

## **Metaphors in the therapeutic encounter as a lever in grief therapy**

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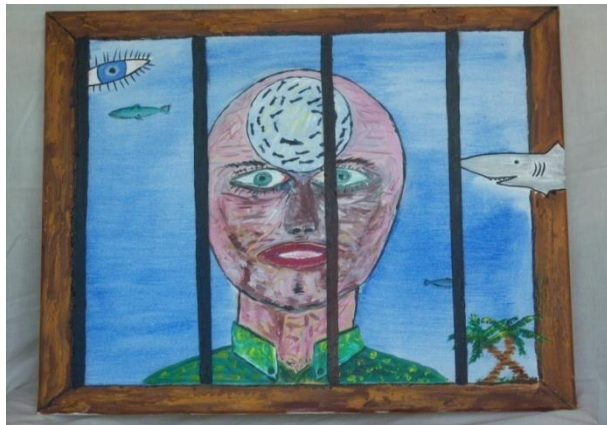
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# Metaphors in the therapeutic encounter as a lever in grief therapy



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# **Conference Workshops –CRUSE- Warwick 2013**

Workshop 1 - 1155-1310 (Tuesday 9<sup>th</sup> July 2013)

Workshop 2 - 1055-1210 (Wednesday 10<sup>th</sup> July 2013)

Workshop - Metaphors in the therapeutic encounter as a lever in grief therapy

‘Metaphors can be a powerful bridge between thought and emotions, can enhance the therapeutic encounter for a wide range of mental health problems and often become a central theme that can both contain and extend emotional awareness. This workshop will help you understand the theoretical underpinnings of working with metaphor, more easily recognise metaphors in your session time, focus on working with them in the encounter and begin to enable you to develop a pictorial representation of the metaphor that can support and enhance emotional management’

# **Learning outcomes**

By the end of the session the participants will have:

- an increased knowledge of the use of metaphor in bereavement care
- had an opportunity to discuss and debate the use of metaphor
- had an opportunity to develop steps towards utilising metaphor to pictorial metaphor in their encounters

# **Workshop Plan**



**Step 1 Introductions (5 mins)**

**Step 2 Presentation (10 mins)** 'The use of metaphor in bereavement therapy'

**Step 3 Group exercise (10 mins)** 'What has been my use of metaphor so far?'

**Step 4 Group exercise (15mins)** 'Practice listening and working with metaphor'

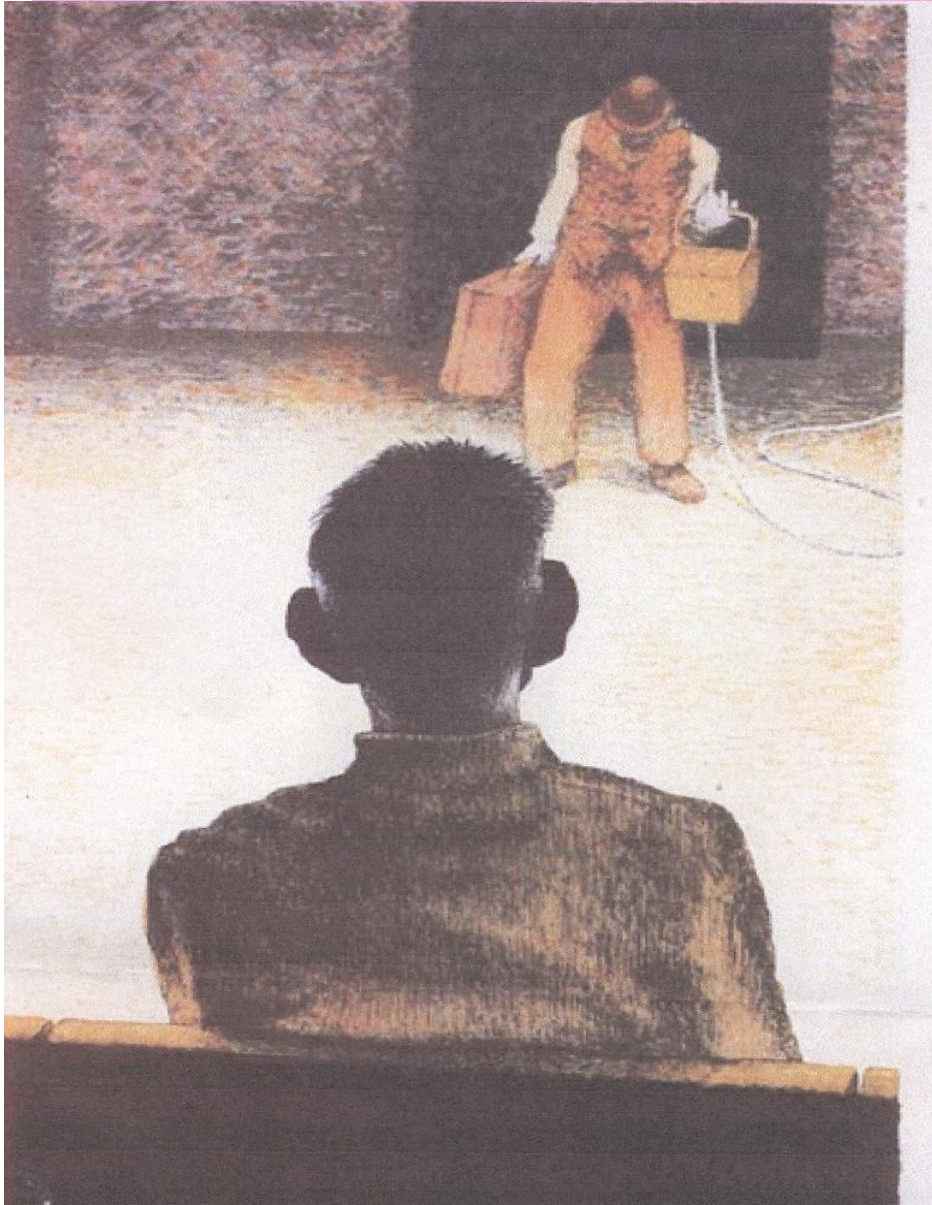
**Step 5 Presentation (15 mins)** 'The use and development of pictorial Metaphors'

