

The conceptualization of eating disorders among recovering anorexics and bulimics

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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. People who have disordered eating have to attend psychotherapy sessions either with a psychiatrist or with a psychologist. During the sessions many metaphors come up the analysis of which can help us understanding the patients' conceptualization and discovering their secret problems.

In my research, I was interested in how the recovering anorexics and bulimics conceptualize (1) the disorders they suffer from and (2) their healing process. Furthermore, (3) I also wish to shed light on the conceptualization of psychiatrists, so I will compare the metaphors identified in the interviews made with the representatives of both groups of informants: psychiatrist and patients.

In the present study, first the theoretical background of the research will be introduced, (2) namely the Conceptual Metaphor Theory, with special regard to (2.1) conceptual metaphors and (2.2) conceptual metonymies and (3) the possibilities of their application in psychotherapy. This will be followed by (4) a description on anorexia and bulimia nervosa and the current psychological models as well as (5) on previous research in this field. In the sixth part of this paper, (6) I will present the methodology (Metaphor Identification Process) and the aims and hypotheses. It will be followed by (7) the detailed analysis of the results. Finally, (8) the conclusion will highlight the main findings of this study and a (9) few possibilities will be suggested as for how to expand this research in the future.

2. Conceptual metaphors and metonymies

2.1. Conceptual Metaphor Theory

George Lakoff and Mark Johnson's Conceptual Metaphor Theory 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 & 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 & Johnson, 1980, p. 6).

Furthermore, the most important factor that defines how our thoughts are metaphorically structured is context. According to Kövecses (2018), there are situational, conceptual-cognitive, bodily and discourse contexts, all of which could be global or local.

Additionally, 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 & 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. For example, in the case of LOVE IS A JOURNEY metaphor, journey is the source, while love is the target domain; and the travelers of the journey in the source domain would be mapped onto the lovers in the target domain. These conceptual metaphors are unidirectional, because the mappings go from the source domains to the target domains but not vica versa (Evans & Green, 2006). Additionally, Gallesse and Lakoff (2005) concluded 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 & Benczes, 2016). 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 & Johnson, 1980, p.10.). The metaphors have cognitive functions as well: they could be structural in which the source domain is extensive and one concept is understood and expressed in terms of another structured, sharply defined concept; they could be ontological when an abstract term is represented as something concrete, such as an object, substance, container, or person; lastly, they could be orientational metaphors in which one concept is given a special orientation like up-down (Kövecses & Benczes 2016). According to Kövecses (2015), metaphors could be conventional or non-conventional, general or specified. He mentioned that it is important to know the context in which the metaphor is applied, because the culture has a large influence on interpreting metaphors.

Visual metaphors can be studied with the same methodology as well “based on the principle that independently of which modality we choose to express ourselves, the creative mental processes that operate within us are similar (Szelid & Benczes, p.2). The visual metaphors represent a person, a place, a thing or an idea, which suggests a particular association and similarity. In the case of these metaphors, some aspects are also highlighted, while others are downplayed.

This theory is crucially important in my research on metaphors that I identified during psychotherapeutic sessions and interviews. First, I encountered many visual metaphors as the informants were asked to make sculptures out of plasticine, while in the second case, the metaphors that the informants used in speech reflected on their cognitive processes.

2.2. The conceptual metonymies

Metaphors are tightly connected to metonymies; many of them are based on or combined with metonymies, and for this reason, metonymies also appear in my research and play an important role.

Metonymies are based on contiguity rather than similarity. Therefore, the entities 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. Consequently, 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 & 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 & Kashanizadeh, 2020). Additionally, metonymies can occur between concepts, linguistic forms and concepts or linguistic forms and things/events (Kövecses, 2010). 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 & Johnson, 1980).

3. Metaphors used in therapy

Metaphors are important in medicine and especially in psychiatry. According to Neil Pickering (2006), they provide a way to get to know the mental state of a patient better. They can help in the classification of mental illnesses as well (Beatley, 2017). Metaphors used by the patients are crucially important because they reflect on their almost indescribable situations; while the metaphors of the therapists provide an alternative way of thinking that can be livelier and more complex. Moreover, metaphors make the therapy less intimidating (Tay, 2017). Charteris-Black (2012) suggests that the therapists should not alter the patients' metaphors but rather engage with them. If the therapist pays attention to the metaphors used by the patients, he/she can easily get to know his or her way of thinking, and they would be able to create a common language. With metaphors, the ill people could analyze their own feelings and secret assumptions and can create new relationships with themselves (Lyddon, Clay and Sparks, 2001). In another study, Cirillo and Crider (1995) summarize the main points of metaphorical communication. According to them, the patients make their points vividly with an implied comparison, while the therapist can change the perspective of the patients with borrowed terminology and can encourage them to use novel and new expressions. As the personality changes during the therapy, the metaphors will alter too (Siegelman, 1990).

4. Anorexia and bulimia nervosa

According to Ferenc Túry (2005), who is a well-known eating disorder specialist in Hungary, eating disorders should be called as ingestion disorders, because the main problem is with the latter one rather than with eating. Bulimia and anorexia are part of psychosomatic disorders in which the problems of the soul and the body are connected. Moreover, anorexia could 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 these, he/she purges herself/himself. Eating disorders have circular reasonings, which mean 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 could be observed (Caskey, 1985). Bulimics almost have the same reasons for the development of the disorder, but their reaction is different for that stress.

There are many models in psychology that try to describe the disorders. The most important ones are the psychodynamic models which focus on unconscious factors. The mother-child relationship, inner and hidden aggressivity and difficulties with sexuality are parts of these factors. Based on behavioral-psychological models, eating disorders can be learnt behaviors which are kept up with rewards like the approval of the society about being skinny. According to cognitive models, which are the new variations of behavioral-psychological models, faulty ideas about the ideal body weight, eating and body shape are the main reasons why someone develops disordered eating. The role of the family is also crucially important in these cases: As stated in family models certain factors in the family have great roles in developing the disorders. In these families, the members do not have open discussions and disputes, and the boundaries are not clear (Túry, 2005).

Eating disorders can be the variations of certain other mental disorders as well. Depression theory says that eating disordered people are depressed and they tend to accuse themselves. Statistics claim that 20 or 30% of bulimics try to commit suicide. Moreover, dysphoria is very common in the families of anorexics and bulimics, and the problem with serotonin¹ producing in their bodies also supports this theory. There is an addiction theory as well which regards an anorexic person as someone who is addicted to being skinny; while for bulimics, overeating and purging mean cathartic experiences. The issue with control is a common point with addictions too: the anorexics try to overcontrol their lives, while bulimics sometimes lose control, and it is hard for them to regain power over themselves. The obsessive-compulsive disorder (OCD) can appear too because the eating disordered people have rituals when it comes to eating. Moreover, 10-30% of these people have diagnosed OCD. The dissociation theory is also important; according to it, bulimics overeat in a trans-like phase in which they do not know what is happening to them (Túry, 2005).

During the therapies, which can be either a family therapy or psychotherapy, the patients can be defiant and rebellious, because they want to see clear anger from the therapist, and it is an honor for them to create this feeling. They want to draw others' attention to themselves. Sometimes they are provocative as well, because they want to know where the boundaries are (Caskey, 1985).

¹ Serotonin is a chemical messenger (neurotransmitter), and it is responsible for sending signals between nerve cells. It is believed that it is a mood stabilizer, and when its level is low, people are at risk of becoming depressed.

5. Previous studies on interpreting anorexia and bulimia

There are many studies in this field of cognitive linguistics which aims to interpret and analyze the conceptualizations of the eating disorders. However, these studies focus only either on anorexia or bulimia, or they highlight those metaphors that are connected to the disordered eating, but not to the healing process. Additionally, the metaphors of the self are more dominant in these studies than the conceptualization of the disorder.

Mathieson & Hoskins (2005) conducted a study in which they interviewed 10 adolescent girls aged between 13 and 18 who were in an eating disorder program in a hospital. Their main aim was to gather information about the process of change in the eating disordered mind. Each girl was interviewed by a researcher three times, with interviews lasting approximately one hour each. The topics of the discussions were about media, popular culture, happiness and how someone changes. They found that change did not happen immediately in the patients' lives rather in smaller steps. They also concluded that one individual consists of several complex personalities that can be in clash with each other, because one part wants to recover, but the other wants to stay in the disease's comfort. Some of the girls said that they conceptualized healing as a journey at the end of which they can find themselves. However, this road or journey was full of obstacles, because sometimes their need to return to their old lifestyles was really strong.

Lavis (2011) designed a study in which she analyzed pro-anorexia websites and made interviews with anorexics in an eating disorder clinic and with the users of the previously mentioned websites. Her main topics were about the relationship between the illness, agency and personhood and about the desires and intersections of pro-anorexia. She found that the anorexics tend to use "the anorexia talking" conceptualization, and some of them felt that they were subsumed into the disorder, and they became one with it. Moreover, some patients said that anorexia controlled their behavior: they thought that there was an inner voice that told them what they were allowed to do or not. However, some anorexics conceptualized anorexia as their friend and this relationship can be an intersubjective or an intrasubjective one as "it reaches outwards and yet also encloses and constitutes the self" (Lavis, 2011, p.183).

