



Understanding Addiction: A Taxonomic Analysis of Psychiatrists' Interviews Through Talmy's Cognitive Semantics

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Abstract

This study explores how addiction is cognitively and linguistically constructed within psychiatric discourse through the lens of Leonard Talmy's cognitive semantics, focusing on the interplay of frames, image schemas, and conceptual metaphors. By conducting a detailed clause-level analysis of interviews with two psychiatrists—Dr. Domenick Sportelli and Dr. Peter R. Breggin—this research reveals how divergent cognitive-semantic systems underpin contrasting epistemologies of addiction and psychiatric medication. Sportelli's discourse predominantly employs medical, neurobiological, and behavioral frames, leveraging image schemas of cycle, balance, and force to depict addiction as a chronic but manageable neurobehavioral disorder. His metaphors emphasize neurochemical mechanisms and goal-directed behavior, reinforcing a clinical, rehabilitative worldview. In stark contrast, Breggin's discourse frames psychiatric drugs through toxicological, invasive, and ethical lenses, using schemas of invasion, diminution, and pressure to portray medication as neurotoxic and disempowering. His metaphorical language invokes notions of harm, contamination, and cognitive erosion, challenging mainstream psychiatric paradigms. This semantic divergence reflects broader ideological tensions in psychiatry, highlighting how language actively constructs psychiatric realities rather than merely describing them. The study demonstrates that frames, image schemas, and metaphors are foundational cognitive tools shaping clinical understanding, therapeutic engagement, and patient identity. These findings underscore the value of cognitive semantic awareness in psychiatric education and practice, suggesting that such insight can foster empathy, reduce stigma, and promote more nuanced, person-centered care. Moreover, by bridging linguistics, psychiatry, and cognitive science, this research contributes a robust analytical framework for examining the conceptual underpinnings of psychiatric discourse and invites future exploration of patient narratives and cross-cultural perspectives within this model.

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المخلص

تستكشف هذه الدراسة كيفية بناء الإدمان معرفياً ولغوياً داخل الخطاب النفسي من خلال منظور علم الدلالات الإدراكية لدى ليونارد تالمى، مع التركيز على التفاعل بين الأطر، والنماذج التصويرية، والاستعارات المفاهيمية. ومن خلال تحليل دقيق على مستوى الجمل لمقابلات مع طبيبين نفسيين—الدكتور دومينيك سبورتيلى والدكتور بيتر ر. بريغن—تكشف هذه الدراسة كيف تدعم أنظمة دلالية معرفية متباينة نماذج معرفية متناقضة للإدمان والعلاج الدوائي النفسي. يستخدم خطاب سبورتيلى بشكل أساسي أطرًا طبية وبيولوجية عصبية وسلوكية، مستفيدًا من نماذج تصويرية مثل الدورة، والتوازن، والقوة لتصوير الإدمان كاضطراب عصبي سلوكي مزمن لكنه قابل للإدارة. كما تؤكد استعاراته على الآليات الكيميائية العصبية والسلوك الموجه نحو الهدف، معززة رؤية علاجية وإعادة تأهيلية. على النقيض التام، يوظف بريغن الأدوية النفسية من خلال عدسات سامة وغازية وأخلاقية، مستخدمًا نماذج غزو، وتناقص، وضغط لتصوير العلاج الدوائي على أنه سام للعصب ومُضعف للقدرات. وتستحضر لغته الاستعارية مفاهيم الضرر والتلوث وتآكل القدرات المعرفية، متحدية النماذج السائدة في الطب النفسي. تعكس هذه التباينات الدلالية توترات أيديولوجية أوسع في مجال الطب النفسي، مسلطة الضوء على أن اللغة لا تعكس الواقع النفسي فحسب، بل تبنيه بنشاط. توضح الدراسة أن الأطر، والنماذج التصويرية، والاستعارات تُعد أدوات معرفية أساسية تشكل الفهم السريري، والتفاعل العلاجي، وهوية المرضى. تؤكد النتائج على أهمية الوعي بالدلالات الإدراكية في التعليم والممارسة النفسية، مشيرة إلى أن هذا الوعي يمكن أن يعزز التعاطف، ويقلل من الوصم، ويدعم رعاية أكثر دقة وتركزًا على المريض. علاوة على ذلك، ومن خلال الربط بين اللغويات والطب النفسي وعلوم الإدراك، تقدم هذه الدراسة إطارًا تحليليًا متينًا لفحص الأسس المفاهيمية للخطاب النفسي، داعية إلى استكشافات مستقبلية للسرديات المرضية ووجهات النظر العابرة للثقافات ضمن هذا النموذج.