**Step 6 Group exercise (15 mins)** 'Practice drawing metaphors to enhance the therapeutic encounter'

**Step 7 Whole group discussion/feedback/closure (5 mins)**



# **NO MATTER-TRY AGAIN-FAIL AGAIN- FAIL BETTER**



Consensus methods are based on the belief that sufficient widespread agreement from a group of experts generates an empirical generalisation (Powell 2003 in Cook and Birrell 2007)

# **Presentation 1 -The use of metaphor in bereavement therapy**

The theory bit...

**Metaphor** (μεταφορά – *metaphora*)

"a transfer", in rhetoric "transference of a word to a new sense", is language that directly compares seemingly unrelated subjects.

## ***The use of metaphor...***

- Not only can metaphors be used in therapy (both the patient's spontaneous productions or the therapist's choice of words) but the process of psychotherapy can itself be explained metaphorically, in the interests of developing the treatment alliance (Blatner 2006)
- A metaphor is something relatively more concrete or conceivable which stands for something more elusive (Lakoff & Johnson, 1980).



# **Metaphoric Tradition**

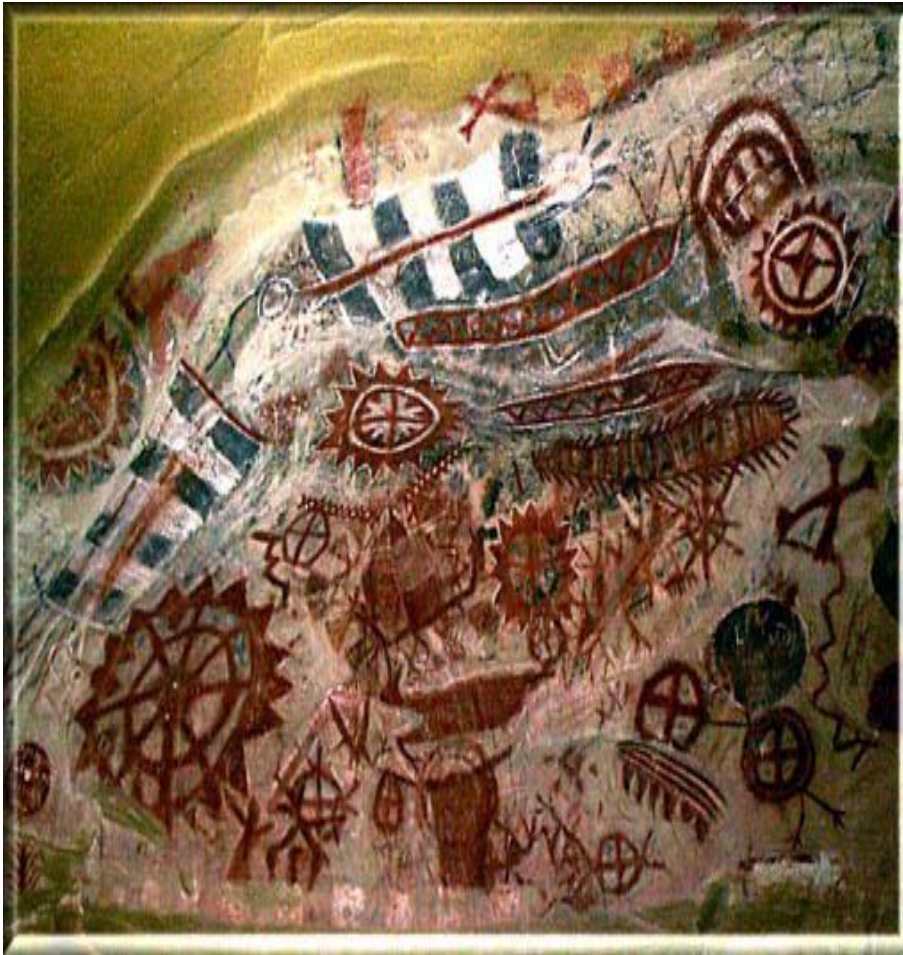
There is a long tradition of illustrated literature--texts with accompanying pictures. William Makepeace Thackeray, a 19th-century English novelist illustrated his own works and whose pictures are more than merely decorative (Kennedy 1994).

- They provide visual explanation and ironic commentary on the text through a subtle system of related metaphors. (Kennedy 1994)



Mr. Osborne's welcome to Amelia

# ***Pictures as metaphors tradition***



However...

