ANGLICA

An International Journal of English Studies

25/2 2016

UNIVERSITY OF WARSAW

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A Relevance Theoretic Analysis of the Concepts of NEUROSIS and DISEASE in the Context of Psychotherapy

Abstract

This article presents a short analysis of two concepts – NEUROSIS and DISEASE[1] – as used in the context of cognitive-behavioural psychotherapy carried out with two different patients. Drawing upon notions developed in Relevance Theory (Sperber and Wilson [1986] 1995), the analysis aims to provide conclusions useful to psychotherapeutic practice. The underlying proposal is that the psychotherapist's awareness of the relevance-based features of concepts can help contribute to positive therapeutic results through the accomplishment of self-disclosure, transparency of meaning and emotional communication (Pawelczyk 2010, 62). Moreover, the analysis of the meaning of the concepts NEUROSIS and DISEASE may also be seen as supporting RT's multilevel perspective on concepts. Different ways in which the concepts may be used in therapy are presented, including the literal, metaphorical and metonymical understandings.

1. Introduction

This article is devoted to analysing the use of two concepts – NEUROSIS and DISEASE – in the context of providing psychotherapy to two young female patients, one suffering from neurosis (a psychosomatic mental disorder (ICD-10)) and the other going through a crisis in her marital relationship. In the article we will adopt the stance of Relevance Theory (RT), a general theory of communication and cognition, where concepts are seen as the basic constituents of the logical forms as well as propositional forms of assumptions (Sperber and Wilson [1986] 1995, 85); they are stable and enduring entities that embrace encyclopaedic, logical and lexical entries (Carston 2010; Sperber and Wilson [1986] 1995, 86; Wałaszewska 2012, 13). We will seek to show how the relevance theoretic account of concepts may be applied to the talk of the therapist in order to clarify the meaning of the client's verbalizations of experience and support her self-disclosure in the task of managing the therapeutic alliance and handling the emotional aspects of the discourse. The objective of this study is to propose new linguistic and non-linguistic

ways of elaborating on the client's cognitive and emotional states, which should improve the effectiveness of psychotherapy. We will examine both the vintage or canonical version of Relevance Theory's understanding of concepts, which is clearly posited and complies with the principles of Relevance Theory, as well as newer proposals in RT concerning the conceptual meaning (Carston 2010; Mioduszewska-Crawford 2015). The aim of the article, however, is not to critically evaluate the assumptions of Relevance Theory on cognition and communication; rather various notions drawn from RT are used here as tools in discovering the meaning of the concepts of NEUROSIS and DISEASE as used in the examples presented.

The therapy with the first client, "Lucy", was not successful. At the end of her therapy she decided to take pharmaceuticals that had been prescribed by the doctor, instead of continuing the psychotherapeutic meetings. The therapy itself was not, however, ill-conducted, having been carried out in compliance with cognitive-behavioural psychotherapy procedures. When a therapeutic relationship breaks down like this, therapists naturally face the question of what can be improved to avoid similar therapeutic outcomes in the future. The therapy with the second client, "Kate", was more successful and indeed suggested a provisional answer to that very question. In this therapy, greater attention was paid to the conceptual meaning of words, leading the client towards discovering the underlying emotions connected with the crucial concept of DISEASE. Close attention to the meaning of the concepts occurring in therapeutic conversations, especially to their metaphorical and/or metonymical aspects can help make them more transparent in meaning, self-disclosing and better suited for communicating emotions.

2. Relevance Theory

Relevance Theory, as a theory of cognition and communication, is rooted in Grice's theory of inference (Grice 1989) and other accounts of human communication. RT assumes that all human behavior is geared to the maximization of relevance and that each communicative act carries the assumption of its own optimal relevance (known as the Cognitive and Communicative Principle of Relevance) (Sperber and Wilson [1986] 1995; Szehidewicz 2015, 119–120). In communicating, the hearer pieces together different kinds of information, seeking to derive maximal cognitive effects – in the form of strengthening or contradicting old assumptions or forming new contextual implications – for the smallest processing effort. Under what is known as the Relevance Theoretic Comprehension Procedure, in order to retrieve the intention of the speaker the hearer will test the possible interpretive hypotheses in order of accessibility. In the process, the hearer will need to derive the appropriate simple or higher-order explicatures, retrieve the intended contextual assumptions

from available sources and finally formulate the intended contextual implications or implicatures (Wilson and Sperber 2002, 262; Szehidewicz 2015, 119–120).