Gorren-Watts (2011) also conducted a study in which she made a meta-synthesis off 34 articles. Similarly, to the previously mentioned research, she also found that women with eating disorders use many metaphors during therapies. In the metaphors used, they focused on the experience of being ill rather than the causes that made them ill. At the beginning of the

therapies, they conceptualized the disorders positively, but during the sessions, these pictures became negative as they realized they caused them harm. The most common conceptualizations were the same as in other studies such as THE DISORDER IS A COMPANION or THE DISORDER IS A DICTATOR. However, they used many novel metaphors as well like THE DISORDER IS A CONTAINER which has a strong wall that is a base for them in difficult times. For some, anorexia meant a solution to get away from all the problems that they had to face with.

Knapton (2013) designed research in which she collected data from eight pro-anorexia websites and analyzed what conceptualizations anorexics use. She found two major metaphoric concepts that the pro-anorexia movement² relies on: ANOREXIA IS A SKILL and ANOREXIA IS A RELIGION. In the first case, the anorexics know that they have to practice anorexia “to get better in it” and they regard themselves as talented people who possess the skills of a “good anorexic”. They seem very determined and disciplined to achieve their goals. In the case of the second type, “anorexia becomes a powerful way of life with its own belief systems and codes of practice” (Knapton, 2013, p. 24). Members of the pro-anorexia movement call themselves pro-ana, of which "ana" refers to anorexia. They like to call themselves in this way because the female name Ana evokes in them a goddess who can decide what is moral and immoral. According to this view, eating is conceptualized as a sinful act.

Cummings (1998) designed qualitative research in which she analyzed how bulimics conceptualize the disorder. She interviewed three women who requested counselling at a university counselling center. At the end of each counselling session, clients completed the Important Events Questionnaire. The answers given to the following three questions of this questionnaire were used for this study: What was the most important thing that happened in this session?; (b) What did you find yourself thinking about or doing during the time in between sessions that related in any way to the last session?; and, (c) Are you experiencing any change in yourself?. The first patient said that bulimia was a coping mechanism for her, and she hoped that she could destroy her problems with bingeing and purging. Food was a metaphor for revenge on her environment that caused her anxiety. The second one said that the disorder and eating were competitions for her, but later, she realized she binge ate to avoid accepting who

² „Pro-anorexia is an internet-based eating disorder movement that views anorexia nervosa (and other eating disorders) as a lifestyle choice rather than a medical illness” (Knapton, 2013, p.461). They think of the anorexic body as the epitome of female beauty (Knapton, 2013).

she was. The third person said that she was afraid that she was not feminine enough and she realized bulimia was her fear around what it meant to be a woman.

Schupak-Neuberg & Nemeroff (1992) designed a study in which they also investigated the metaphorical accounts of bulimia. The participants were university students, and the group consisted of 26 bulimics, 25 binge eaters and 31 normal eaters. They were interviewed twice via tests. In the first session, they had to answer demographic and eating symptomology questions in addition to the dependent variables, which assessed identity disturbance, self-awareness during bingeing, purging functions and interpersonal concerns. In the second session, the test battery was identical to the previous one in order to assess test-retest reliabilities for the scales and to provide consistency measure of identity. They found that the bulimics had a great identity confusion. They claimed that the metaphor EQUATING OF THE SELF WITH THE BODY was supported in the statements that the bulimics made. The results supported their other hypothesis that bingeing was an escape for them.

6. The research

6.1. The background

During my research period, I visited two group therapy sessions that were held by a psychiatrist and a psychologist in a small eating disorder center in Budapest. The participants were twelve young women aged between 15 and 30; however, only six of them attended the last few occasions. They either suffered from anorexia or bulimia nervosa. Each session consisted of four parts: the first was a symptom circle in which the participants had to speak about their latest symptoms and achievements; the second part was called “assertive diary”, and it meant that they had to talk about experiences in which they acted assertively and could communicate their needs; the third part was always a creative activity that made them think about their emotions and feelings; and the last part was a compliment circle in which they had to give compliments to each other. For me, the third part was the most valuable, because these exercises generated extensive metaphor usage. On the last session, the participants were asked to form what anorexia or bulimia meant for them out of plasticine. This activity resulted in visual and tactile metaphors, which are as detailed as the linguistic metaphors of the interviews that I also conducted with them, and the patients were asked to analyze them with the help of the therapists.

I interviewed two women from this group. Subject A was a 28-year-old P.E. teacher who had anorexia for a short period of time, and now suffers from bulimia. She attends both individual and group therapies. She said that she started having problems with eating about six or seven years ago. She claimed that the main causes of the disorders were her perfectionism and the control of the family over her. Subject B was a 30-year-old university student who studies psychology, but she also has a job in a multinational firm. As the previous subject, she also attends group and individual therapies, but these are her sixth or seventh therapeutic treatments. She was also anorexic, and had binge eating disorder, but now she is in bulimia. She said that she developed disordered eating habits at the age of 13, and she started visiting therapies at the age of 15 or 16. She told me that the causes were very complex. She had many unresolved family traumas because of neglect or aggression, and her parents forced upon her the “mainstream” beauty ideal. She has been writing an eating diary for many years in which she monitors her own eating habits and days.

Apart from these, I made interviews with three other patients from Ferenc Túry’s family session therapies. Subject C was a 15-year-old high school student who suffered from anorexia, but now she is in a recovery phase, thus, she has to attend only family therapy. She started having issues a year before, and she was hospitalized as well, because her weight was extremely low. She and her psychologist claimed that she developed the disorder, because she and her family could not speak about their problems properly, and she could communicate with her family members only this way. She also mentioned that social media was a crucial factor, because she thought that she could not be as beautiful as the girls in internet pictures. Subject D was a 16-year-old high school student who also had anorexia, but she is also in recovery, and she has to attend only family therapy. She had been in the disorder for two years when her parents found Dr. Túry. She told me that she did not know what the main causes of the disorder were, but her doctor and psychologist said that it could be a genetical problem; however, she mentioned that she always had performance pressure. Subject E was a 21-year-old university student who studies special education. She is anorexic, and she was hospitalized many times, but her weight has not changed since. She visited psychotherapeutic sessions before, but now she attends only family therapy and has to visit a psychiatrist who checks only her somatic state and weight. She said that she started having problems because of her performance pressure at school, and in 2017, her granddad died with whom she had a very close relationship.

6.2. Aims and hypotheses

My main aim is to explore how the patients conceptualize eating disorders in general, and how they think of the healing process with the use of metaphoric expressions. I also intend to shed light on whether and in what ways their opinion on anorexia and bulimia change during the healing process. Additionally, I interviewed psychiatrists as well, and compared their answers with those of the patients'. The results of this comparative analysis can reflect on the treatment and how the specialists' work could be effective.

My main hypothesis is that the patients will conceptualize anorexia and bulimia as negative figures like a dictator or an evil entity, while healing will be interpreted more positively.

6.3. The methods

Because of the nature of my data, I carried out a narrative analysis of the therapeutic sessions and the interviews.³ First, the participants' descriptions of the sculptures and utterances at the sessions were written down verbatim, and in this way, I could analyze them later.

For the interviews, I designed a questionnaire (*Appendix 1*) based on Dennis Tay's (2016) queries reported on in his study entitled *Using metaphor in healthcare: mental health interventions*. The first group of questions asked basic information about the patients' age and gender. The second part focused on their disorder: I was interested in what the main reasons of the development of the disorder were; what kind of treatment they got; when they started looking for help and what their main motivations during healing were/are. In the third part, I asked them to define what anorexia or bulimia mean. Fourthly, they were asked how they could imagine the disorder and to describe their mental image of this in a very detailed way; and lastly, they had to answer how they would change or modify this picture during healing if they had the chance to do so. After that I used Google Cloud to create transcriptions from the audios and analyzed them. Then, I put the received data that I got into a database and analyzed how many times the metaphors came up (frequency) and how salient one certain metaphor was.

³ Narrative analysis is a valuable technique in qualitative research. It helps the analysis of texts or visual data that have a storied form. Narrative analysis' approaches could be categorized „on the basis of whether they focus on the narrative content or structure” (Figgou & Pavlopoulos, 2015, p. 120).

6.4. Metaphor Identification Process

In my research, I applied the Metaphor Identification Process (MIP) created by the Pragglejaz Group in 2007.⁴ I did a narrative analysis as I interviewed patients and listened their speeches in the therapeutic session and created transcriptions from them. Before doing the analysis, I read through these transcriptions 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, more concrete meaning in the dictionaries than its contextual meaning. This basic meaning can be related to bodily actions, more precise or historically older. If the unit had a more basic meaning, I decided whether the contextual meaning contrasted but could be understood in comparison with it. If all the answers were positive, I determined that the unit was metaphorical.

7. The results

⁴ 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.) However, they claimed that the procedure could be learnt and used slowly as the analysts have to pay attention to take all the steps and not to make premature decisions.