Metaphors have been an essential feature of human communication from time immemorial (Barker 1985)

Clients in successful therapies develop a core metaphorical theme in relation to the main issues of therapy (Angus 1996); McMullen 1989)

# *Signs and metaphors*

- Dialogue between any two people or roles consists of an exchange of signs (words, gestures, tokens) .....*pictures even* (Stiles 1997)
- Signs both reflect reality and are part of reality...bring earlier experiences that they embody into situations where they are used. (Stiles 1997)
- The sign is not merely as mirror, it is the true carrier of the reality it signifies (Leiman 1992)





# **The metaphor of the 'Scaffold' and the 'ZPD'**

- The metaphor of the scaffold has proven particularly useful in this effort. Scaffolding is described as a "process that enables a child or novice to solve a problem, carry out a task, or achieve a goal that would be beyond his unassisted efforts" (Wood, Bruner, & Ross, 1976).
- "the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers" (Vygotsky, 1978, p. 86)

# **Why focus on metaphor...**

- Metaphor might be useful when treatment is impeded by the unwillingness of the clients to accept the ideas the therapist is trying to communicate (Barker 1985, p39)
- Natural metaphors that arise in therapy are used as educational tools. Metaphors begin to extend the boundaries of beliefs about thinking (Abbateiolo 2006)



# **Cognitive therapies and metaphor...**

- CBT approaches rely almost exclusively on the propositional/syllogistic form of cognition when formulating a clients problems (e.g. self talk, automatic thoughts and irrational beliefs) and cognitive schemas.
- Metaphor therapy broadens the concept of cognition to include the imaginal and metaphoric forms of cognition.

(Kopp 1995, p133)



# ***Ontological Metaphors***



These metaphors rise from basic bodily experience or from comparison with objects or things. Ontological metaphors also refer typically to container-contained experiences.

Usually the comparison between two physical objects or qualities is given by the physical quality or by form. Some authors refer to them as “nominative” because they define or name something about the subject of the sentence.

- Patient: “I feel like an empty cistern that must be invisibly refilled.”
- Therapist: “One can furnish oneself with women.”
- Patient: “As I came here, I turned on automatic.”
- Patient: “I put on the emergency brakes.”
- Patient: “I built my husband a sexual barricade”.
- Patient: “He devours me; he demands too much of me.”

(Fabregat 2004)

# **Emotion Metaphors**

they express emotions.

- Patient: “I am torn up.”
- Patient: “And then comes the biting feeling.”
- Therapist: “One must discover the fire in oneself.”
- Patient: “The matter brings me to incandescence.”

(Fabregat 2004)



# **Orientation Metaphors:**

They function like vectors that organize time-space dimensions. They give the idea of movement. They point to different directions; on top, over, under, in front, behind, here, there, past, or to come. Some authors refer to them also as “predicative” metaphors because they have a predicate function, in that they are related to verbs or action qualities.

- Patient: “I was totally under pressure.”
- Patient: “It is a trapeze-like relationship either I go up or fall down.”
- Patient: “I fell on my nose.”

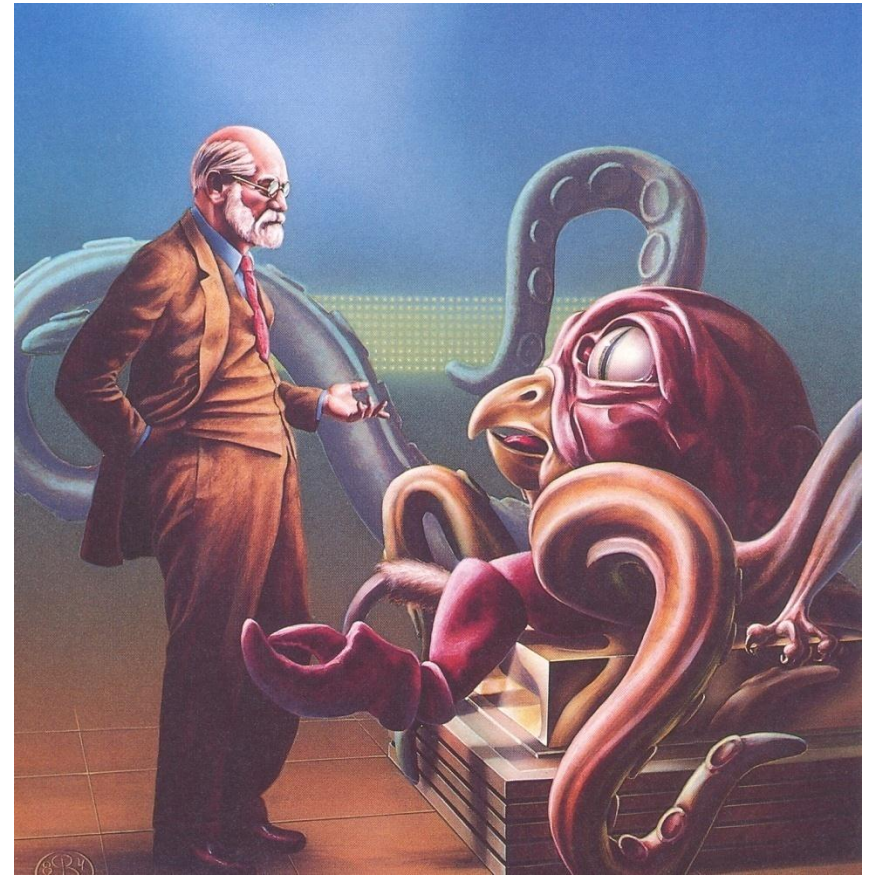
(Fabregat 2004)

# ***Creative Metaphors***

They compare abstract concepts, like love, freedom, death and can be a mixture of ontological and orientation metaphors.

- Patient: My husband is an octopus; he takes my vital space. I need a little room to grow.”