3. Concepts

In what has been called the vintage (Reboul 2011) or canonical (Mioduszewska-Crawford 2015) relevance theoretic approach, concepts are perceived as basic constituents of the logical forms as well as of propositional forms of assumptions (Sperber and Wilson [1986] 1995, 85). They are viewed as stable and enduring entities that comprise encyclopaedic (e.g. cultural, individual knowledge about the world, the extension and/or denotation of the concept), logical (a set of deductive rules connected with a given concept) as well as lexical (grammatical and phonological information) entries (Sperber and Wilson [1986] 1995, 86; Wałaszewska 2012, 13). In the individual's encyclopaedic entry of concepts, there exists an array of personal information that may be stored in logical or imagistic form, as provisional forms of assumptions. Tannen (1989) claims that imagery and emotions are close together. If that is true, then other phenomenological aspects should be stored in the encyclopaedic entry of concepts as well (Pilkington 2010).

In newer versions of how concepts are approached in RT (e.g. Carston 2010), a concept may be thought of as an address in memory to which different types of information are linked (much akin to the understanding of Eysenck and Keane 2000, 9). The content or semantics of this entity is its denotation – what it refers to in the world. This information includes conceptually represented assumptions and beliefs with differing strength as well as imagistic and/or sensory-perceptual representations (Carston 2010, 245). The relationship between a concept and its lexical form is varied. In general, "the mapping [between the lexical form and the word in the mental lexicon] is partial, (...) only a fraction of the conceptual repertoire is lexicalized. Most mental concepts do not map onto words" (Sperber and Wilson 1997, 4). What follows is that the lexical meaning of words may encode full-fledged concepts, but without the specific information about idiosyncratic content or semantic behaviour (Carston 2010, 244). In this case there is a simple mapping from a lexical form to a mental concept. However, there may also be a one-to-many mapping between a lexical form and concepts in the language of thought, or Mentalese. Several words may refer to a single concept (synonymy) or one word may refer to different concepts in the mind (polysemy) (Sperber and Wilson 1997). In this more recent strand of work within Relevance Theory, sometimes referred to as "Carston's pragmatics" (Carston 2010; Mioduszewska-Crawford 2015), concepts may be ineffable and created ad hoc (Carston 2002; 2010). A word may be used to convey indefinitely many concepts depending on the requirements of the specific situation and on the choice of encyclopaedic assumptions used in the comprehension process.

4. Metaphor and metonymy in RT

Metaphor and metonymy occur quite often in ordinary conversation, and this certainly may hold true for cognitive-behavioural psychotherapy sessions as well. As for metaphors, under the canonical model of how they are thought to be understood in RT, a number of different contextual assumptions can be weakly implicated through the use of a metaphorical statement. Images, too, can be activated as a kind of weak implicature (Sperber and Wilson [1986] 1995). In relevance theoretic terms, a metaphoric understanding of the concept NEUROSIS or DISEASE may bring with it an extra positive cognitive change in the stock of cognitive assumptions of the client/therapist with the expenditure of relatively little processing effort, and previous analyses of metaphor in cognitive-behavioural psychotherapy (Szehidewicz 2015) have indeed shown that it may do so. In newer versions of RT, ad hoc concepts are said to be present in the metaphorical comprehension process, where a hearer works out the occasion-specific conceptual meaning of the words used by the speaker (Carston 2002; 2010; 2012).

