The role of client-generated metaphors on
in-session therapeutic processes

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Abstract

Psychotherapy research indicates that metaphors are often used to express a client's meaningful experience. This study measured the impact of client-generated metaphors on in-session experiencing. The research question explored whether client-generated metaphor use would be associated with greater in-session experiencing as rated by the Experiencing Scale (EXP; Klein, Mathieu-Coughlan, & Kiesler, 1986). It was also asked whether metaphor use would increase the subsequent experiencing of a client. Forty-seven client-generated metaphor events were randomly selected from 47 psychotherapy transcripts of clients in therapy with counsellors-in-training. For each metaphor event, a pre-metaphor and post-metaphor client utterance was selected. A total of 140 utterances were compared using a repeated-measure analysis of variance. Results indicate that client-generated metaphors are not significantly different from pre-metaphor or post-metaphor client utterances. The role of language and the clinical importance of metaphor use in psychotherapy were discussed.

Résumé

Cette étude explore la relation entre les métaphores produites par le client et l'expérience au cours de la session estimée à l'aide du *Experiencing Scale* (EXP; Klein, Mathieu-Coughlan, & Kiesler, 1986). Des métaphores produites par le client ont été sélectionnées parmi les transcriptions de sessions de psychothérapie de quarante sept clients, tous suivis en thérapie par des conseillers/ères en formation. Les propos du client prononcés avant, pendant, et après la métaphore ont été identifiés et évalués à l'aide de l'EXP. Les résultats obtenus à l'aide d'une analyse de variance à mesures répétées indiquent que les métaphores produites par les clients ne sont pas significativement différentes des paroles prononcées avant ou après la métaphore. Et, il n'y a pas eu d'augmentation de l'expérience du client après une métaphore. Une fois ces résultats examinés, le rôle des métaphores en psychothérapie et les implications pour la recherche à venir seront abordées.

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Lastly, now that this thesis is complete, Chlöe can rest assured of receiving my undivided attention.

Contributions of Authors

Ronda Rowat

As principal investigator, I developed the original idea for this study. The study was designed in collaboration with Jack De Stefano and Martin Drapeau. Ethical compliance was obtained from McGill University, which adheres to the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans. I acted as a coder for the metaphor selection, and was responsible for data preparation and entered it in the statistical program. I performed initial statistical tests and was assisted by Dr. Drapeau with the final statistical analyses. I conducted extensive research of the literature and wrote the manuscript article.

Jack De Stefano

Dr. De Stefano helped to conceptualize the research questions and was instrumental in providing access to the transcripts required for analysis. He recruited and paid two experienced raters for the study. He recommended additional background literature and offered insight in analyzing the results. He also provided editorial guidance.

Martin Drapeau

Dr. Drapeau was involved with development of the research methodology and was instrumental in conducting and verifying statistical analyses.

Emily Blake and Nadia D'Iuso

Both Ms. Blake and Ms. D'Iuso are trained and reliable Experiencing Scale raters. They provided critical assistance in rating the data under examination.

Holly Rotchin and Véronique Sylvain

Ms. Rotchin and Ms. Sylvain are research volunteers. They were trained by the principal investigator in metaphor identification and assisted in coding the psychotherapy transcripts.

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Without knowing the force of words, it is impossible to know men.

– Confucius

`CHAPTER 1

Introduction

Language plays a central and complex role in psychotherapy[1] (Labov &

Fanshel, 1977; Rizzuto, 2004; Spence, 1982; Watzlawick, 1978). It is hard to imagine

another human endeavour so completely reliant for its success on the symbolic activity

called "talk." In psychotherapy, talk is the vital, linguistic engagement between

therapist and client that is transformed into empathy and rapport, understanding, hope,

and eventually, healing. Indeed, language can play a leading role in fostering

therapeutic change. Talk, whether symbolic, figurative, or concrete, is a powerful and

necessary tool for healing.

Generally, language can be viewed as a social function that is used to establish

relationships with others as well as to convey information (Boerger, 2005; Goffman,

1967; Ritchie, 2004). However, within the purview of psychotherapy, language strays

from logic and definition to a more complex realm of symbols, synthesis, and totality

(Grady, 2005; Watzlawick, 1978). Embedded firmly within this form of discourse is

metaphor. In therapy, metaphor works on all fronts. It strengthens therapeutic rapport

by enhancing the clients' confidence in the clinicians' capacity to understand their

situation, and it initiates the process of developing a common language within which

therapist and client work (Sims, 2003).

Within the practice of psychotherapy, therapists and clients make use of

symbolic language that is both metaphoric and interpretative when they communicate

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[1] The terms "psychotherapy," "counselling," and "therapy" will be used interchangeably. "Counseling and psychotherapy are the same qualitatively; they differ only quantitatively. There is nothing that a psychotherapist does that a counselor does not do" (Corsini, 2005, p. 2).

with each other. In fact, the use of metaphors by clients is a common occurrence (McMullen, 1989; Strong, 1989). A client may turn to the therapist and say something to the effect of: "*I'm drowning in sadness*" or "*I'm a ticking time-bomb.*" Clinically, such metaphors may be viewed as clients' shorthand way of revealing how they are coping with their psychological distress. In effect, clients call upon these word-pictures to relate their problems. Thus, therapists must attend to these metaphors to be able to utilize the client's own language to facilitate positive change (Carr, 1998; Hermans, 2004; Pasztor, 2004). Metaphor becomes an important window into the client's experience (Bucci, 1985).

Therapists are interested in the phenomenological aspects of experience and want to know how the personal world of the client appears to him or her. In this regard, clinicians make use of metaphors in practice, whether intentionally or by intuition, to tap into these perceptions. Thus, the imagistic world of metaphors is a potential resource that therapists can draw upon to foster change in their clients (Kopp & Eckstein, 2004; Sims, 2003). In his self-instructional guide, *In the Minds's Eye,* well-known therapist Arnold Lazarus (1977), touts the power of visual imagery and offers his readers a way to use positive mental pictures to overcome fears and phobias and to create long-lasting change in their lives. The more vividly the client is able to mentally visualize the selected image, the more successful he or she may be at dealing with those fears and phobias. By analogy, metaphors hold within them images, too. They act as a verbal entrance point to stimulate visual imagination (Paivio & Walsh, 1993). If, for example, a client says, "*My marriage is a shipwreck,*" images of debris in the wake of some sea-born disaster arise. The therapist understands that a marriage

is not literally a ship thrashed about by ocean storms, yet the metaphor puts the

context of the relationship in vivid physical form. As we see here, metaphoric words

excite visual, auditory, kinesthetic, and emotional processes that go beyond mere

cognitions (Pasztor, 2003). Moreover, for the client, metaphors may represent the tip

of the iceberg, metaphorically speaking, of an emotional mass that lies beneath the

surface.

Metaphor and Affect

Amongst the thousands of words a client speaks in a psychotherapy session, he

or she may call upon a metaphor to express his or her sorrow, anguish, joy, or

whatever emotion or experience is present at that time. The client may be struggling to

describe an event to the therapist and finds that the quickest route is through use of a

metaphor to give the narration colour, intensity, and depth (Ferrara, 1994). Whether

the metaphor consists of a few words, a phrase, or an entire story, they are words that

resonate with the client's underlying intent and feeling. Indeed, "figurative ideas have

strong emotional or motivational relevance (e.g., ideas leading to feelings of terror,

inferiority, desires for safety or inclusion)" (Rhodes & Jakes, 2004, p. 13). Experience

equals affect (Whelton, 2004), and that metaphors are often tied to affect is important

to acknowledge.

Metaphor and Meaning

Conceptually, contemporary metaphor research encompasses many distinctive,

though often overlapping, domains within the area of linguistics, poetics, cognition,

pragmatics, philosophy, and psychotherapy. In the study of linguistics, theorists strive

to understand how metaphor use dovetails with the way humans communicate. Indeed,

as Lakoff (1993) observes, "as soon as one gets away from concrete physical experience and starts talking about abstractions or emotions, metaphorical understanding is the norm" (p. 205). This implies that the use of metaphors is not simply a language feature. Rather, it goes beyond language to sit firmly in the realm of thought and reason. In this regard, Lakoff is correct to say that, "language is secondary" (1993, p. 208). Stated differently, metaphor is not merely a figure of speech, but rather a mode of thought represented by the systematic mapping from a source, or object of comparison, to a target domain, or object requiring explanation.

It's not unusual for therapists to rely on metaphors to describe the process of psychotherapeutic change in their clients (Finn, 2003). However, for clients, metaphors serve as the vehicle for describing and elucidating their inner world to therapists. In this sense, metaphors are the link between what is expressed with language, to what is visualized in thought, and experienced through affect. Indeed, with regard to interpersonal communication, metaphors help make the abstract more concrete (Lakoff, 1993). What we know and is familiar to us helps develop our awareness and understanding of what we are as yet unable to conceptualize, that which is inaccessible. Research in the field of neurolinguistic programming with its focus on visual, auditory, or kinesthetic stimuli is a logical extension of this thinking. The suggestion here is that language is an individual's representation of reality. There are three primary routes through which individuals absorb and use language: a) visually, b) aurally, and c) kinesthetically (Bandler & Grinder, 1975). Clients may speak using a particular form of metaphor that is connected to their internalized sense of reality. Pasztor (2004) outlines an interesting overview of how different types of

metaphor submodalities (visual, auditory, and kinesthetic) function (cf. Gibbs, Jr.,

Costa Lima, & Francozo, 2004; Vivona, 2003).