7.1. The interviews about the disorder

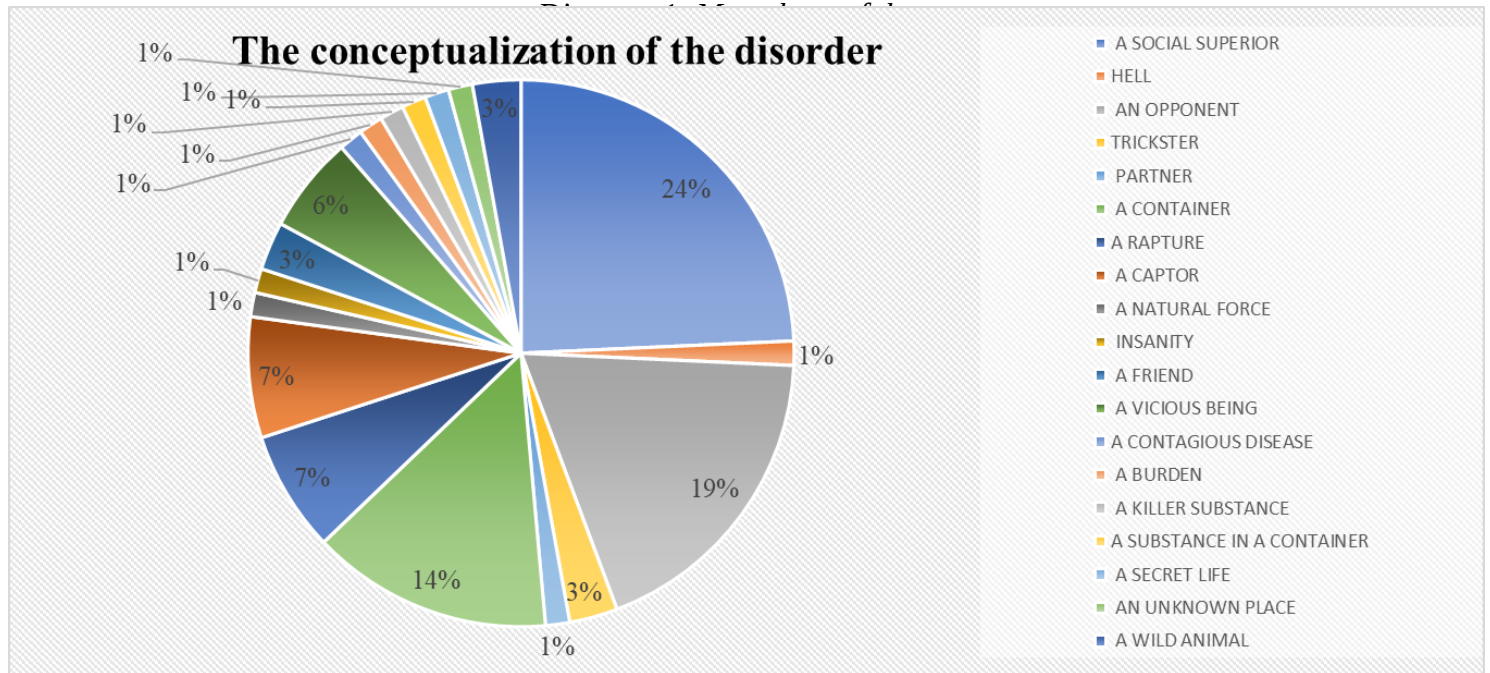


Diagram 1: The metaphors of the disorder

This diagram represents the frequency of the metaphors that describe the disorders and came up during the interviews. The most frequent ones are THE DISEASE IS A SOCIAL SUPERIOR and THE DISEASE IS AN OPPONENT. However, the DISEASE IS A CONTAINER, THE DISEASE IS A CAPTOR, and THE DISEASE IS A RAPTURE were also common.

Metaphors	Tokens	% of all token Types	% of all types	No. of metaphorical mappings	% of all metaphorical mappings	Aggregate
DISEASE IS A SOCIAL SUPERIOR	17	24,64	13	25,00	5	6,25
DISEASE IS AN OPPONENT	13	18,84	8	15,38	5	6,25
DISEASE IS A CONTAINER	10	14,49	5	9,62	3	3,75
DISEASE IS A CAPTOR	5	7,25	4	7,69	7	8,75
DISEASE IS A RAPTURE	5	7,25	4	7,69	7	8,75
DISEASE IS A VICIOUS BEING	4	5,80	3	5,77	3	3,75
DISEASE IS A FRIEND	2	2,90	2	3,85	6	7,50
DISEASE IS A TRICKSTER	2	2,90	2	3,85	4	5,00
DISEASE IS A WILD ANIMAL	2	2,90	2	3,85	4	5,00
DISEASE IS INSANITY	1	1,45	1	1,92	6	7,50
DISEASE IS A BURDEN	1	1,45	1	1,92	5	6,25
DISEASE IS A NATURAL FORCE	1	1,45	1	1,92	5	6,25
DISEASE IS A SECRET LIFE	1	1,45	1	1,92	4	5,00
DISORDER IS A CONTAGIOUS DISEASE	1	1,45	1	1,92	4	5,00
DISEASE IS HELL	1	1,45	1	1,92	3	3,75
DISEASE IS A PARTNER	1	1,45	1	1,92	3	3,75
DISEASE IS A KILLER SUBSTANCE	1	1,45	1	1,92	3	3,75
DISEASE IS A SUBSTANCE IN A CONTAINER	1	1,45	1	1,92	3	3,75

Table 1: The salience of the metaphors

This chart reflects better on the metaphors because it focuses on the salience of the metaphors, which is a more complex notion than frequency. To analyzing salience, I used the method of Zoltán Kövecses, Réka Benczes and Veronika Szelid from their study entitled *Metaphors of anger across languages*. The first column “tokens” refers to the number of data based on the relevant metaphor, while the second column shows the percentage of the metaphorical tokens against the tokens of the entire dataset. The “types” column refers to the different types of expressions under one metaphor. According to it, the expression “it tells you bad things” occurs three times in my corpus, but it is only one element out of thirteen in the case of THE DISEASE IS A SOCIAL SUPERIOR metaphor. The column after it shows the percentage of the expression types against the tokens of the entire set of expression types. The third factor is “mappings” which are the conceptual correspondences between the different elements of the source and target concept like in the case of THE DISEASE IS A SOCIAL SUPERIOR, THE SOCIAL SUPERIOR (SOURCE DOMAIN) is mapped onto THE DISORDER (TARGET DOMAIN). The sixth column shows the percentage of the mappings against the entire set of mappings. The last column, the aggregate consists of three percentages: the share from the tokens, the share from the types and the share from the mappings. The content of the table is listed according to it.

1. THE DISEASE IS A SOCIAL SUPERIOR

1. You cannot live up to anorexia’s expectations .
2. Anorexia took away my smile .
3. Later, anorexia won’t say that „Oh my God, how much your weight is.”
4. It is a person whom I hate, and I want to keep a big distance from him, because it has bad influence on me .
5. It is a bully who tells you bad things.
6. It didn’t allow me to feel myself great.
7. I got the instructions from inside; it told me to give up and not speak with a certain person.
8. You have to be perfect for anorexia .
9. I had rituals towards it; I wanted to be bony.
10. I think that it is a bullying voice that tells you that you are not so beautiful, not so skinny and not so good. If you look like this, it is unacceptable.
11. It is my biggest critic and my boss .

12. I got some rewards from it.
13. It tells me you have to be with me, because I am the only one for whom you can be valuable, you have to work for me.
14. It tells me that I don't have any values, and I am not good for anything.
15. And I will tell her that you can say anything , but I am valuable, and I am good.
16. It determines my schedule.

Table 2

As it can be seen in Table 1, most informants conceptualize anorexia as a social superior. I found the following mappings of this metaphor: CONTROLLING is mapped onto THE DISEASE'S CONTROL OVER THE ILL PERSON, while DEPENDENT'S LACK OF CONTROL OVER THE DEPENDENT is connected to THE ILL PERSON'S LACK OF CONTROL OVER THE RULER, and BULLYING is mapped onto CREATING DISTRESS IN THE DISORDERED. The informants said that they felt anorexia or bulimia were their bosses who did not let them be free and happy. They determined their schedule, their everyday lives, and feelings, and they felt that it was hard to handle them. They felt that they lost control over themselves and over the disease. These disorders acted as bullies as they told the anorexics or bulimics, they were unvaluable and they were good for nothing. The disorder would like to control the "rational self", and sometimes it happens so, and the "irrational self" becomes the one who is in control (Kövecses, 2000).

2. THE DISEASE IS AN OPPONENT

1. And I'm very, very angry with her for how much she took from me and how much she deprives me of.
2. And I couldn't really fight against it at the beginning I felt that it was much stronger than me.
3. But now he is my enemy and I have nothing to do with her.
4. She is my enemy at the same time.
5. If I have to describe it, it is a fight against myself.