In the case of metonymy, a word is used interpretively (by the metarepresenatational relationship of resemblance) in order to refer to a different concept that is intended to be inferred (Papafragou 1996, 183–185; Rebollar 2015). In relevance theoretic terms, metonymy is used to refer to an individual or an object lying within or outside the denotation of the linguistic form used (Rebollar 2015).

5. The objectives of cognitive-behavioural psychotherapy

The unstated goals of therapy (transparency of meaning, self-verbalization/self-disclosure of the client and communication of emotions) may be defined as follows: self-verbalization is "revealing, stating out loud and sharing some personally important (…) experiences with others", communication of emotions is connected with accessing, soothing and transforming core maladaptive emotion schemes, whereas transparency of meaning is the "therapist's and client's identical understanding of the client's proffered communicative acts in the effect of the therapist's ongoing interactional work (...)" (Pawelczyk 2010, 123, 194, and 120, respectively). The definition of transparency of meaning presented by Pawelczyk appears to correspond well with what is understood as the "mutually shared cognitive environment" in Relevance Theory. Thus, the greater the mutually shared content of the cognitive environment of the therapist and the client, the greater the transparency of meaning.

In successful therapy, clients often come to better understand their reliance on certain abstract and/or all-encompassing words and notions; these tend to be confronted by the therapist in order to justify, comment on or reflect on the significance of a specific word, interactional strategy or aspect of non-verbal behaviour. In order for the client to become explicit in presenting her experience, the

therapist and the client need to build a relationship of trust based on involvement (Tannen 1989).

Different methods exist in which transparency of meaning, self-disclosure and communication of emotions can be attained in the context of psychotherapy. Below is a short list of strategies that can be used when working on each of the three norms, based on Pawelczyk (2010).

Transparency of meaning:
- the "What do you mean?" strategy ("other-initiated repair", "next-turn repair invitation");
- the therapist's backchannel cues ("yeah", "right"); overt latching ("keep going") to indicate that the client should continue her reflections;
- the therapist asking about cases where there is a lack of coherence between verbal and non-verbal behavior;
- referring to the imagistic effect.

Self-verbalization of the client:
- exploiting the different functions of the client's "you know" and "I don't know";
- the therapist's "No, I don't know";
- the use of repetitions: echoing and mirroring the other's input;
- reframing, reformulating, paraphrasing the client's material;
- mitigating expressions of uncertainty, downgrading their epistemological status.

Communication of emotions:
- expressing empathy and sympathy: emotive reactions, naming another's feelings, formulating the gist of the trouble, using idioms, expressing one's own feelings about another's trouble, reporting one's reaction, sharing a similar experience of similar feelings (Pudlinski 2005 after Pawelczyk 2010, 231);
- emotive extension of the client's account, e.g. paraphrasing;
- emotive reaction, e.g. the interjection "oh";
- emotive validation;
- mirroring – referring to the therapist's own (intimate) experience.

6. The data

Examples (1) and (2) come from a psychotherapeutic session with Lucy (aged 36). In the session discussed, the therapist and Lucy are elaborating on the question of what triggers off Lucy's panic attacks. Examples (1) and (2) depict how she tended to use the word "neurosis"[2]. The piece of conversation in example (3), in turn, is

from a session with Kate (aged 36), where she cried about the painful and unfair behaviour on the part of her husband. The extract is the therapist's reconstruction of the exchange.

(1) **Lucy:**
To znaczy nie (…) może lęk już nie tak bardzo yy temu towarzyszy z tego względu że już mi już wiem że jednak wiem że tylko jednak ta nerwica że ale przy takim większym ataku jednak to ta myśl że coś może się stać jeszcze (…)
[I mean, no (…) maybe it's not so much, er, fear that accompanies it, because now for me, now, well, I know that, well, it's just this neurosis, but with a stronger attack then this thought that something more could happen (…)]
Therapist:
(…) powoduje lęk tak ogromny? Yy czy pamięta pani co się działo w pani ciele?
[(…) causes enormous fear, right? Er, do you remember what was happening with your body?]