This idea of movement from the familiar to the inaccessible is particularly

germane to the previously mentioned iceberg metaphor of therapeutic work, in that

there is much that lies beneath that is not always readily accessible. Psychotherapy

helps clients draw upon their own strengths and resources to encourage them to move

from a position of narrowed psychological vision to potential growth and adaptation

(Bird, 2004). This thinking is reflected in the Broaden-and-Build theory of positive

emotions (Fredrickson, 2001), which suggests that positive emotions open the mind to

new ways of thinking and behaving. In a similar manner, metaphor elaboration in

therapy may provide coherence and clarity to what is often experienced as a morass of

problems for the client. This clarity can be used to transform old metaphors to new

ones (Gonçalves, 1995; McLeod, 1997).

For example, a client who speaks of being *"imprisoned by anger"* may,

through therapy, transform that metaphor to one of *"release"* or *"freedom"* from anger.

This focus on "languaging" helps to pull out the central threads within a client's

narrative. Hopefully, greater understanding of that narrative will lead to positive

change for the client. Indeed, psychotherapy itself is a narrative event that relies on,

among other things, a long tradition of story-telling (Polkinghorne, 2004).

Understanding and appreciating the role that metaphors play in facilitating the storied

aspects of clients' lived experience is central to helping clients move towards a more

coherent narrative of themselves (Guidano, 1995; Mahoney, 1991).

In therapy, everything the client says is open to scrutiny and filled with meaning. In view of this, metaphors become unique linguistic events that are difficult to ignore because they are salient to a deeper understanding of the client's issues. Ultimately, the client's use of metaphorical language offers the therapist a potent resource. It is only by developing our awareness of our clients' metaphors that we can examine their usefulness. In essence, "we put ourselves and our clients in touch with basic elements of their worldview – the underpinnings of their cognitive and affective experience" (Sims, 2003, p. 530). This leads to an appreciation of how our clients think and feel about themselves, their difficulties, and their lives.

Therapists can help clients acknowledge the way in which their own metaphorical language embodies and contextualizes their experience in a persistent narrative (Salvatore, Dimaggio, & Semerari, 2004). It is the first step for clients in learning how to utilize more positive metaphorical attributions to refocus their narrative (McLeod, 2000; Seiden, 2004a) and promote functional change. As Carr (1998) thoughtfully suggests, "the process of therapeutic reauthoring of personal narratives changes lives, problems, and identities because personal narratives are constitutive of identity" (p. 486).

Metaphor Measurement

In the discussion above, we see how metaphor is linked to affect and meaning. Both affect and meaning have commonly been explored in psychotherapy through the client's level of involvement in the psychotherapy process. This concept of "experiencing" concerns the idea that the client's inner referents become the focus of attention during therapy, and that the client is a willing participant in exploring those

inner referents in detail. The Experiencing Scale (EXP; Klein, Mathieu-Coughlan, & Kiesler, 1986), which measures the way significant levels of experiencing are referred to through the client's speech, is just such a tool. Moreover, it is a tool that has already been used to explore in-session metaphor use (Levitt, Korman, & Angus, 2000). This is an excellent and highly appropriate tool for measuring the effect of metaphor use in therapy.

Metaphor Research

Until recently, a large part of theory and research into metaphor use in psychotherapy stemmed from an interest in how therapists use this form of language when working with clients. This research cuts across many theoretical orientations including humanistic, constructivist, narrative, process-experiential, psychodynamic as well as psychoanalytic approaches. The therapist's intentional use of metaphor is aimed at: heightening a client's emotional awareness; enhancing the recall of significant therapeutic events (Martin & Stelmaczonek, 1988); increasing memorability for important in-session events, enhancing the therapeutic relationship and goal clarification for clients (Martin, Cummings, & Hallberg, 1992); and, elaborating meaning and meaning re-making (Seiden, 2004b).

Psychotherapy research has always had as its mandate a better understanding of what works for clients and the ways in which therapists can build on that success. Subsequently, researchers (Levitt et al., 2000; Rhodes & Jakes, 2004) are beginning to turn their focus on how and why clients generate metaphors. In particular, there is interest in both the types of metaphors that clients generate as well as the purpose that they serve for clients (Schoeneman, Schoeneman, & Stallings, 2004; Seiden, 2004a).

Ultimately, clinicians benefit from this research by learning how they can use clients' metaphoric language to reframe challenging issues. For example, in an examination of Carl Rogers' filmed counselling session with "Gloria" recurrent metaphors of the client feeling *"all in one piece"* were representative of a personal ideal state she envisioned (Wickman & Campbell, 2003). It is a state that required putting the pieces together, so to speak. There is also evidence that some types of metaphors are consistent with a client's expression of specific forms of psychopathology. Metaphors representing depression (*descent, darkness, weight*) are one instance of this (McMullen & Conway, 2002). In another example, author William Styron (1990) wrote eloquently about his depression in *Darkness Visible* and used the metaphor of a journey from *darkness* to *light* as emblematic of his recovery. Extrapolating from Styron's experience, clients themselves acknowledge the power and meaning inherent in their own metaphors (Sewell & Williams, 2002).

While there seems to be some agreement as to the power of metaphors, there is even greater agreement that much is occurring at the metaphorical level in therapy that is neither fully understood nor utilized (Pasztor, 2004; Sims, 2003; Wickman & Campbell, 2003). Psychotherapy process researchers are currently trying to learn more about the way in which clients use metaphors through the use of single case studies. For example, Levitt, Korman, and Angus (2000) looked at the use of burden metaphors by clients suffering with depression. The study compared features of a good and poor therapy outcome using process-experiential therapy. In the good therapy outcome case, the *burden* metaphor was transformed into a metaphor of *unloading* the burden. In the poor therapy outcome case, no such transformation was evident.

Moreover, the good therapy outcome showed higher levels of in-session experiencing in contrast to the poor therapy outcome. The client was able to incorporate constructive transformation by taking a metaphor tied to negative experiencing (i.e., *weighed down by burden*) and redirecting the metaphor to introduce positive potentiality (i.e., *lifting the burden*). This is a good example of the use of metaphors in therapeutic work. Metaphors offer a direct way for clients to access and transform their experiences of difficulty. Thus, therapists may observe that the client's change in language or metaphor becomes a marker for change in meaning. Quite clearly, this is important evidence of the need for ongoing research in this area.

Statement of the Research Questions

The goal of this thesis is to extend the current line of metaphor research by exploring the idea that a client's use of metaphors in psychotherapy occurs as the manifest (i.e., verbal) expression of the awareness of some internal, subjective experience. Stated differently, the client's metaphor may be an external sign of an internal event.

The present study will examine the role of client-generated metaphors as they occur within a psychotherapy session. Specifically, it will explore whether client-generated metaphors are associated with greater in-session experiencing and exploration. The EXP Scale (Klein et al., 1986) will be used to measure in-session responses. Two specific questions are asked.

1) Are client-generated metaphors associated with higher levels of in-session emotional experiencing when compared to pre-metaphor and post-metaphor utterances?

2) Does client-generated metaphor usage increase the subsequent

experiencing of the client?

CHAPTER 2

Literature Review

While an exhaustive review of all potential theories on the topic of metaphor in psychotherapy would be unwieldy, if not impossible, this chapter provides a selective overview of the various fields of study that have had an impact on how metaphors are viewed by therapists and researchers. Finally, I will conclude with a review of current research into metaphor use within psychotherapy.

Linguistics: What is a Metaphor?

One cannot begin to study metaphors used in psychotherapy without first gaining a basic linguistic understanding of what metaphors are. To study metaphors is to delve into the field of linguistics and to examine how humans use language.

In their seminal work, *Metaphors We Live By* (1980), cognitive scientist and linguist George Lakoff and philosopher Mark Johnson suggested that the use of metaphors was not merely a poetic form, but rather, part and parcel of our everyday conversational speech. This reflects linguist I. A. Richards' view that "most sentences in free or fluid discourse turn out to be metaphoric. Literal language is rare outside the central parts of the sciences" (in Shibles, 1971, p. 67). In other words, metaphors facilitate and are integral to how we make ourselves understood (Gibbs, Jr., 2001).

Lakoff and Johnson (1980) observed that metaphors arise from a concept that we hold in our mind that serves as a reference for the related metaphorical expression. Psycholinguists have isolated different metaphor types that we use in conceptualizing self and reality. Structural metaphors overlay or transpose one concept onto another (e.g., *love as a journey*). Orientation metaphors use spatial relationships to organize

concepts (e.g., *happy is up, sad is down*). These metaphors may be seen as using

sensory-motor language to instantiate the physical world (Finn, 2003; Kövecses,

2001). Abstract concepts may be brought to life by comparing them to more concrete,

spatial relationships (Pasztor, 2004).

