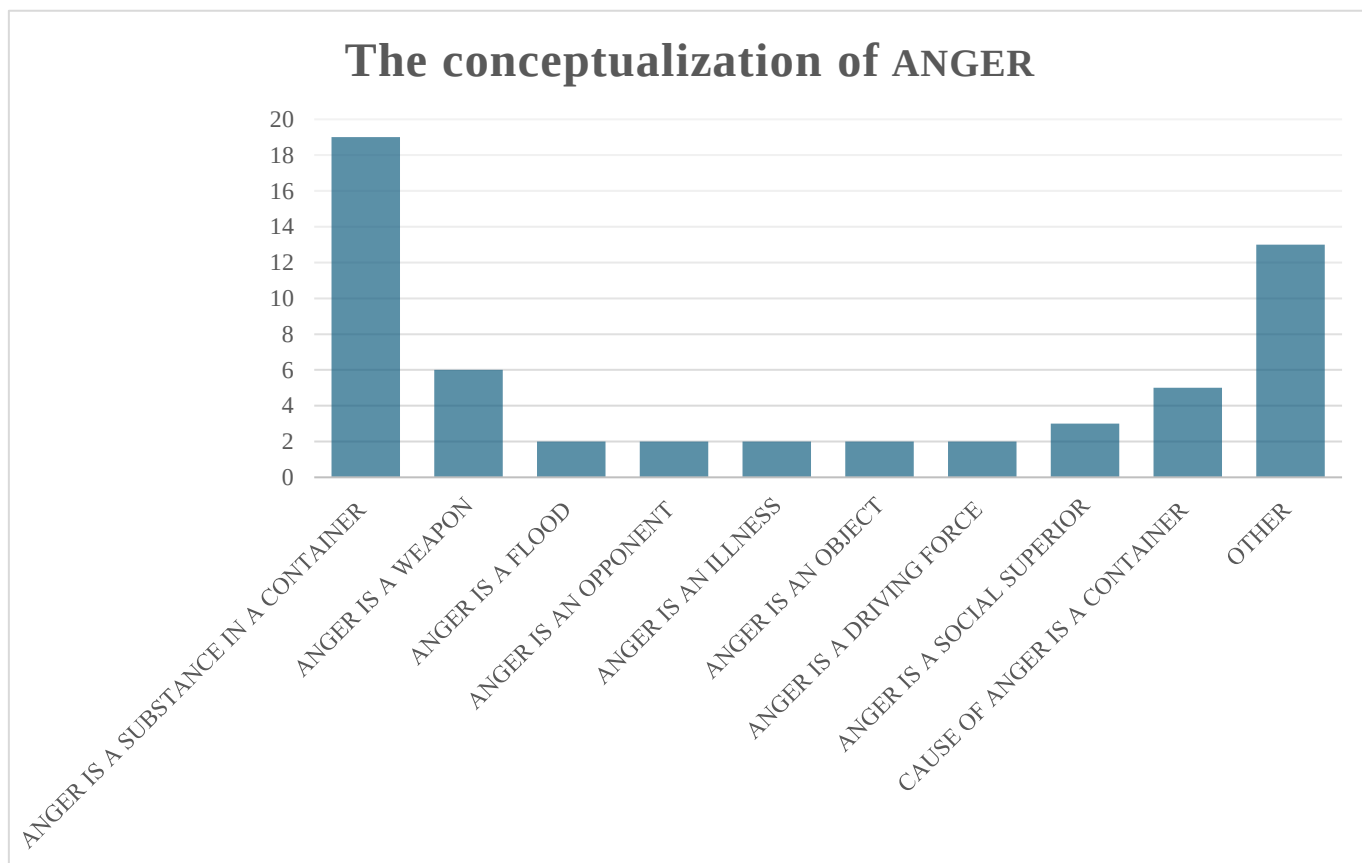


Diagram 2: The Conceptual Metaphors of ANGER

5.2.1. The conceptual metaphors

1. ANGER IS A SUBSTANCE IN A CONTAINER

1. Days are now filled with dread, anger
2. my brain is going into overdrive with feelings of guilt, anger
3. I'm so full of anger
4. A woman at a checkout counter just turned my sushi roll upside down and basically ruined it. I wanted to scream. I know the level of anger I felt was irrational, but goddamn I was pissed
5. But if I'm angry, my first instinct is to run to the fridge and shove the anger down with food.
6. I feel like it's the only way I can really let the anger out.