(2) **Lucy:**
(…) nie nie nie czasami tylko sobie pomyślę znowu się pocę znowu ta nerwica we mnie a to cały czas i tak dalej no i większej obawy na pocenie rąk.
[(…) no no no sometimes I only think to myself that I am sweating again that again this neurosis is still in me, and so on, and greater fear about sweaty hands.]
Therapist:
Wtedy rozwija się atak?
[This is when the attack starts?]

(3) **Kate:**
Wie pani co on powiedział do mnie? (wykrzykuje)
[Do you know what he said? (screaming)]
Therapist:
Nie wiem.
[I don't know.]
Kate:
Jesteś chorobą! Pani X, czy to jest sprawiedliwe?! (głośno) Czy tak można?! Nazywać mnie chorobą (głośno) (...) Ja?! Chorobą?! Po tylu latach małżeństwa?!
[You are a disease! You know, is that fair?! (loud) How can it be?! To call me a disease (loud) (...) Me?! Disease?! After so many years of marriage?!]
Therapist:
Nie może być. Co to dla pani znaczy? (łagodnie)
[It can't be. What does that mean to you? (gently)]

Kate:
To powiem jego słowami: "Jestem jak grzyb na ścianie zamalowany farbą olejną" (płacze) To boli! To tak bardzo boli! (płacze)
[I'll use his words: "I am like a fungus on the wall painted over with oil paint" (crying) It hurts! It hurts so much!' (crying)][3]

For Lucy, "neurosis" was an all-encompassing term. It was a concept that covered all of her experience, each and every panic attack. Even her parents' attacks, when described, were referred to with the words "this neurosis". The word stood for pills, but also for her emotional and bodily experience. In Lucy's mental lexicon, the word "neurosis" became polysemous. It meant psychosomatic illness, but most of all, it meant panic attacks.

Neither in example (1), nor in (2) does the therapist stop to consider the exact speaker-intended meaning of the words used. The most important word in this case, "neurosis", was not made more transparent and could not lead to self-disclosure or communication of emotions. The therapist here should have shifted attention to the broader encyclopaedic entry of the concept, in order to focus on its idiosyncratic meaning, including emotional and imagistic aspects (Carston 2010, 244).
This is done more successfully in example (3), where the therapist stops the client and asks what "disease" means to her. The meaning of the words "You are a disease" are elaborated on by the client herself. The therapist uses one of the strategies for attaining transparency of meaning, the "What do you mean?" strategy,which works because it allows the client to go on with the discovery of the significance of the painful incident. She also validates the client's emotional reaction and uses the "I don't know" strategy for inducing self-disclosure.

7. Analysis

7.1. Straightforward comprehension analysis in RT

In trying to understand examples (1) and (2), the therapist, on hearing the client's input "this neurosis", interpreted it basing on her own personal contextual assumptions: e.g. "Neurosis is a kind of psychosomatic disorder, occurring with fear and many bodily symptoms" and "Lucy suffers from neurosis. She knows she suffers from neurosis. A psychiatrist has already told her so". What happens in these exchanges, therefore, is that the therapist's own assumptions about Lucy's neurosis are strengthened. However, it appears that the client's speaker-intended meaning could have and should have been rendered more transparent in the course of this psychotherapy. Given the resulting absence of linguistic insight into the concept being invoked and the ineffective use of the strategies available in psychotherapy to this end, the conversation and the relationship break down and the concept of

NEUROSIS is not elaborated on. The way the client is apparently trying to use "this neurosis" to invoke all the situations and scenes of panic attacks she experienced in the past, together with the accompanying emotions, is not successfully appreciated by the therapist.

In example (3), the word "disease" is used when quoting the words previously spoken by Kate's husband. The words do not play well with Kate's core beliefs concerning her being a good wife and a good, hard-working and reliable life-companion. The implications of the words contradict Kate's system of contextual assumptions, stored in her encyclopaedic entry for the concept of SELF. The implicature that Kate arrives at is that the assertion that she is a disease is somehow not true, because in fact she has been trying so hard to be a perfect housewife, to be good and loving. However, this further evolves during the exchange, as she further cites a clarification of what kind of "disease" is meant: specifically "fungus". This she appears no longer able to contradict with her previous assumptions, just by saying that it is not fair, a lot more seems to be taking place in the metaphorical and emotional sense.