(Fabregat 2004)



# Enlisting the Unconscious as an ally in Grief Therapy (Sandra Salka 1997)

Beginnings of successful (grief) therapy take place between the therapist and client on the conscious level

- **Educate client** – provide information, normalise, explore feelings and coping mechanisms
- **Utilising metaphors** has the advantage of working both Cs and UCs...‘enabling those therapeutic messages, like seeds, to permeate the soil of the mind and become more firmly rooted...Real change is experienced when the ucs mind is tapped into’
- **Guided visualisation** – relaxation method taking oneself to the missed experience ‘example of holding child whilst she dies’ say to her what you wanted to say (I think there is a link to the usefulness of funerals here in saying what you wanted to say! Listen and hear what your daughter has to say to you (hmm complicated this what if it is critical?))

# Enlisting the Unconscious as an ally in Grief Therapy (Sandra Salka 1997)

- **Metaphor** – Symbolic language implies more than its obvious and immediate meaning. Literal content processed by Cs mind whilst implied therapeutic message and associations is processed by the Ucs
- In bereavement metaphors often used naturally...a journey, wounds heal with time, a rough road, etc.
- Or in stories – example of the wizard of Oz – Dorothy learns she possessed all along what she needed to return Home
- Or Nemo – ‘just keep swimming’
- **Positive experienced based metaphor** – in story a specific image or analogy emerges sailing/ships – bailing out, close to the wind, etc
- **Physical sensation based metaphors** – imagine the pain somewhere in the body, taping into the body's wisdom....A weight being lifted off, etc example of Donald with his cutting the weight that was weighing his heart down.



# **Group exercise 1 (10 mins)**

In small groups - Discuss...

- What has been your experience of using metaphor in your bereavement work?
- Describe the types of metaphor you have used if you have used them
- How useful do you think using metaphor has been for your clients?
- Can you briefly outline an example of a metaphor you have used/worked with and how you used it in practice?

## **Group exercise 2 (15 mins)**

Working in groups of three develop a dialogue and notice metaphors used....

- One observer (making notes)
- One therapist (noticing metaphor)
- One client (generating a metaphor(s))
- Role play following Kopps (1995) model

# **Kopp (1995) Through the looking glass...**

Step 1: Notice metaphor

Step 2a: Explore the metaphoric image

When you say ..... What image/picture comes to mind?  
What do you see in your minds eye?  
Could you describe?

Step 2a: If client does not respond

If I were seeing it (the metaphor) the way you see it what would I see?  
May I tell you what image occurs to me?

Step 3: Exploration of the metaphor as sensory image

What else can you see?  
Describe the scene?  
What else is going on?  
What are the other people doing/saying?  
What happens next?

Step 4: Explore and define feeling in relation to the metaphoric image

Drawing image – agree not to intrude but to create and explore

Step 5: Revision

If you could change the image in any way how would you change it?  
What if the e.g. 'x' part of the metaphor were an '?'  
What would the image look like if you were feeling better?  
What do you need to do to get there, what shall I draw on the picture to represent this 'exit'

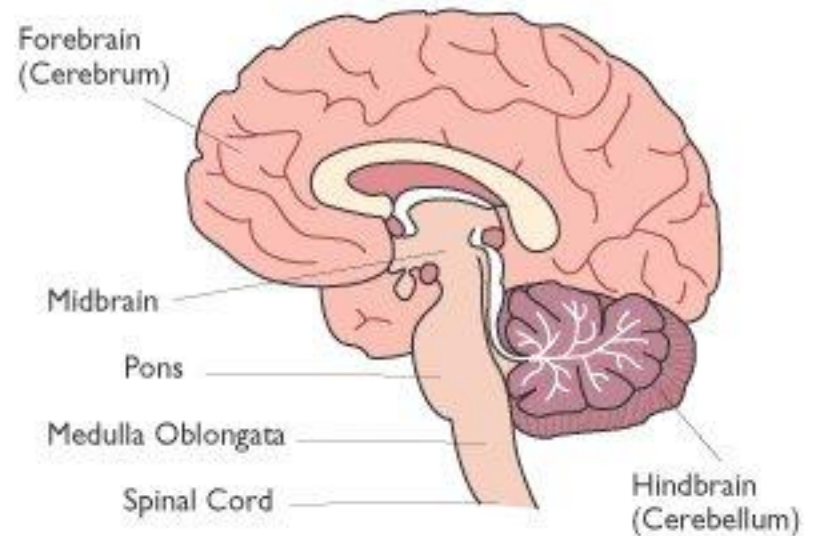
Step 6: Back to the tea party

What parallel's do you see between the image of picture and original picture/metaphor?

# Metaphors, pictures and the mind....

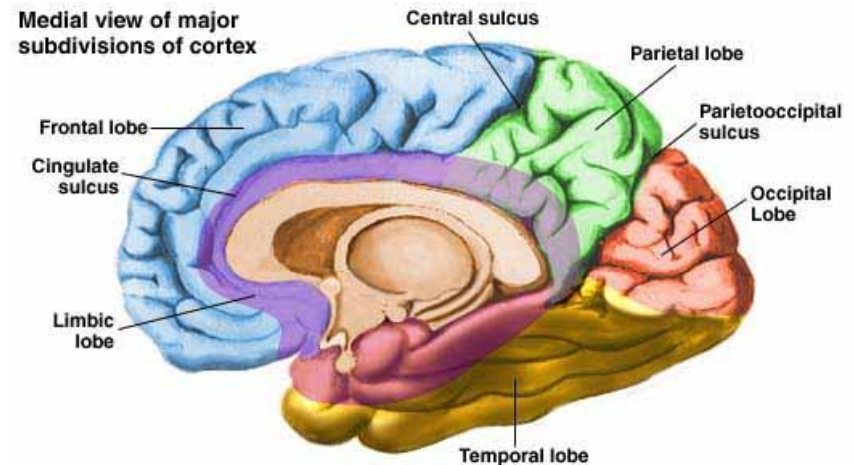
# Brain basics - The structure of the Brain

- Generally both sides of the brain share each different module with the exception of the hippocampus (left hemisphere) and the amygdala (right hemisphere)
- The brain stem – connects to the spinal cord with the medulla oblongata regulating body functions (TPR/BP)
- Cerebellum - little or ancient brain that has been superseded in modern humans by the cerebral cortex.