7. My whole day is riddled with anxiety or anger because I hate myself and what I've done then that leads to a Binge.
8. My sisters are some of my biggest triggers and I get so scarred that they purge so I lay awake at night and try to listen. I know if I hear it I'm going to be filled with anger and be mad at them.
9. whenever my meals change or not up to my expectations Zero patience Zero empathy Random bursts of anger or sadness
10. the only reason i dont explode in anger at the doctors' is because i dont want to make a huge scene.
11. the flooding anger filled thoughts of guilt, embarrassment, shame, and despair when I take one bite of food,
12. I don't show people that something bothers me. I bottle it up on the inside. And I turn the anger towards me, obviously
13. I couldn't keep anger in me
14. My life starts to fall apart, my anxiety from past trauma explodes, my anger explodes , I have less self-confidence leading to my getting less done, and that snowballs into self hatred
15. You hate this anger welling up inside of you , but it's so strong that you forget to take time to have a proper meal.
16. I'm filled with hatred and anger towards all them and my family for pressure me into this.
17. Since Ive been restricting this anger has turned into violent outbursts
18. Anyone else have issues with really intense fits of anger ? On days I super mass restrict, or after a few days of restricting, I will randomly get horribly angry
19. Im so full of anger . I sound like a child but it is what it is. He says im getting thin again but with no scales i cant verify that

Table 8

ANGER IS A SUBSTANCE IN A CONTAINER is the most frequently used metaphor as shown in Table 8 and Diagram 2. It is similar to Kövecses and Sullivan's (2024) findings in the case of the token-based analysis as the most frequently used metaphor is also the SUBSTANCE IN A

CONTAINER metaphor which appears in 151 utterances out of 2000. It can be seen that it is a rather commonly used metaphor; however, it is especially important in my research, because it might be motivated by the nature of the disease.

The metaphor is based on the following mappings:

the substance → anger

the container → the person's body suffering from ED

the level of the substance → the intensity of anger in the person's body

keeping the substance in the container → controlling anger

explosion of the container → loss of control

overflowing of the container → showing anger

reducing the substance in the container → taking control of anger in the self

the substance going out of the container → showing anger

Emotion is seen as an internal driving force, while the resulting action is perceived as its external manifestation (Kövecses, 2000). Consequently, the greater the level of the substance, the bigger is the motivation for emotional reaction, and holding in the substance refers to the urge to control the emotion. If the substance cannot be kept inside, the substance overflows or the container explodes. In the first case, the result is a non-violent response, while the latter one ends in a violent and harsh reaction which can lead to social damage (Kövecses, 2000).

Interestingly, in EDs, overflowing ANGER is often blended with the disordered eating behavior of the patient: binge eating episodes, which, more generally, are conceptualized as piling up substance inside the container, correspond to the growing intensity of anger. Likewise, purging, or putting it more schematically, pouring out the substance from the container, corresponds to the loss of control of over the emotion, and as a result, getting rid of the emotion. As it can be seen conceptual integration/blending appear in some utterances, which will be analyzed later in more detail.

2. ANGER IS A WEAPON

1. Even tho the anger is directed at him, I'm not actually hungry, had no appetite before I started thinking about these things
2. I don't show people that something bothers me. I bottle it up on the inside. And I turn the anger towards me , obviously
3. Whatever it will be, i hope to find a safe space where i am understood instead of becoming the target of someone's anger .
4. I took my anger out on the staff
5. I will direct my anger toward society's standards
6. I couldn't look at her without triggering my anger .

Table 9

ANGER IS A WEAPON is in the second place based on frequency as indicated in Table 9 and in Diagram 2. If we compare this with the findings of the frequency list in the token-based analysis in Kövecses and Sullivan's (2024) research, it can be observed THE WEAPON source domain is at the fifth place there as it appears in seventy-one instances out of 2000, which indicated that it is a rather common metaphoric source domain to use.