1.Introduction

Addiction remains one of the most pressing and contested phenomena in contemporary clinical discourse, straddling the domains of medicine, psychology, ethics, and public policy. Traditionally conceptualized through biomedical and behavioral lenses, addiction has increasingly come to be understood as a multidimensional construct—one that is not only neurochemical or psychological but also discursive and ideologically mediated. In recent decades, a growing body of interdisciplinary research has emphasized the role of language in shaping our perceptions of addiction, calling attention to how terminologies, metaphors, and narratives influence both diagnostic frameworks and therapeutic interventions (Boroditsky, 2011; Halliday, 2004). Within this linguistic turn, cognitive semantics offers a particularly powerful lens for examining how addiction is conceptualized, communicated, and contested within professional psychiatric discourse.

This study adopts Leonard Talmy's cognitive semantic framework—specifically his notion of **conceptual structuring systems**, including **frames**, **image schemas**, and **conceptual metaphors**—to explore the semantic architecture underlying psychiatrists' discussions of addiction. Talmy's (2000)

model foregrounds the idea that language does not simply transmit pre-formed knowledge but actively constructs conceptual reality through dynamic structuring mechanisms. Such an approach is particularly apt for analyzing psychiatric discourse, where epistemological assumptions about the nature of mental illness, agency, and responsibility are often subtly encoded within metaphorical and schematic expressions.

Through a clause-level analysis of two contrasting interviews with psychiatrists—Dr. Domenick Sportelli and Dr. Peter R. Breggin—this research reveals the divergent cognitive-semantic systems that inform their respective worldviews. While Sportelli’s discourse frames addiction as a neurobehavioral condition grounded in clinical rehabilitation and neurochemical balance, Breggin’s discourse problematizes psychiatric medication itself, portraying it as neurotoxic and ethically fraught. These differences are not merely rhetorical; they reflect fundamentally different understandings of agency, causality, and the role of psychiatry in society.

2.Literature Review

2.1 Addiction as a Complex Psychosocial Phenomenon

Addiction is widely recognized as a multidimensional phenomenon that transcends simple biological or psychological explanations. While earlier models predominantly viewed addiction as a moral failing or a personal weakness (Levine, 1978), contemporary understandings reflect a more nuanced synthesis of biological, psychological, and social determinants. The dominant medical model, particularly in neuroscience, frames addiction as a chronic, relapsing brain disease characterized by dysregulation of the mesolimbic dopamine system and impaired executive functioning (Volkow, Koob, & McLellan, 2016). This perspective has been instrumental in reducing moral blame and legitimizing addiction as a condition necessitating medical intervention.

However, critics argue that an overly biomedical framework risks obscuring the lived experiences of individuals with addiction, particularly by neglecting the socio-economic, relational, and existential contexts in which substance use occurs (Fraser, 2004; Keane, 2002). In response, psychosocial models emphasize the importance of environmental stressors, trauma histories, identity formation, and cultural narratives in the onset and maintenance of addiction (Maté, 2008; Alexander, 2010). For example, Bruce Alexander’s “dislocation theory” argues that addiction is best understood as a response to social fragmentation and a lack of psychosocial integration, rather than as a pathology located solely in the individual.

The complexity of addiction lies in its dual status as both a personal struggle and a culturally and discursively mediated phenomenon. It is at once

neurochemical and narrative, behavioral and symbolic. This multifaceted nature necessitates interdisciplinary approaches that can capture not only the physiological mechanisms of addiction but also the conceptual frameworks that structure how it is understood, treated, and experienced. Among these, the role of language and cognition emerges as a crucial, though often underexamined, axis of inquiry.

