Using Metaphor in Psychotherapy

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The metaphor has long been of interest, puzzling those who have studied it philosophically and linguistically, and capturing the attention of those who seek to understand its psychological and interpersonal meanings (Billow, 1977; Cowen and Feucht-Haviar, 1978; Ortony, Reynolds & Arter, 1978; Paivio & Begg, 1981).

Paivio (1979) and Billow (1977) suggest that the metaphoric compactness information, evokes emotion, permits expression of nonliteral experiences, induces arousal, expands perception and cognition and stimulates recall. Such functions are important processes of the psychotherapeutic process. Thus the metaphor can become an important vehicle for the psychotherapy experience.

The metaphor can arise in the psychotherapeutic process from the client, from the therapist, or from other observers, as in group, dyad, or family therapy. As noted by Billow in referring to the psychodynamic approach, the metaphor exhibits considerable power to evoke ideas, images, and feelings formerly hidden. One source of its power may be in introducing and resolving paradox, and in evoking surprise. Ortony et al call attention to the “eureka” effect, deriving, according to the interactionists, from the blending of the elements into a new whole.

Therapeutic Approach

In some form, the metaphor appears in many schools of psychotherapy. In recent psychotherapy innovations it is directly recommended as a therapeutic approach.

According to Gordon (1978), the metaphor has been used for centuries to teach, to change ideas and to throw new light on an issue or problem. Samples (1976) suggests that the metaphoric way of thinking mirrors the rational mind and is more like play than work. He believes that integrating the metaphoric mind (right hemisphere) with the rational mind (left hemisphere) leads to growth and positive mental health:

When the metaphoric mind is acknowledged, accepted, and celebrated, there is no longer a distinction between rational and metaphoric minds. There is only mind.

Polster (1981) suggests that attending to personal metaphors heightens the connection between cognition and experience and is integral to psychotherapy.

According to Greenson (1967), the evolution of psychoanalysis has come about through further understanding of transference, which he defines as the projection of “feelings to a person which do not benefit that person and which actually apply to another.” A person in the present is treated as if he or she were a person from the past. In the sense of “as if,” then, a transference, which Greenson suggests can be both repetitious and inappropriate, is a metaphor for the client that can ultimately be used to promote positive change.

Two Languages

Watzlawick (1978) describes two languages, one that is objective, analytic, and logical, and one based on metaphor, imagery, synthesis, and totality. Like Samples, he equates these two forms with left and right hemispheric functioning. Among interventions cited by Watzlawick are those that block the left hemisphere, such as the use of the “worst fantasy” as a paradoxical metaphor, and those that evoke the right hemisphere, such as Gestalt dream work and sudden switching into a metaphor.

Kopp (1971, 1972) views the whole experience of psychotherapy as a metaphor, as a pilgrimage involving the guru, or therapist, with the disciple, or client.

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These therapists suggest that an outstanding characteristic of many clients is their lack of humor:

They have lost the freedom to tamper with inner repression and outer expression. Indeed, the ability to laugh, temporarily regress, lose control, and then reintegrate may be seen as a cardinal sign of well being.

In their perspective, humor, signaled by laughter, involves momentary incongruity in which fantasy and metaphor are juxtaposed.

Provocative Therapy

The provocative therapist may deliberately establish the metaphor, then carry it out to a ridiculous position. A kind of playfulness ensues which can lead to a momentary state of uncertainty and heightened awareness.

In one example, Farrelly and Brandsma describe a catatonic client who had been completely mute for six months. Since the client had been "behaving like a piece of furniture" and had been treating those around her in the same way, the staff began to treat her as a piece of furniture, visiting her ten times a day and sitting on her lap for three minutes each time. At the fourth lap-sitting trial, the client pushed at one of the staff members. At the sixth trial she burst out laughing, pushed the person off, and said "Get the hell off my lap." So much for muteness.

Hypnosis and Gestalt

Erickson and Rossi (1980) address the classical process of hypnosis as the fixation and distraction of attention. Erickson's emphasis on achieving hypnosis involves two simultaneous levels of communication. One level affixes the attention of consciousness, while the unconscious is activated by using shocking, surprising, mystifying, or incomprehensible phrases or words. Indirect forms of suggestion follow, to force a search in the unconscious. Commonly, Erickson used allusions, puns, jokes, and metaphors for the second level.

Perls (1972), focused his Gestalt approach to psychotherapy upon the obvious, the surface phenomena, including the language behaviors of clients. The metaphor used by the client, then, can become as important as the hidden message.