# Brain basics - The structure of the Brain

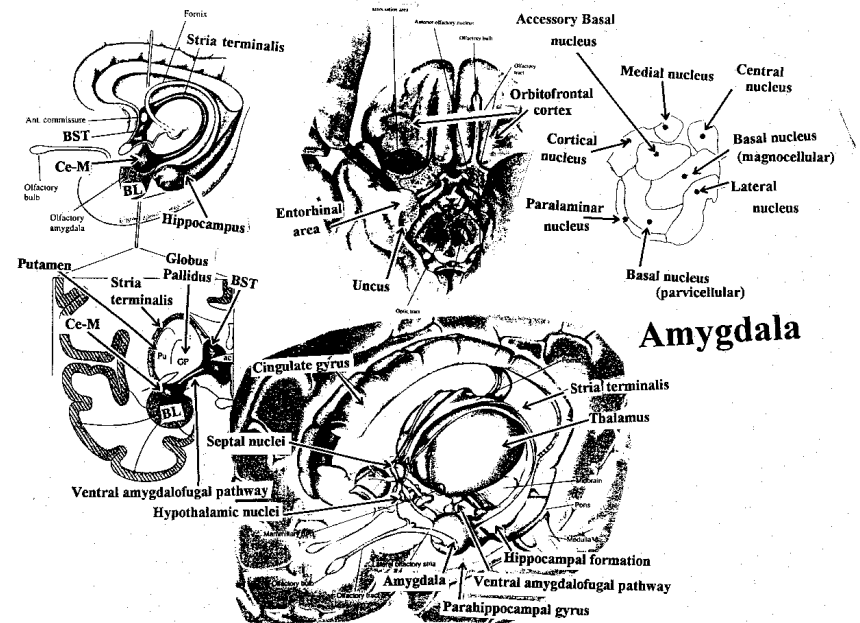
- The mid brain -parts that deal with emotion – thalamus, hypothalamus, amygdala, and hippocampus sometimes called the ‘limbic system’. Loosely the part of the brain that deals with emotion that is densely connected to the orbitofrontal cortex



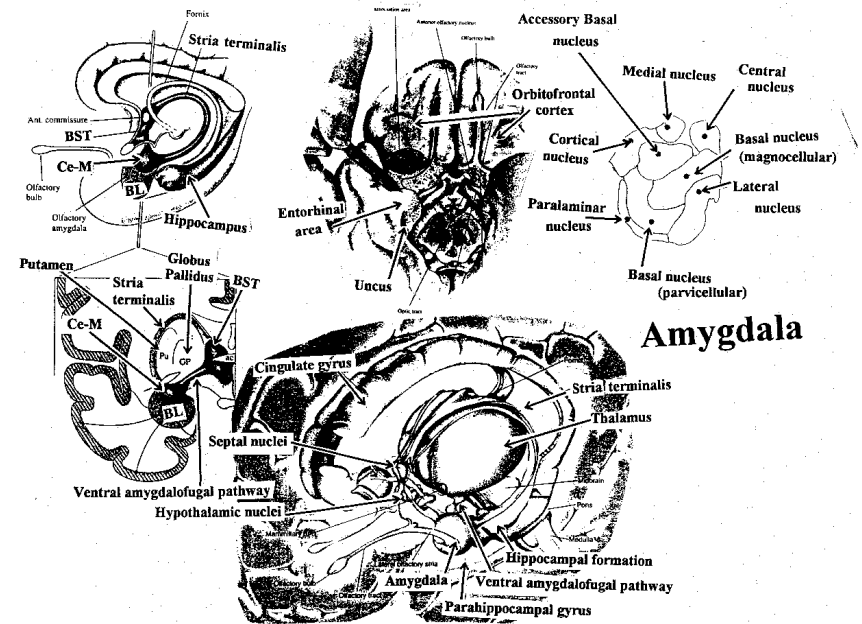


# Amygdala -

- A tiny area at heart of limbic system is thought to be especially important in the processing of emotion in the right brain and is responsible for the emergency response system of the brain.
- Manages immediate response but also suggests to the cortex more balanced responses.
- Implicit earliest responses and memories are also stored here, within this store are implicit memory patterns of previous traumatic experience which informs the amygdala's response at moments of crisis
- Eg ever activation of this system implicated in PTSD for example.