7.2. Metaphorical understanding

Metaphorical understanding also plays a role in the above exchanges. If we look for metaphoric meanings behind the use of the word "neurosis", it is clear that it is possible to understand the concept in various ways (Carston 2010). In Carston's pragmatics, the therapist may work out different ad hoc concepts in the metaphor comprehension process. For example, on hearing "this neurosis", the therapist may think that the client does not function well socially by creating an ad hoc concept NEUROSIS*[4], reflecting the contextual assumption that neurosis is when you do not function well in the social sphere of life. This process of fine-tuning ad hoc concepts may continue with the therapist possibly working out a series of different ad hoc concepts like NEUROSIS** (possibly associated with the bodily experience of fear as disempowering in everyday life), NEUROSIS*** (possibly reflecting the experience of fear which does not allow the client to think clearly or take part in conversation), etc. The complexities of such concepts created ad hoc show how nuanced meaning a person may be intending to convey using just a single word.

In example (3), the therapist recognizes that it is crucial to draw attention to the specific concept being invoked by the patient and asks for clarification about the very personal meaning Kate is associating with the words "I am a disease". The therapist's role here becomes easier, as it is the client who does most of the thinking and elaborating. The array assumptions invoked by the client's ad hoc concept partly remain still to be discovered in the later parts of the session and in therapy. On the part of the therapist, the thinking process goes in two directions. The immediate implicature that the therapist has is that it works, she is there, we

may go further with the metaphor. The underlying process is the following: a higher-order explicature of the input Kate produces, which is based on her words and her tone of voice, is that "Kate does not accept the fact that she was compared to a disease". In the therapists' mind different contextual assumptions involving the concept DISEASE are retrieved. Among them are such assumptions as: "People do not like to have anything to do with disease", "Disease is something bad and painful", "Suffering from a disease involves a lot of pain", "Disease is something to be feared and avoided". There may also be images of some fungus previously encountered by the therapist. Weaker metaphoric implicatures may include: "It must be so hard for her as it is impossible to accept being called a disease", "It is not fair to refer to anyone, especially my client, with the word disease", "She does not resemble anything close to a fungus or disease". The therapist experiences emotions which are triggered either by the contextual assumptions, explicatures or implicatures. The emotions are similar or related to those that the client is experiencing: a lack of acceptance for the use of the word "disease", indignation, some pity and sympathy for the client.

7.3. Metonymic understanding

Metonymic comprehension, too, can be seen to play a role in the above examples. In example (1), the propositonal form of the client's input may be something like: "It is not fear that accompanies the attacks of panic, but this neurosis that is there". On this reading of the propositional content of the client's words, it is clear that neurosis is perceived as an entity independent of the panic attacks or fear. Indeed, "neurosis" is an explanation for why there is fear or panic attacks. Here, the concept NEUROSIS metonymically represents a certain somebody else who is responsible for the psychological state of the client (in fact, it refers to an invented, non-existent somebody else). Such a metonymical reading of the use of this particular word brings additional contextual implications, in that this somebody else might bear the burden of responsibility for the suffering that the client has always been experiencing.

The use of the concept DISEASE is one of the classical examples of metonymy in the context of a doctor-patient interaction (Yule 1996, 122; Rebollar 2015), with the concept DISEASE being used to refer to the concept of the client herself. The classical metonymic relationship between the two concepts of SELF and DISEASE is one of part and whole or content and container. In relevance theoretic terms, the metonymic use points out some resemblance between the client's concepts of SELF and DISEASE. The contextual assumptions associated with or stored in the encyclopaedic entry of the concept DISEASE are probably the same or similar to the ones listed above, i.e.: "People do not like to have anything to do with disease", "Disease is something bad and painful", "Suffering from a disease involves a lot

of pain", "Disease is something to be feared and avoided". An image of fungus or somebody suffering from a disease may also be activated. The SELF concept is, in this case, one associated with being a good and loving and caring wife. The implicatures that the client draws are that her husband believes that she is as unacceptable and bad as disease and she should be avoided in the same way as we avoid disease. It is very difficult for the client to accept this putative resemblance. Her emotions run high and are a mixture of disbelief, indignation, disappointment, fear, hatred and disgust.