As an example of a structural metaphor, Lakoff (1993) offers a lengthy

argument to support the contention that *love-as-a-journey* is a metaphorical concept.

Metaphorical expressions such as "*Our relationship has hit a dead-end street,*" "*We

may have to go our separate ways,*" and "*The marriage is on the rocks,*" are vivid

references to love as a journey. The linguistic forms here give every indication that

there is a conceptual image held in the speaker's mind of "love" and "journey" that is

being expressed through the metaphor. The metaphor allows us to understand one

domain of experience in terms of another. "More technically, the metaphor can be

understood as mapping (in the mathematical sense) from a source domain (in this case,

journeys) to a target domain (in this case, love)" (p. 206-207). Thus, the speaker uses

what is known or familiar to explain what is abstract or intangible, for example, an

emotional experience.

While Lakoff and Johnson (1980) use the terms "source" and "target" when

referring to the two domains, others have devised different descriptors that include

"topic" or "tenor," "vehicle," and "ground" (Richards, 1936), and "conduit" (Reddy,

1993). Essentially, this underscores the fact that while there is an acknowledgement of

two distinct comparison points, there is no one view of how to describe them.

Predating Lakoff and Johnson, Wilbur Urban's *Language and Reality* (1939)

presented a philosophical theory of language and examined the role that metaphor

plays in it. Urban argued that only through metaphor can certain aspects of our experience or reality be expressed. In what heeds back to a Platonic perspective, ideal concepts which are difficult to understand, and of which we have no experience, must be expressed through a more familiar domain, such as the physical, that we can understand and have experienced (Finn, 2003; Shibles, 1971). Urban viewed the use of metaphor in speech as natural, intuitive, and self-authenticating (in Shibles, 1971). He suggests that metaphor is "the unconscious activity that is creative in language itself" (Urban, 1939, p. 176). This is a view held by many psychotherapists as well.

Before studying metaphors in psychotherapy, it is important to understand the semantic distinction between "living" and "dead" metaphors. Colloquial language can obscure a metaphor or weaken its impact. Living metaphors are "accepted with a consciousness of their nature as substitutes for their literal equivalents" (Fowler, 1968, p. 359), while dead metaphors "have been so often used that the speaker and hearer have ceased to be aware that the words used are not literal" (p. 359). For example, Fowler offers "*on the eve of*" as a dead metaphor that is used to represent "about to experience," but which no longer brings to mind the literal meaning of transition. Some additional examples of dead metaphors include, "*leg of the table,*" "*head of lettuce,*" and "*foot of the mountain.*" To further complicate the issue, dead metaphors do not always remain dead. As Fowler suggests, the line between living and dead is a shifting one. Sometimes metaphors are merely dormant and ready to jump to the fore when stimulated by additional prodding. If one were to say, "*The leg of that table is certainly shapely*" more than table legs jump to mind, and a previously dormant metaphor is brought to life.

It is clear that our general discourse is sprinkled with metaphorical expressions that are cultural idioms (Lakoff, 1993), although it may be argued that their meanings are not arbitrary, but rather motivated by fluency in the communication of abstract concepts (Harris, Friel, & Mickelson, 2005). Metaphors may also simply serve as conveniences for the speaker. For example, the metaphor *"the kettle is boiling"* refers to its contents and it is not intended to impart greater intent. This is in contrast to the "quasi-magical" properties of a poetic metaphor such as *"my tender rosebud has left me"* whose purpose is to alert the hearer to the emotional importance of the referent (Morgan, 1993). Within the context of psychotherapy, it is convenient to observe that metaphors about the self are far more important than metaphors about things.

Germane to the purpose of this study is the conceptualization of the novel metaphor (Lakoff, 1993). Unlike metaphors that map one domain onto another (e.g., *love as a journey*), novel metaphors map one conventional image onto another (e.g., *Juliet is the sun*). These image metaphors are concrete and call up great visual detail. Novel metaphors are less common than the overarching conceptual metaphors that we use as part of our everyday expressive language. In view of this, they offer a clearer way to observe what clients are doing with figurative language in session. Researchers (Corts & Meyers, 2002; Lakoff, 1993; Lakoff & Turner, 1989) have observed that novel metaphors, and particularly poetic metaphors, though discrete, are able to bring to awareness conceptual metaphors through an act of cognition. So if a client talks of his depression as a *dark cloud* (novel metaphor) it also brings forward the idea of mood being like the weather (conceptual metaphor), and thus subject to change. This

can have enormous impact and creative implications for possible therapeutic

interventions.

Generally, a metaphor is defined as a comparison between two disparate things

(Abrams, 1957). *Merriam-Webster's Collegiate Dictionary* (1997) defines a metaphor

as: "A figure of speech in which a word or phrase literally denoting one kind of object

or idea is used in place of another to suggest a likeness or analogy between them."

Again, a metaphor may be seen as "expressing one thing in terms normally denoting

another with which it may be regarded as analogous" (Merriam-Webster's, 1997).

With an emphasis on psychotherapeutic language, Shapiro (1979) proposes that the

"connotated referent" (p. 105) to words learned throughout life is modified by

experience and imbued with idiosyncratic, personal meaning (cf. Fodor, 1977). Thus,

metaphors expressed by individuals act as symbolic referents to their psychological

experiencing (Kopp & Eckstein, 2004).

As we have seen, the definition of a metaphor includes both a linguistic and

psychological understanding of the term. This definition is important because it can

help circumscribe and isolate metaphors used by both therapist and client during

psychotherapy sessions. Indeed, this is needed if we are to subject metaphor usage to

scientific scrutiny.

Language as Ritual and Symbol

Language is the currency of traditional talk therapies. Thus, it is with good

reason that psychotherapy is called the "talking cure." However, long before Freud

formalized his theories, language was used as a central component to bring about

healing. Shamans and religious healers in, so-called, primitive and contemporary

societies relied on the curative power of words and symbols to elicit positive

behavioural change in their patients. Ellenberger (1970) offers an extensive treatment

of the ancestry and emergence of dynamic psychiatry (pp. 3-109). One may also trace

the roots of dynamic therapy through other valuable sources which include: Stanley

Jackson's (1999) history of psychological healing, E. F. Torrey's (1986) analysis of

the shamanistic roots of psychotherapy, and Jerome Frank's (1961) pivotal *Persuasion*

and Healing.

Interesting similarities are apparent in the way that both shamans and

psychotherapists work to evoke deep emotional states so that the patient or client must

face their demons before relinquishing them. A common theme in both ritual healing

and psychotherapy is the defeat of negative effects of anxiety and despair through the

instillation of hope and confidence in one's self (Frank, 1961; Frankl, 1969; Helm,

2004). Indeed, "human discourse occurs in the context of people's hopes" (Rizzuto,

2004). Thus, the expert stance of shamans and religious healers are less connected to

their personal attributes than to the rituals, symbols, and words they use (Róhem,

1950). These rituals, symbols, and words unconsciously draw upon resources such as

visual imagery and visceral reactions that circumvent psychological intellectualization

and/or rationalization.

Such concrete imagery is a mainstay of medicine men and psychic healers

(Watzlawick, 1978). It is this mastery that positions these powerful healers and gives

them the sanction of the culture traditions in which they work. Joseph Campbell

(1973), in his comprehensive comparative study of myth, religion, and psychology,

suggests that "medicine men ... are simply making both visible and public the systems

of symbolic fantasy that are present in the psyche of every adult member of their society" (p. 101). It appears that at our core, each of us is a creative fount of symbolic reference. We may mistakenly push aside such creativity with the aim of concentrating on, and dealing with, the struggles of daily life. However, during psychotherapy, an individual's words if allowed to blossom fully may have within them unimagined, yet possible, solutions.

Importance of the Individual Narrative

"Many religious healing rituals include a detailed review of the patient's past life, with especial emphasis on the events surrounding his illness, usually coupled with some form of confession and forgiveness" (Frank, 1961, p. 63). The importance of the story or personal narrative is what forms the basis of psychotherapy. Without the story and the narrative context, there can be no understanding or formulation of what is required to instigate change. Along with this "storying" of the individual's life experience, shamans and religious healers used ritualized language to circumscribe the therapeutic event and give it importance. In much the same way, hypnotists also rely on persuasive language and the willing participation of a subject ready to heed the hypnotist's suggestions (Watzlawick, 1978). It is clear that the persuasiveness of language has a strong pull on us, and its rhetorical nature is a perfect fit for the work of psychotherapy.

Although "talk therapy" is generally acknowledged to have begun with Freud, this does not take into account important contributions by others. For example, the Swiss physician Paul Dubois (1848-1918) was known to treat psychotic patients by engaging them in rational conversation (see Corsini, 2005). There is also the eminent

psychotherapist Pierre Janet (1859-1947), "the first person to found a new system of dynamic psychiatry aimed at replacing those of the nineteenth century" (Ellenberger, 1970, p. 331). He used psychological analysis to unearth traumatic events underlying his patients' problems (Murray, 1983). Clearly, verbal interaction with patients/clients has been part of psychological work for centuries.

