

## **Working with Metaphor and Pictorial Metaphor in CAT and Psychotherapy**

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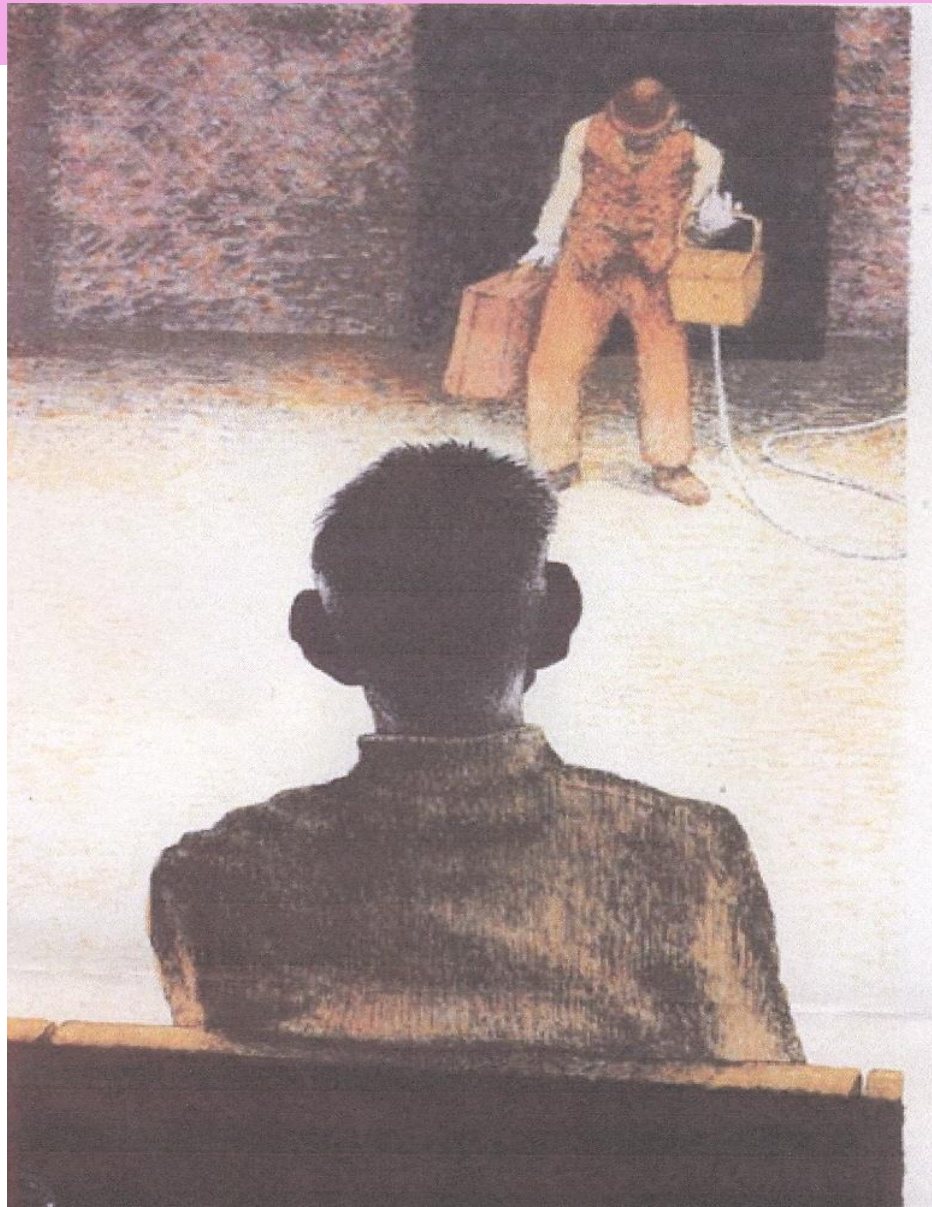
# Working with Metaphor and Pictorial Metaphor in CAT and Psychotherapy

17<sup>th</sup> Annual CAT Conference, 9-  
10 July 2010, University of  
Hertfordshire

James Turner, Sheffield Hallam  
University

*If a picture is worth a  
thousand words, a  
metaphor is worth a  
thousand pictures. ...*

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



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"I don't suppose I need to remind anyone that when I use the term 'bite the bullet,' I mean it metaphorically."

# 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.

# Is psychotherapy a science or an art?

- 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).



# 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).

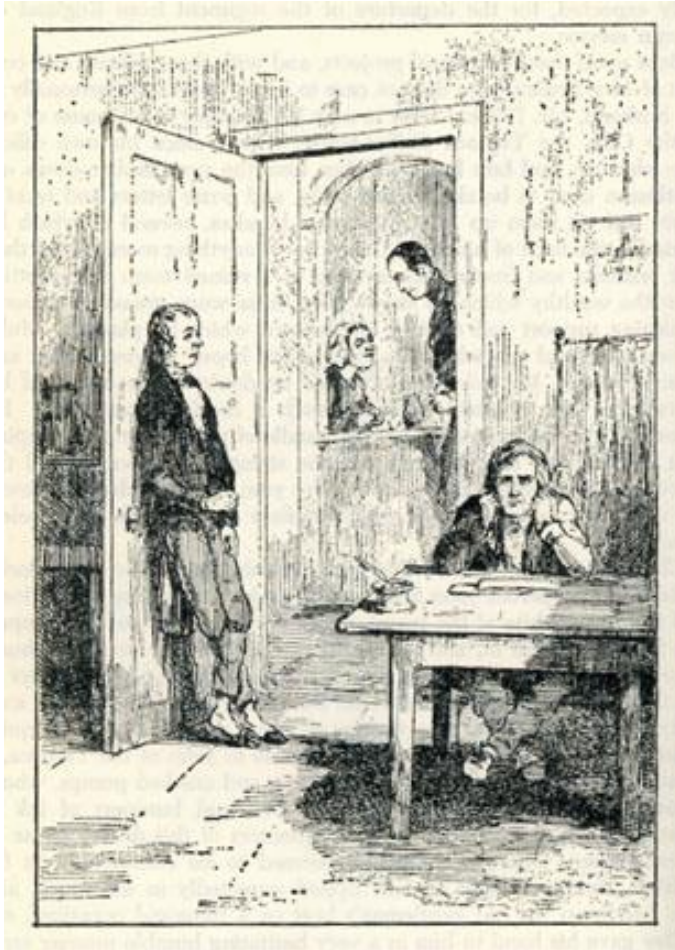
- They provide visual explanation and ironic commentary on the text through a subtle system of related metaphors. (Kennedy 1994)



Mr. Osborne's welcome to Amelia



# Tradition



- The metaphors in Thackerays' illustrations range from simple to highly complex, and close analysis shows them to be an integral part of the narrative, adding depth and meaning... as in utilising metaphor as an adjunct to the SDR in CAT
- Metaphors have been an essential feature of human communication from time immemorial (Barker 1985)

Mr. Sedley at the Coffee House

# Signs

- 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 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)

# But why.....

- 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)



# What are they?

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

# Cognitive therapies...

- 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)



# Some questions on change...

- Do changes in psychotherapy take place mainly on a cognitive verbal level?
- Do changes in the psychotherapeutic process take place mostly on a non-verbal level and that verbalization must not necessarily take place?

# Affect

Affect in its different forms of functioning plays an overwhelming role in psychic economy.  
Here are only some of them:

- (i) Affect invests the body with an “affective charge”. When increased in quantity, the augmented investment becomes “affective tension” that can produce physiologic discharges of the neuro-vegetative systems, which can translate into psychosomatic alterations or symptoms.
- (ii) Affect flows freely through mental representations, facilitating thought associations, and mental processes.
- (iii) When the amount of affect arises to levels which are no longer manageable and overflow the psychic system: a) affect “breaks” the mental representations that could contain it or bind it and/or; b) no mental representations are produced, because reminiscence in itself would be so painful and unbearable, that it simply could not be represented.

(Fabregat 2004)

# On behalf of Cognition

- Theories of thought processes deal in great measure with different memory storage models; that is, different formats both of verbal and procedural (perceptual) registers.
- Sequential memories are stored in ordered time patterns. The possibility of making judgements, differences, relationships, abstractions, and to think are highly dependent on what is stored in these registers and how it is stored. These are the “software programs” of the human mind.
- Whether conscious or unconscious, these inscriptions constitute the structures that form the inner-world representation of the subject of the outer world.
- Codes, verbal and non-verbal languages, in their full symbolic value, constitutive of organisations and structures, are also part of cognitive working through.

(Fabregat 2004)

# Fabregats' Hypothesis

Metaphor is a linguistic structure or trope that can be conceived as a “matrix” or “bridge” that furthers the working through of thoughts and affects in their symbolisation before affects appear in language as conscious speech. (Fabregat 2004)

# 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.”

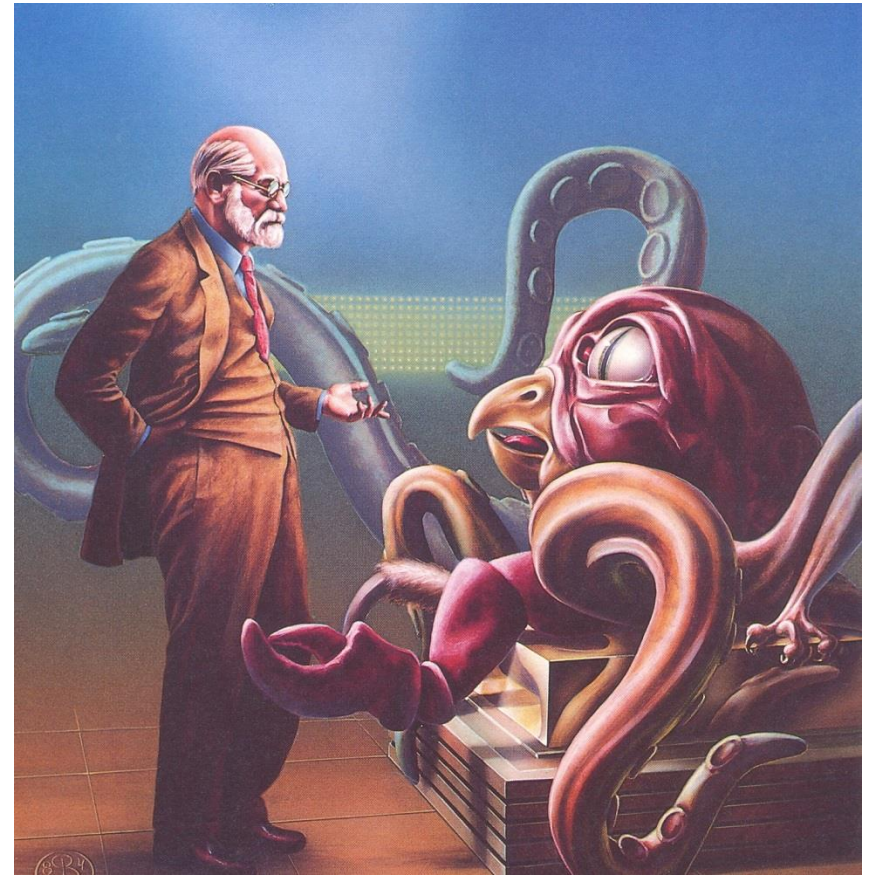
(Fabregat 2004)