According to the Gestalt approach to psychotherapy as long as the client experiences only the extremes of any continuum, she or he cannot experience a self that gives and takes on its own terms with the world (Baumgarden & Perls, 1975).

A universal polar opposite was seen by Perls metaphorically as the "topdog" vs the "underdog." One goal of therapy is to bring about integration and reconciliation of these opposing parts of the personality. The topdog can be secondarily labeled as the parent, preacher, or executive, while the underdog may be called the invalid, victim, or child. Therapeutically, the approach involves finding the polarity, arranging a dialogue between the two extremes (even using the time honored empty chair at times), then finally seeking integration.

Marcus (1979) reports on a session with a client in which he combines psychodrama and Gestalt therapy. The client reported concern related to rapid eating and swallowing behavior, which he related to a relative who visited often and "ate like a pig."

In the ensuing psychodrama, the client was asked to replay the uncle's visit while expressing his disgust and anger using descriptions related to the uncle's "pig-like" behavior. The client's response, his reflec-
ted anger, was expressed and led to his feeling of disgust. A subsequent step, according to Marcus, would be having the client get in touch with the "pig" part of himself.

Polster calls attention to the richness and sharpness of the personal metaphor that often repre-
resents a profound connection not previously recognized. Enright (1978) suggests clients need a different perspective on their acknowledged states, often gained through the use of paradox and metaphor.

In her practice, Bernstein (1980), combines the Gestalt concept of the experiment, defined as the synthesis of a creative improvisation with the Jungian concept of active imagination. When developed and offered to the client, a metaphor may arise that connects the client with his or her unconscious.

Watching an arthritic client, Bernstein noted that her upper body seemed lively and quick, while her lower body appeared anxious and tense. "A metaphor flashed into my consciousness; it was as if only half of her had been born." Subsequent sessions led into the development of an elaborate "story" in which the client eventually re-birthed herself. Three years later, the client was free of her arthritic symptomatology.

**Powerful Expression**

The metaphor is a particularly powerful expression psychosomatically. White (1980) reported that in his psychotherapy with those diagnosed as hypochondriacal, hysterical, or psychosomatically ill, attention to client use of body-related metaphors is particularly helpful.

A client who reported his boss to be a "pain in the ass" suffered from severe lower back pain, while another, who reported that her spouse frequently "got her dander up," reported frequent problems with allergies. His approach is broadened by Rubenfeld (1982), who offers a training program called "Gestalt Synergy," which integrates mind and body into a coherent holistic approach to psychotherapy.

**Self-Derived Metaphors**

Self-derived metaphors are often presented initially by clients in a matter-of-fact way, as if the words are so familiar they are not understood. The therapist can be alert to the words and call them to the attention of the client. A brief struggle in the client may ensue between whether to ignore the therapist's observation and thus avoid a potential insight, or whether to respond. Occasionally, at the utterance of the metaphor, the client may also express wonderment.

One client, exiting from an impasse in therapy, said wonderfully that she felt like a "newborn baby with no life ahead." Her hopes, aspirations, and fears were compressed into that statement.

Another client, struggling with his own history, mentioned a map as a metaphor for his life and began to draw his life on paper, designating his present location and identifying alternative destinations and ways to travel to those destinations.

A third client, working with her present life experience, several times used phrases such as "I'm trapped, I'm caged" in a time-worn fashion. The therapist asked her to physically exaggerate the metaphor. Reluctant at first, she finally curled into a fetal position and held herself very tightly for a few minutes. Subsequently, she began to identify the "bars" that she had created for herself.

One client, hesitant to mention the phrase "my body," began to play with the word in therapy one day and suddenly noted the multiple meanings she attached to it—the gentle, caring, meaning associated with the phrase "body of water" and the horrific quality of the phrases "body count" and "body bag."

Her anxious investment in her own meanings had been so deep and personalized that she had never before considered their intrusion on each other. The resultant differentiation of her various meanings was of surprise to her, and initiated a willingness to explore a more singular use of the word in reference to herself.

Ramona struggled with her love/hate relationship with men and with her confusion about her own sexuality. She felt needy and dependent on men while resenting that need. When asked to characterize her drive for men, she developed the metaphor of movement toward a pink cloud—insubstantial, soft, warm, nurturing, tasty, and likely to drift away.