Our ability to use language is an important element of human self-organization. It represents both individual uniqueness and historical continuity that is part of being human. Indeed, such continuity is built on what Guidano (1995) calls "a temporal evolution of knowledge" (p. 98) reflected in the narrative content of our story-telling. As such, "languaging" abilities are of "estimable significance to the practice of psychotherapy" (Guidano, 1995, p. 94; cf. De Shazer, 1994; Schafer, 1992).

Talking and, more importantly, story-telling are critical components of psychotherapy (McLeod, 1997; Winslade, Crocket, & Monk, 1997). Verbal exchange between therapist and client is a means of gaining an understanding of the client's situation as well as his or her perception of that situation. It is through language that the therapist gains access to the client's reality, and it is through language that that reality is reshaped. This exchange generally takes the form of a personal narrative on the client's part (Ferrara, 1994). The breadth of these narratives allows clients to describe, elaborate, and conceptualize their problems, their lives, and their relationships as well as their psychological distress and emotional discomfort (Sewell & Williams, 2002; St. James O'Connor, Meakes, Pickering, & Schuman, 1997; Strong & Paré, 2004).

When clients tell their stories to a therapist they are also, through the therapist, telling it to themselves. The listening aspect of their story-telling opens the gate to the retelling of the story, and the therapist has the opportunity to influence the quality of this "feedback listening" (Hermans, 2004, p. 175). By drawing the client's attention to repetitive patterns in their narrative, frequently revealed by their choice of metaphors, a positive reframing can take place. Here, new representative symbols or metaphors can be added that diminish the power of the client's old, limiting representations (Combs & Freedman, 1990). By changing the descriptor details, the client becomes accustomed to telling his or her story from a new, healthier perspective. Subsequently, the client begins to foster that elusive component, hope, in facing the future.

Having considered that individuals must join in the healing process by telling their stories, it must also be acknowledged that clients' narration is intricately entwined with their experiencing of the event. Any experiential changes that occur in therapy reflect how the client is able to make alterations in his or her description of a problematic situation as a function of some new insight (Barlow, Pollio, Fine, 1977; Efran, Lukens, & Lukens, 1990; Levitt, Frankel, Hiestand, Ware, Bretz, Kelly, McGhee, Nordtvedt, & Raina, 2004).

Metaphor, Narrative, and the Construction of Meaning

Postmodernism is a contemporary philosophy and a cultural movement that takes into account the multiplicity of constructions in human social interaction (Gergen, 2001; Neimeyer & Stewart, 2000). This multiplicity stems from social constructivism which is based on culture and, more importantly, on language (cf. Bakhtin, 1981; Derrida, 1982; Foucault, 1972; Lacan, 1977). Words, the way we use

them, and the meanings we attribute to them in describing and explaining our experiences are key factors in understanding psychological thinking (Fee, 2000; Rennie, 1994). Meaning is generated within a social tradition and expressed through the shared cultural phenomenon of language. It is only within language that contrasts or distinctions, the most basic units of meaning, are elaborated upon (Neimeyer, 1995). With narrative forms of therapy, this is the level of analysis at which problems are explored.

As postmodernist or constructivist views are adopted by mainstream therapies, substantial changes in the way that psychotherapy is conducted occur. As Gonçalves (1995) has outlined in an examination of cognitive therapy, these changes are evident in a movement towards: 1) a more constructivist philosophy, 2) a narrative model of the knowing processes, 3) an emphasis on unconscious dimensions of experience, 4) an acknowledgment of the emotional dimension of experience, and 5) more analogic and interpersonal strategies. These shifts can be, and have been, incorporated into many different therapeutic approaches. Moreover, such sociocultural views are particularly relevant to narrative therapy, with its strong focus on the individual's place in the world.

Narrative therapists work to help their clients gain awareness of dominant or restrictive narratives in their lives (McLeod, 1997; Monk, Winslade, Crocket, & Epston, 1997). These therapists are always cognizant of the importance of social context in the development and maintenance of such problems (Richert, 1999). Language provides an inroad to understanding, enabling therapists to help clients hear the repetitive metaphors that they use in their stories (Angus & McLeod, 2004). As

clients begin to hear themselves more clearly, they may then free themselves from the dominant discourse or restrictive reality, and actively create their own future story.

The interpersonal relationship is a critical component of the change process for all clients (Mahoney, 1991; Neimeyer, 1995). Indeed, Mahoney suggests, "emotionally charged human relationships constitute the most powerful contexts in which significant psychological change is facilitated, neglected, or hampered" (1991, p. 263). From a narrative perspective, building this relationship involves sharing the client's journey with empathy and insight. Indeed, therapists, no matter how silent or inactive, are willing participants as clients recount their personal narratives. The conceptualization of co-authoring, co-creating or re-storying (Winslade, Crocket, & Monk, 1997) is built on the recursiveness between storyteller and audience. The stance of therapist as co-author is an important acknowledgement of the primacy that words and relationships have in our lives (Zimmerman & Dickerson, 1996).

For psychotherapists, making this shift towards unfolding clients' personal narratives involves an awareness of the manner in which their clients use language and how they understand their lives in storied or narrative form (Lieblich, McAdams, & Josselson, 2004; Polkinghorne, 2004). It is through these narratives that we see revealed the structure, orientation, and physical metaphors that are the unique expression of their representational systems (Bandler and Grinder, 1975; Gonçalves & Craine, 1990). "By telling their stories to the therapist and to themselves, a 'dialogical space' is created that instigates the retelling of the story in such a way that new relationships are established between existing story parts or new elements are

introduced" (Hermans, 2004, p. 175). It is interesting to note that these thoughts echo

what Frank (1961) communicated to us forty-five years ago. That,

> man is a time-binding creature whose self-image includes expectations
>
> about his future and is supported by his picture of his past. To change a
>
> person's image of himself today, it is necessary to change his view of the
>
> future. But the future is not here yet, so his view of it can only be changed
>
> by a re-interpretation of his past (p. 161).

Language in Psychotherapy

When clients narrate their stories, the choice of words, phrasing, and syntax is

equally as important to the narrative as the events themselves (Havens, 1986; Wachtel,

1993; Watzlawick, 1978). Built into the client's use of language is the expression of

metaphors that often imbue the narrative with intensity (Ferrara, 1994). Recently,

Levitt et al. (2000) suggested that a client's use of metaphors is a barometer of

progress in therapy. The implication is that metaphors are not merely static. They are

fluid and changeable. Moreover, we can see that words and word usage are neither

arbitrary nor accidental, but intimately tied to the client's consciousness, identity, and

even pathology.

It appears then that metaphors serve three important purposes in

psychotherapy: 1) they are a form of elaboration that helps develop the therapeutic

alliance between therapist and client, 2) they bestow depth and colour to the meaning

of specific problems in the client's life, and 3) they can serve as a possible marker of

psychotherapeutic change (Levitt et al., 2000). While it seems that metaphors must

play an important role in psychotherapy, research in this area to date has been

inconclusive.

It is generally acknowledged that specific and non-specific (i.e., common

factors) are operational in psychotherapy. For example, an emotionally supportive

therapeutic relationship, a new way to define problems, the encouragement to try new

behaviours, and the therapist as a model of self-acceptance are all critical components

of therapy (Frank, 1961; Pipes & Davenport, 1999; Rogers, 1959). However, these

factors cannot be activated without a mutually understood system of communication

between client and therapist (Havens, 2004). Thus, psychotherapy starts with

language, and how clients choose to express themselves can carry as much weight as

their narratives. Indeed, words define the content of the narrative and offer important

clues to its context (Wachtel, 1993; Watzlawick, 1978).

Therapists' Use of Metaphors

While it is clear that clients use metaphors, it is important to note that

therapists also make use of metaphors in their verbal exchanges with clients (Shapiro,

1979). Therapists have two principal uses of metaphors aimed at achieving different

goals. First, the therapist may need to clarify his or her understanding of a client's

problem. Tentatively reflecting understanding through the use of a metaphor

immediately informs the client of whether or not the therapist is on target. If the

therapist's metaphor does not resonate with the client, the client can correct the

therapist's understanding by sharing additional information (Wachtel, 1993). Second,

a therapist uses metaphor to encapsulate a critical problem with which the client is

struggling, confused about, or unable to isolate. Here, an adroitly placed metaphor can

focus the client's attention on the underlying issue (Watzlawick, 1978), and thus stimulate the process of moving toward some resolution. As such, all effective therapists realize that words carry psychological significance as well as emotional impact (Shapiro, 1979). Accordingly, therapists must "respect language and use it wisely, since it is a powerful tool" (Efran et al., 1990, p. 113).

How therapists use metaphors is a substantial area for study in and of itself. Clinicians (Guinjoan & Ross, 1999; Kopp & Eckstein, 2004; Martin et al., 1992) have written eloquently on how therapists can move clients forward in therapy by utilizing metaphors. Indeed, Pipher (2003) tells us of the importance of therapists keeping "a toolbox filled with well-polished metaphors" (p. 64). Nevertheless, it is not within the scope of this thesis to provide extensive analysis on the clinical ramifications of therapists' use of metaphors.