- ***The hippocampus*** – activity of the left hemisphere tags time and place to memory and encodes long term memory.
- ***The brain stem core*** – extends to all parts of the brain and also the body



# Implications for practice

- Through revisiting experiences that went on to establish attachment in the early years of life new neural pathways and patterns of connectivity in the RH of the brain may be established
- Communication between hemispheres means that experience can then be put into words and processed by the left.
- Left right integration enables the patient to put feelings into words, to think about feelings in the mind rather than experiencing them in the body

# The Master and his Emissary

- Right brain only has capacity to deal with metaphor, left brain cant work them out as to complex! (McGilcrest 2010)
- Thought before language, pictures before language, hence thinking in pictures!
- A metaphor can be a 'conduit to material that has been buried alive' (Bayne and Thompson 2000)

# The Case for Pictures/images

- When trying to elicit automatic thoughts related to past events or situations ...it may be useful to use mental imagery to recreate the situation' (Blackburn and Davidson 1995)
- Creating a picture of what the individual can imagine as a possible positive outcome can instil a sense of hope and provide a tangible road map to achieve their goals. (Dessaur 2010)
- metaphors of this sort which can be seen as inherently integrative in that they coalesce a number of complex strands of thought into a single memorable image (Holmes and Bateman 2002)

# **Pictures as Metaphor**

Apparently there are eight types of metaphor...

1. Major stories
2. Anecdotes and short stories
3. Analogies, similes and brief metaphorical statements
4. Relationship metaphors
5. Tasks and rituals with metaphorical significance
6. Metaphorical objects
7. ***Artistic metaphors – giving the pain a tangible image gives the (patient) a sense of knowing what she is dealing with...of moving from the unknown to the known (Mills and Crowley 1986 cited in Barker 1996)***
8. Cartoon therapy



# **Metaphors as Pictures**

‘Thinking in pictures is...only a very incomplete form of becoming conscious. In some way, too, it stands nearer to unconscious processes than does thinking in words, and is unquestionably older than the latter both ontologically and phylogenetically’ It follows therefore that thinking in pictures is a medium that can enable a client to express rich emotional material (Freud 1923/1960)

***Clients in successful therapies develop a core metaphorical theme in relation to the main issues of therapy*** (Angus 1996; McMullen 1989 in Levit et al 2000)

Little is known about how metaphors evolve over the course of therapy (Levit et al 2000)

‘To understand the specific pathology of this disorder one should not look only for the possible metaphoric meaning of the anorectic behaviour, but for reflective Function itself- the compromised capacity of making mental representations; of metaphorisation’  
(Skarderund 2007)

# *Pictures as Metaphor*

## Strong's three responses

- explicating what is implicit in a metaphor and
- therapeutically extending or modifying it
- the counsellor creating and delivering a 'therapeutic metaphor' (Bayne et al 2000)

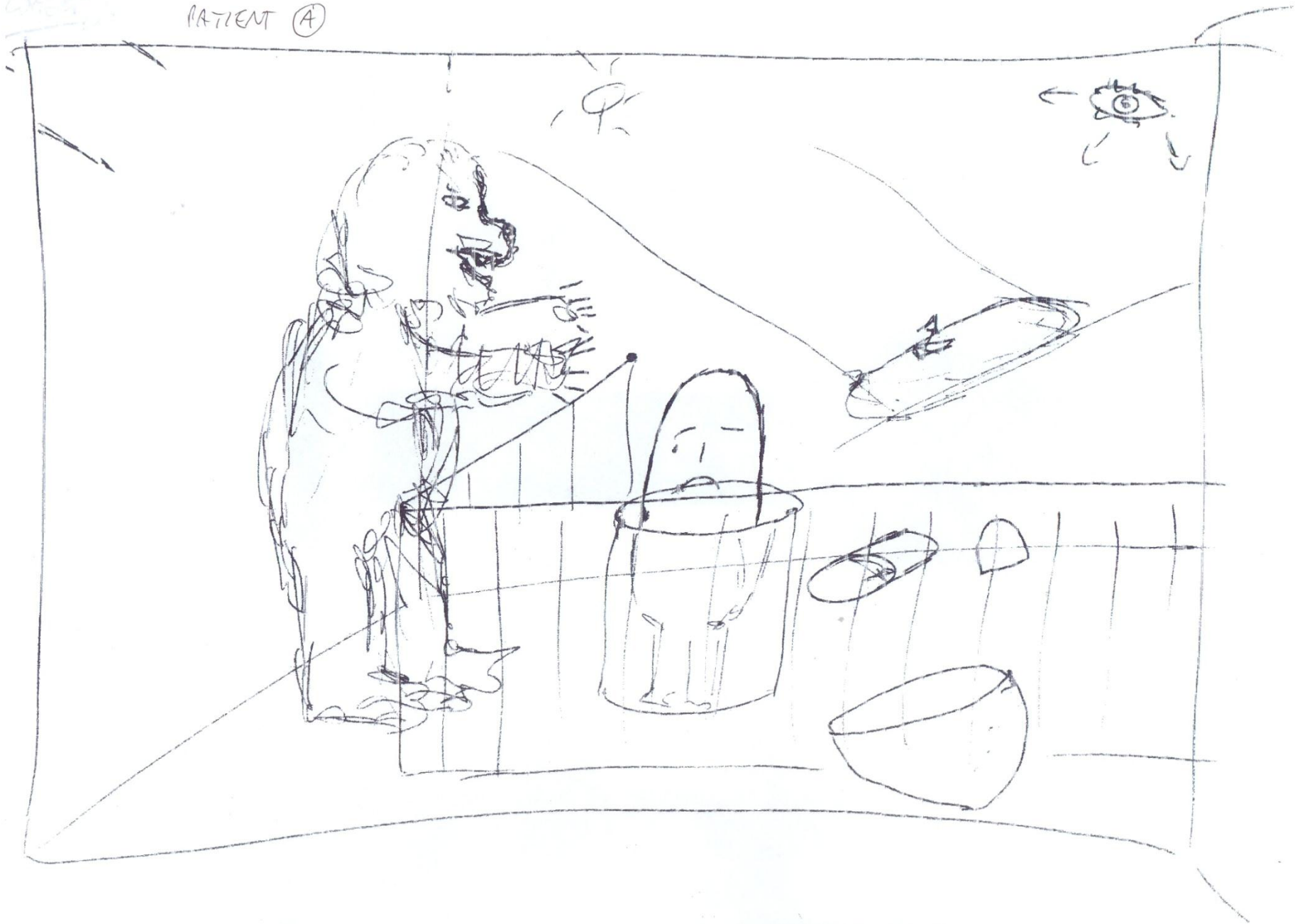
When the metaphoric mind is acknowledged, accepted and celebrated there is no longer a distinction between rational and metaphoric minds there is only mind'  
(Samples 1976 in Welch 1984)