The following mappings were identified:

the weapon → anger

the person holding the weapon → the angry person

the person at whom the weapon is aimed → the target of anger

In this metaphor, anger can be interpreted as a tool for patients to punish themselves, which can lead to too restrictive behavior. Besides, the angry person is held responsible for his/her actions in this case (Kövecses, 2024).

3. CAUSE OF ANGER IS A CONTAINER

1. It wasn't satisfying, but at least I wasn't in that desperate anger I'm usually in when I can't purge properly.
2. how do you even deal with wanting to b/p out of pure anger??
3. I'm trembling in anger
4. And in anger I told them I was anorexic but puked regular meals.
5. In desperate anger I'd threw up in the toilet.

Table 10

CAUSE OF ANGER IS A CONTAINER metaphor is an instantiation of the CAUSES ARE CONTAINERS submetaphor which is part of the EVENT STRUCTURE metaphor. It is not a special one as it appears almost in every language and in every emotion.

The following mappings were identified:

the container → the cause of anger

the substance in the container → the different stressors

the pressure in the container → the intensity of the different stressors

There are many situations that can trigger the anorexics or bulimics as they are extremely focused on keeping their habits and even the minor changes can make them extremely anxious and mad. As the utterances in Table 10 present, these situations derive from unresolved emotions, frustrations or conflicts that build up in the individual.

4. ANGER IS A SOCIAL SUPERIOR

1. I try not let the anger get the better of me
2. I guess that's one good thing about anger – it takes away any desire for food
3. It might just be my inability to manage my emotions but my anger makes me want to self-harm in a variety of ways

Table 11

ANGER IS A SOCIAL SUPERIOR metaphor is at the fourth place as indicated by Diagram 2 and Table 12. In the frequency list of the token-based analysis in Kövecses and Sullivan's (2024) study, it is only at the twentieth place as it occurs only in ten utterances out of 2000, which indicates that it is not so common to use in everyday speech. Interestingly, this metaphor proves to be significant not only in the conceptualization of ANGER but that of EDs, as well, as pointed out in Süle (forthcoming). The informants of my previous research claimed that they felt that anorexia or bulimia were their bosses, and they lost control over themselves, which is very similar to the loss of emotional regulation.

The following mappings were identified:

the social superior → anger

the social inferior → the irrational self

the inferior doing what the superior wants him to do → self having no control

the dependent's lack of control → the person with Ed's lack of control over anger

After their struggle the SOCIAL SUPERIOR takes control over the irrational self which was previously rational. Thus, the metaphor applies to a person who is led by his/her emotions which is a very important aspect in eating disorders as well. Anger can be a punishing force that can take away the "desire for food" as it is stated in Sentence 2 above. It is also regarded as very intimidating and can lead to disruptive coping mechanisms.

5.2.2. The conceptual metonymies

1. ANGRY BEHAVIOR FOR ANGER (EFFECT FOR CAUSE)

literally not at all an angry person then am suddenly flooded with such anger towards myself and I honestly just want to punch stuff.
--

A woman at a checkout counter just turned my sushi roll upside down and basically ruined it. I wanted to scream . I know the level of anger I felt was irrational, but goddamn I was pissed

Table 12

It was the only metonymy that I identified during the analysis. This metonymy can be the base of several other metaphors in which angry behavior has a crucial role such as ANGER IS A DANGEROUS ANIMAL (Kövecses, 2024).

As the utterances in Table 15 present, little changes and inconveniences can lead to sudden outbursts of anger and can be indicators of emotional distress. Overeating and binge eating episodes can have similar effects in which a person loses emotional control totally.

5.3. The conceptualization of FEAR

Expected danger to one's well-being can lead to the feeling of fear, which served as a warning system during evolution and was necessary for survival. It was also needed for identifying harmful circumstances and preparing individuals to fight. Furthermore, fear is linked to coping behaviors such as escape and avoidance, which play a significant role in eating disorders. (Öhman, 2000).