6. Now I am more self-confident, and I love myself more , but I hated myself before that time.
7. It is a race with myself .
8. There were two voices in my head. The anorexic voice was louder, so there was no or a weak healthy voice in my head.
9. With my normal self , I know that it is not true.
10. I thought that it is my voice , and I could become one with it.
11. From my own enemy , I became my own friend .
12. I terrorize myself and do bad things.
13. But my healthy self won , because I knew that I had to eat the cake that I got from my friend.
14. There is an inner voice that tells you that you should not do certain things.

Table 3

THE DISEASE IS AN OPPONENT is at the second place in Table 1. The following mappings of the metaphor can be identified: THE POWER OF THE OPPONENT is mapped onto THE POWER OF THE DISORDER; FIGHTING AGAINST AN OPPONENT is connected to FIGHTING AGAINST THE DISORDER; HARSH FEELINGS TOWARDS THE OPPONENT are mapped onto HARSH FEELINGS TOWARDS THE DISORDER; also THE OPPONENT corresponds to THE DISORDER, while THE FIGHTER AGAINST THE OPPONENT is connected to THE RATIONAL SELF. From these quotes, it seems that the fight is for emotional control, and two subjects fight against each other, the rational self and the disorder which tries to gain power over the individual (Kövecses, 2000). Consequently, the recovering person has harsh feelings towards the disorder as she tackles with it and sometimes, she gets defeated because she gives in the urge to restrict or overeat.

3. THE DISEASE IS A CONTAINER

1. I would like to heal from it .
2. As I got deeper into it , it got worse.
3. I can get out of it when I accept that gaining weight is good.
4. When I was in it , I didn't see it.
5. It is really strange for me that I was in it for six months.

6. When someone is in it , he cannot see himself properly.
7. You have to understand that I have been in it for six years!
8. When I was at the bottom , I didn't feel like I was sick at all
9. That as I got deeper and deeper into this, it got worse and worse
10. You've been able to do that now, but keep doing it and it's still further down

Table 4

The third most salient metaphor is THE DISEASE IS A CONTAINER. In this case, I found the following mappings of this metaphor: DEPTH OF THE CONTAINER is mapped onto THE INTENSITY OF THE DISEASE, while BEING IN THE CONTAINER is connected to BEING IN THE DISEASE. The informants told me that the disorders were extremely intense which meant that they could not get out of them easily, and they felt that they were deprived of “air” which meant freedom. However, at the beginning of this phase, they did not think that they were in danger, and the disorders could kill them.

4. THE DISEASE IS A CAPTOR

1. So somehow, I always feel like it is a cage or a prison , because thinking becomes very narrow.
2. It starts with a great success, because you lose weight, but then it becomes a mental prison .
3. So, I can imagine it like a prison on a desert island where there is no one.. It's a very lonely thing.
4. It's like there are chests in an attic and you have to see what's in them .
5. Now I feel that the walls are closing in more and more.

Table 5

The salience of THE DISEASE IS A CAPTOR metaphor is relatively high as well. The following mappings could appear in this case: BEING TRAPPED is connected to ONLY THINKING ABOUT EATING, BEING IN PRISON is mapped onto CONTROLLED BY THE DISORDER, while BEING DEPRIVED OF PERSONAL OBJECTS corresponds to BEING DEPRIVED OF ONE'S PERSONALITY. They felt that they were in a mental prison because they did not think of anything else except for food and exercising. Therefore, they thought that they lost their main characteristics due the disorder. Additionally, it was extremely hard to get out of this building/state, because they said that they felt some kind of force that kept them inside.

5. THE DISEASE IS A RAPTURE

1. I think that it could be dangerous in lots of areas, because it can be really addictive .
2. And by the way, I called it a hunger high . Well, when I was starving myself, especially at the beginning, it often came in waves.
3. By overeating, interestingly, there is also such a chocolate euphoria , or whatever it could be called. I also had such a high ..
4. I absolutely had the experience that when I overate, it was like shooting myself . I think that from the fact that I was really looking for an increasingly intense sweet sensation.
5. I think I could compare it to an addiction , like when someone is addicted to drugs and such. You know that it's really bad, but you don't even see yourself when you're in it.

Table 6

THE DISORDER IS A RAPTURE metaphor has a high salience as well. Additionally, it is in connection with the addiction theory of psychology. The metaphor has the following two mappings: the HARSHNESS OF ADDICTION is mapped onto the HARSHNESS OF THE DISORDER, while CREATING A HIGH FEELING is connected to OVEREATING OR RESTRICTING; THE ADDICTED PERSON corresponds to THE ILL PERSON, while THE ADDICTIVE SUBSTANCE is connected to THE DISEASE. The eating disorders share some common traits with addictions, because as my data indicate, the informants knew that they can cause very severe health issues, but they could not

stop because of the “happy” feeling appeared when they had the chance to skip a meal or purge. Moreover, they raised their doses as they starved themselves for more and more hours or threw up more times a day.

6. THE DISEASE IS A VICIOUS BEING

1. It is a demon , a bit like a black angel , lives in me.
2. I will never be able to get rid of this in my life and I will never be truly happy with anorexia .
3. I'd rather say that this inner voice is a little devil which is always thinking about doing something bad .
4. At the same time, she is a demon that eats me up , but she still has angel wings that make me believe that she is good and wants good for me

Table 7

This metaphor shows that how cruel anorexia and bulimia could be. In this case, I found the following mappings: DOING SOMETHING BAD is mapped onto HARASSING THE DISORDERED; while THE DEMON corresponds to THE DISORDER. The data suggest that these people are enormously influenced by their disorder as it makes them do wicked and bad things to themselves, their friends, and families, because they become reluctant to eat or force themselves to purge and they do not listen to others’ advice. The disorders never let them be themselves because they have cruel energies.

7. THE DISEASE IS A FRIEND

1. She’s my best friend at the same time.
2. She helped me to get through my traumas.

Table 8

THE DISEASE IS A FRIEND metaphor also has some interesting points. I found the following mapping of this metaphor: THE SUPPORT OF A FRIEND is mapped onto THE SUPPORT OF THE DISORDER. However, it can be concluded that this friendship is dysfunctional as it causes more harm than good (Kövecses, 2000). The disorders create the false belief that they are the only ones whom the anorexics and bulimics can rely on and can turn to, because in contrast with friends or family, they support their ideas about the ideal body weight. „However, this friendship is not mutual, and does not serve a need for authentic interpersonal connection. The companion replaces all other relational aspects of life and paradoxically results in deeper disconnection and isolation.” (Gorren-Watts, 2001, p.76).

8. THE DISEASE IS A TRICKSTER

1. She made me believe how useless I was when I wasn't at all
2. She makes me believe that she is good and wants good for me, while I know that this is probably not the case

Table 9

I found only two mappings of this metaphor, which is a very novel one: DECEIVING SOMEONE is mapped onto CREATING POSITIVE FEELINGS TOWARDS THE DISORDER; CHANGING ONE'S BELIEFS is connected to CHANGING ONE'S BELIEFS TOWARDS ONESELF; THE TRICKSTER corresponds to THE DISORDER, while THE INDIVIDUAL BEING TRICKED is connected TO THE ILL PERSON. This metaphor suggest that anorexia and bulimia can change one's worldview, because then she starts questioning herself and her environment. However, in contrast with INSANITY metaphor, it makes someone irrational in certain moments but not all the time (Kövecses, 2000). It means that eating disordered people know that they are harmful disorders, and it is not right what they do, but they cannot stop, because the disorders make them believe they are not allowed to eat properly.

9. THE DISEASE IS A WILD ANIMAL

1. It's an ugly way of thinking, but it's a fat pig who lives by his instincts , does what she wants, doesn't care about the principle of reality in her own little world.
2. Anorexia is like a gazelle : skillful, vigorous, toned fast and energetic; however, it has such a narrowed vision .

Table 10

THE DISEASE IS A WILD ANIMAL is also a very interesting metaphor describing anorexia and bulimia. The following mapping appears: BEING WILD is mapped onto BEING NOT CONCERNED ABOUT OTHERS' EXPECTATIONS. The disorders can be seen as wild animals because they cannot be controlled by any masters; thus, they can become dangerous opponents (Kövecses, 2000). The anorexics and bulimics do not care about social standards as these animals, and they like living in their own reality, which could be totally different from what others see. Sometimes, they do this behavior, because they want to get away from the problems surrounding them and try to focus only on their bodies and eating habits, because they can make them calm.

10. THE DISEASE IS INSANITY

1. It's like I'm schizophrenic

Table 11

This metaphor has very interesting associations as it could be connected to mental illnesses. I found the following mapping of the disorder: BEING MENTALLY ILL is mapped onto HAVING A DISORDER. It reflects on the fact that the anorexics and bulimics lose control over themselves, and they become insane not only in certain cases (Kövecses, 2000). Informant E mentioned that she felt herself schizophrenic as she thought that she had two voices in her head, an ill and a healthy one, but most of the cases the previous one won. Sometimes, she thought that she was not the one who was in control but rather these voices.