Therapeutic Value of Metaphor Use

Metaphors give us a way to illuminate and bring to life our experiences (Seiden, 2004b) and, thereby, can act as shortcuts to felt emotions. In fact, our vocabulary is built on the use of metaphors and, whether consciously or unconsciously, we use them whenever we speak or write. Psychotherapists, in listening to the stories that clients tell about themselves and their struggles, find that clients often use metaphors as a way to highlight their discourse. Importantly, the metaphors that clients choose are not random, but are tied to the identities and images that clients carry with them (Efran et al., 1990).

Often, therapists focus on content rather than on the means of expression. There is the tendency to guess at the underlying meaning of clients' metaphors, rather

than use a collaborative exploration and interpretation of metaphors (Angus & Rennie, 1988; Sims, 2003). Kopp and Eckstein (2004) recommend that therapists introduce their own metaphors as they listen with "the third eye" (2004, p. 168). Even if the therapist's metaphor is rejected, the client is encouraged to create his or her own metaphor.

Recently, there has been some interesting clinical research on the role that metaphor and metonymy play in maintaining psychotic delusions and psychological defenses. Metonymy concerns a figure of speech where one thing is used to refer to another within the same domain. For example, *"We need another hand on deck"* or "The White House *issued a press release,"* in the former, the body part "hand" stands for the sailor while in the latter, the building "White House" stands for the President. In a study by Rhodes and Jakes (2004), 25 participants who suffered from psychotic delusions were asked how they had arrived at their delusions. It was found that incongruent experiences and psychosocial problems at a critical juncture in their lives had led 11 participants to use metaphors or metonymy to make sense of their experiences. The researchers contend that there is a feedback process involved in the maintenance of delusions, stimulated by metaphor, whereby experience gives weight and meaning to ideas and vice versa.

From a psychodynamic perspective, Borbely (2004) suggests that metaphor and metonymy are associated with healthy or neurotic defenses, respectively. He views metaphors and positive metonymy as an autopoietic formation (Mahoney, Miller, & Arciero, 1995) of creative change. In other words, it is self-reflexive. This is in contrast to negative metonymy resulting from trauma that conflates past and present

to a narrow, self-limiting perspective. Psychoanalysis works to "remetaphorize" metonymic defenses and transferences. In a similar vein, narrative therapies work to re-story through language the problem-filled accounts of past failures. As such, metaphors may offer the therapist an entry point into this recursive system.

It is not surprising that metaphors are of interest to psychotherapy researchers, for they are a way of saying something, but meaning something else. In an ongoing discourse, metaphors can be the by-product of the different ways in which clients present their problems. While one client may consciously call on a metaphor to describe and accentuate a feeling (e.g., "*My heart was broken*"), another client may use a metaphor without the slightest idea that it references psychological vulnerability (e.g., "*I'm a totally adrift today*"). Thus, a distinction must be made between the literal sentence meaning and the speaker's true utterance meaning (Searle, 1993). Stated differently, the denotative aspect of an utterance may actually highlight the client's underlying distress and permit the therapist to take the client's metaphor further as a means of helping the client to see his or her current position.

Dream interpretation is a parallel example of how metaphor or symbolism can indirectly reveal the truth (cf. Freud, 1965; Jung, 1974). "Metaphors allow one to escape direct presentation of fact. And one may become victimized by his [or her] metaphors" (Shibles, 1971, p. 134). So clients are either caught in maintenance or denial that is fueled by repetitive metaphors. Essentially, the metaphor is an alternate way of perceiving the world, and it can be positive or negative, healthy or unhealthy. In psychotherapy, the same tendency is revealed as clients embrace either positive or negative metaphorical inferences.

Linguists are still debating why we use metaphors at all, but there is certainly something special about this manner of speech that is intimately connected with affect and its indirect representation (Morgan, 1993). Moreover, elements of psychotherapy that are at once persuasive and rhetorical seem to lead naturally to the inclusion of metaphorical content.

Metaphor and Psychological Research

An interesting German study (Rapp, Leube, Erb, Grodd, & Kircher, 2004) examined the neural correlates of metaphor processing in 15 participants who had never been diagnosed with a medical or psychiatric illness. Using event-related functional magnetic resonance imaging (*f*MRI), the researchers found that activation in the left inferior frontal gyrus may reflect semantic inferencing processes used to understand metaphors. The left inferior frontal gyrus is associated with semantic language comprehension (Dapretto & Bookheimer, 1999). The researchers suggest that because the metaphor links two unrelated semantic domains (i.e., source and target), the inferencing process is more complex and requires a higher demand for processing. This finding is important because it suggests that there are direct and immediate neurological underpinnings to the cognitive demands of metaphor comprehension. If a client is engaging in productive cognitive work, there is great potential for building new semantic associations through the use of metaphor generation and reframing. On the other hand, clients who are so transfixed by their negative metaphor set may not have the cognitive flexibility to fully understand how their metaphorical myopia can be corrected. Hence, neural substrates do not receive activation and possible opportunities for cognitive broadening are lost.

These findings are reflected in other research that suggests that metaphorical thinking or metonymy may contribute to the development of delusions in patients diagnosed with schizophrenia (Rhodes & Jakes, 2004). These authors note that the role that metaphors or analogies play in cognitive processes is not fully understood and suggest that further research is needed.

It may be inferred from the above-mentioned studies that clinicians must be attentive when listening to those parts of a client's narrative that are presented in a psychotic or metaphoric form. It is then that "the patient reaches something that has been living in the memory of his/her body, and which now, in becoming formulated into both spoken narrative and thought, affords or allows the patient to become more of an agent in his/her own difficult experiences" (Katz, 2004, p. 44).

Kopp and Eckstein (2004) view metaphors as effective clinical tools and outline a protocol for using early memory metaphors and client-generated linguistic metaphors in psychotherapy. The authors view the client's linguistic metaphors as "'word-pictures' that can be considered direct representations of components of one's lifestyle expressed in a current relationship or situation" (2004, p. 167). In keeping with other research on kinesthetic metaphor submodalities (see Pasztor, 2004), Kopp and Eckstein (2004) imply that metaphors are also an expression of movement using examples such as, *"I'm hitting my head against a wall," "I keep running in circles,"* and *"I feel trapped in this relationship."*

Levitt et al. (2000) examined burden metaphors in short-term process-experiential psychotherapy dyads of a good and poor outcome. Results showed a higher level of experiencing in the positive-outcome therapy case where the metaphor

of being *burdened* is transformed to *unloading the burden*. This is in contrast to the poor-outcome therapy case where no such transformation was evident.

In a study on the memorability and impact of therapists' intentional use of metaphors, Martin et al. (1992) observed that clients were better able to recall therapist-generated metaphors when they were developed both collaboratively and repeatedly. They also found that clients rated the therapy sessions where therapists intentionally included metaphors as more helpful than other sessions.

Sims (2003) outlines the relevance of metaphor use in psychotherapy as well as some of the obstacles that impede therapists' response to client metaphors. These obstacles include the following: 1) a cultural propensity to limit creativity and imagination to children and professionals (e.g., writers, artists) rather than including it as part of human existence; 2) the therapist's habit of distorting information and augmenting to what clients say so that they move towards "their own preferred metaphors" (p. 530) and away from the client's descriptions; 3) the conventional use of some metaphors has led to uninspired interpretations that act as barriers to more novel possibilities; and, 4) the client who uses a metaphor may not be fully aware of its meaning. The author reminds us that, "no one can be expected to appreciate the full richness of another's communications. It is however, a part of the clinician's task to improve his/her capabilities in this area, and attention to metaphor is one way to do so" (p. 531). Sims concludes by offering a six-stage model for working with client-generated metaphors.

In terms of a psychotherapist's ability to utilize metaphors, Westen (2002) unequivocally states that a therapist who cannot appreciate poetry is not likely to make

a good clinician, "because poetry is about affect, meaning, and over-determination.

Our patients often speak to us in the poetics of their history and experience, and we

must be able to follow the meter as well as the meaning" (p. 872). However, the author

acknowledges that, on the other hand, the therapist who only relies on poetry for

theory will not make a good clinician either, "because knowing how to formulate a

patient's dynamics, knowing where to turn one's therapeutic attention, and knowing

what approaches might be useful in helping a patient change are among the most

important skills underlying clinical practice" (p. 872). While understanding metaphors

in clinical work is important, it is not the only requirement of an effective therapist.

Metaphor and In-session Experiencing

The use of different kinds of language, such as metaphors, in psychotherapy

can be viewed as a type of micro-event. Understanding micro-events that are common

across therapies is an important component of psychotherapy process research

(Greenberg, 1986). Critical to this exploration has been the development of tools that

allow researchers to gauge psychotherapeutic change. One of the most effective tools

used to measure change has been the EXP Scale (Klein et al., 1986). It consists of a

seven-point scale that is used to assess client verbalization and in-session exploration

of significant and meaningful personal material. The degree to which clients

participate in, and focus on, examining their inner referents during therapy

encompasses the idea of "experiencing."