Client was  
'either a battering ram  
or modelling clay, one week she  
spontaneously reached  
a middle position which married  
the positive value of each pole  
of her dilemma...like springy steel'  
(Wilde McCormick 2002)

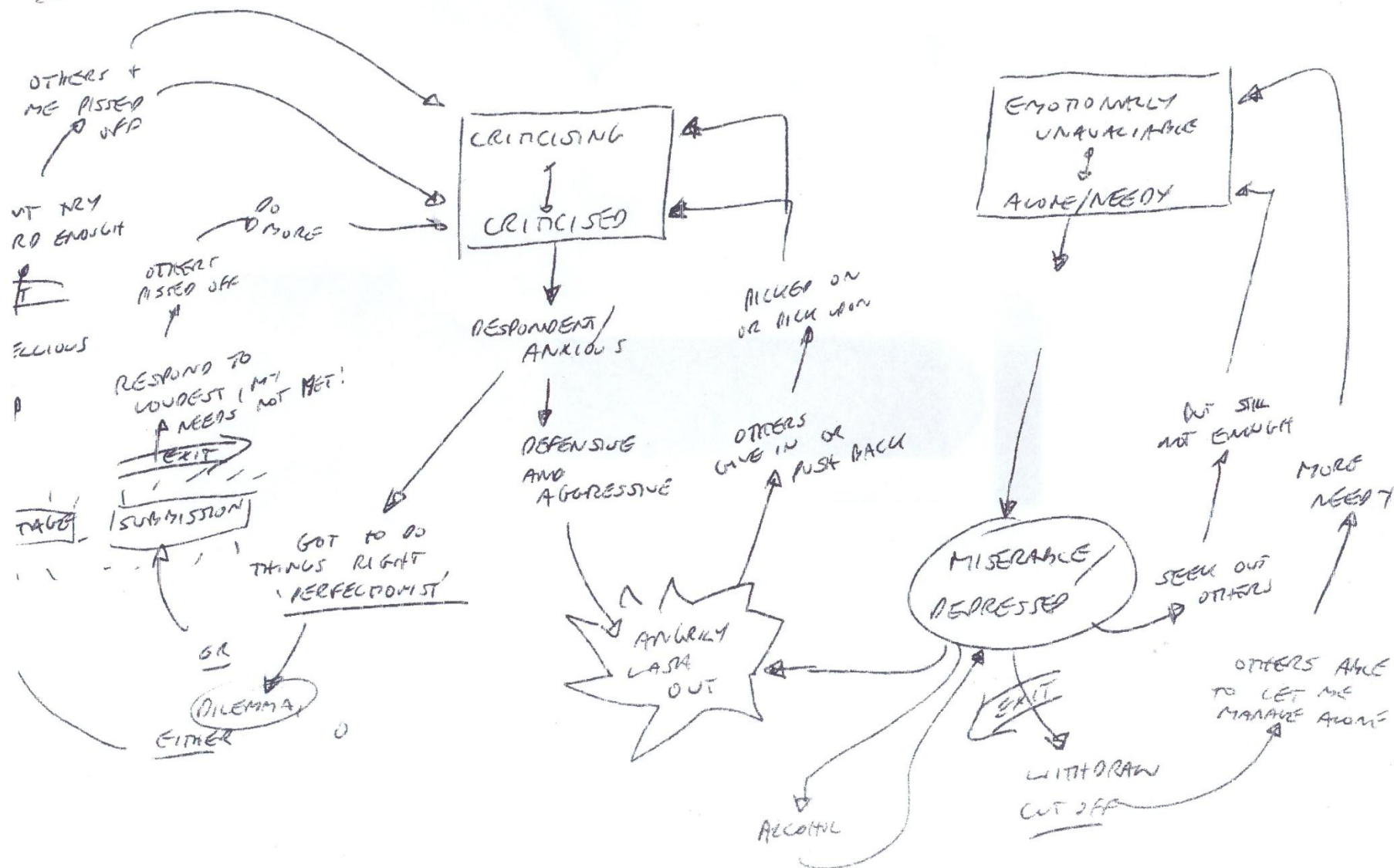
Seigelman (1990) 'many of these worn out metaphors are unconsciously determined figurative expressions that may have vivid sensory connection and potential for affective charge'

A

PATIENT (A)



PATIENT (A)