11. THE DISEASE IS A BURDEN

- | |
|---|
| 1. I will never be able to get rid of this in my life and I will never be truly happy with anorexia. |
|---|

Table 12

This metaphor reflects on the hardness of the disorders. It has the following mappings in this situation: BEING UNDER PRESSURE is mapped onto BEING UNDER THE DISORDER; THE PERSON WITH BURDEN is connected to THE ILL PERSON. In this case, there is a power, emotional stress or hardness which make the individual function abnormally; however, she wants to regain normality (Kövecses, 2000). As the informant mentioned, she could not imagine that she would be able to leave anorexia behind and consequently, she thought that it would remain on her shoulders for the rest of her life. She implied that she could not achieve her goals because of it; however, she cannot get rid of it.

12. THE DISORDER IS A NATURAL FORCE

- | |
|---|
| 1. It is a volcano in which something is constantly bubbling, but it hasn't erupted yet. |
|---|

Table 13

This metaphor is a very fascinating one as it uses natural pictures to describe the disorder. I found the following mapping: PROCESSES UNDER THE SURFACE are mapped onto PROCESSES IN THE MIND. In this case, the rational self is a physical object, and the natural force wants to destroy it, and the individual cannot defend herself from it (Kövecses, 2000). Informant B said that she was afraid of this force because it was uncontrollable and could kill everything that was in front of it. The substance that was bubbling in that volcano was the stress for her, and she felt that it could erupt any time, because she could not manage it properly.

13. THE DISEASE IS A SECRET LIFE

- | |
|---|
| 1. It was so good to have a little secret life . |
|---|

Table 14

This metaphor is also a striking one as it reflects on the fact that anorexics and bulimics try to hide their behavior from the outside world. I determined the following mapping of this metaphor: FREEDOM is mapped onto BEING WITH THE DISORDER. Informant A who said this sentence mentioned that she was happy when she could do her rituals; however, she did not do them in front of others, because she wanted to preserve her dignity. “However, maintaining a double life is further isolative, as women desire connection and help, but are unable to ask for it” (Gorren-Watts, 2001, p. 59).

14. THE DISORDER IS A CONTAGIOUS DISEASE

Quotes
But it's also an infectious disease , in which I constantly relapse.

Table 15

This metaphor is a very special one as it reflects on other aspects of diseases and disorders. I found the following mapping of this metaphor: EASILY GETTING THE DISEASE is mapped onto EASILY GETTING DISORDERED. Informant D who made this statement mentioned that she could be easily triggered and that was why recovery would be a great challenge for her. She thought that almost everything related to food and body weight could make her relapse.

15. THE DISEASE IS HELL

1. Because it is hell itself

Table 16

THE DISEASE IS HELL metaphor is interesting too as it reflects on spatial location. The following mapping appears in this given situation: BEING IN HELL is mapped onto BEING ILL. These mapping refers to the fact that anorexics and bulimics feel that they are in a state which they

cannot get out of; they feel that they have got lost in an endless hole, and the chance of escaping is low. They know that something is not right about their behavior, but they cannot interpret it properly, because they cannot “see it through”.

16. THE DISEASE IS A PARTNER

- | |
|---|
| 1. Because at the beginning of my illness, I lived with it . |
|---|

Table 17

THE DISEASE IS A PARTNER is very similar to the FRIEND metaphor, but this relationship is more intimate. Because of the small number of items, I found the following mapping in this condition: LIVING WITH A PARTNER is mapped onto LIVING WITH THE DISORDER. It seems that anorexics and bulimics find comfort and home in their disorder, because they provide the only place in which they can be “themselves”, so they can purge themselves or restrict; the disorders do not force them to start eating and exercise less.

17. THE DISEASE IS A KILLER SUBSTANCE

- | |
|--|
| 1. I felt like ashes , as if the ashes were sprinkled into the stream, and then all living things and everything natural would perish from it. |
|--|

Table 18

This metaphor also reflects on the killing and cruel nature of anorexia and bulimia. I found the following mapping of this metaphor: KILLING is mapped onto FORCE TO RESTRICT OR PURGE. The act of killing is very similar to the rituals of the eating disorders, because through them, the disordered loses her life as she gives up everything to be the perfect anorexic or bulimic and to achieve her goal weight.

18. THE DISEASE IS A SUBSTANCE IN A CONTAINER

Quotes
Or that it actually stays with me forever on some level .

Table 19

This metaphor is a curious one as it regards the disorders as substances. The data indicates the following mapping: THE TIME OF THE SUBSTANCE'S DISSOLUTION is mapped to THE LENGTH OF THE DISORDER. Additionally, in this this case, the container is the human body, and this metaphor provides an inner-outer perspective of it (Kövecses, 2000). This picture suggests that the informant cannot get rid of the disease because of its comforting nature.

7.2. The visual metaphors about the disorder



Figure 1

In these cases, visual and tactile modality play huge roles as these metaphors are multimodal ones. According to Forceville (2020), the multimodal metaphors are represented exclusively and predominantly in different modes.

One of representations of the disorder appears as a carrot. The participant who created it said that it symbolizes power because of its lively orange color, and it has thorns which

reflects on the fact that she can stand up for herself now. The carrot refers to the metaphor THE ILL PERSON IS A PLANT which have the following mappings between the source and the target domains: THORNS are connected to THE RESISTANCE TO EXTERNAL EFFECTS, while THE VITALITY OF THE PLANT is connected to THE VITALITY OF THE PERSON. The EFFECT FOR CAUSE metonymy also appears as HEALING FOR GETTING STRONGER.

The second participant made a “matting” at the beginning of the therapy, but at this ending session, she created a worm. In the case of the previous one, the creature was red and black, but now it is orange with some grey dots. She said that it became a worm, because it could be overseen, and the change of the colors implied that her life was getting better. In the previous case, THE DISEASE IS A MAZE metaphor appears which have the following mappings: GETTING OUT OF THE MAZE is mapped onto HEALING FROM THE DISEASE, and THE IMPENETRABILITY OF THE MAZE is connected to THE IRRATIONALITY OF THE DISEASE. The HEALING IS TRANSFORMATION metaphor also appears, but it will be elaborated on in the next section.

The third participant said that she created a “colorful something” around which there was a black circle. She said that the disorder was an addiction for her, but this thing that she created symbolized hope. However, the black circle implied that the disorder was still there and could affect her daily life. In this case, the metaphors THE DISEASE IS AN ADDICTION and THE DISEASE IS A CAPTOR come forward that will be analyzed in the next section.

The fourth participant created a hammer which destroyed something. She said that this hammer was important for her, because it gave her power to fight against the urge to start restricting again. She mentioned that changing her way of thinking and accepting that she had to gain weight were the hardest for her. At the beginning of the therapy, she created a “splotch”, but she named this creature as struggle. In this case, HEALING IS A FIGHT, HEALING IS TRANSFORMATION and THE DISORDER IS AN OPPONENT metaphors are important, which appear in the interviews as well; as a result, some of them were discussed, while the others will be detailed in the next section about healing.

The fifth participant created a gulf at the beginning of the therapy, but at the last session, she made a Sun with clouds. She said that the gulf was a good picture, because it symbolized the inceptive power of the disorder, while the Sun could be a calmer natural phenomenon; however, it could be dangerous as well. She mentioned that she wanted to get out of the disorder really badly. In her case, many metaphors appeared: THE DISEASE IS A NATURAL FORCE because

of the Sun and the gulf; THE DISEASE IS AN ADDICTION, THE DISEASE IS A CONTAINER, and HEALING IS TRANSFORMATION. These metaphors were elaborated in the previous section and will be elaborated in the next one.

The sixth participant created a leaf as in an earlier session before. She said that the first meant freedom for her, because she used the disorder to escape from the world. Interestingly, the second time the leaf was sharper, reflecting what she also mentioned in her description that the disorder caused her pain; however, it was a painkiller as well, because it made her forget about the problems with her job as a doctor. The metonymy CAUSE FOR EFFECT appears as THE DISORDER FOR UNRESOLVED PROBLEMS and THE DISORDER FOR RELIVING MENTAL PAIN. She used the disorder as a tool to get away from the crippling pressure that she has to face with every day. Moreover, in this case, the metaphor THE DISEASE IS A PLANT is also crucially important. It has the following mappings: PLANT OF NATURE is connected to the GENETICS OF THE DISORDERED, while a PLANT THAT HURTS is mapped onto THE CRUELTY OF THE DISORDER.