2.2 Language in Psychiatric Discourse

In clinical settings, language is not merely a neutral conduit for conveying objective diagnoses; rather, it is constitutive of psychiatric knowledge and practice (Luhmann, 2000; Foucault, 1973). Through language, psychiatrists construct the realities they engage with: they label behaviors, assign meanings to symptoms, and position patients within therapeutic trajectories. As Ian Hacking (1995) argues, psychiatric classifications are deeply embedded in what he calls “looping effects,” where the categories used to describe people in turn shape their self-understanding and behavior, thereby reinforcing the validity of those very categories.

In the context of addiction, linguistic choices can significantly influence not only clinical reasoning but also patient outcomes and public attitudes. Terms like “relapse,” “craving,” or “clean/dirty” drug tests carry with them implicit moral and affective connotations that may affect how patients view themselves and how others view them (Satel & Lilienfeld, 2013). Moreover, the metaphors and narratives employed in psychiatric discourse often serve as cognitive shortcuts that frame addiction in ways that privilege certain interpretations while marginalizing others (Semino, 2008). For example, describing addiction as a “battle” or a “struggle” invokes a war metaphor that emphasizes individual willpower and perseverance, potentially overshadowing structural factors like poverty or trauma.

Thus, a focus on psychiatric discourse invites a deeper investigation into how clinicians’ linguistic practices reflect and reproduce broader epistemologies of mental health and deviance. The study of this discourse through the lens of cognitive semantics offers a powerful way to make explicit the conceptual scaffolding underpinning psychiatric thought. By uncovering the cognitive mechanisms through which meaning is constructed, we can begin to understand how psychiatric language both shapes and is shaped by the culture in which it operates.

2.3 Leonard Talmy’s Cognitive Semantics and Its Relevance

Leonard Talmy’s (2000a, 2000b) theory of cognitive semantics provides a robust framework for analyzing how language reflects and structures thought. Unlike more surface-level approaches to linguistic meaning, Talmy’s work focuses on the underlying cognitive architecture that informs how humans

conceptualize space, force, motion, causality, and agency. His taxonomy includes three central constructs particularly relevant to the study of addiction discourse: frames, image schemas, and conceptual metaphors.

- Frames, derived in part from Fillmore's (1982) frame semantics, refer to the background structures of knowledge that allow a particular utterance or concept to make sense within a specific context. For example, when a psychiatrist refers to addiction as a "chronic illness," the utterance activates a medical frame that carries with it assumptions about pathology, treatment, prognosis, and clinician authority.

- Image Schemas are recurring, embodied patterns of experience that structure our understanding of abstract concepts (Johnson, 1987). They emerge from sensorimotor experiences such as containment, force dynamics, balance, and path-following. In addiction discourse, we often find references to being "trapped in addiction" (container schema) or "overcome by cravings" (force schema), which point to embodied ways of understanding psychological states.

- Conceptual Metaphors, popularized by Lakoff and Johnson (1980) and further refined by Talmy, are mappings from one domain of experience (typically physical or concrete) onto another (typically abstract). These metaphors are not merely rhetorical devices but are foundational to human thought. For example, the metaphor ADDICTION IS A JOURNEY structures narratives around "slipping," "getting back on track," or "reaching rock bottom."

Talmy's emphasis on how language encodes force dynamics—including compulsion, resistance, and causation—is particularly germane to addiction, where agency and control are often central themes. His framework allows for a fine-grained analysis of how psychiatrists linguistically encode their understanding of the causes, mechanisms, and trajectories of addiction. Furthermore, Talmy's cognitive semantic approach has the advantage of being compatible with both embodied and discursive perspectives, making it especially suitable for interdisciplinary work that spans linguistics, cognitive science, and psychiatric practice. It enables researchers to trace how abstract psychiatric concepts are grounded in embodied experiences and structured by culturally sanctioned linguistic patterns. In doing so, it opens up space for more reflexive and ethically aware clinical communication.

3. Methodology

This study adopts a qualitative, discourse-analytic methodology grounded in the principles of cognitive semantics, with specific reference to Leonard Talmy's conceptual taxonomy. The aim is to investigate how psychiatrists cognitively structure and linguistically frame the phenomenon of addiction in their professional discourse. Rather than working with a large corpus or statistical

generalizations, this analysis focuses on two purposively selected interviews—each providing a rich discursive space in which addiction is conceptualized, explained, and morally evaluated.