# Creative Metaphors

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

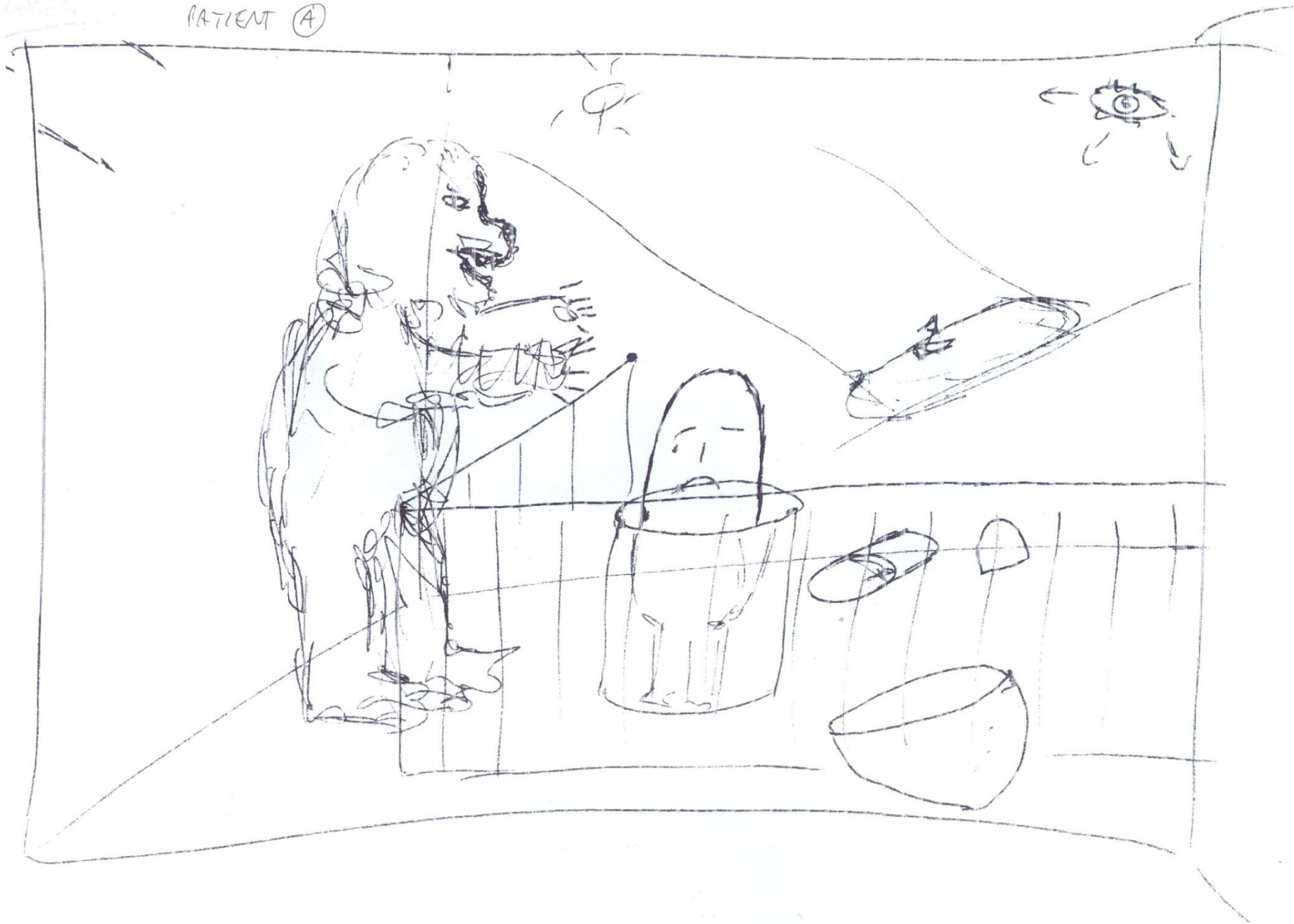
- Patient: My husband is an octopus; he takes my vital space. I need a little room to grow.”

(Fabregat 2004)

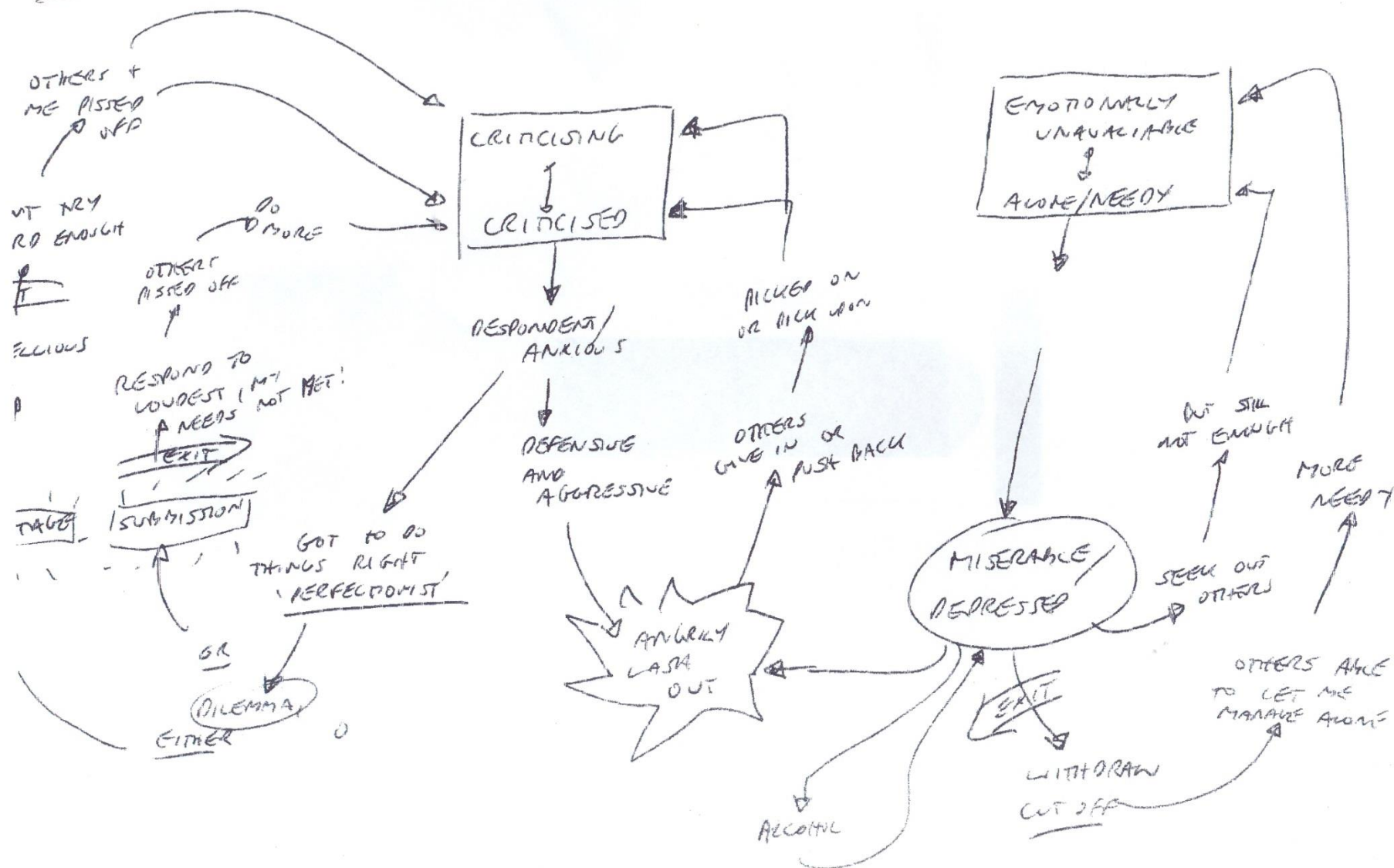


A

PATIENT (A)



PATIENT (A)