8. Discussion

It is said that the number of perceptual stimuli that humans can discriminate is vastly greater than the number of words available to them (Sperber and Wilson 1997, 6). If translated into the language of psychotherapy, it may be said that the amount of experience that individuals possess is vastly greater than the number of words or ways of expressing them available. This suggests that communication is not simply a matter of coding and decoding, and that language itself is a crucial yet imperfect tool of achieving transparency of meaning or communicating emotions. According to the relevance theoretic understanding of inferential communication, the verbal input to the comprehension process is merely a piece of evidence, a pointer to a set of concepts that are involved in the speaker's meaning (Sperber and Wilson 1997, 15). This relevance theoretic assumption should be remembered particularly well by therapists, as what we hear from the client may just be the tip of an iceberg, a pointer to the real meaning that the client wants to communicate or would like to retrieve. In order to make the meaning transparent and fully disclosed in psychotherapeutic communication, metaphorical, metonymical and other ways of understanding need to be taken into account.

The examples presented in the present paper depict specific moments in therapy where attention was paid (example (3)) or was not paid (examples (1) and (2)) in therapy sessions to the nuanced understanding of concepts. The first two examples are negative, as they do not show how the unstated goals of the therapy might be attained. The third example is positive, as it does lay out a certain pathway towards reaching the therapeutic goals. We have analysed these concepts in terms of explanations of various comprehension processes that have been proposed within Relevance Theory. The conclusion is that through a better awareness of the relevance theoretic analysis of concepts, the therapist can improve her skills of making the meaning in her psychotherapies more transparent, emotionally loaded and inducing additional verbalization of the client's experience, thus furthering the unstated goals of therapy as described above.

Specifically in the examples described here, it would have been advisable for the therapist to try to be more inquisitive about how certain concepts were being

understood by the patient. If the patient signals that having a neurosis is something important, then it should have been definitely worth while to devote more nuanced attention to the possible conceptual content being associated here with the concept NEUROSIS. Naturally, the choice of concepts meriting such attention, as potential candidates to be made transparent, may be limited to those that seem to be playing a certain important role in the life and psychotherapy of the given client.

As examples (1), (2) and (3) show, understanding that relies solely on a simple coding-decoding model can hardly help achieve full transparency of meaning as well as full self-disclosure or communication of emotions. This can only be improved through closer attention to both the "what is said" and the "what is meant" in psychotherapy discourse. The examples shown here demonstrate how certain implicatures that might usually be drawn in regular conversations or straightforwardly do not necessarily have to be the best option in the context of psychotherapy. The metonymic and metaphorical use and understanding of a concept, such as DISEASE, may serve as a channel for the communication of emotions in psychotherapy. By recognizing the metaphorical and metonymical kind of use of this word, the therapist in our example lets the client leave the surface of her problem and delve deeper, inducing the client's self-disclosure.