3.1 Data Sources and Rationale for Selection

The first source is an extended interview with Dr. Domenick Sportelli, a board-certified psychiatrist, conducted by the MedCircle show and published on YouTube in 2022. Dr. Sportelli discusses various dimensions of addiction, including diagnostic classification, treatment modalities, the neurobiological basis of substance use disorders, and the clinician's role in patient care. This interview was selected because it represents a mainstream, medically informed psychiatric viewpoint, often aligned with the neurobiological disease model of addiction. Its accessibility, clarity, and structured format provide a fertile ground for analyzing how professional psychiatric discourse constructs addiction for both public and clinical audiences.

The second interview features Dr. Peter Breggin, a psychiatrist well known for his critical stance toward biomedical psychiatry. This conversation, broadcast on the NordicDoc Medical Channel in 2021, offers a contrasting perspective to Dr. Sportelli's, emphasizing psychological, moral, and socio-political dimensions of addiction. Breggin's discourse is less aligned with neurobiological reductionism and more focused on agency, trauma, and ethical critiques of psychiatric interventions. Including this interview allows for comparative analysis across divergent clinical ideologies, highlighting how different cognitive-linguistic frameworks underlie different models of care and philosophical commitments.

The inclusion of these two figures—both credentialed psychiatrists but situated differently within the professional spectrum—supports a more nuanced and dialectical approach to addiction discourse. Their contrast enables an exploration of how cognitive semantics operates not merely as a shared linguistic system, but also as a site of ideological contestation within psychiatry itself.

3.2 Transcription and Unit of Analysis

Both interviews were publicly available on YouTube and were manually transcribed for the purpose of detailed linguistic analysis. Transcriptions were produced following conventions used in qualitative linguistic research, preserving clause boundaries, discourse markers (e.g., “um,” “you know”), and prosodic cues where relevant.

The primary unit of analysis was the clause, defined syntactically and functionally as a minimal structure containing a subject and a predicate, and semantically as the smallest unit conveying a single propositional meaning. Clause-level analysis is particularly appropriate for this study because it allows

for granular identification of the linguistic structures—such as prepositions, motion verbs, modals, and causal connectors—that Talmy (2000a, 2000b) identifies as core to cognitive-semantic encoding.

3.3 Analytical Procedure

The analysis proceeded in three main stages, corresponding to Talmy's tripartite framework:

1. Frame Identification: Each clause was analyzed for underlying conceptual frames. This involved identifying whether the speaker was invoking medical, moral, psychological, or social frames when discussing addiction. For instance, a statement like "Addiction hijacks the brain" was coded under a neurobiological-medical frame, while "Addiction is a failure of character" was coded as a moralistic frame. Frame identification was based on semantic cues, intertextual references, and lexical choices tied to culturally recognizable scripts (Fillmore, 1982; Semino, 2008).

2. Image Schema Analysis: Clauses were next examined for the presence of image schemas—basic cognitive patterns such as container, path, force, and balance (Johnson, 1987; Talmy, 2000a). This involved mapping abstract linguistic constructions onto embodied experiences. For example, utterances like "falling into addiction," or "breaking free from cravings," were associated with container and force schemas. These schemas help to visualize how psychiatrists structure notions of agency, entrapment, and recovery.

3. Metaphor Identification and Interpretation: Drawing on Conceptual Metaphor Theory (Lakoff & Johnson, 1980) and Talmy's integration of metaphor within force dynamics, metaphors were identified and coded according to their conceptual mappings. Common metaphors such as ADDICTION IS A JOURNEY ("relapse," "on the right track") or ADDICTION IS A BATTLE ("fighting cravings," "losing control") were carefully interpreted in terms of how they framed addiction as either an internal struggle, a moral failure, or a long-term process requiring discipline and intervention. These metaphors were then cross analyzed in relation to frame and image schema findings.