The EXP Scale developed out of the theoretical approaches of Gendlin's

experiential therapy and Rogers' client-centered therapy, along with therapy and

process outcome studies (Gendlin, Beebe, Cassens, Klein, & Oberlander, 1968;

Rogers, Gendlin, Kiesler, & Truax, 1967). Continuing research on depth of experiencing has been shown to be positively associated with good outcome in therapy (Klein et al., 1986; Orlinsky & Howard, 1978; see Whelton, 2004).

In-session experiencing as measured by the EXP Scale focuses on the cognitive and affective depth of meaning creation. In view of the previously discussed link between metaphor, emotion, and meaning, the EXP Scale is a logical barometer of metaphor impact. The EXP Scale is the most widely used measure of client involvement in the therapy process (Lambert & Hill, 1994). Moreover, Levitt et al. (2000) used it in studying the role of metaphor in psychotherapy. The EXP Scale offers a measure of the client's awareness and exploration of inner feelings, which are connected to affect and meaning, and this may allow us to identify where metaphor and in-session experiencing intersect in psychotherapy.

Research Objectives

This thesis has two objectives. The first objective is to identify in-session client-generated metaphor events and examine whether they are associated with higher levels of experiencing compared to non-metaphor utterances. The second objective is to explore how such metaphor use by clients can lead to higher levels of in-session processing which may have a positive effect on therapeutic outcome.

By examining 47 psychotherapy dyads, this study undertakes research that is needed and, therefore, contributes important knowledge concerning how client-generated metaphors may or may not be associated with clients' in-session experiencing.

The next section presents the manuscript portion of this thesis. A general

conclusion will follow.

CHAPTER 3

ARTICLE

Running head: CLIENT-GENERATED METAPHORS IN PSYCHOTHERAPY

The role of client-generated metaphors on
in-session therapeutic processes

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Abstract

This study examined the relationship of client-generated metaphors to in-session experiencing as assessed by the Experiencing Scale (EXP; Klein, Mathieu-Coughlan, & Kiesler, 1986). Client-generated metaphor events were randomly selected from psychotherapy transcripts of forty-seven clients ($N = 47$) in therapy with counsellors-in-training. Client utterances before, during, and after the metaphor were identified and rated using the EXP Scale. Results from a repeated-measures ANOVA indicate that client-generated metaphors are not significantly different from pre-metaphor or post-metaphor client utterances. Furthermore, the clients' experiencing did not increase following a metaphor. These results are discussed along with the role of metaphors in psychotherapy and implications for future research.

Key words: metaphor, psychotherapy, Experiencing Scale

The role of client-generated metaphors on

in-session therapeutic processes

Language plays a central and complex role in psychotherapy (Labov &

Fanshel, 1977; Rizzuto, 2004; Spence, 1982; Watzlawick, 1978). Psychotherapists and

clients make use of symbolic language that is both metaphoric and interpretative in

their interactions with each other. In fact, the use of metaphors by clients is a common

occurrence (McMullen, 1989; Strong, 1989). It is not unusual for a client to turn to the

therapist and encapsulate their distress with a succinct phrase like: *"I'm drowning in*

sadness." Although it may seem trivial at first, metaphor use may be viewed as a

client's shorthand for an aspect of his or her psychological functioning. Indeed, clients

use these word-pictures to reveal their emotional states to the therapist (Carr, 1998;

Hermans, 2004; Pasztor, 2004).

While research into metaphors is not a new area of study, it is gaining in

interest across a broad spectrum of overlapping domains, including linguistics,

poetics, cognition, pragmatics, philosophy, and psychotherapy. What is clear from this

renewed attention to metaphor is its relationship to our cognitive and emotional

processes, needed to make sense of the world around us (Neimeyer & Mahoney,

1995). Indeed, as Lakoff (1993) observes, "as soon as one gets away from concrete

physical experience and starts talking about abstractions or emotions, metaphorical

understanding is the norm" (p. 205). That metaphors play a central role in the process

of psychotherapy is, therefore, not surprising.

Metaphor and Psychotherapy Research

Until recently, a large part of psychotherapy research into metaphor use

stemmed from an interest in how therapists use this linguistic form when working with

clients (Kopp & Eckstein, 2004; Wickman & Campbell, 2003). This research cuts

across many theoretical orientations to include humanistic, constructivist, narrative,

process-experiential, psychodynamic, and psychoanalytic approaches. Possible

outcomes of a therapist's intentional use of metaphors include: heightening the client's

emotional awareness; enhancing recall of significant therapeutic events (Martin &

Stelmaczonek, 1988); increasing memorability for important in-session events,

enhancing the therapeutic relationship, and goal clarification (Martin, Cummings, &

Hallberg, 1992); and, elaborating meaning and the re-making of meaning (Neimeyer

& Stewart, 2000; Seiden, 2004).

Metaphor and Neuropsychology

Interesting neuropsychological research has investigated how the brain

interprets metaphor. In 2004, Rapp, Leube, Erb, Grodd, and Kircher examined the

neural correlates of metaphor processing in 15 participants who had never been

diagnosed with a medical or psychiatric illness. Using event-related functional

magnetic resonance imaging (fMRI), the researchers found that activation in the left

inferior frontal gyrus may reflect semantic inferencing processes used to understand

metaphors. The left inferior frontal gyrus is associated with semantic language

comprehension (Dapretto & Bookheimer, 1999). The researchers suggest that because

metaphors link two unrelated semantic domains (i.e., source and target), the

inferencing process is more complex and requires a higher demand for processing.

Importantly, this finding suggests that there are direct and immediate neurological

underpinnings to the cognitive demands of metaphor comprehension. A client

engaging in productive cognitive work has great potential for building new semantic

associations through the use of metaphor generation and reframing. On the other hand,

a client who is transfixed by negative metaphors may not have the capacity to correct

such metaphoric myopia. In such a case, neural substrates would not receive activation

and possible opportunities for cognitive broadening would be lost. It is clear that such

neurological realities have important implications for successful outcomes in

psychotherapy.

Clinical Importance of Metaphors

With an interest in the phenomenological aspects of experience, therapists

want to know how the personal world of the client appears to him or her. In this

regard, metaphors are a way to tap into these perceptions. The imagistic world of

metaphors is a potential resource that therapists can use to foster change in their

clients (Kopp & Eckstein, 2004; Sims, 2003). In his self-instructional guide, *In the*

Minds's Eye, well-known therapist Arnold Lazarus (1977) touts the power of visual

imagery and offers his readers a way to use positive mental pictures to overcome fears

and phobias. By analogy, metaphors hold within them images, too. They act as a

verbal entrance point to stimulate visual imagination (Paivio & Walsh, 1993). If, for

example, a client says, *"My marriage is a shipwreck,"* images of debris in the wake of

some sea-born disaster arise. The therapist understands that a marriage is not literally a

ship thrashed about by ocean storms, yet the metaphor puts the context of the

relationship in vivid physical form. Words excite visual, auditory, kinesthetic, and

emotional processes and go beyond mere cognitions (Pasztor, 2004). For the client,

metaphors may at times represent the tip of the iceberg, metaphorically speaking, of an emotional mass beneath the surface.

Amongst the thousands of words a client speaks in a psychotherapy session, he or she may call upon a metaphor to express sorrow, anguish, joy, or whatever experienced emotion is present. The client may struggle to describe an event to the therapist and find that the quickest route is through use of a metaphor to give the narration colour, intensity, and depth (Ferrara, 1994). Whether the metaphor consists of a phrase or a few words, it resonates with the client's underlying intent and feeling. Indeed, "figurative ideas have strong emotional or motivational relevance (e.g., ideas leading to feelings of terror, inferiority, desires for safety or inclusion)" (Rhodes & Jakes, 2004, p. 13). For clients, metaphors serve as the vehicle for describing and elucidating their inner world to the therapist. In this sense, metaphors are the link between what is visualized in thought and experienced through affect, to what is expressed verbally. Indeed, with regard to communication, metaphors help make the abstract more concrete (Lakoff, 1993). What we know, or the familiar, helps develop our awareness and understanding of that which we are as yet unable to conceptualize, the inaccessible.

Psychotherapeutic Role of Metaphors

The idea of movement from the familiar to the inaccessible is particularly germane to the above-mentioned iceberg metaphor of psychotherapy. Much lies beneath that is not readily accessible. Psychotherapy helps clients draw upon their own strengths and resources so that they move from a position of narrowed psychological vision to potential change and adaptation (Bird, 2004). Metaphor development in

therapy may provide conceptual coherence to what is often a morass of problems and, thereby, bring clarity to them. This clarity can be used to transform old metaphors into new ones (Gonçalves, 1995; McLeod, 1997). For example, a client who speaks of being "*imprisoned by anger*" may, through therapy, transform that metaphor to one of "*freedom*." Metaphors help the process of finding central threads within a client's narrative (Salvatore, Dimaggio, & Semerari, 2004). Subsequently, greater self-understanding carries with it the hope of positive change. Indeed, therapy itself can be seen as a narrative event that relies on, among other things, a long tradition of story-telling (Polkinghorne, 2004). Understanding and appreciating the role that metaphors play in facilitating the storied aspects of clients' lived experience is central to helping them (Guidano, 1995; Mahoney, 1991).