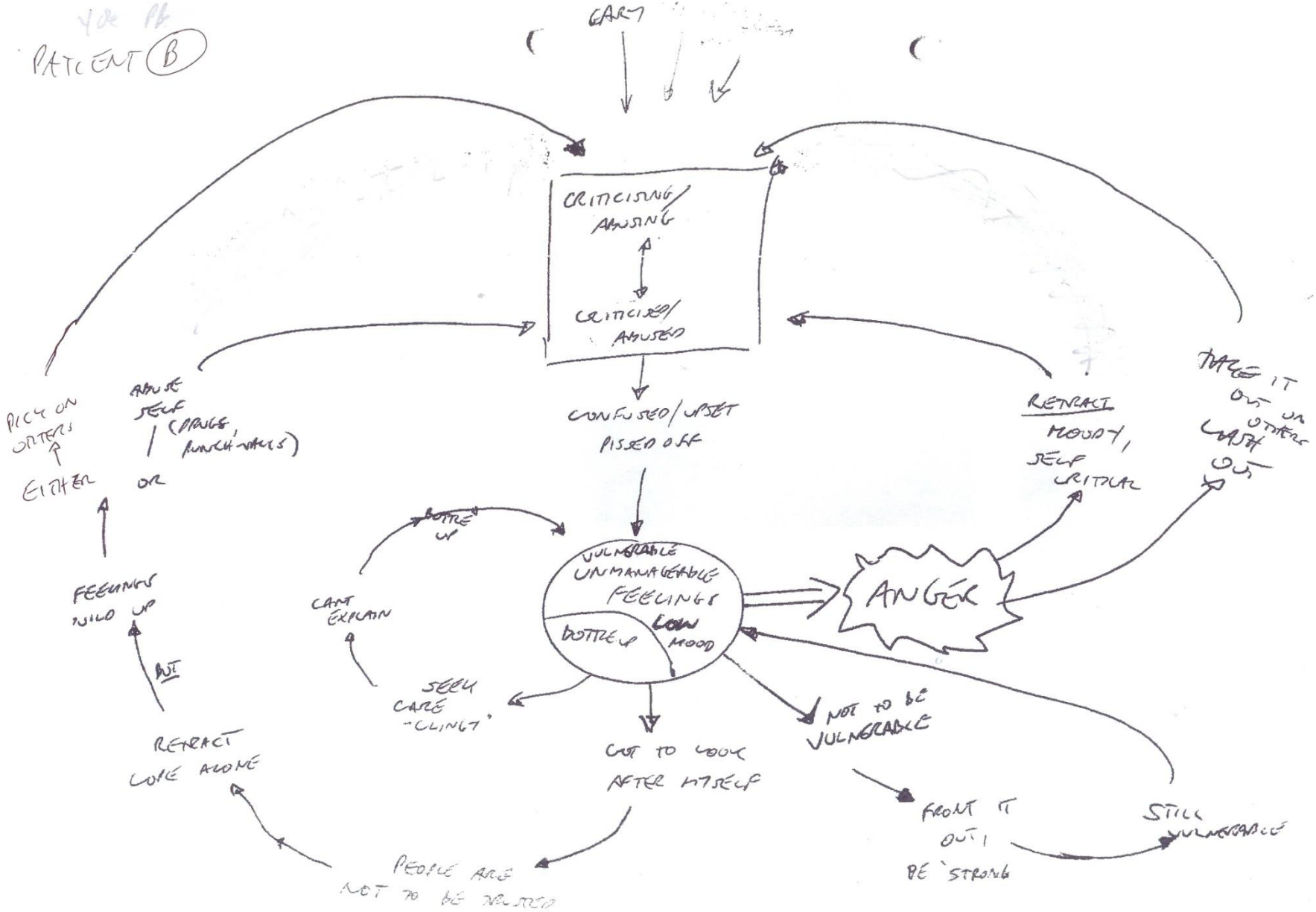


B



# B

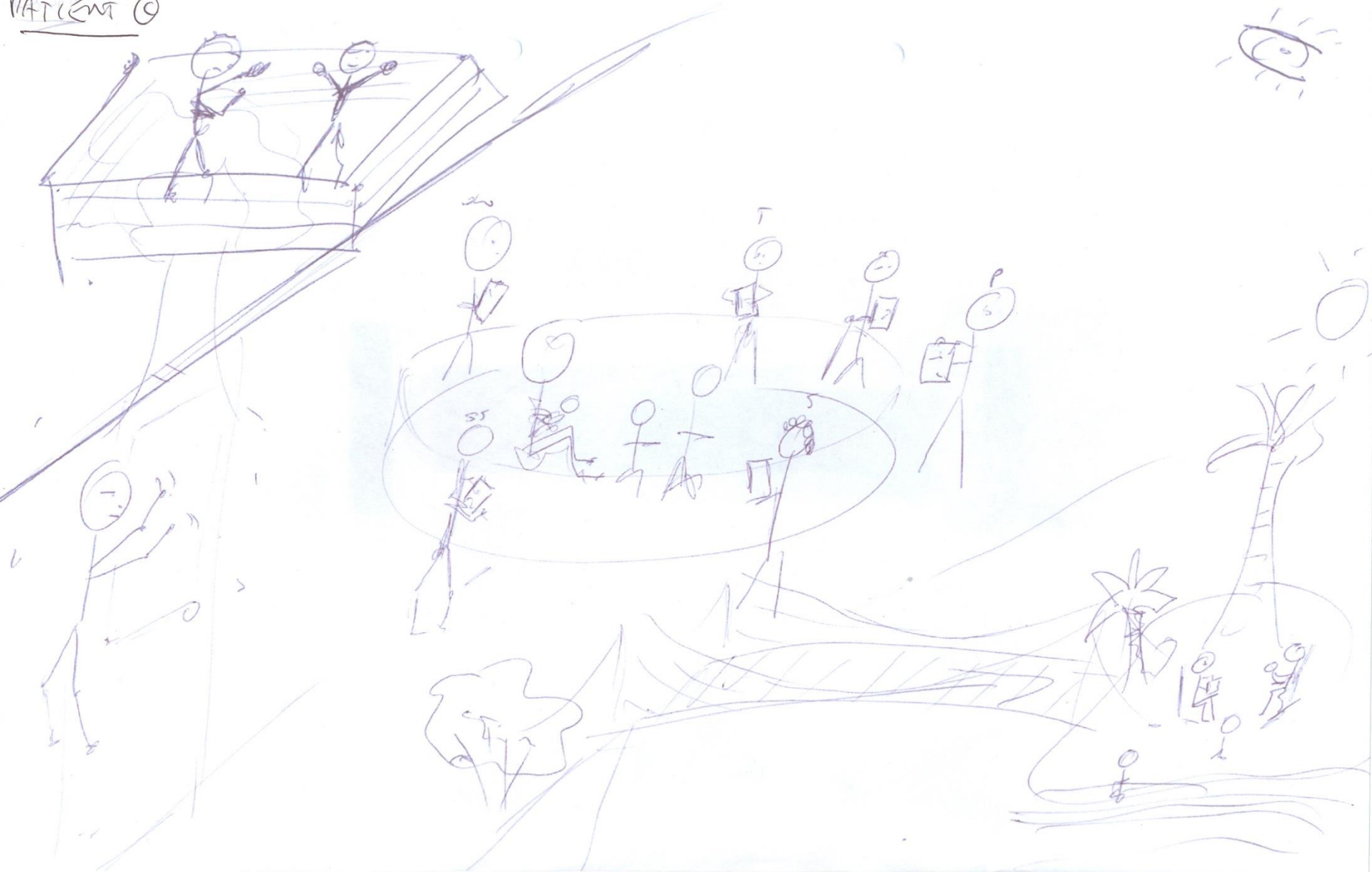
4 or 16  
PATIENT (B)





C

PATIENT ①



The diagram illustrates a cycle of emotional states and behaviors, divided into two main sections: **HANDLING** and **ABUSING**.

**HANDLING Section:**

- PASSED ABOUT** (upset) leads to **UPSET**.
- UPSET** leads to **JUST WANT TO BE SETTLED/SECURE (LOVED)**.
- JUST WANT TO BE SETTLED/SECURE (LOVED)** leads to **AS IF NO ONE IS BOTHERED ABOUT ME**.
- AS IF NO ONE IS BOTHERED ABOUT ME** leads to **CLINGY (1a)** and **EXIT (2)**.
- CLINGY (1a)** leads back to **PASSED ABOUT**.
- EXIT (2)** leads to **OTHERS ABLE TO IGNORE MY NEEDS**, which leads back to **PASSED ABOUT**.
- STILL UPSET PASSED OVER** leads to **PASSED ABOUT**.

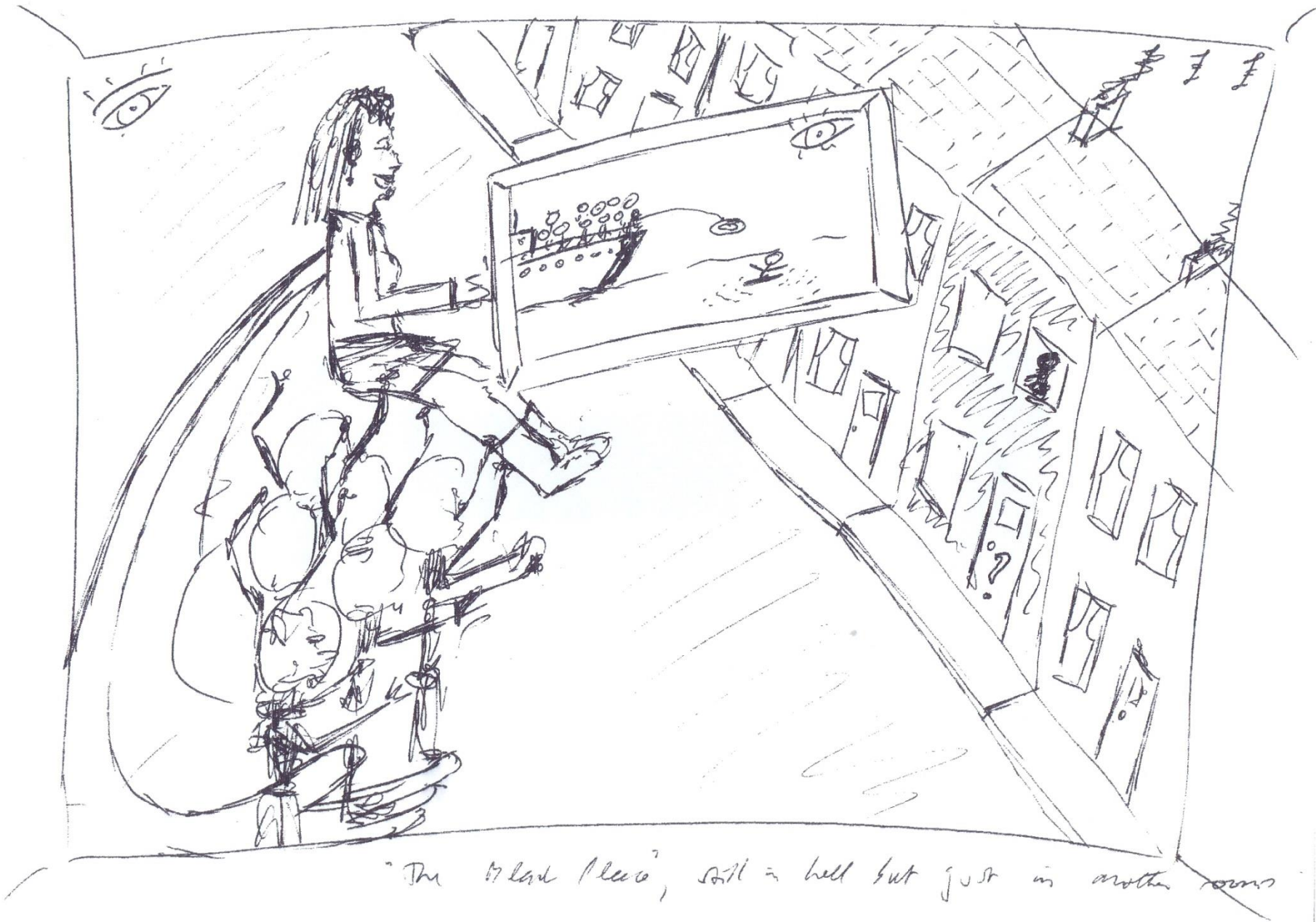
**ABUSING Section:**

- DOMESTIC ABUSE** leads to **UNSETTLED**.
- UNSETTLED** leads to **ANXIOUS** and **UPSET**.
- ANXIOUS** leads to **determined A not happy**.
- UPSET** leads to **NOT TO GET AWAY**.
- determined A not happy** and **NOT TO GET AWAY** lead to **ANGRY**.
- ANGRY** leads to **TRUSTED PEOPLE SHOULDN'T HURT ME (3)** and **ANGRY! BOTTLE UP FEELINGS**.
- TRUSTED PEOPLE SHOULDN'T HURT ME (3)** leads back to **UNSETTLED**.
- ANGRY! BOTTLE UP FEELINGS** leads back to **UNSETTLED**.