The metonymic use of the concept NEUROSIS in the context of the psychotherapy session described here differs from the more frequently occurring cases of metonymic uses in medical and everyday contexts. The ad hoc concept NEUROSIS* does not refer to somebody or something that is physically present. The concept analysed in example (3) refers to the concept of SELF of the client. We might, for instance, expect a therapist or a doctor to employ a similar metonymic mechanism, using the concept of NEUROSIS to invoke the concept CLIENT/SELF, if for some reason the therapist forgot the name of the client or wanted to show her emotional attitude to the client. Such a use may be exemplified by the following utterance: "The neurosis is getting better" meaning "The client suffering from neurosis is getting better" (Papafragou n.d., 155). But in examples (1) and (2), the object/the somebody else does not physically exist and has no other name than "neurosis". Psychotherapists often use this potential of imagery and develop the picture of this yet unspecified somebody in order to help the client gain a sense of distance to their problem. In therapy the therapist and the client might ask this persona (NEUROSIS*) to sit on a chair next to them and have a discussion. The client can talk to the NEUROSIS* and express her emotions and attitudes to it. In this way, self-disclosure, transparency of meaning and the communication of emotions may be successfully furthered. This procedure is very popular in family therapy, where the specific problem is asked to sit down on an additional empty chair and take part in the therapy. The concepts in the examples discussed in the present article may be used in a similar way in individual therapy as well. The point is to be attentive to signals where a potential metonymy is being used by the client. If the metonymy is recognized, the therapist may

introduce such a persona into the therapy room. The cost is small in comparison to the possible positive cognitive and emotional effects of the use of metonymy in psychotherapy.

Last but not least, the importance of imagery connected with concepts needs to be underlined. It is suggested that transparency of meaning in psychotherapy may be accomplished by referring directly to the encyclopaedic entry of concepts, which includes its imagistic sphere. With imagery, every detail is more able to be seen, to be named and thus extended in meaning. It solely belongs to the experience and skill of the therapist to be able to make correct choices of words and concepts that should be made transparent.

In two of the discussed examples, the present author, as a psychotherapist, has failed to handle this issue well, but the RT knowledge and the analyses conducted in the preparation of this article have provided her with the awareness and means to develop her skills. Thus, in her later therapeutic performance, as presented in example (3), she has succeeded in retrieving the emotional essence of the conceptual meaning of DISEASE as experienced by the second client. This illustrates how valuable it is for the therapist to possess a linguist's attention to the basic level of communication, i.e. to "what is said" in order to be able to reach to the "what is meant" in a psychotherapeutic encounter.

9. Conclusions

The article has presented an analysis of certain examples of the use of the concepts NEUROSIS and DISEASE in psychotherapy sessions from the literal, metaphoric and metonymic perspective, drawing upon ideas from Relevance Theory. We have shown how attention to the speaker-intended meaning of such concepts used in psychotherapeutic exchanges, including metaphoric and metonymic readings thereof, may help the therapist further the unstated goals of therapy (transparency of meaning, self-verbalization/self-disclosure of the client and communication of emotions). The strategies of "What do you mean?", "I don't know" and of emotional validation, in particular, prove to allow the participants to come to a better mutual understanding of the underlying conceptual level of the words used.

We can suggest, therefore, that the repertoire of therapy strategies listed earlier in the present text may be enriched with strategies related to the following more specific and detailed questions asked by the therapist:

- "Let's unpack that word – "disease"/"neurosis" – what lies hidden within it?"
- "What personal experience can you attach to the concept of "disease"/"neurosis" when you mention it?"
- "When you say "disease"/"neurosis", what thoughts, images or scenes come to your mind?"

- "Let us stop for a minute with the concept/word "disease"/"neurosis" and see what is happening in you when you say/hear it."
- "When you think about other people, what can they think, feel, imagine, experience when they call themselves/when they hear the word "disease"/"neurosis"?"

All in all, it is important for therapists to recognize the complex and nuanced meaning of the concepts that clients may invoke during the course of psychotherapy. If a therapist can appreciate the value of the experience stored in the encyclopaedic entry of concepts, s/he can extend his/her therapeutic strategies in the achievement of therapeutic involvement through transparency of meaning, self-disclosure and emotional communication.

Notes

1 Words written with capital letters stand for concepts.
2 Words in inverted commas stand for the lexical form of concepts. Sentences in inverted commas stand for contextual assumptons, sentences used and explicatures. Words without inverted commas, such as neurosis or disease, stand for the name of the health problem.
3 Because of the scope and the topic of the article, the analysis of the metaphorical use of the expression "fungus on the wall painted with oil paint" will be disregarded.
4 Words written with capital letters with an asterisk represent ad hoc concepts.

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