3.4 Validity, Reflexivity, and Ethical Considerations

Because the interviews are publicly available and intended for wide dissemination, no ethical permissions were required for their use in research. Nevertheless, the study maintains reflexive awareness of the interpretive nature of qualitative analysis. While Talmy's framework provides a systematic lens, the application of semantic categories to real-world discourse inevitably involves subjective judgment. To enhance analytic reliability, coding was done in iterative cycles, with preliminary categorizations revisited and refined during cross-phase analysis.

Moreover, this research does not aim to generalize findings across all psychiatric discourse. Instead, it provides a focused, in-depth case study that reveals how individual psychiatrists, positioned differently within the field, rely on and construct distinct cognitive-linguistic representations of addiction. Such a focused methodology is consistent with qualitative discourse studies, which prioritize depth and contextual insight over breadth (Gee, 2014; Wodak & Meyer, 2009).

4. Analysis

This section offers a clause-level cognitive semantic analysis of two psychiatrists' interviews—Dr. Domenick Sportelli (2022) and Dr. Peter R. Breggin (2021)—through the lens of Leonard Talmy's framework. By breaking the discourse into constituent clauses and categorizing them according to cognitive semantic elements—**frames**, **image schemas**, and **metaphors**—this analysis reveals how psychiatric language not only reflects but actively constructs divergent conceptualizations of addiction and psychiatric intervention.

4.1 Frame Analysis

Dr. Sportelli primarily employs **clinical**, **behavioral**, and **neurobiological** frames to construct addiction as a treatable pathology rooted in neurochemical dysfunction and compulsive behavior. For instance, his clause "*Addiction is a chronic, long-term, relapsing illness*" mobilizes a **medical frame**, portraying addiction as a diagnosable and enduring condition. The term "relapsing" further activates a **cycle schema**, reinforcing the metaphor of **addiction as illness**—a construction deeply entrenched in psychiatric and institutional discourse (Lakoff & Johnson, 1980; Talmy, 2000b). Similarly, behavioral framing appears in statements like "*You're engaging in a behavior compulsively, repeatedly, despite the negative consequences*", invoking a **force schema** where addiction functions as an internal compulsion overriding rationality.

In contrast, Dr. Breggin rejects the medicalization of psychiatric experience, instead invoking **toxicological**, **invasive**, and **ethical-degradation** frames. His assertion—"*Psychiatric drugs are neurotoxins, they poison brain cells*"—draws from a **toxicology frame** that challenges the clinical legitimacy of psychiatric medication and introduces a morally charged **drugs-as-poison** metaphor. This shift disrupts normative medical discourse and foregrounds a **critical epistemology** aligned with anti-psychiatric thought (Breggin, 2008). Where Sportelli's framing invites rehabilitation and treatment, Breggin's repositions psychiatry as a site of harm and disempowerment.

These diverging frames—constructive versus deconstructive—reflect fundamentally different ideological stances. Sportelli's language reinforces psychiatry's authority through the promotion of neurochemical balance and

treatment compliance. Breggin, by contrast, articulates a rhetoric of resistance, delegitimizing psychiatric intervention as invasive, coercive, and neurologically damaging.

4.2 Image Schema Analysis

Talmy's notion of **image schemas**—recurring, embodied cognitive patterns—elucidates how each speaker organizes the concept of addiction. Sportelli's discourse frequently draws on:

- **Cycle schema:** *"Addiction is a chronic, relapsing illness"*
- **Force schema:** *"Engaging in behavior compulsively"*
- **Equilibrium schema:** *"Your brain is trying to balance this out"*

These schemas suggest a conceptual model wherein addiction disrupts physiological homeostasis, and treatment operates to restore cognitive and behavioral balance. This aligns with the broader **medical model**, which prioritizes stabilization, regulation, and functional recovery.

Conversely, Breggin's image schemas foreground damage, intrusion, and loss. His language employs:

- **Invasion/permeation schema:** *"They're infiltrating the whole circulatory system of the brain"*
- **Pressure schema:** *"The depth of this crushing effect"*
- **Flattening/diminution schema:** *"The brain becomes indifferent"*

These schemas evoke vulnerability, invasion, and cognitive disempowerment. The repeated emphasis on pressure, contamination, and neurological flattening constructs a **threat-response environment**, suggesting that psychiatric medication imposes rather than alleviates harm.