**Connections between sections:**

- PASSED ABOUT** and **UNSETTLED** are connected by a double-headed arrow.
- CLINGY (1a)** and **ANGRY** are connected by a curved arrow.
- EXIT (2)** and **ANGRY** are connected by a curved arrow.

D



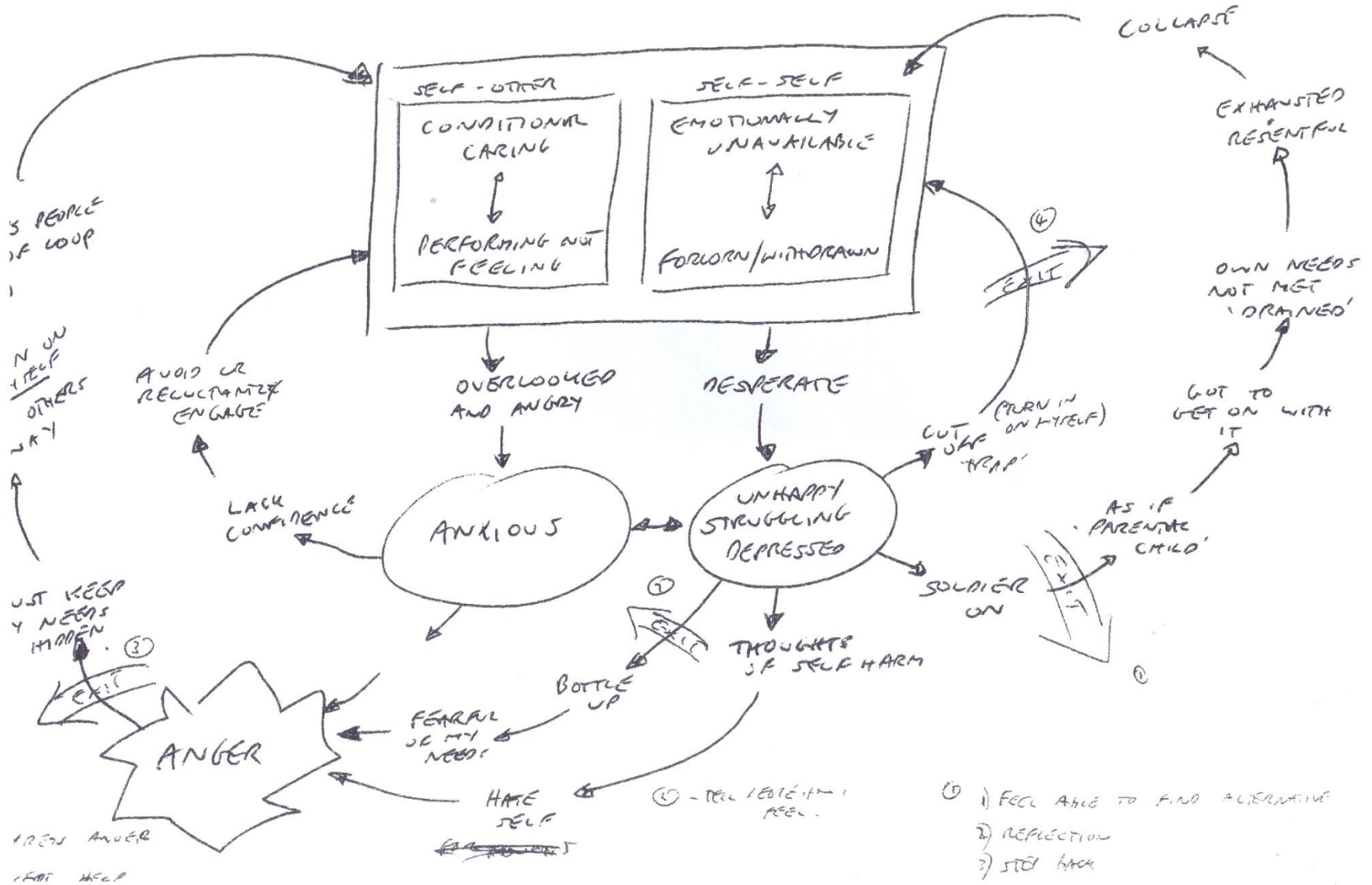
"The Black Place", still in hell but just in another room



# D

Pattern 502

(4) - Take over  
- Not in 'loop'

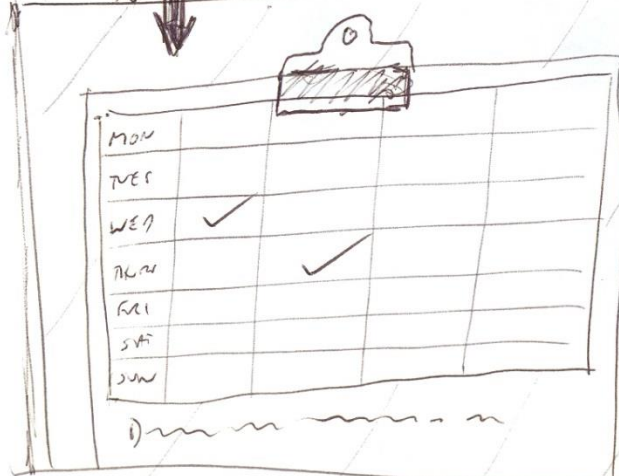


# E

PATIENT (E)