7.3. The conceptualization of healing

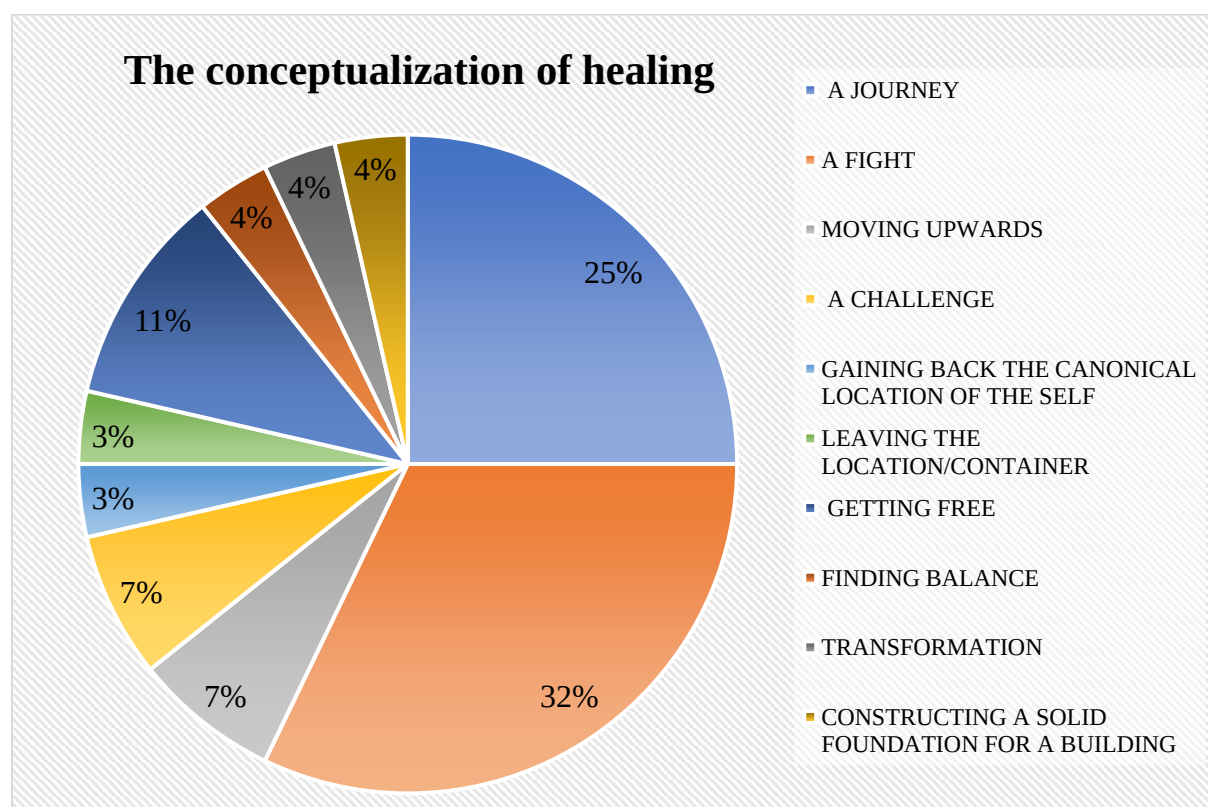


Diagram 2: The metaphors of healing

This diagram represents the frequency of the metaphors describing the healing processes. In the case of healing, I did not analyze its salience because of the small number of items, and it was not the focus of my paper; however, I thought that the process of healing is an important aspect as well because my informants were in different stages of recovery.

Most of the patients conceptualize healing as A JOURNEY or A FIGHT. However, MOVING UPWARDS and GETTING FREE are also important source domains.

1. HEALING IS A FIGHT

1. Well, it is a fight against myself , against my worse self in order to make the good part win.
2. I go to a Spar, and it's a struggle not to turn into such a complete binge eating, like when I buy several bars of chocolate there.
3. So, it's not an impossibility, it's just something that is very difficult now and that you may not be able to do yet. But what I have in front of me is how to fight through it .
4. I endured a very powerful experience and I think that I can go against it .
5. I struggle and fight hard every day, and this helps me; however, there are obstacles that need to be jumped.
6. Because if I struggle and fight against it, I can control it, and it's part of the healing process
7. But then the healthy part of me won that I can't be so trashy that I throw my birthday present from my friend in the trash.
8. What my anorexia sees as a defeat is when I have a bingeing session, because I ate less before, and that's a huge shame and a downfall for me.
9. I would like to say to her that: You're not right, because I'm valuable and I battle to be healed and happy .

Table 20

The FIGHT source domain also reflects on the hardest parts of healing. I determined the following mappings of this metaphor: FIGHTING PROCESS is mapped onto the HEALING PROCESS;

while DEFEATING THE OPPONENT is connected to DEFEATING THE DISORDER; SURRENDERING is mapped onto OVERCOMING OF THE DISORDER; WINNING THE WAR is mapped onto CONTROL OVER THE DISEASE, while THE FIGHTERS are connected to THE TWO SELVES (RATIONAL AND IRRATIONAL). The patients think of the disorders as opponents with whom they have to tackle in order to recover. However, people can lose fights, and, in this sense, it means that the anorexics and bulimics relapse, and it is even harder to get back to the right road. Defeating the disorders mean that the patients stop overexercising, purging and start eating normally, which are the biggest punches that they could give to anorexia and bulimia.

2. HEALING IS A JOURNEY

1. Well, on the way to recovery , I realized that I was sick.
2. Now the finish line is close.
3. It's full of ups and downs , like everyone else's, (..), and there are low points
4. So, like (...), a very difficult climb .
5. A process comparable to such a discovery tour .
6. Well, it has two outputs/endings .
7. It's the whole healing process or therapy; it's a kind of a journey .

Table 21

The JOURNEY metaphor is very common, and it can reflect on the psychotherapy and the process of healing as well. I found the following mappings of the metaphor: THE ENCOUNTERED OBSTACLES are mapped onto THE DIFFICULTIES OF HEALING; THE DISTANCE COVERED is connected to THE CHANGE ACHIEVED DURING HEALING; THE DECISION ABOUT THE DIRECTION is mapped onto THE CHOICES ABOUT WHAT TO DO; THE POINT OF DEPARTURE is mapped onto THE START OF HEALING, while THE TRAVELER is connected to THE PERSON WITH THE DISEASE. Healing can be regarded as a journey, because as a journey has its destination, the recovery phase also has its own goals. During the journey, the patients are not alone as the psychiatrist can help them to find the right roads (Tay, 2011). During a tour, bumpy roads and obstacles can be found, but the traveler has to solve these situations. Anorexics and bulimics can be triggered and lose control as well, and sometimes these issues can result in relapse, but they have to get

up and continue their journey. It is not easy for them to end their previous lifestyles, but they have to do it to be free and happy again.

3. HEALING IS GETTING FREE

1. I will be able to get out of it when I accept it with myself and not just hear it from the outside.
2. I could come and go freely , and I wouldn't have to look at when and where to eat.
3. The little devil will be a bird, which is still there if needed, but it doesn't sit specifically on my head .

Table 22

Getting free could be in connection with THE DISORDER IS A CAPTOR OR CONTAINER metaphors. I determined the following mappings of the metaphor: GETTING RID OF THE CAPTOR is mapped onto GETTING RID OF THE DISORDER, THE DISEASE is connected to THE CAPTOR, while THE PRISONER is mapped onto THE PERSON WITH DISEASE. To get out of the container or from captivity are very hard both mentally and physically. The anorexics and bulimics can become independent when they leave their disordered traits behind. The strange eating habits or the urge to overexercise and purge are prisons for them, and they think that they are their own guards as they always check their body weight and their shapes.

4. HEALING IS MOVING UPWARDS

1. And when we feel like we're flying , we're in such a good mood, and the whole recovery is like that, so that's how I could describe it.
2. So, it's like a very difficult climb to a mountain .

Table 23

It is in contrast with THE DISEASE IS HELL metaphor The following mappings of this metaphor were determined: FLYING IS MAPPED is mapped onto CHANGING PHYSICALLY AND

EMOTIONALLY, while TAKING STEPS UPWARDS is connected to GRADUALLY GETTING BETTER. The informants said that recovery meant for them that they could get better, and their life quality got higher. They said that it is not only a physically but a mentally challenging exercise to get higher, because not only their body weight will be bigger, but they will be able to accept who they are.

5. HEALING IS A CHALLENGE

1. This process is more of a challenge . So, I don't know like a very difficult mountain climbing, or some such incredibly demanding task.
2. Each meal is a challenge , but I try to change that during therapy.

Table 24

This metaphor is also very interesting and reflects on the harshness of the disorders. In this case, I found the following mappings: CHALLENGING THING is mapped onto GETTING THE CONTROL BACK, THE INDIVIDUAL TAKING UP THE CHALLENGE is connected to THE PERSON WITH DISORDER, THE CHALLENGING ACTIVITY is mapped onto THE PROCESS OF GRADUALLY TAKING BACK CONTROL OVER THE DISORDER, and lastly, MEETING THE CHALLENGE is connected to TAKING BACK CONTROL. The healing could be conceptualized as mountain climbing, because it is very tiring both mentally and physically, and the patient has to stop sometimes, because it can get hard. Mostly for anorexics, eating is a big challenge as they reduced the amount that they ate before, and they can feel extreme guilt when they get back to normality. The therapist could help them to get rid of this feeling and try to be free. For bulimics, to stop overeating is very similar, because it is hard for them to avoid this habit as they used it for stress reduction.

6. HEALING IS GAINING BACK THE CANONICAL LOCATION OF THE SELF

1. I would imagine a tunnel , which is constantly getting narrower and narrower, and it is less and less possible to think rationally, and all thoughts revolve more and more around eating, but it changes by healing.
--

Table 25

This metaphor also reflects on spatial location; however, it emphasizes another aspect. I determined one mapping: GOING TO NARROW PLACES (TUNNEL) is connected to GETTING DISORDERED. Informant B mentioned that she felt that she went into a tunnel which was totally dark, and she lost her connection with reality. In this phrase, the KNOWING IS SEEING metaphor can be found as well, which base is the LIGHT FOR SEEING metonymy. It means that if the light is lost, the rational self is being displaced of its canonical location. When the light had been lost, she started focusing only on eating and did not care about anything else; eating and exercising determined her schedule exclusively. As a result, her main goal was to regain control over herself and to become rational again.