4.3 Metaphor Analysis

Both psychiatrists utilize metaphor to map abstract psychological and neurological processes onto familiar experiential domains, though with radically different implications.

Sportelli's Metaphors:

- *"Endogenous opiates are the whisper, the opioids are a loudspeaker"* → **Drug as Amplified Stimulus**
- *"The brain down-regulates the receptors"* → **Brain as Volume Control**
- *"Seeking this external thing"* → **Addiction as Pursuit**

These metaphors reflect a **functional-mechanistic** model of brain activity and addiction, where maladaptive behavior is the result of exaggerated biological signaling. Addiction is framed as a **goal-directed imbalance** that is potentially remediable via medical intervention. The **pursuit metaphor** aligns with cognitive models of motivated behavior (Talmy, 2000a), constructing the addict as an agent within a disrupted feedback loop.

Breggin's Metaphors:

- “*Drugs mimic encephalitis*” → **Drugs as Artificial Disease**
- “*Medication spellbinding*” → **Mind as Bewitched**
- “*Depth of this crushing effect*” → **Drug Impact as Crushing Burden**

Breggin’s metaphors dramatize pharmacological effects, refiguring medication not as remedy but as **assault on cognition and selfhood**. The mind is rendered passive, bewitched, and imperiled. His coined term “*intoxication anosognosia*” (the inability to recognize one’s own drug-induced impairment) extends the metaphorical system, reinforcing themes of **covert damage** and **diminished awareness**. His language constructs a semantic world in which psychiatry acts as both epistemological and physiological colonizer.

4.4 Comparative Semantic Profiles

Aspect	Dr. Domenick Sportelli	Dr. Peter R. Breggin
Dominant Frames	Medical, Neurobiological, Behavioral	Toxicological, Neurological, Ethical
Image Schemas	Cycle, Balance, Force, Goal	Invasion, Diminution, Pressure
Core Metaphors	Addiction as illness, pursuit, volume control	Drugs as poison, brain as damaged system, mind under spell
Tone	Clinical, Explanatory, Rehabilitative	Critical, Urgent, Disillusioned

4.5 Cognitive Implications

The comparative analysis illustrates that addiction, as constructed through psychiatric discourse, is not a fixed cognitive object but a **malleable conceptual structure**, shaped by underlying semantic and schematic choices. Sportelli’s language offers a **medicalized, rehabilitative view**, inviting structured intervention and biobehavioral regulation. In contrast, Breggin constructs addiction and psychiatric treatment within a **rhetoric of violation**, demanding epistemic vigilance and ethical reconsideration.

Despite these oppositions, both psychiatrists rely on Talmyan principles—**framing structures, image schemas, and metaphorical projection**—to render complex neuropsychological phenomena accessible in discourse. Their divergent rhetorical strategies exemplify how deeply cognitive semantics penetrates public and clinical conceptions of mental health, not merely as a descriptive tool but as an active **constructor of ideological meaning**.

5. Discussion

The foregoing analysis underscores how divergent psychiatric paradigms manifest in language, not merely as stylistic differences but as **deeply entrenched cognitive models** that shape how addiction and psychiatric medication are conceptualized. Through Talmy’s cognitive semantics—particularly his notions of **framing structures, image schemas, and**

metaphoric projection—we observe that even ostensibly clinical discourses are imbued with rich cognitive-semantic scaffolding that encodes ideological, epistemological, and affective orientations.

Dr. Sportelli's language exemplifies the **biomedical paradigm**, which organizes addiction within frames of chronicity, neurological regulation, and behavioral dysregulation. His repeated use of the **cycle schema** and metaphors of **amplification** and **volume control** construe addiction as a dysregulated feedback system, one that is theoretically responsive to medical intervention. This discourse not only describes addiction but **performs** a form of cognitive regulation by reinforcing a therapeutic worldview in which agency is preserved through pharmacological and behavioral recalibration.