THE YOUNG (JUNG) ME

WORKING LIFE

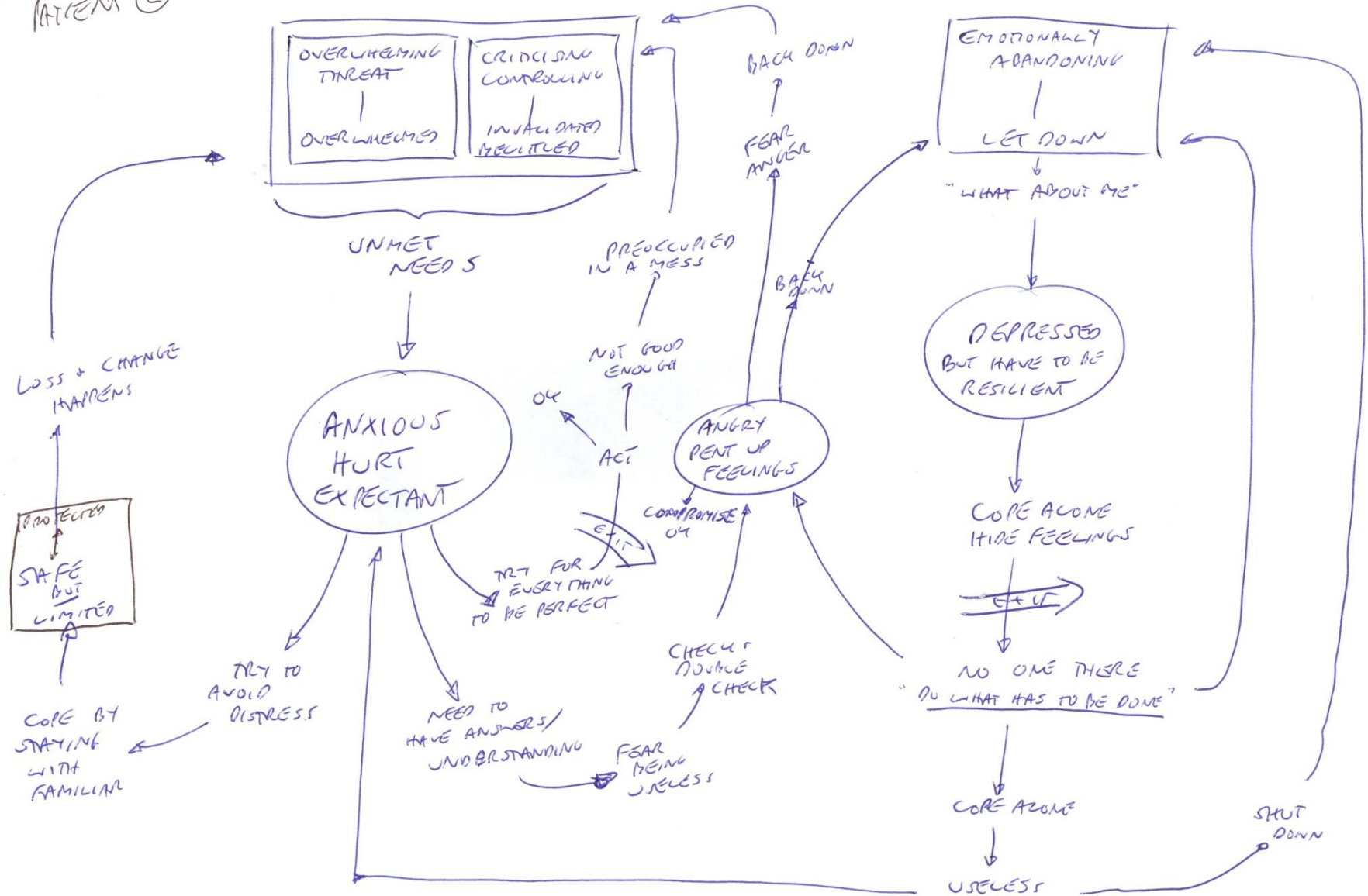


SOCIAL LIFE

HOME LIFE (CONNECTION)  
ANXIOUS

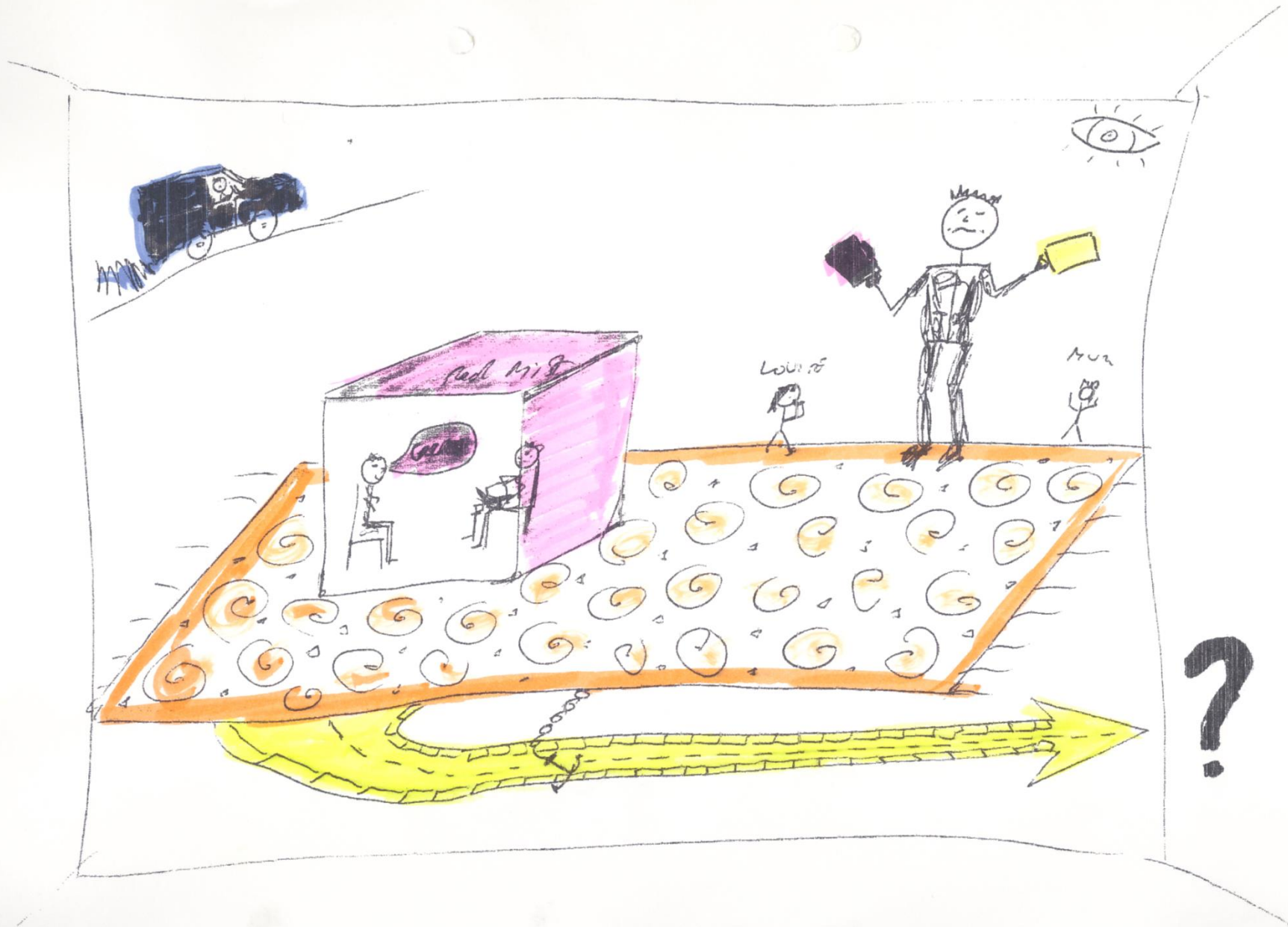
E

15/3/05  
PATIENT (E)