Metaphor and In-session Experiencing

As discussed earlier, metaphors can manifest meaning and affect. In psychotherapy research, the client's speech content and its level of personally meaningful material has been used as a measure of in-session experiencing (Levitt, Korman, & Angus, 2000). This concept of "experiencing" concerns the idea that the client's inner referents become the focus of attention during therapy, and that the client is a willing participant in exploring them. The most widely used measure to assess level of experiencing is the Experiencing Scale (EXP Scale; Klein, Mathieu-Coughlan, & Kiesler, 1986). Research concerning the depth of experiencing has shown it to be associated with a positive outcome in therapy (Klein, et al., 1986; see also Whelton, 2004). At present, the EXP Scale appears to offer the best measure of a client's exploration of inner feelings, affect, and meaning. Given that metaphors can

manifest such affect and meaning, use of the EXP Scale may allow us to identify where metaphor and experiencing intersect.

Recent Findings

The impetus for this study stems from a belief that something unique happens when a client utters a metaphor. Indeed, there is much that happens at a metaphorical level in therapy that is neither fully understood, nor utilized (Pasztor, 2004; Sims, 2003; Wickman & Campbell, 2003). Recently, psychotherapy researchers have tried to learn more about the way in which clients use metaphors through empirical study.

For example, in a study by Levitt et al. (2000), clients' use of *burden* metaphors in depression was the subject of interest. The study compared features of a good and poor therapy outcome during process-experiential short-term therapy. In the good therapy outcome case, the *burden* metaphor was transformed into a metaphor of *unloading* the burden over the course of therapy. In the poor therapy outcome case no such transformation was evident. Moreover, the good therapy outcome showed higher levels of experiencing compared to the poor therapy outcome. The researchers observed that clients were able to incorporate constructive change by altering negative metaphors (i.e., *weighed down by burden*) to more positive metaphors (i.e., *lifting the burden*). It appears that metaphors offer a very direct way for clients to pinpoint and transform experiences of difficulty.

In a study that examined the memorability and clinical impact of therapists' intentional use of metaphors, Martin et al. (1992) observed that clients were better able to recall therapist-generated metaphors when they were developed both collaboratively and repeatedly. They also found that clients rated the therapy sessions where therapists

intentionally included metaphors as more helpful than other sessions. Thus, metaphors may be important components of a client's progress in therapy.

Some researchers are beginning to explore the types of metaphors that clients generate as well as the purpose that metaphors serve for clients (Schoeneman, Schoeneman, & Stallings, 2004). For example, in an examination of Carl Rogers' filmed counselling session with "Gloria," recurrent metaphors of the client feeling "*all in one piece*" are representative of a personal ideal state (Wickman & Campbell, 2003). There is also evidence (Levitt et al., 2000) that some types of metaphors are consistent with the client's expression of specific forms of psychopathology. Metaphors of depression (*descent, darkness, weight*) are one instance of this (McMullen & Conway, 2002). William Styron (1990) wrote eloquently about his depression in *Darkness Visible* and used the metaphor of a journey from *darkness* to *light* as emblematic of his recovery. Extrapolating from Styron's experience, clients themselves acknowledge the power of their own metaphors (Sewell & Williams, 2002).

Present Study

The goal of this study is to extend the current line of metaphor research by exploring the idea that the client's use of metaphors during the process of psychotherapy occurs as the manifest expression of a subjective awareness of a significant experience (Klein et al., 1986). Thus, while much psychotherapy is reflective, metaphor use may be a particularly salient manifestation of this process (Neimeyer & Stewart, 2000). Moreover, the investigation of micro-events such as

these brings additional knowledge to psychotherapy process research (Greenberg, 1986).

The present study examined the role of client-generated metaphors from 47 psychotherapy sessions. Two specific queries were proposed. First, are client-generated metaphors associated with higher levels of in-session emotional experiencing compared to pre-metaphor and post-metaphor utterances? Second, does client-generated metaphor use increase the subsequent experiencing of clients?

Method

Participants

The events of interest to this study, i.e., metaphor usage, were drawn from a pool of interview data that is part of an archival set of data collected by the McGill Psychotherapy Process Research Team. The material for the present study consisted of counselling sessions conducted by Master's students in counselling psychology attending a large North American university. These counsellors received training in the use of micro-counselling skills within a humanistic, client-centered approach. While a wide age range was represented, most of the students enrolled in the Master's program are in their mid-20s. They were primarily female and predominantly white, although within this group various ethnic/racial groups were represented.

The clients were students from another large North American university. They were enrolled in an undergraduate class in a health-related discipline and participated in personal counselling as part of their course requirements. Participation was voluntary and based on the understanding that the clients would use their counselling experiences to address personal issues or questions. The client population was quite

diverse with regard to age, gender, and cultural/racial identity. Information based on

Symptom Checklist-Revised (SCL-90-R; Derogatis, 1983) and Target Complaints

Inventory (Battle, Imber, Hoehn-Saric, Stone, Nash, & Frank, 1966) indicate that this

group of clients is similar to the clients who typically request services from university

counselling centres in that they experienced mild to moderate levels of distress.

Clients met with their counsellors for 15 sessions. All sessions were videotaped. The

first three sessions were transcribed for various research projects and the data for the

present study came from this pool of interviews. Early sessions were used for study to

maintain a consistent developmental level among the counsellors.

Ethics Approval

Prior to counselling, clients received information in a large group format about

the demands and requirements of the project. Informed consents for counselling and

for participation in the research were secured by each counsellor in a one-to-one

session. Approval had been secured from the university Ethics Review Committee,

which vets all research projects (see Appendix 1).

Definition of a Metaphor Event

A metaphor is defined as a comparison between two disparate things. *Merriam*

Webster's Collegiate Dictionary (1997) provides a linguistic definition of a metaphor

as: "A figure of speech in which a word or phrase literally denoting one kind of object

or idea is used in place of another to suggest a likeness or analogy between them."

Thus, for the purpose of this study, a metaphor or metaphorical phrase was

operationalized as any linguistic referent made by the client of the self and his or her

experience, for example, "*I am stuck in a rut*" or "*I keep beating upon myself.*" These

criteria were adapted from Kopp and Eckstein (2004) and Kopp (1998), and were used as a reference guide to train the coders in identifying the metaphor events.

The six categories of client-generated metaphors outlined by Kopp and Eckstein (2004) were collapsed to five for use in this study due to the similar content of two categories. The final categories are: a) metaphors representing one's image of self or one's relationship to self, b) metaphors representing one's image of others, c) metaphors representing one's image of personal situations, d) metaphors representing a relationship of self to others, and e) metaphors representing a relationship of self to situations. While these categories have been used to examine metaphors, there has been no reliability and validity research on them.

Coding of Metaphors

Two coders received approximately six hours of instruction, practice, and training in the task of identifying metaphors. Three transcripts from experienced therapists were used for training. Thereafter, five transcripts, randomly drawn from the data pool, were used for practice. None of these five transcripts were included in the final study. The initial interrater agreement after training reached 81%, which was calculated by using the percentage of agreements to the total number of metaphors identified by each coder. Disagreements were discussed to refine the metaphor identification process. After a second round of independent rating, the coders reached an agreement level of 100%. Following training, the coders independently read through each transcript and identified all metaphor usage by the client. After ten transcripts were coded, the reliability of the coders' metaphor identification was re-tested. The interrater agreement level was 100%, and from then on the coders were

assigned separate transcripts to code for metaphors. Metaphor events that were described as part of dream sequences were not included. Dreams can be seen as complex, self-contained metaphorical narratives (Lakoff, 1993), and as such require their own particular coding system. This process produced a total of 160 metaphors.

Data Preparation

Once all metaphor events were identified in the transcripts, a single metaphor was randomly selected from each session. Random selection was used to maintain the generalizability of the research. This produced a final total of 47 metaphors. Following this, pre-metaphor and post-metaphor events were selected, by going backward and forward within the session, eight complete client utterances from each selected metaphor. To create consistent units of material, all therapist remarks between client utterances were removed. In keeping with similar criteria for utterance length used by other researchers (Levitt et al., 2000), units consisted of no less than four complete sentences. For the metaphors, client utterances that immediately preceded or followed the metaphor were included, if required, to make up the four sentences. In this way, all utterances, both metaphor and non-metaphor, were relatively equal in length. This was taken as a precaution against the possible cueing of the EXP raters to the metaphors.

The final inventory of pre-metaphor, metaphor, and post-metaphor utterances consisted of 140 randomly distributed segments. One metaphor event occurred at the beginning of the transcript, thus a pre-metaphor event for this dyad was not possible. EXP coders, who were blind to the nature of the study, were required to read through all the client utterances and code the level of client experiencing.