In further developing her drive toward a particular man, she saw herself as the returning prodigal son being enveloped in her "father's" arms. Her gender confusion was clarified by her recognition that her dependency needs provoked an insubstantial caretaking view of men that conflicted with a traditional view of herself as a woman and her non-traditional role as a woman minister.

In attaching a visual metaphor to the words "independence" and "dependence," a client saw her "independence" as a winged person. The therapist first thought that the metaphor represented an ability to escape, to get away. The client's association was that the winged person has a skill others don't have. Her visual metaphor for her "dependence" was of a wiggly worm, which tries to get away but is at the mercy of others. This experience illustrates, incidentally, that metaphors are idiosyncratic, unique to the individual, and cannot be casually
interpreted by the therapist with certainty.

Some clients, very concrete in nature, avoid metaphors and anxiously express doubt of their ability to develop them. Since metaphor and play are closely tied in childhood, such clients often have, early on, suppressed such playfulness and fear its appearance in themselves.

In such situations, the therapist must acknowledge to herself the client's current state and avoid intrusive demands for metaphor work until clients are ready. The concept of shaping, from behavior modification, is useful in such situations.

Dyads, Families, and Groups

Therapy with more than one person can be enriched as group members freely participate. Though not likely to appear early in such sessions, metaphors appear to arise more and more frequently as initial anxiety decreases. Some arise out of authentic efforts of members to understand each other. Others appear, particularly in family and dyad therapy, out of hostility and resentment. It is particularly important, then, that the leader work with members on both the metaphor and on the feelings aroused.

In one session of a long-standing group, one member told Arlene, after a frustrating encounter, that she was like an “angry marshmallow.” Collectively, the group members caught their breath as they recognized the comparison, as did Arlene. Initially Arlene’s anger at being so labeled became the focus of the group experience, along with the members’ anger toward Arlene. Later, the metaphor itself became the focus as Arlene came to understand her inauthentic confrontation tactics in interpersonal situations.

In another group, Betty, crying about her small breasts as prohibitive in her relationships with men, was told by another member that she treated her breasts like scapegoats. Betty was thus faced with the possibility that she was prohibiting herself, and a movement toward self-responsibility was facilitated. In this instance, both Betty and the member were surprised at this statement and willing to immediately explore it further.

A word often of great trouble in marriage counseling is “commitment.” In one couple, verbal fights had reoccurred numerous times because neither realized that each held a different meaning for this word. Joe thought of it as a lifelong vow and mentioned such concepts as “promises,” “being together for life,” “keeping the relationship the same,” and the absence of disagreement. Jane viewed it as a flexible contractual arrangement to “work things out today,” “honesty,” and “permission to accept whatever the future brings.”

Jane saw Joe’s desires metaphorically as “imprisonment,” while Joe viewed Jane’s ideas as “revolutionary.” Both were frightened of being asked to enter the other’s world. They eventually concluded that they would be unable to stay together because of such differences.

Ownership

A parent in family therapy, suffering with guilt because his child’s grades had dropped from a “B” average to a “C” average, often said “But she’s mine. I’m responsible. I must have done something to cause it.” The metaphoric concept of “ownership” was introduced in reference to parents and their children and work developed focused on the metaphor of purchase and ownership in reference to people.

The client began to see that by an excessive belief in ownership of his child, he had denied the possibility of other contributing factors. Most importantly, he had taken away from his daughter her right to her own contributions.

Karpman’s triangle (Steiner, 1974), in which the person moves among the metaphoric roles of the persecutor, the victim, and the rescuer, is a very helpful metaphor for use with those overinvested in helping and being responsible for others, as often happens in families. Resnick (1970) points to this same danger in therapists in his article metaphorically titled “Chicken Soup is Poison.”

In one family, a matter of long-standing concern was the mother’s chronic and worsening illness. When asked to relate to her illness metaphorically, one of the children compared it to an unwanted relative, “whom I hate!” The father viewed it as an “enemy” while the mother saw it as a “punishment.” Such an approach clarified how family members related to the mother, a matter of prior confusion to her and to them.

When members in a group introduce metaphors related to another, the metaphor may eventually be shown to also relate to a dynamic in themselves. Gestalt dream work, which can be seen metaphorically when carried out in a group, can often lead into such a fruitful exploration (Perls, 1969).

Metaphors by the Therapist

The metaphor can be developed and offered by the therapist as a response to what is being said by the client and as an impetus for further understanding.

A therapist, working with a client who was clanging to unrealistic guilt, exaggerating it by proceeding to give her “absolution,” and offered her “salvation” if she would accept his teaching. Needless to say, the client broke into laughter, an act noted by Farnelli and Brandsma to have healing properties.