7. HEALING IS A LEAVING THE LOCATION/CONTAINER

- | |
|---|
| <p>1. I think it is possible to recover from it, I want to get to the point where I am so stable that I can even help others.</p> |
|---|

Table 26

This metaphor is also in connection with THE DISORDER IS A CONTAINER metaphor. I found the following mapping of the metaphor: REACHING A CERTAIN LEVEL is connected to HEALING GRADUALLY. The movement happening here is rather slow because of the nature of the disorders. Moreover, if someone has gotten deeper into them, it is harder to get out of this state. Informant B wants to become as stable as possible and wants to leave this messy container behind her and wants to find a solid place.

8. HEALING IS FINDING BALANCE

- | |
|--|
| <p>1. I can say that the golden mean is starting to emerge.</p> |
|--|

Table 27

It is a very striking metaphor as well. I determined the following mappings: EXTREMES are mapped onto EATING DISORDERS, BALANCE is connected to BEING HEALTHY, while FINDING/GAINING BACK BALANCE is mapped onto TAKING CONTROL OVER THE DISORDER. Informant A mentioned that she could not find any balance in her life before, but with the help

of the therapy, she could see that she would be able to manage her life and to get rid of the disorder and its vicious habits. She learnt how to stop overexercising and purging.

9. HEALING IS TRANSFORMATION

- | |
|--|
| 1. The little devil transforms into a bird , who is there right away when needed, but not so much, not so directly, and tries to guide me by saying nice things and nice words. |
|--|

Table 28

In this metaphor, the evil force turns into something positive that can change informant A's worldview. I determined the following mapping: GETTING A NEW FORM is mapped onto DEFEATING THE DISORDERS' ENERGIES. The informant said that she needed something which she can turn to and that is why she needed that mentioned bird. The energies that the disorders had could be transformed into good energies which she can rely on as most of the patients need something abstract that can support them.

10. HEALING IS CONSTRUCTING A SOLID FOUNDATION FOR A BUILDING

- | |
|---|
| 1. You need a sure point , but it's still under construction quite properly. |
|---|

Table 29

This metaphor reflects very well on the fact that getting out of the disorder is in connection with building a new lifestyle. In this case, I determined the following mapping: CONSTRUCTION is mapped onto LEARNING HEALING TECHNIQUES. As informant A pointed out, she got better, because she took steps to build this basis on which she could rely. This building, which stands for her healthier/rational self, is under construction as well as her new lifestyle, but it will be a solid place as she will be a stable person.

7.4. Conceptual metonymies

EFFECT FOR CAUSE					CAUSE FOR EFFECT	
DISORDER FOR UNRESOLVED PROBLEMS	5				THE UNBEARABLE NATURE OF SUFFERING FOR HEALING	1
GETTING CLOSER TO LOVED ONES FOR HEALING	3				EATING FOR SOLVING PROBLEMS	2
HAPPINESS FOR HEALING	1				DISORDER FOR CONTROL	2
DISORDER FOR CONTROL	1				DISORDER FOR HAPPINESS	1
NOT EATING FOR FEELING MENTALLY STRONG	1				DISORDER FOR AVOIDING SOCIETY	1
GETTING TO KNOW HERSELF FOR HEALING	1				HEALING FOR THE WILL OF HELPING OTHERS	1

Table 30

As I previously mentioned, during the interviews, I encountered many metonymies among the conceptual operations building up the conceptualization of anorexia and bulimia and their healing. The encountered metonymies can be classified into two groups: EFFECT FOR CAUSE and CAUSE FOR EFFECT metonymies.

1. EFFECT FOR CAUSE metonymies

1.1. DISORDER FOR UNRESOLVED PROBLEMS

1. I felt that we needed to talk to each other about something, because nothing was right , and I could only express it in my body language .
2. My whole childhood, the way it worked, I don't know, neglect, aggression and the rest . And eating was kind of an emotional coping strategy from a very early age.
3. So, I surrendered to my family and actually swept myself aside , and that was exactly what the family wanted.
4. I decided to get sick , but of course, this was all subconscious and I hoped this would make them realize that nothing was okay .
5. I also wanted to be so thin that it would scare others, especially my parents, so that they would notice that something was wrong .

Table 31

Most of the girls had troubles with their family, and according to their explanations, they were able to express themselves only through eating. With the disorders, they could communicate with their family members, because it made them realize that something was not right, and they

had to change the dynamics of their relationship in order to make it function again and to support the healing process. For these women, eating was a coping mechanism which they could turn to any time; it made them forget about their current issues with their families. These answers are in connection with the theories of psychology, according to which, anorexia and bulimia are “defiance diseases”, because the patients want to express their wishes to their parents and want to avoid surrendering.

1.2. GETTING CLOSER TO LOVED ONES FOR HEALING

1. I just read those letters from my family when I was in hospital. It was very good , but if I want the things to become true, I have to fight and, so I really fought all week after that, and I did everything to make it okay.
2. Family therapy let me know that I'm not alone .
3. The strongest driving forces are that I want children and a family. I have a boyfriend who always supports me , his picture always appears in my head, and I think of him when I have a fit .

Table 32

These metonymies are in connection with the previous one, because during healing, the patients try to solve their problems with their families. The love that they get from them could be a huge motivational factor to recover from the disorders. Finally, they could find comfort in being with them, which means that the defiance problems will be solved. In the treatment of eating disorders, family therapy is very common, because it is thought that the patients cannot be separated from their families (Túry, 2005).

1.3. HAPPINESS FOR HEALING

1. And when we feel like we're flying, we're in such a good mood , and the whole recovery is like that , so that's how I could describe it.

Table 33

As this metonymy suggests, during healing, a certain mood swing can be detected, because the person realizes that she has the chance to take back control over her life. The anorexics and

bulimics were rather depressive when they were in the disorder but healing totally changed their mind about what real happiness is. Recovery enables them to get back to their lives and to be happy again.

1.4. DISORDER FOR CONTROL

- | |
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| <p>1. Eating is the answer to anxiety reduction, or in the anorexic period perhaps increasing control.</p> |
|--|

Table 34

This metonymy is in connection with the psychologists' theories that having control is very important in the case of anorexics. They tend to overcontrol almost every field of their lives and that could be a huge pressure for them. However, they think that they might reduce anxiety with their eating behavior. Anorexia made them believe they can solve their problems in this way.

1.5. NOT EATING FOR FEELING MENTALLY STRONG

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|--|
| <p>1. I remember that I didn't eat these at all like chips, and I felt how good it is, how strong I can stay that I won't break down, and I won't eat those sweets.</p> |
|--|

Table 35

This is similar to the previous metonymy, because it made informant D satisfied that she resisted the temptation to eat junk food. Anorexics tend to feel themselves happy when they have not eaten and could control their hunger and other physical desires. They think that they are extremely strong and as a result, they can feel themselves superior, because they have the ability to manage their wishes.

1.6. GETTING TO KNOW ONESELF FOR HEALING

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|---|
| <p>1. I tried to focus on myself in recovery, to decipher why I do certain things, and that's when I got to know myself better.</p> |
|---|

Table 36

The eating disordered people were not conscious about why they did certain things when they were in the disorder, and that is why they have to learn about themselves during the recovery process. They sometimes think of themselves as being inferior to others and forget about their own needs and wishes. If they have understood why they had done certain things to themselves, they could get better and the chance of getting back to the disorder would be lower (Túry, 2005).

2. CAUSE FOR EFFECT metonymies

2.1.EATING FOR SOLVING PROBLEMS

1. In the case of binging , there is self-harm, but there is also a cleansing image .
2. If I feel that I can't take the stress anymore, I binge eat , go to the toilet and then it goes away a little .

Table 37

In the case of bulimia, binge eating has a very important role. As I mentioned before, the patients lose control over eating, and these bingeing sessions could make them calm and that is why it seems a trans-like phase. They try to suppress stress and as a result, they turn to eating huge amounts and then purging; they could get away from the society and its standards and expectations which can harden their lives.

2.2. DISORDER FOR CONTROL

1. I was able to organize my thoughts much better after I ate and went to the toilet , and then my head cleared.
2. As an anorexic , my thoughts were well under control .

Table 38

The disorders helped the patients to forget about the crippling pressure that was around them. Anorexics can control their thoughts much better than bulimics, and they are able to think

about only exercising and eating, but it is more challenging for bulimics (Túry, 2005). The bulimics need to do their purging and bingeing sessions to make their problems go away or to reduce stress.

2.3. THE UNBEARABLE NATURE OF SUFFERING FOR HEALING

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|---|
| 1. Actually, I think it was originally started by the suffering factor that it was so bad and so difficult that I felt that I could not exist like this. |
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Table 39

It also reflects on the fact that how challenging and cruel eating disorders could be. Informant B who said this statement was anorexic for three years, and she could not live with that awful feeling of hunger. She decided that she had to recover, because she could not have a full life like this.