Fear is influenced and shaped by cognitive processes and learning experiences. Anorexia and bulimia are examples of illogical and inappropriate fears known as phobias, as opposed to the category of rational and appropriate fears (Öhman, 2000). Anxiety and fear are closely related to each other, but the fundamental distinction is that fear has an object, while anxiety does not (Kövecses, 1990).

In my dataset, there are 23 sentences containing the lemma *fear* and, in these sentences, there are 23 identified metaphors overall. In the diagram below, the metaphors of FEAR that appear at least in two sentences or utterances are indicated, the ones which appear only in one sentence or utterance are in the category of "other". The most frequent metaphors that appear at least three utterances will be analyzed in detail below. Furthermore, the findings will be compared with Kövecses work, *Metaphor and Emotion* (2000) in which the major metaphors of FEAR are presented.



Diagram 3: The Conceptual Metaphors of FEAR

5.3.1. The conceptual metaphors

1. FEAR IS AN OBSTACLE

1. How have you overcome the fear of gaining weight ?
2. How to overcome fear after relapsing into ED?
3. I'm in recovery, but at the same time im scared. How can i overcome this fear ?
4. I have a fear of purging because when I was little, a girl vomited on me and I haven't vomited in 8 years. Someone please help me get over that fear
5. Does anyone have any advice for overcoming the fear/anxiety that comes with eating a fear food?
6. How do i get over my fear of sagging skin?
7. I know from my experiences (i was obsessed with exercise), that my fear is not as realistic as i think, but i cant get over that... How do you deal with that fear and anxiety?

- | |
|--|
| <p>8. As well, setting teensy tiny little achievable goals helped me get over my fears a lot.</p> |
|--|

Table 13

As it can be seen in Diagram 3 and Table 16, in most utterances FEAR is conceptualized as an OBSTACLE. However, this metaphor does not appear in Kövecses' analysis of FEAR metaphors in *Metaphor and Emotion* (2000).

The following mappings were identified:

the obstacle → fear

the obstacle impeding the person → fear impeding the person from well-being

the obstacle ceases to exist → being relieved from the emotion

In most cases, overcoming fear is a way to help and boost the recovery process. Supporting this theory, the OBSTACLE source domain also appeared in the case of HEALING IS A JOURNEY metaphor in Süle (fourthcoming), where it is justified that OBSTACLES correspond to all different kinds of problems encountered during the healing process. Fear can be viewed as an immovable barrier that requires ongoing effort to overcome, and persons with eating disorders are the ones who have created these obstacles to reinforce shame and self-blame.

2. FEAR IS AN OPPONENT

1. So I was wondering how you all deal with the fear of dying of heart failure.
2. How do you deal with the fear of knowing you're going to gain weight in the morning.
3. struggling with the fear of gaining weight when eating a healthy diet

Table 14

FEAR IS AN OPPONENT is a common conceptualization that appears in Kövecses' Metaphor and Emotion (2000) as well. It is not a special metaphor of this community, but the members apply it in a very different context than in everyday speech.

The metaphor is based on the following mappings:

opponent → fear

the defender → the self

fight between the opponent and the defender → fight for emotional control

As stated above, the fight is for emotional control, which is a crucial aspect when it comes to eating disorders. The rational self becomes irrational which can hinder the recovery process and cause more harm. The person has to be a fighter and not let the scary thoughts of weight gain stop them and get into a relapse. They need therapeutic and other life techniques as tools to support them in the battles when they have to stop purging and restrictive eating.

3. FEAR IS A SOCIAL SUPERIOR

1. My body goals aren't that extreme (18 bmi), but it makes me wonder, where will this fear take me?
2. Fear , guilt, shame, and willpower help me to control what I eat throughout the day.
3. But it's like people forget eating disorders are ruled by fear.

Table 15

FEAR IS A SOCIAL SUPERIOR metaphor was also identified by Kövecses during the analysis of FEAR metaphors in Metaphor and Emotion (2000). It is a common conceptualization that is applied by many speakers of American English.