Conversely, Dr. Breggin's discourse functions as a **semantic counter-narrative** that deconstructs the clinical hegemony of psychiatry. His framing of psychiatric drugs as **neurotoxins** and his use of **invasion**, **loss**, and **permeation schemas** produce a conceptual landscape marked by violation, erosion of agency, and systemic betrayal. The metaphorical constructs he mobilizes—*"lobotomy by drug," "crushing effect," "infiltrating the brain"*—not only resist the biomedical framing but actively **recode** it within a morally and neurologically catastrophic register. In doing so, Breggin's discourse operates on both a cognitive and political level: it cognitively organizes experience while also critiquing the institutional apparatus that legitimizes certain forms of treatment.

Crucially, both discourses rely on Talmyan elements to structure their epistemic realities. What differs is not the presence of cognitive semantic architecture but **how it is mobilized**. Sportelli's schemas aim to stabilize the conceptual field of addiction, reducing its volatility through clinical rationalization. Breggin's schemas, by contrast, destabilize this field, turning addiction and its treatment into **arenas of ethical and ontological contestation**. These distinct semantic ecosystems illuminate the extent to which **cognition is not ideologically neutral**, but instead **constitutively involved** in the production of psychiatric knowledge.

Moreover, the analysis invites reflection on the role of metaphor and image schema in shaping public perceptions of mental health. The metaphors of **amplification** or **balance** may foster understandings conducive to medical engagement, while metaphors of **poison** and **invasion** risk provoking fear, skepticism, or disengagement. Thus, cognitive semantics is not simply descriptive but **performative**, with material consequences for how addiction is treated, resisted, or lived.

6. Conclusion

This study illustrates how Talmy's cognitive semantics provides a powerful analytical lens to illuminate the deeply embedded cognitive patterns shaping psychiatric discourse on addiction. Frames, image schemas, and metaphors are not merely linguistic ornaments or stylistic flourishes; rather, they fundamentally structure how clinicians conceptualize, feel, and act in relation to addiction and treatment. By applying Talmy's framework to the interviews of Dr. Domenick Sportelli and Dr. Peter R. Breggin, the analysis reveals how divergent models of addiction are not only described but actively **constructed, reinforced, and contested** through language.

Sportelli's discourse exemplifies a **stabilizing medical logic**, employing schemas of cycle, force, and balance to frame addiction as a predictable, treatable neurobehavioral disorder. His metaphoric system aligns with a biomedical epistemology that emphasizes regulation, recovery, and functional recalibration. In stark contrast, Breggin's discourse constructs a **disruptive narrative** that portrays psychiatric medication as violative and neurotoxic, mobilizing schemas of invasion, erosion, and containment breach. His metaphors invoke ethical alarm and systemic critique, recasting psychiatric intervention as a form of cognitive and moral violation.

These contrasting conceptualizations are not merely rhetorical differences but represent **fundamentally distinct cognitive worldviews** that influence how individuals, institutions, and societies understand and respond to addiction. From Talmy's cognitive semantic perspective, language does more than reflect psychiatric thought; it **actively constructs the parameters of psychiatric reality**, determining what counts as valid treatment, what constitutes harm, and whose knowledge and experiences are legitimized or marginalized.

Importantly, this analysis highlights that psychiatric discourse—far from a neutral transmission of clinical information—is deeply structured by conceptual framing, embodied schema, and metaphorical construal. The metaphors we live by, and the image schemas we think with, do not simply color our understanding; they constitute the very grammar of psychiatric knowledge and practice.

This has practical and ethical implications: incorporating cognitive semantic awareness into psychiatric education and clinical practice can enhance empathy, improve patient outcomes, and foster more nuanced public understanding. Moreover, future research extending this cognitive semantic framework to include patient narratives and cross-cultural psychiatric contexts could further elucidate how cognitive patterns shape lived experience and cultural conceptions of mental health.

In sum, this study affirms the critical relevance of Talmy's integrated model of framing, schematic structure, and metaphor in unpacking the ideological and

epistemological architecture of psychiatric discourse on addiction, underscoring that cognition and language are deeply intertwined in producing the realities we live and treat.

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Data Sources

1. Opiate Addiction: why it's so intense? With Dr. Domenick Sportelli. Med Circle Show. (21 Jan 2022)

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2. Dr. Peter R. Breggin. Psychiatric drugs are incredibly destructive and neurotoxic. NORDICDOC medical channel. (2021)

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