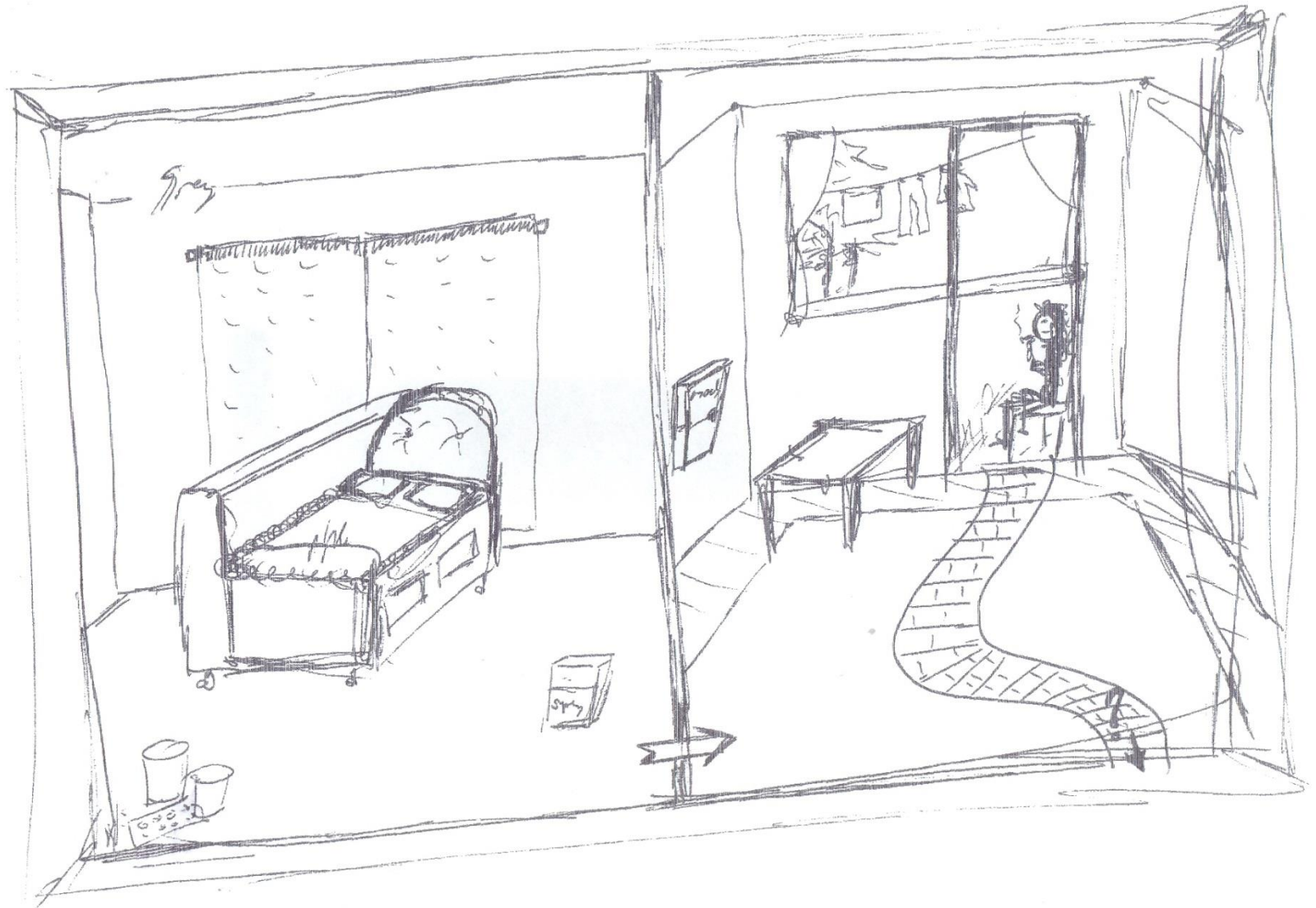


F



# G

5 ~~Picture~~ Picture G

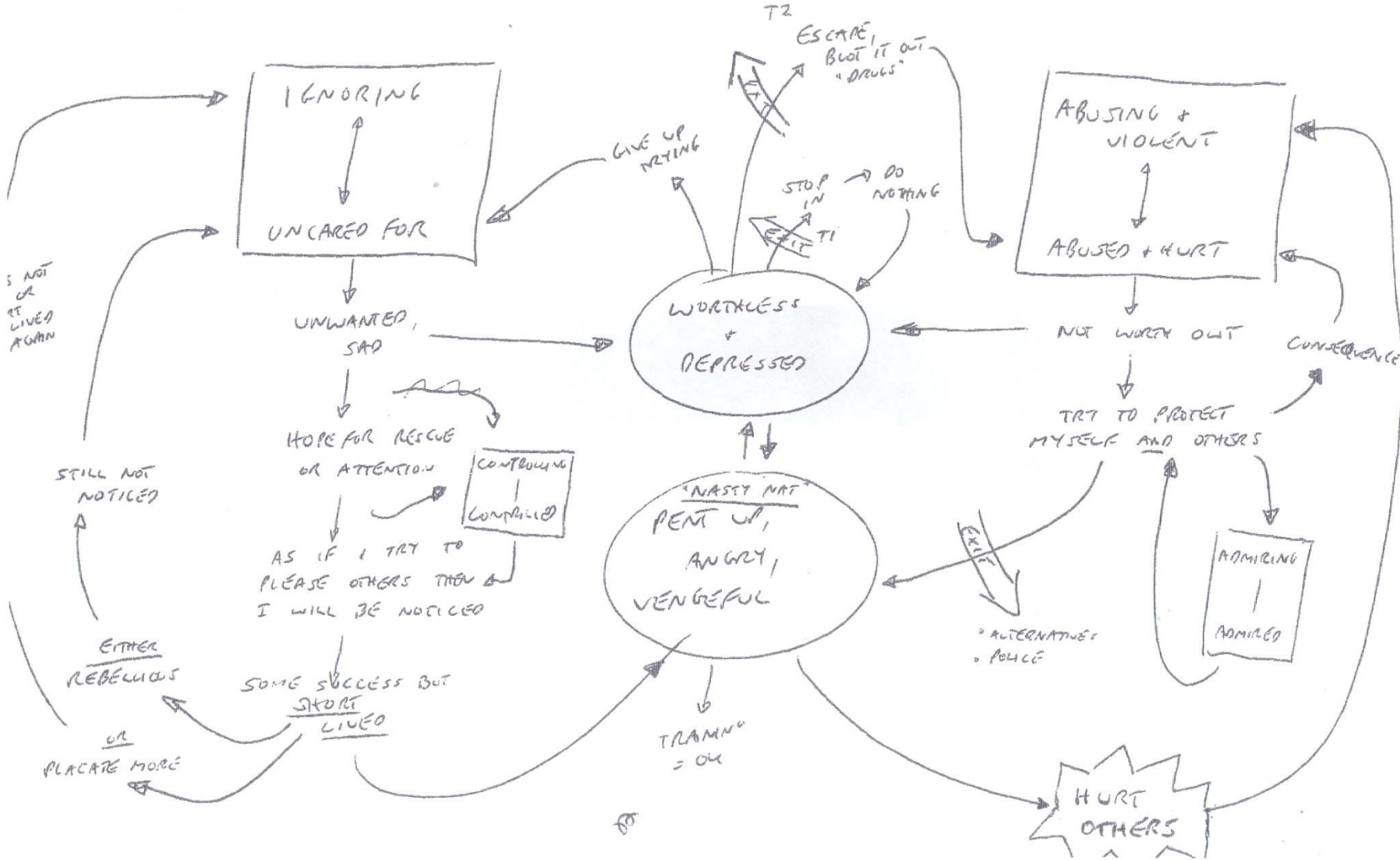


# G

30/3/05

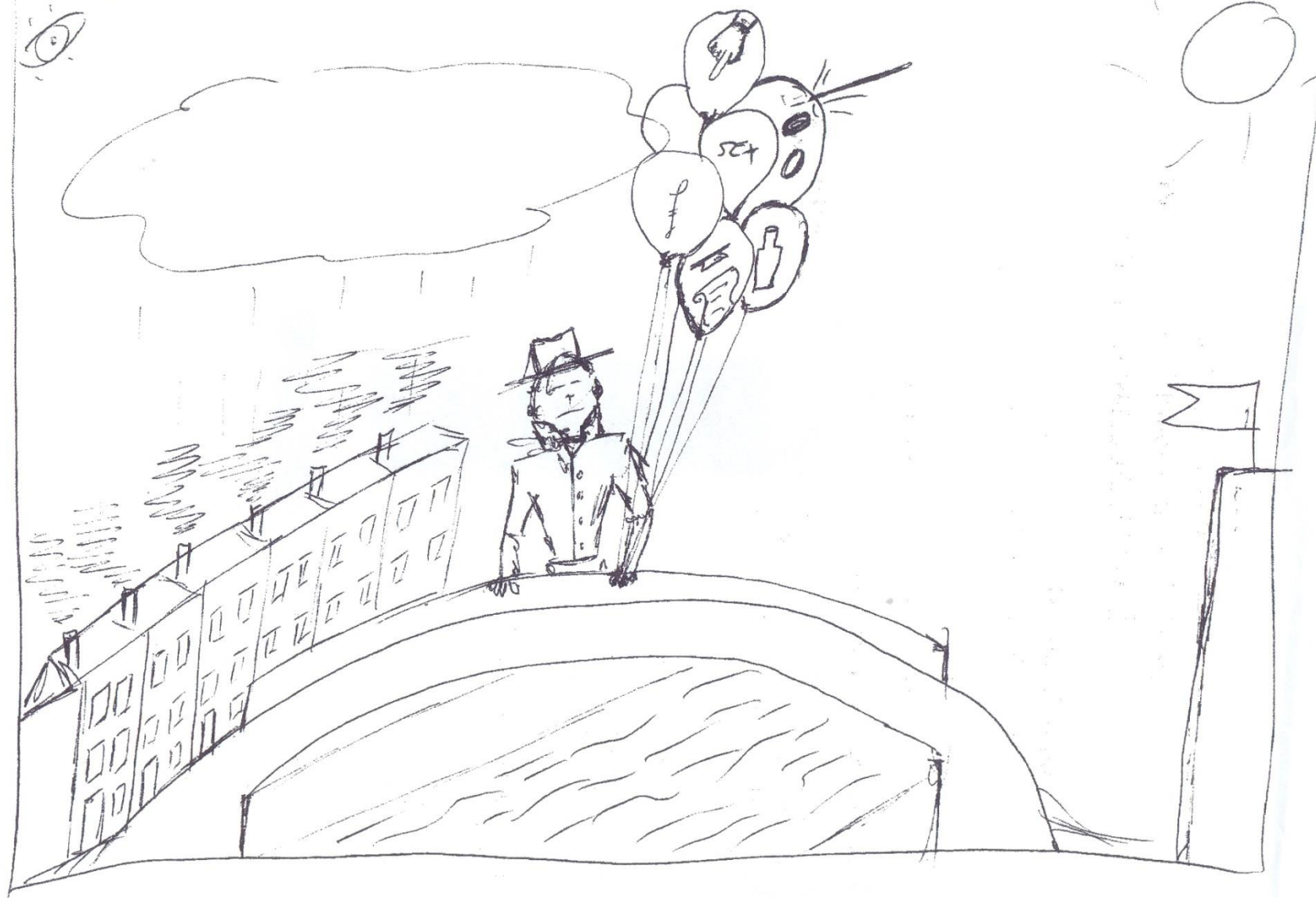
30/3/05

T1 - Stay in - push away in the end  
T2 - Blatant give - moderate not overdone  
think of others



H

PATIENT (H)





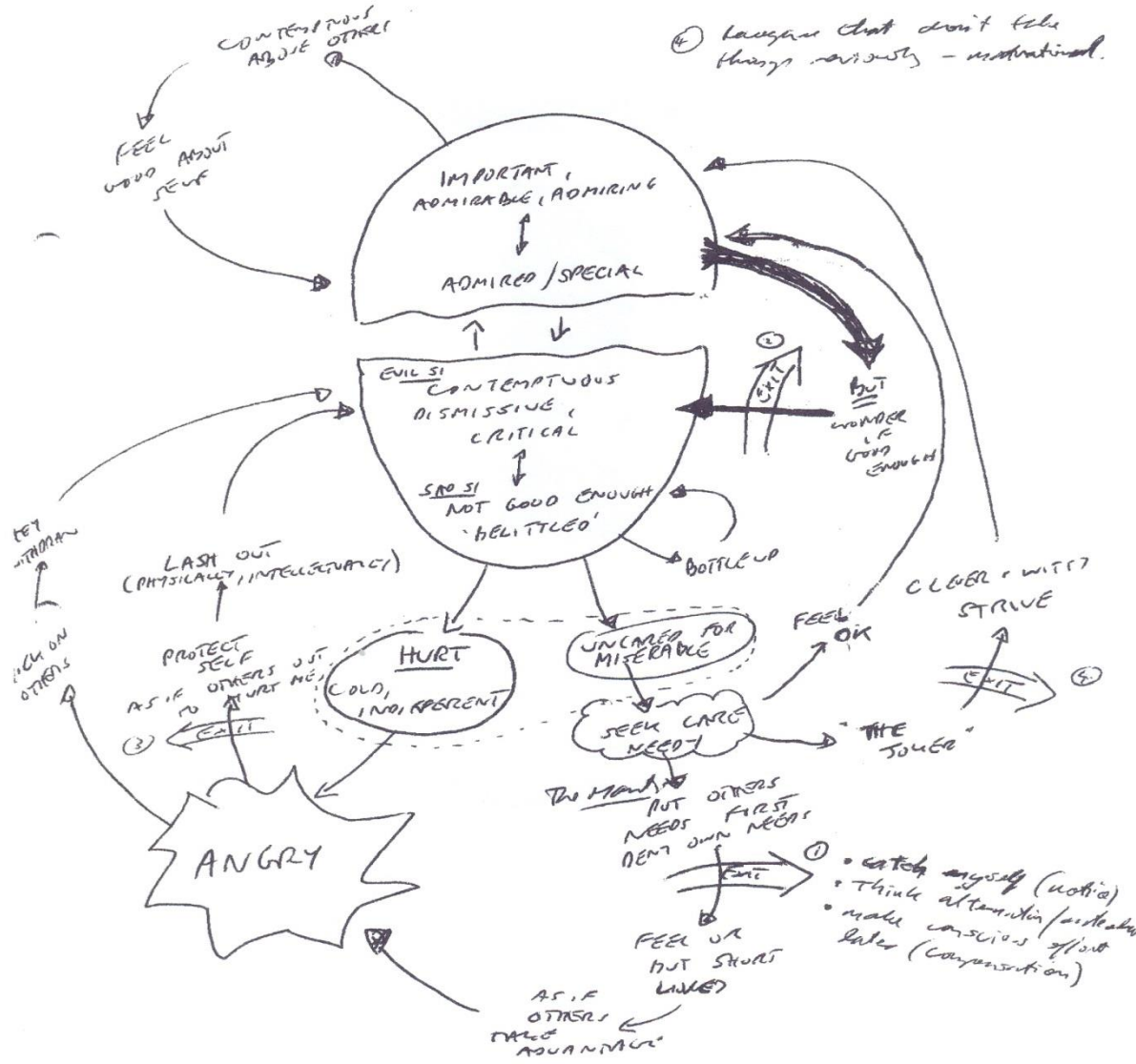
PATIENT (H)

SEN (12)

② - Recognition of children of narcissism, grandeur is important of self

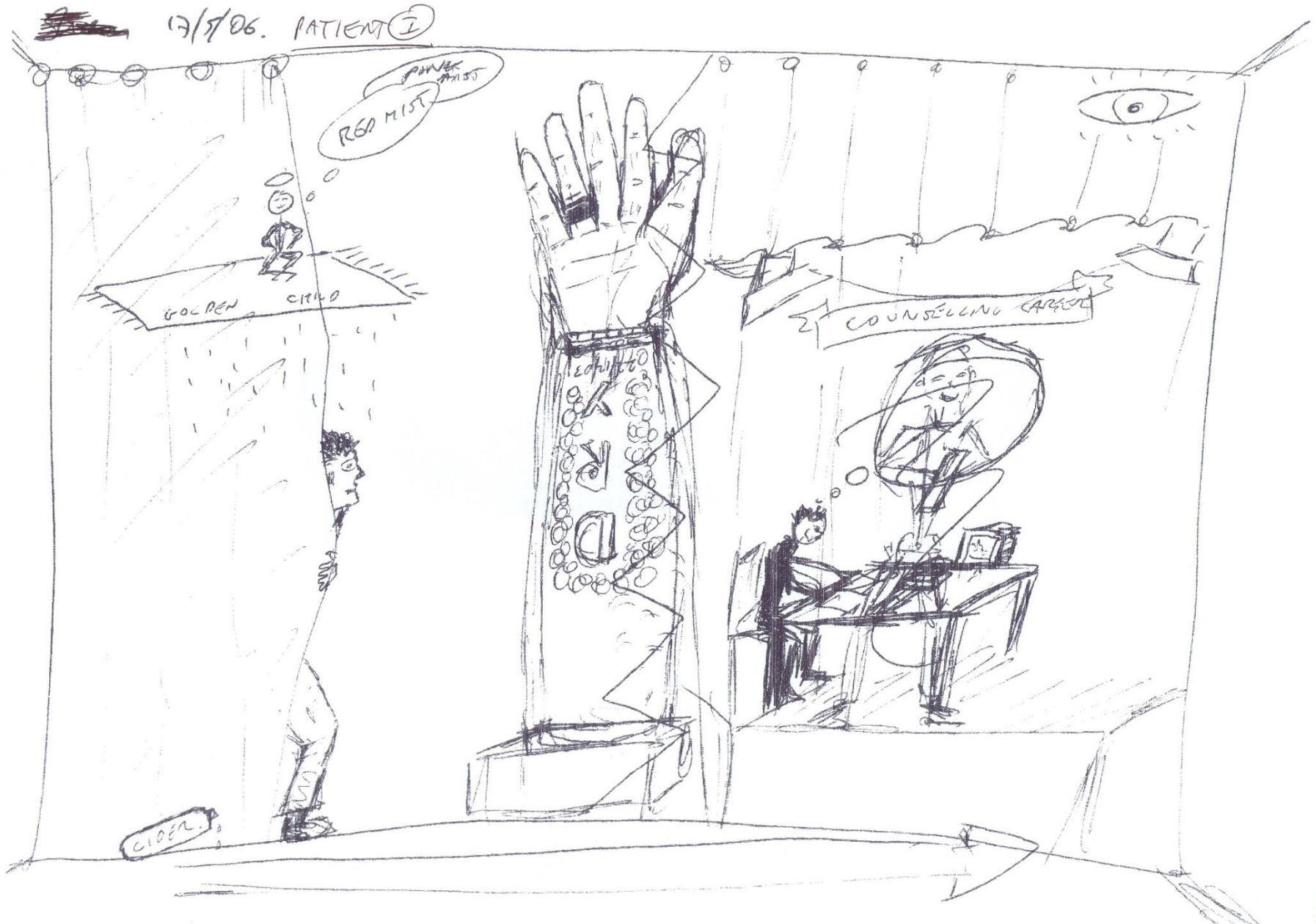
③ - potential entitled

④ - language that don't take things seriously - motivational.