In my study, the following mappings were identified:

the social superior → fear

the social inferior → person with fear/irrational self

inferior doing what the superior wants him to do → self having no control

the ruling power of the social superior → self loosing the ability of emotional regulation

This metaphor refers to a person totally led and driven by his emotions. Some people feel that their eating disorder behavior derives from the fear of gaining weight. However, the cause of their fears changes as they start their recovery process. This metaphor is also in connection with THE DISORDER IS A SOCIAL SUPERIOR identified in my previous work (Süle, forthcoming) in that fear result in purging and restrictive eating, the main symptoms of the disorder also determines their daily schedule and does not let them do what they want. Besides, fear creates unchallengeable rules or expectations that can hinder the recovery process.

4. FEAR IS A PARALYZING FORCE

1. How do you get over the paralyzing fear in recovery?
2. I have a crippling fear of death
3. However, there is a crippling fear inside me that one day very soon, everyone is going to leave me because they won't be able to deal with my negative mood and my sadness

Table 16

FEAR IS A PARALYZING FORCE metaphor is a frequent metaphor that does not appear in Kövecses' analysis in *Metaphor and Emotion* (2000) either. Besides, it is not a general metaphor describing emotions; consequently, it can be regarded as a special one in the eating disorder community.

The following mappings appear in the dataset:

the paralyzing force → fear

the object affected by force → self affected by fear

the intensity of the force → the intensity of the emotion

Fear is seen as a power that stops the people with EDs from engaging in healthy and recovery-oriented behavior. It can make them stuck and frozen and unable to make decisions and changes that would promote a healthy lifestyle. As seen in Sentence 3 above, some people are also afraid that others will leave them, and they cannot do anything against it as they are not the ones who are in control. Overcoming this fear requires gradual steps and external support.

5.3.2. Conceptual metonymies

1. FRUSTRATION FOR FEAR (EFFECT FOR CAUSE)

1. I have a crippling fear of death
2. However, there is a crippling fear inside me that one day very soon, everyone is going to leave me because they won't be able to deal with my negative mood and my sadness
3. How do you get over the paralyzing fear in recovery?

Table 17

In these sentences, FRUSTRATION FOR FEAR metonymy appears as well besides the FEAR IS A PARALYZING FORCE metaphor.

Frustration is an important psychological aspect in eating disorders as it can originate from many factors and situations: the most important ones are weight gain and purging/bingeing phases and they can lead to irrational fears, namely phobias which can make the people stuck in their current states. Therapy is the only method to handle this frustration and prevent the ever-increasing fear. (Túry, 2005).

5.4. Conceptual Blends

During the analysis, I discovered that in one metaphorical expression defining the source and target domains, as well as the mapping system between them, is insufficient. There is something

unique happening between these two realms, namely conceptual integration (Fauconnier and Turner, 2003).

In this subchapter, I will present an example which shows that the application of the blending theory as a methodological tool can help us shed light on the unique conceptualization and application of the metaphors by individuals with EDs.

The expression *shove anger down with food* appears to be conceptualized in a way that might be unique for ED patients:

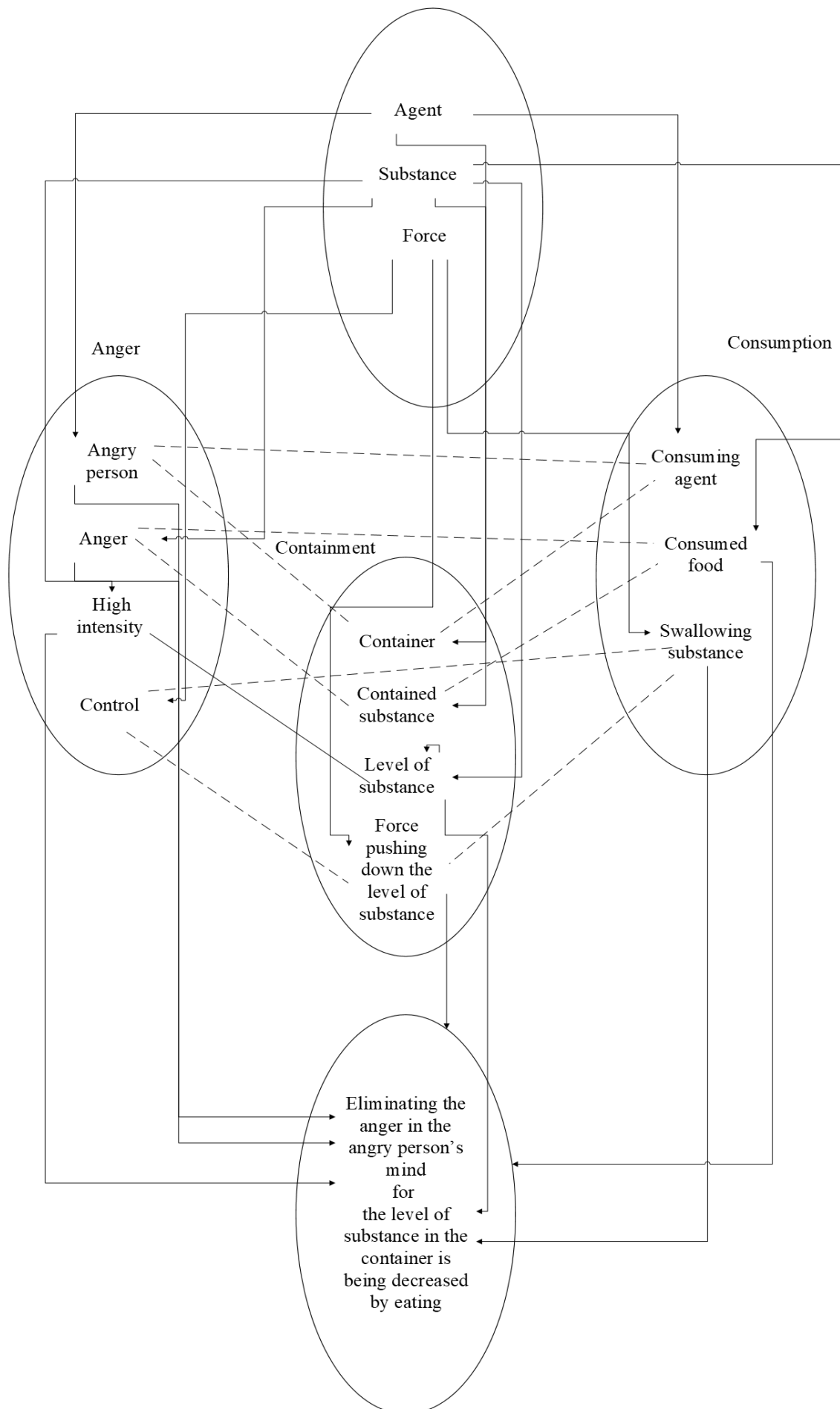


Figure 2: Conceptual Blend 'shove the anger down with food'

The generic space contains the following elements shared by the three inputs: agent, substance, force. There are three input spaces, namely ANGER, CONTAINMENT and CONSUMPTION. The first contains the angry person as an agent, anger as a substance with high intensity and controlling anger as a force. The second input space contains the container as an agent, while the substance involved is the contained substance and its given level, and the force is pushing the level of the substance down. In the last input space, the agent corresponds to the consuming agent, the substance is the consumed food, and the force is swallowing the substance/food. The consuming agent is projected onto the angry person, and both have a connection with the container. The consumed food is projected onto anger (with high intensity), and both share a connection with the contained substance (and its level). Lastly, swallowing anger corresponds to controlling anger and they are also linked with pushing something down. As the result of the blending process, the following emergent structure is created: the angry person pushes down anger with food and as an effect, the intensity of anger is also decreased, because more substance means higher intensity and consequently, less substance results in lower intensity.

This blend depicts how bulimics attempt to control their rage issues by bingeing and overeating, which can bring calmness; yet these actions also isolate them from reality. This situation is consistent with the dissociation hypothesis of psychology, which states that bulimics binge during a transient phase in which they are unaware of what is occurring to them (Túry, 2005).