A client’s voice changed drastically at emotional times in therapy, dropping in tone and becoming less clear and audible. The therapist had called attention to this change, but very little understanding had been gained by the client.
One day the therapist asked the client to offer a self-description of herself. The client said in the process, “I display a stiff upper lip to the world.” The therapist then asked her to stiffen her upper lip and continue. As the client talked, she began gently to rub her lip and voluntarily said “It’s numb.” She was asked to continue the experiment. Her hand began to move over her face in a gentle, caressing manner and she said suddenly, “I’m numb.”

She then recalled deciding, as a child, during one of her numerous beatings by her mother, that “from now on, I’m not going to let her know I hurt.” This client, incidentally, suffered with chronic neck pain often accompanied by stiffness. During this same session, she recalled adopting a pulling-away posture involving her neck and head to avoid being hit on the face.

Waiting
Many clients, oriented to the past or the future, pay very little attention to the present. A useful technique for those focused on the future is to attend to the word “wait.” For one client, 16 years of age, the sense of “waiting” developed into a metaphor of waiting in a long line to see a desired movie. The “movie” was, for him, the freedom to leave home and leave parental control. While he found the “waiting” most unpleasant, he was unaware of what he did as he waited; nor was he aware of what he could be doing.

The session developed into an exciting experience for both the client and the therapist as they explored a multitude of possibilities. For clients who wait, a number of possibilities exist. Waiting can be a very passive, helpless experience in which one takes no action or it can entail hope that if one is patient enough, good things will come. Waiting allows clients to avoid the present and it can link the past and the future without involvement of present awareness.

Mothering
A nurse expressed a great deal of frustration and disappointment about her boss and her job. Employed in the same hospital for over 20 years, she had recently been appointed a supervisor and found herself in conflict with her director and unhappy with her new position.

Using a fantasy exercise, the nurse was asked to visualize the hospital and imagine herself entering it. “I love it,” she said. “It’s like a good mother. She takes care of me and lets me do what I do best. She lets me take care of patients. She appreciates me. When I go into her, I feel safe and competent. Outside I feel cold and abandoned.”

Interestingly, this nurse lost access to her own mother at an early age because of her mother’s mental illness. She had spent many years nurturing others and providing care to patients, family members, and friends, with little awareness of her own wants for such nurturance. Her appointment as supervisor pulled her away from that experience and established an intrapersonal crisis that led to her entry into therapy.

Dealing with Rejection
Many clients must deal with the experience of being left by those significant to them. Often, because of earlier “rejection” experiences that occur during vulnerable times, clients come to place an inordinate amount of importance on such experiences and feel helpless in the face of them.

Welch (1979) has developed a metaphoric exercise involving the symbolic acting out of both being rejected and of rejecting another. Using stick figures drawn on cards, the client and therapist move toward and away from each other both unilaterally and bilaterally, while clients attend to their thoughts and feelings as they engage in the experience.

Such an exercise, never exactly the same from one client to another, allows the surfacing of embedded responses in a safe and therapeutic environment. One theme that does surface frequently has to do with the anger associated with being rejected. This anger often arises when the client plays the one who is rejecting, and may take the form of humor at that point.
The experience when unilateral action occurs results in a greater sense of powerlessness than when it is bilateral in nature. Subsequent work with clients can result in less frequent comments indicating fears of rejection and a higher frequency of self-responsibility statements.

**Living “As If”**

Metaphors, when used therapeutically and appropriately, can enrich the psychotherapy experience and facilitate the process. When the metaphor arises from the client's struggles or is recognized or developed by the therapist in concert with the client, the pervading sense is that the client has often been living out the metaphor—has been living "as if.”

Under such circumstances, the client's authentic existence has been ignored, a state that can be associated with "dis-ease.” The metaphorical theme, when recognized and acknowledged by the client, occurs in association with an "ah-ha” experience, is often accompanied by relief, and correlates with the development of psychological pain relief, even humor.

Sontag (1979), however, suggests a danger that can arise with the use of metaphors. Her position is that the use of illness as a metaphor for corrupt or unjust experiences as, for example, “our society is sick,” equates badness with illness and deflects us from addressing illnesses in their true form.

When illness is also addressed metaphorically, for example, “the invasion of cancer,” the true state of illness is again confused. The recognition of the metaphor is necessary but insufficient for personal growth. One must work it through and move beyond it.

**References**


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