Measures

The Experiencing Scale. The EXP Scale (Klein et al., 1986) was used as a measure of the client's participation and experiencing in the session. The scale is a frequently used and well validated method to measure the amount of in-session experiencing (Lambert & Hill, 1994), tapping into both cognitive and emotional components of a client's in-session processing. The EXP Scale uses a seven-point scale (1 = lowest and 7 = highest) to rate psychotherapy sessions or segments of sessions. The lowest level is devoid of personal material while the highest level is reflective of new or more fully realized feelings and meanings. Raters assign a numerical value to segments from the psychotherapy sessions under examination.

EXP Scale Rater Reliability

Two graduate students, independent of the metaphor coders, served as raters for the EXP. Both had considerable experience with the EXP Scale and had conducted more than 25 hours rating of various transcripts and projects. Each rater independently read through each client segment and assigned it a rating. The raters' pre-consensus agreement was 75%. It was calculated in the same way as the metaphor coders' agreement (see above). Following independent ratings of sessions, raters met for a consensus meeting where any discrepancies were resolved.

<div align="center">Results</div>

A repeated-measures analysis of variance (ANOVA) indicated that there were no significant differences in the levels of in-session experiencing for pre-metaphor, metaphor, and post-metaphor events, $F(2, 44) = 1.59, p = .21$.

To further confirm this by examining extreme points in time (pre- vs. post-metaphor), a paired t test was used to compare pre-metaphor in-session experiencing

with post-metaphor in-session experiencing. Results were nonsignificant, with t (46) = .29, p = .78 (see Table 1 for means and standard deviations).

Discussion

The paradigm for this study is psychotherapy process research and, more particularly, the interface of language, i.e., metaphor, and the emotional processing of experience. Analysis of such micro-events in therapy is an important part of psychotherapy process research and informs clinical practice. Contrary to what was expected, this study found no evidence of a direct link between clients' metaphor use and in-session experiencing. These findings may be explained by several factors.

First, the utterances used in the study were drawn from initial psychotherapy sessions. Counsellors, and particularly novice counsellors, may struggle to establish rapport and manage their own anxieties in these early stages. This initial awkwardness could potentially block the client's engagement and might prevent access to deeper content, thus impeding metaphor generation. Furthermore, the intent of these therapy sessions was the development of micro-counselling skills for counsellors-in-training. The training of these counsellors was from a humanistic, client-centered perspective. Certain other approaches (e.g., psychodynamic or narrative) might be better suited to elaborating on metaphor as an aspect of in-session processing. Thus, the use of later session material and therapists using a different approach may have led to more ecologically sound findings.

A second limitation concerns our linguistic habituation to metaphors and their consequent loss of salience. It brings to the fore the metaphor selection process. This study made no assessment of whether the metaphors were powerful or weak. Yet, this

qualitative assessment appears to be important and implies that, even in therapy, not all metaphors have equal valence. As the literature on language indicates, metaphors serve different purposes and have different values at different moments (Lakoff, 1993). For example, one participant's metaphor that garnered a rating of 2 on the EXP Scale, "*The whole situation is a pretty big weight on my shoulders,*" may not have suggested reflective experiencing to the EXP raters because it can be a commonplace metaphor. Thus, certain metaphors may not be viewed as a deepening of in-session experiencing because they are perceived as idiomatic descriptive expressions, more connected with colloquial use than emotional depth. The EXP ratings for pre-metaphor, metaphor, and post-metaphor events ranged from only 1 to 5 (1 indicates less emotional investment) on the seven-point scale, and the most frequent rating was 2. The rating of 5 occurred once in the pre-metaphor events and once in the metaphor events. Although the EXP Scale has been used to measure metaphor use (Levitt et al., 2000), the current results bring into question whether it is the appropriate tool for this task. In addition, it raises the question of whether metaphor use can be meaningfully measured quantitatively.

Finally, the EXP raters' pre-consensus agreement was quite low at 75%. It may be that the unit of four client utterances was too brief to be salient or that the non-metaphor utterances were not distant enough from the metaphor content to provide discriminatory value. There is no tried and true methodology for investigating this type of client utterance. While the observance of consistent utterance segments seemed potentially helpful, the distance between metaphors was often unequal due to variation in client content. Furthermore, several pre-metaphor utterances contained an

earlier metaphor that may have served as a potential confound for the EXP rating. What can be taken from this study is the need for a more controlled way of separating metaphors and other client utterances for comparative analysis.

One of the difficulties in researching metaphors is determining how to weigh their impact for the client. While the EXP Scale is used as a barometer of change that is associated with deeper in-session exploration by the client, it may be that this tool was used preemptively. Given the above-mentioned ambiguity of metaphor use and comprehension, can an assessment truly be made using the EXP Scale? Perhaps the first task in metaphor research is the development of a rating scale to assess metaphor relevance. In this way, rather than a random selection of metaphors, only those metaphors with intrinsic emotional resonance would be used in the assessment, and their measured effect on change processes in therapy could be better judged.

Clinical Implications and Future Research

Finding new ways to research metaphor use in psychotherapy may prove perplexing, but it is a valuable exercise nonetheless. Neurological studies show that because metaphors link two unrelated semantic domains (i.e., source and target) the inferencing process is more complex and requires a higher demand for processing (Rapp, Leube, Erb, Grodd, & Kircher, 2004). It appears that metaphors involve heavier cognitive loads. Potentially, a client engaged in productive work may build new semantic associations through metaphor use. Similarly, Rhodes and Jakes (2004) suggest that metaphorical thinking might contribute to the development of delusions in patients diagnosed with schizophrenia. The role that metaphors play in cognitive processes is not fully understood and further studies are needed.

The results of the current study raise interesting questions for future research. One such question is whether metaphor analysis offers a new way to train novice therapists. In discussing the reflexive nature of therapy, Neimeyer and Stewart (2000) suggest that therapists who have an interest in mean-making approaches will help clients to articulate complexity "even when it moves them and their clients into realms of subtle and tacit meanings that may only be captured in more poetic or metaphoric language" (p. 353). Yet, to capture such meaning the therapist must be open and sensitive to linguistic nuance. By studying how and why clients generate metaphors, therapists may become more attentive and listen for the ways in which clients use this particular type of language in psychotherapy.

Future studies may also examine the way that client-generated metaphors are responded to by therapists. Sims (2003) outlined some of the obstacles that impede therapists' responses to client metaphors. These obstacles include the following: 1) a cultural propensity to limit creativity and imagination to children and professionals (e.g., writers, artists) rather than including it as part of human existence; 2) the therapist's habit of distorting information and augmenting to what clients say so that they move towards "their own preferred metaphors" (p. 530) and away from the client's descriptions; and, 3) the conventional use of some metaphors has led to uninspired interpretations that act as barriers to more novel possibilities. The author reminds us that, "no one can be expected to appreciate the full richness of another's communications. It is however, a part of the clinician's task to improve his/her capabilities in this area, and attention to metaphor is one way to do so" (p. 531).

It may be inferred from these observations that clinicians must be sensitive when listening to the parts of their clients' narratives that are presented in metaphoric form. Indeed, as the therapist acknowledges such agency, the potential for both therapist and client enlightenment is great.

Conclusion

Clearly, there are still complex questions in metaphor research that are waiting for answers. It would be useful to know exactly what happens when clients use metaphors and what impact metaphor use has on therapeutic outcomes. Why do some therapists encourage client metaphors while others ignore them? Are some approaches, for example, psychoanalytic, narrative, process-experiential, or existential, more conducive to eliciting metaphors than others? These questions need to be explored.

Spence (1982) posits that the very process of verbalization itself distorts the representations of experience. Perhaps we must consider whether using empirical methods to analyze metaphors, which are experientially subjective, both distorts them and misses the point (Pasztor, 2004). It may be that metaphors are not quantifiable, that they reflect the distinctive personality of the metaphor user, and that a new methodology for studying them must be developed.

In sum, this study has taken a good first step in exploring an area that requires careful consideration. The results suggest that what is needed is a more refined methodology as well as a precise tools for weighing metaphor involvement in the deepening of a client's therapeutic experience. At this juncture, it appears that there is much left to learn concerning the reasons why clients choose to use metaphors at all.

Hopefully, this study will inspire further research that continues to explore the role

metaphors play in therapeutic processes.

Table 1

Mean EXP Scale Ratings Per Utterance Type

	M	SD
Pre-metaphor	2.17	.94
Metaphor	2.43	.95
Post-metaphor	2.21	.75

$p < .05$

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CHAPTER 4

Conclusion

The value of this study lies in its analysis of an area that has, until recently, not attracted the attention of researchers. Understanding how clients use metaphors has implications for clinicians. Indeed, while results make conclusive statements impossible, the research certainly outlines a need for additional studies to further investigate the link between emotionality, and other in-session processes to metaphor.

Future researchers may want to explore how to apply specific types of metaphors with certain types of clients or client problems. In fact, a greater understanding of metaphorical language of both client and clinician may lead to alternative modes of therapist training (Wickman & Campbell, 2003). Another avenue for research includes developing a better understanding of how the therapist's reflection of the client's metaphor leads to an enhanced therapeutic rapport.

Despite the limited generalizability of the present study, the findings may be relevant to other researchers and clinicians interested in the role that metaphors play in psychotherapy.

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APPENDIX 1

Ethics Certificate