6. Conclusion

In summary, it can be stated that metaphors provide an insight into the emotional background of eating disorders. They can also create a deeper understanding of the ED problems as the major feelings that influence the patients' behavior are analyzed in detail.

The metaphors obtained in the present study can reflect on intimate parts of ED patients' lives as on these websites they share how they try to manage their lives and their health issues and emotional regulation problems. Interestingly, in the conceptualization of SHAME and ANGER, THE SUBSTANCE IN A CONTAINER source domain was the most dominant source domain, which signals that they are pervasive feelings in which the ED patients get immersed. However,

in the case of the conceptualization of FEAR, THE OBSTACLE source domain was the most frequent one, which reflects on the need that ED patients have to get over their problems and fears. It can be concluded that SHAME and ANGER are conceptualized as substances being within their bodies, while FEAR is regarded as an outer opponent.

Furthermore, based on the results, it is notable that several of the identified metaphors are emotion-specific. In the analysis of metaphors for emotions, the following emotion-specific metaphors were identified: for SHAME, SHAME IS A CYCLE and SHAME IS A SPIRAL; for ANGER, ANGER IS A PUZZLE and ANGER IS A CATALYST; lastly for FEAR FEAR IS A SPACE. All of them are very distinctive metaphors, which derive from the special nature of eating disorders.

The source domains that emerged in all three emotions were the CONTAINER, SOCIAL SUPERIOR and OBSTACLE which may be related to the nature of the disorders. The first one refers to the notion that people can immerse themselves in them; the second one shows that these emotions dictate what the individuals experiencing the emotion have to do; the last one indicates that it is hard to get over these feelings and problems. Besides, there were many metaphors that appeared in two emotions. In the case of anger and shame, ILLNESS was the other identified common source domain, which indicates that the emotion creates a state that needs to be cured. In the case of shame and fear, LIVING BEING was the other common source domain that showed that the people experiencing ED feel that these emotions act as people who are always with them. Between anger and fear, there were no other common metaphors besides the ones mentioned at the beginning of the paragraph.

The conceptualization of SHAME, ANGER and FEAR share common elements with previous studies on emotions in Cognitive Linguistics. In the case of SHAME AND FEAR, there are no such longitudinal and extensive works as in the field of ANGER; consequently, only the major metaphors in Kövecses' work (2000) were used for comparison. In these cases, many of the major metaphors appeared among the most frequent conceptualizations of SHAME AND ANGER in the eating disorder community. In the case of anger, Kövecses and Sullivan's (2024) recent study on ANGER metaphors in American English has been applied. It can be concluded that the most frequent conceptualization of ANGER is THE SUBSTANCE IN A CONTAINER both in American English and in the case of people with EDs, and the WEAPON source domain is also dominant. Although THE SOCIAL SUPERIOR domain is not as common as in the case of people with EDs. Furthermore, the results are coherent with the previous studies from the field of psychology as they indicate that these negative, aversive feelings are pervasive and strong, intense emotions and they largely contribute to the development of eating disorders.

The findings of the research do not support the first hypothesis entirely as not enough data could be collected for a comparison because of the small number of studies on these emotions. However, in ANGER metaphors, it was shown that there are slight differences between its most frequent conceptualizations in American English and the language of people with EDs as observed in the case of the SOCIAL SUPERIOR metaphor, which was more frequent in the ED community. The other hypothesis is supported by the results as there are emotion specific metaphors, because the emotions derive from very specific experiences.

7. Further research

In the future I would like to expand and change some aspects of this research. Potential further research projects could contribute to the findings discussed in the study. The first such work would include interviews with patients on emotion concepts, which can shed more light on their emotional background as they can speak more freely in such situations. Besides, interviews with psychiatrists would also be included as they can provide a more professional view on emotion concepts in eating disorders and thus, the expert model on emotions can be created.

The other possible continuation is based on the first hypothesis, and it would involve the comparison of these emotions across several languages. Thus, it might be possible to identify disorder/culture-specific conceptions.

The third possible continuation is directed at creating comparisons as well. It would be worth conducting research on the different conceptualization of these emotions among people with other mental illnesses.

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