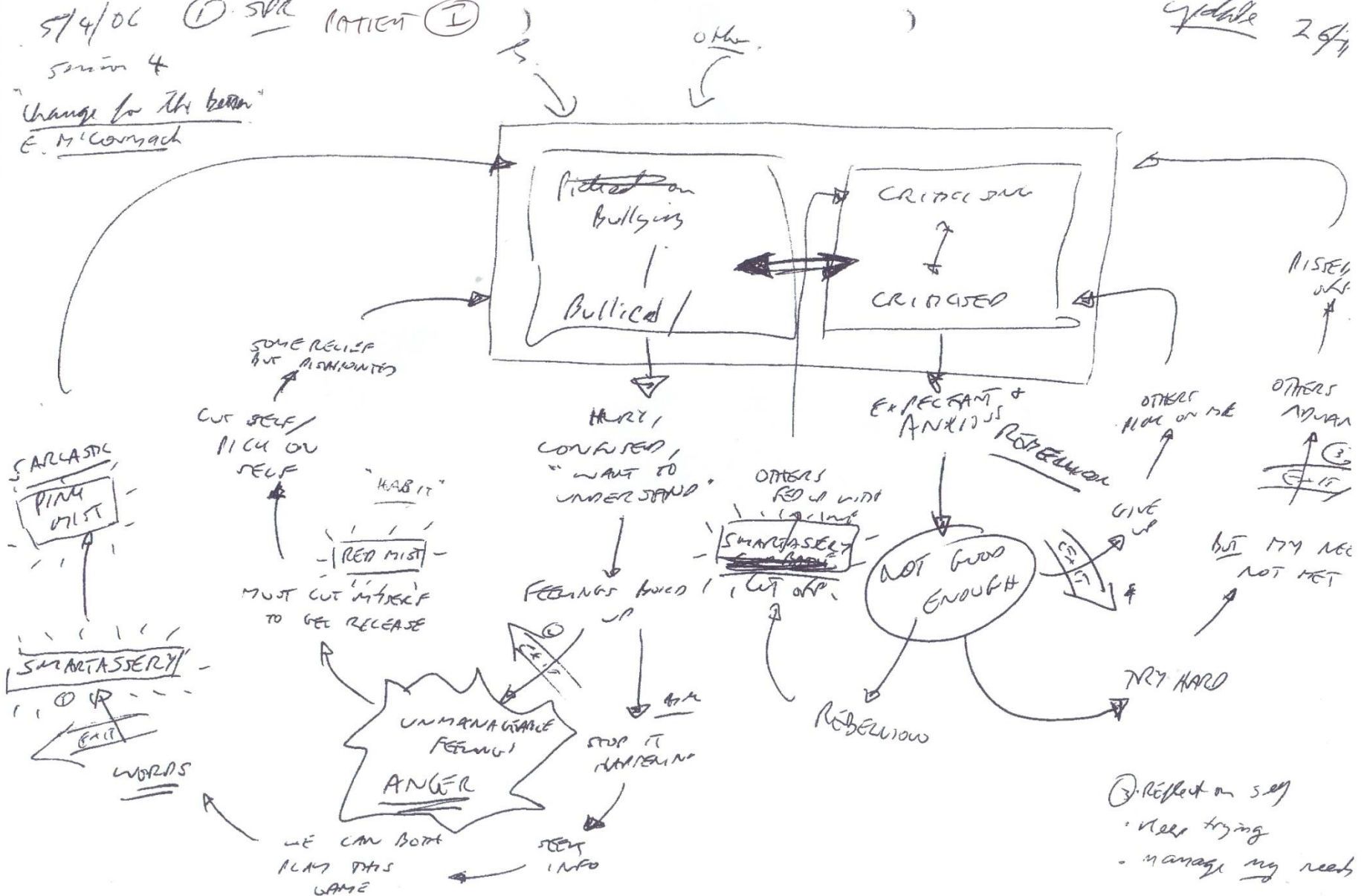
H

12/7/06. PATIENT I



E. M. McCormack

update 29/7



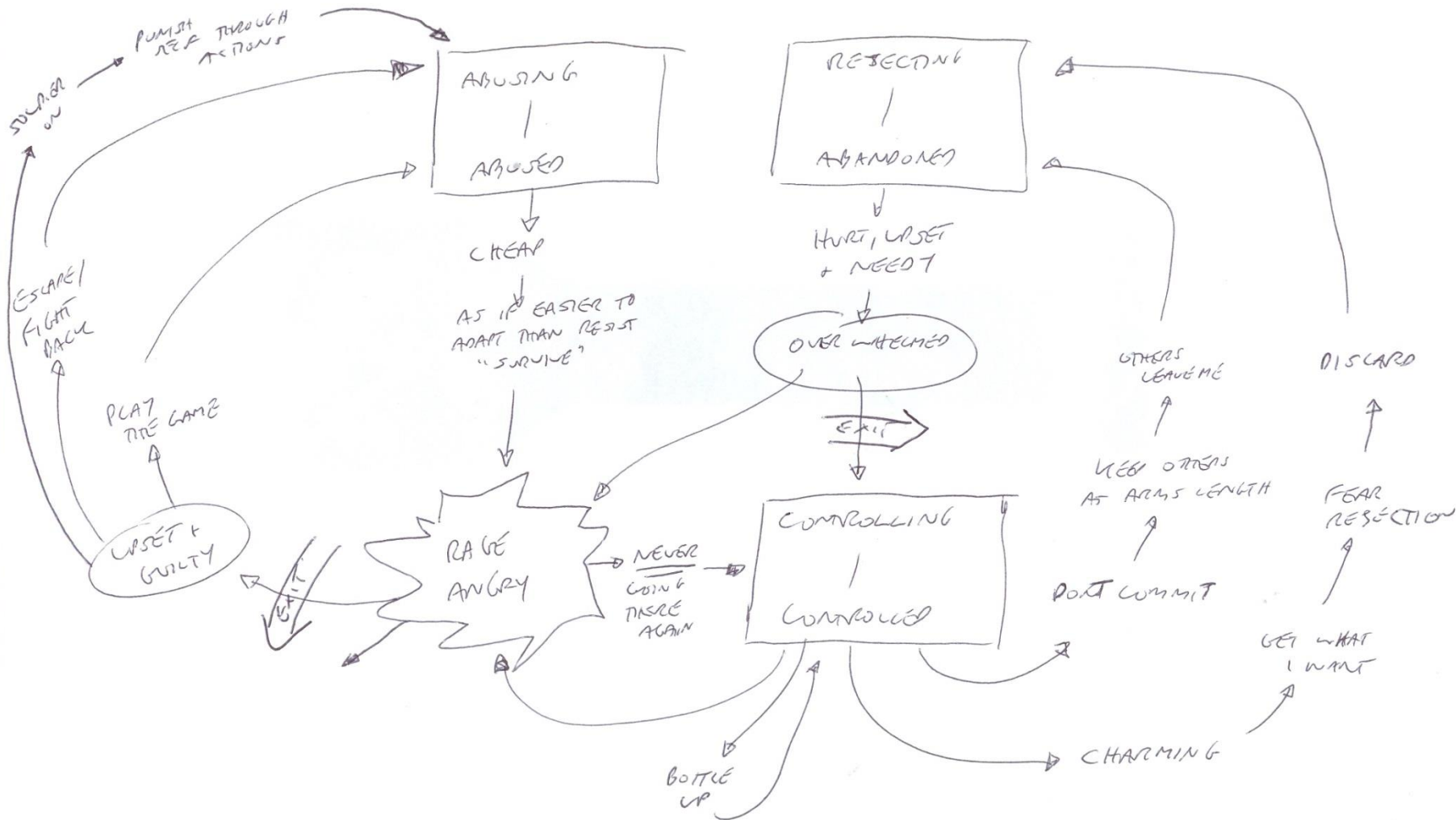
J





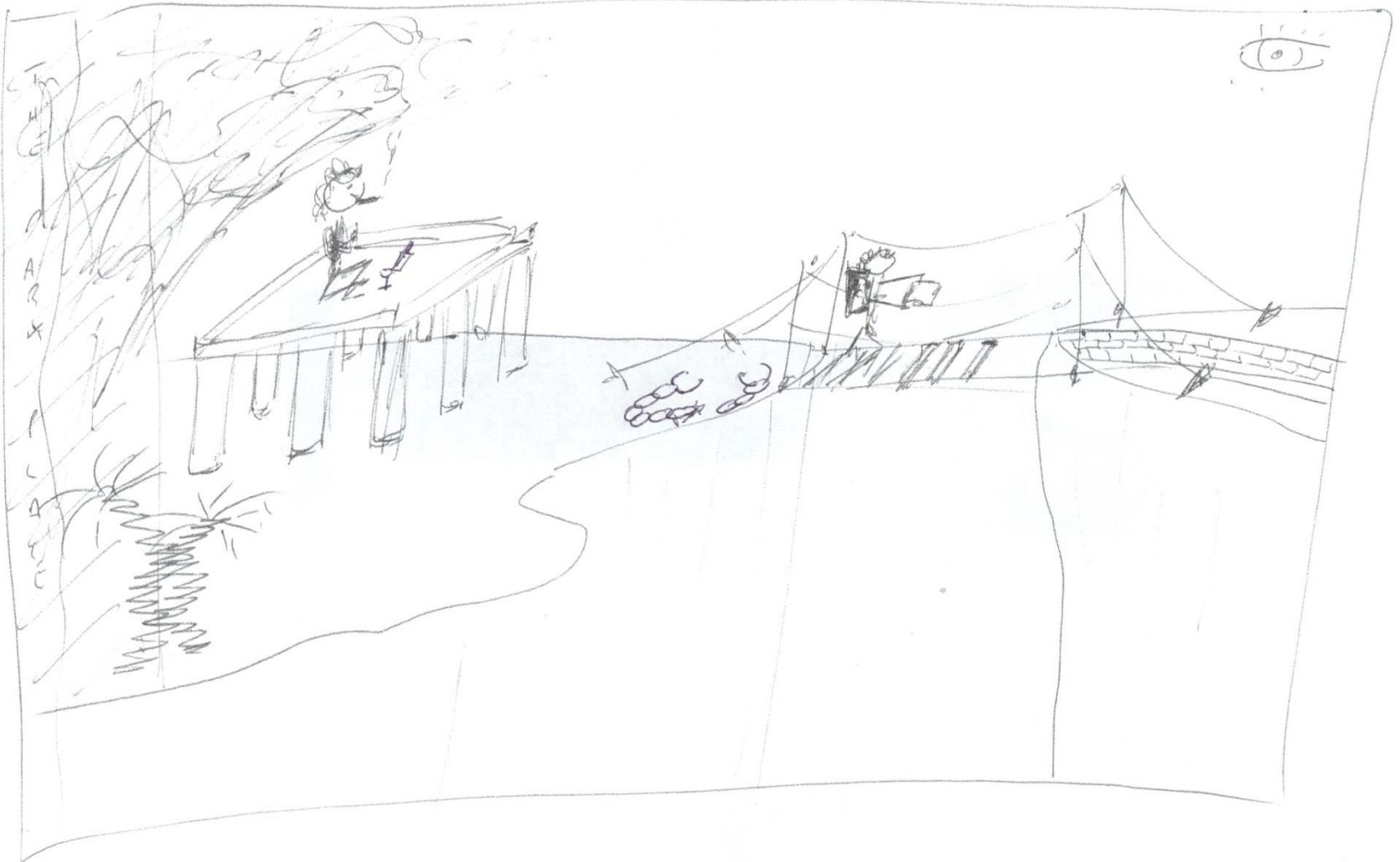
J

2/10/08

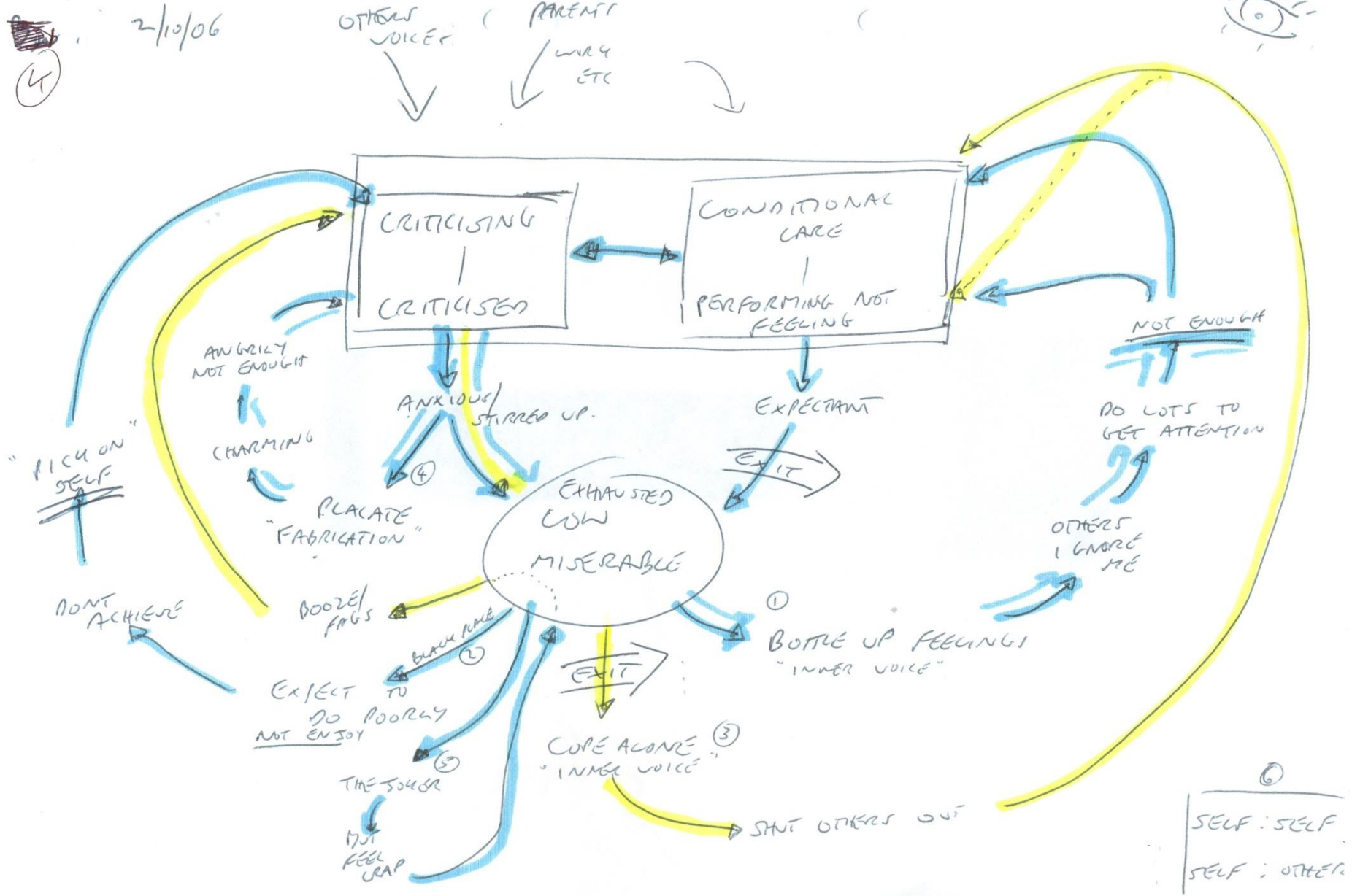


K

PATIENT (L)



# K



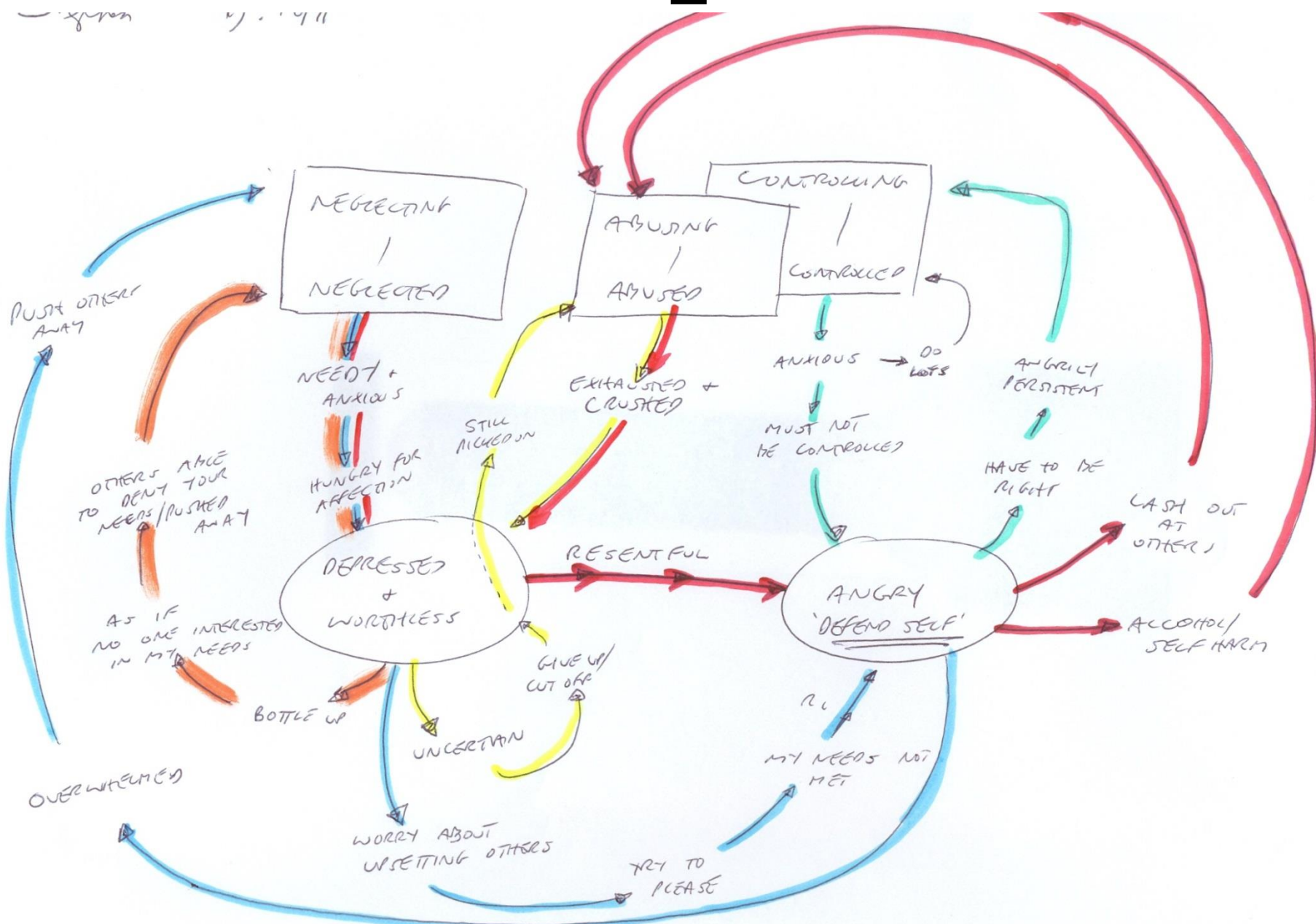
L

16/5/07 - ~~16/5/07~~ ② session ⑧  
↑ 602 | 502 | 572 ↓ ↓





L



# Exercise

- Consider your past life and significant events
- Try to think of these as a metaphor, picture, image
- Draw this on your paper



# Exercise

- Consider your current life
- How does the past image relate to the here and now (if you have had a therapy try to create an image for each TPP)
- Try to create an image that represents this...draw this on the paper
- Pause for a bit.....

# Exercise

- Is there anything else that you think needs to go on the picture
- Draw this.
- What have you got, do you want to add colour to it? Do this

# Reflections

- Feedback to the group if you want. If not see how easy it is to crate a meaningful image to represent past and present feelings

# Research Proposal – 4 Stages

- Lit review – Anger/CAT/Metaphor
- Delphi Study – CAT Practitioner views on use of metaphor (issues and practice)
- Training manual and workshop – developing and using pictorial metaphor in CAT
- Small 'n' sample 10(+) $\times$ 16 session CAT for anger/complex problems followed by qualitative interviews of all clients regarding usefulness (or not) of metaphor
- Currently pilot study - CAT and anger (8 sessions)

Methodological pluralism is OK (McLeod 1999)

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"He's dead. Tell me, had he had a good innings?"

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