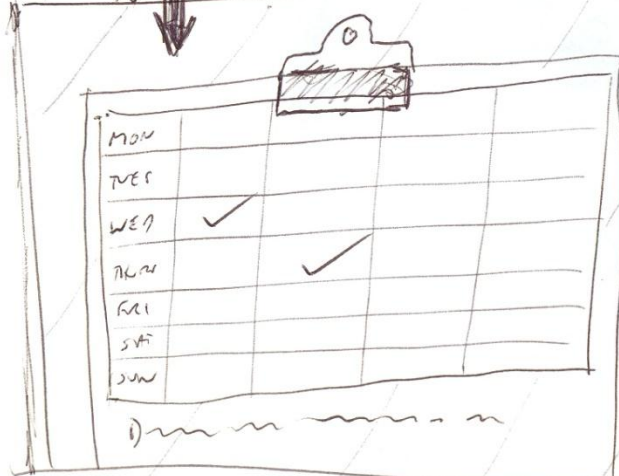


# E

PATIENT (E)

THE YOUNG (JUNG) ME

WORKING LIFE



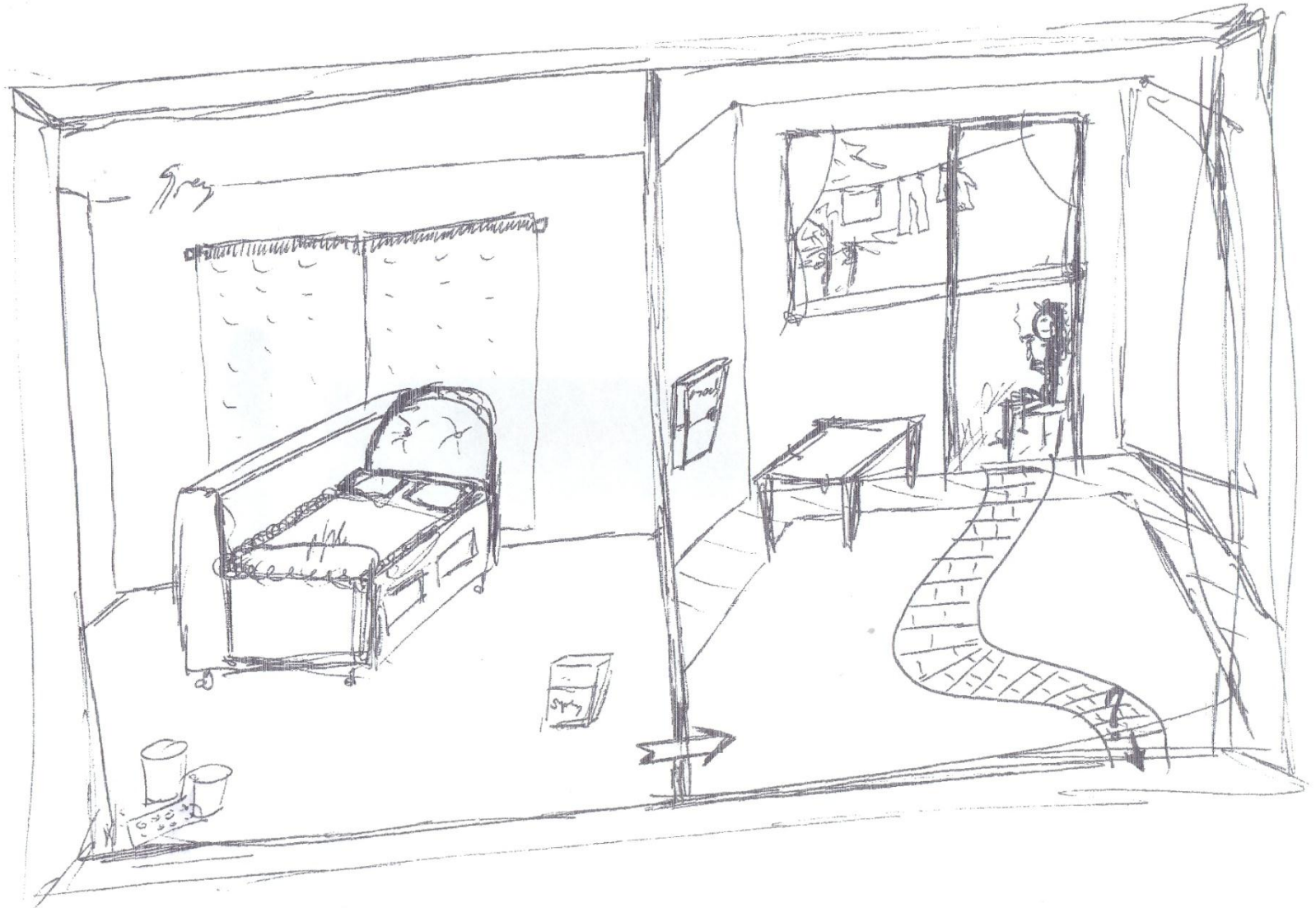
SOCIAL LIFE

HOME LIFE (CONNECTION)  
ANXIOUS



# G

P. 100 (G)





J



# **Group exercise 3 (15 mins)**

In your groups of three develop the scenario with a client, a therapist and an observer.

- The client describes a problem (imaginary or fictional) and uses metaphor in describing their experience.
- The therapist is alert to this and looks to utilising the metaphor more directly in the session and towards developing a 'picture' that is shared with the client.
- Therapist sketches out representation of metaphor checking that is 'fits' clients image
- The observer makes notes on the process (can use the metaphor self rating scale).

# **Group discussion/feedback/closure (5 mins)**

*Thank you for taking part in this workshop*

*If you want to stay in dialogue please contact me.*

*James Turner*

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