2.4. DISORDER FOR GOOD FEELINGS

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|---|
| 1. It was so good to have a secret life. |
|---|

Table 40

As mentioned previously, the anorexics and bulimics have a double life, and sometimes it is enormously hard for them to manage and connect these two lives. This second, eating disordered life meant temporary joy due to being able to control eating and other factors, and sometimes they skipped social events in order to remain skinny and not to gain weight.

2.5. HEALING FOR THE WILL OF HELPING OTHERS

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| 1. I want to get to the point where I am so stable that I can even help others. |
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Table 41

This metonymy was used by informant B who studies psychology. It might be in connection with the dynamics of group therapies as well, because the more stable ones could help the

weaker ones by telling them their stories about how they fight against the disorders (Túry, 2005).

2.6. DISORDER FOR AVOIDING SOCIETY

- | |
|---|
| <p>1. I don't communicate easily with people, my communication is very, very easy, and I run away from people to my world.</p> |
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Table 42

Informant A who used this expression mentioned that her eating disorder was a very good excuse for her to skip social events, and the world she created was more tolerable and convenient for her. She did not have to force herself to do things that she did not want to and talk to people whom she was afraid; she felt that her eating disorder understood her. Additionally, she was ashamed of her disorder, and that led to this emotion.

7.5. The conceptualization of the psychologists in comparison with the patients'

In my research, I did interviews with Ferenc Túry and his colleague, Adrienn Major who were the leaders of group and family therapies. I was interested in how their conceptualization of the disorders differ from those of the patients, and how they could help to them with their metaphors. Interestingly, many results were similar to the patients' ones, which implies that these metaphors are basic ones to the conceptualization of the disease.

1. The metaphors describing the disorder

DISEASE IS A CONTAINER
1. They have to imagine that they can get out of it.
2. It's a dark pit where they slip into and there's something that keeps them inside, and that's why it's very difficult to climb out, but they see that it would be better outside.

Table 43

The patients also used this metaphor and they also mentioned that they cannot get out of the container easily, because there is a force that keeps them inside. They want to get out, but they feel that they cannot find the means to do so on their own. However, if they set the goal to climb out of it, they can do it with professional help. In the second case, the KNOWING IS SEEING metaphor also appears which base is the LIGHT FOR SEEING metonymy, because the patients have to be enlightened in order to recover.

DISEASE IS A NATURAL FORCE
1. It's like a geyser which internal energies break barriers , and the liquid shoots out of the earth's crust, and you don't know how long it will last.
2. Bulimia is like a volcano , because if someone cannot bear the stress, she overeats and then vomits.

Table 44

The patients also used this metaphor to describe the disorders. As the patients, the psychologists also emphasized the natural force's destroying effect. It reflects on the fact that the disorders are hardly controllable at first, and it is incalculable how long one seizure will last. They are scary as they "break barriers" and try to destroy the personality; however, the psychologists could help to reduce the number of seizures occurrences and to manage stress better.

THE ILL PERSON IS A PLANT
1. A thin plant that will be able to sprout and grow stronger .

Table 45

This metaphor stands uniquely because it does not appear in the patients' monologues. It is very interesting that eating disordered people can be compared to plants. As they recover, they start growing and blossoming, because they get their physical and mental power and strength back. However, they need a flowerpot to do so, because without support, it is almost unmanageable. They can get this help from their family or from the therapists.

2. Metaphors describing healing

HEALING IS A JOURNEY
1. The road we are walking on is bumpy , and we have to be cautious, because there are many holes.

Table 46

They used a similar metaphor in this case as well. They also mentioned that this journey can be extremely challenging, and they have to be attentive. The psychologists or psychiatrists could be the helpers and supporters of the travelers, because they help them to decide on which road they should continue their journeys. In this statement, the OBSTACLES ARE IMPEDIMENTS metaphor also appears in which impediments refer to relapses.

HEALING IS A FIGHT
1. It means that they have to fight against themselves or against the disorder, and they have to use their inner resources to do so.

Table 47

According to Ferenc Túry, in the case of eating disorders, it is better to speak about fights not in a military context, because for anorexics and bulimics, it is a fight with themselves in the sense of combat sports. They have to use their inner resources and strength to solve their problems; they have to improve their abilities and techniques that could help them to destroy the disorder.

HEALING IS BLOSSOMING
1. As in the case of a plant, they start to have leaves which are strong and green.

Table 48

This metaphor, which is a very unique one too, is in connection with the ILL PERSON IS A PLANT metaphor. The phase of recovery could be regarded as blossoming because the patients will be stronger and get their power back. They will be strong enough mentally to recover physically, and their mental strength will be a supporting factor during weight gaining. It is like the stem of a flower which supports the bloom.

3. Metonymies

3.1. EFFECT FOR CAUSE

DISORDER FOR UNRESOLVED PROBLEMS
In family therapy, the goal is to change the family, because in teenager era, it is always a disease of defiance; it has some symbolic meaning and changing the family dynamic is the goal.

Table 49

It is in connection with the previously mentioned answers of the patients. The psychiatrists also share the view that there are hidden problems in the family that need to be talked about, because these are the factors that make the patients ill. Usually, there are problems with the dynamics of the family which has to be taken care of to avoid further problems.

a. CAUSE FOR EFFECT

DISORDER FOR SIGNALING PROBLEMS
To express what they need in words, and not by not eating as in anorexia.
Somehow, they want to send a message with this , and it's a quick release from such tension.

Table 50

They also share the viewpoint that the patients want to signal problems, but they do not know how to communicate properly; as a result, the main goal of the therapies is to make

the patients able to talk about their needs effectively and assertively. Consequently, the stress about speaking will be reduced in the future.

CONTROLLING PSYCHOLOGICAL STATE FOR HEALING
It can be regulated by itself like a well, or the button is pressed, or the arm is pulled, etc. So, this in itself means regulation.

Table 51

This metonymy appears only in the case of psychiatrists because they are the ones who teach the people that they have to control their desires and ideas in order to start healing. They have to regulate and stop themselves when it is needed, and when they feel that they are in a critical situation.

8. Conclusion

In summary, metaphors are inevitable during eating disorder therapeutic sessions, because they enable the patients to use their creativity while separating them from their problems. They make it possible to communicate their problems, and it can also provide a deeper understanding of the ED problems if the participants have the chance to express their emotions freely. The metaphors can act as diagnostic tools as well because they can help the psychiatrists to determine in which phase of recovery the patients are.

Moreover, as the women try to analyze the metaphors, they can “see” themselves better and consequently, they share intimate details with me. As it was indicated, the most salient and frequent metaphor was the SOCIAL SUPERIOR, which is similar to the previous findings. It showed that women were afraid of their disorders, and they had a very harsh relationship with them. The DISEASE IS AN OPPONENT metaphor shares some common traits with the previous one, because both of them refer to the fact that the eating disordered people feel that they are not the ones who are in control and they have to fight against these controlling factors. They are in connection with the psychological theories, which also mention that anorexics and bulimics act as schizophrenic people. The third most common was the CONTAINER metaphor which indicates that these people could emerge in their disorder, and they need help to get out of it. The tactile and visual metaphors are also unique as they symbolize the problems that the patients have to

face with or their current healing status. It was interesting because the visuals (color and form) reflected on their emotions as well and also their surface told a lot about their soul's issues.

In the case of healing, the JOURNEY and FIGHT metaphors were the most frequent ones. The different conceptualizations reflect on the different stages of recovery and the harshness of the disorder. In the first case, self-improvement and learning about oneself had a greater role, while in the latter case, defeating the disorder and being free were the most dominant.

The metonymies show the reasons for healing or developing the disorder more concretely. They are explicit in the sense that there are no mappings between different domains.

Lastly, it was fascinating to realize that the psychiatrists and the patients' conceptualization were very similar in certain aspects. It means that there are mental pictures that are very common when eating disorders are mentioned. The psychiatrists were more of supporters than leaders, because they analyzed the mappings and the metaphors together with the patients.

My hypotheses were true as the patients described the disorders in a very negative way; however, they used many novel metaphors (like NATURAL FORCE OR TRICKSTER) that did not come up in other studies. Besides, healing was regarded as positive process that can help them to find themselves.

9. Further research

In the future I would like to expand and change some aspects of this research. First, I would like to interview more psychiatrists to understand the nature of these disorders more deeply. To achieve this goal, I would like to interview more patients and psychiatrists and analyze their metaphors. Another goal for the continuation of this research is to be able to use metaphors as aids for the theories of the patients with eating disorders. To this I am planning to create a guideline with the support of therapists that can help the patients identify and analyze their disorders. The guideline would focus on the use of metaphors in the treatment of eating disorders and give ideas about how they can be applied more effectively, and what would be the best response to a certain metaphor and how it can be modified. Its structure would contain different questions that can help elaborate on the metaphors. I think that this research would contribute to Cognitive Linguistics in the sense that it would shed more light on psychiatry and its connection with metaphors and their efficiency in the treatment.