The Use of Metaphors in Psychotherapy

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ABSTRACT: Metaphors are used in everyday language and play a role in the therapeutic domain. "This paper: 1) Examines the linguistic structure of metaphors for its therapeutic relevance. 2) Introduces the concept and use of metaphoric kernel statements. 3) Describes strategic and tactical applications of metaphor in guided metaphoric: imagery work, storytelling and metaphoric tasks. 4) Demonstrates the efficacy of metaphor in treatment of cases of traumatic and highly anxiety-provoking issues.

While metaphors have long been part of traditional healing methods, clinicians of diverse orientations are rediscovering their use in therapy. Erickson (1935; 1944) arid Kopp (1971; 1972) made significant contributions to the acceptance of this therapeutic technique. While psychoanalysts tend to interpret patient metaphors within an analytic framework (Sharpe, 1940; Sledge, 1977), some analysts have reported novel uses of patient metaphors (Aleksandrowicz, 1962; Caruth & Ekstein, 1966; Ekstein & Wallerstein, 1956; Ekstein & Wright, 1952; Reider, 1972).

In this paper we examine the linguistic structure of metaphors and provide some conceptual clarity regarding their content, construction and clinical use. Hopefully this will open new and effective therapeutic avenues for clinicians by providing useful tools for planning, describing and analyzing their therapeutic work with metaphors. Secondly, we describe and analyze strategic and tactical approaches to the therapeutic use of metaphors.

Strategic approaches utilize a single metaphor throughout the course of treatment. "Tactical applications use metaphors for more limited purposes within a wider treatment frame. In both tactical and strategic uses, we examine the characteristics of metaphoric imagery work, metaphoric stories and metaphoric statements generated by the therapist and the patient.

Orthony, Reynolds and Arter (1978) remark: "Although metaphors occur . . . at the level of' individual sentences, the really crucial role they play is in systems. We may call them extended metaphors or analogies, or even metaphorical models." These are common in psychotherapy. Individual metaphoric sentences such as metaphoric kernel statements (Fernandez, 1977) also play a significant role in forming the point of departure for extended metaphors.

Terminology: Linguistic Views on Metaphors

According to Richards (1936), simple metaphors ("George is a lion.") consist of two terms and the relationship between them. Richards calls the subject terns "George," the tonic or terror, while "lion," the term used metaphorically, is the vehicle. The relationship, or what the two have in common, Richard labels the grounds. Fernandez (1977) notes that tenor and vehicle belong to different domains, i.e., the literal domain and the metaphoric domain. The tenor, commonly a human being, has an abstract quality made more specific by the vehicle. In therapy, the tenor is most often the patient himself. "I am allergic to this world," a patient proclaims, wearing four sweaters in the middle of summer.

Perrine (1971) classifies simple metaphors according to whether their tenors and vehicles are explicit or implicit. A complete presentation and discussion of these categories is beyond the scope of this paper; however, clinicians can utilize this notion by an awareness that the vehicle and the metaphoric domain are implicitly stated, and by noticing to what degree. The patient or therapist can fill in what is implicit through guided imagery work or metaphoric stories in ways that optimally facilitate change.

Theoretical Approaches

Metaphors may be easy to recognize, but they are hard "to", define (Orthony et al., 1978). Each definition of metaphor reflects an underlying theoretical view which may be at variance with other views. The Oxford Dictionary defines metaphor as: "The figure of speech in which a name or descriptive term is transferred to some object different from, but. analogous to, that to which it is properly applicable; an instance of' this, a metaphorical expression."

According to Black (1962), this definition implies the substitution view of metaphor, in which a metaphoric expression is used in place of some equivalent literal expression: "Richard is a lion," instead of "Richard is brave." While the meaning conveyed by the metaphor alight be communicated literally, metaphors make the language more poetic and picturesque. The relevance for psychotherapy is that language can be examined as an index of the natural imagistic content of a patient's thinking. This provides the clinician with a point of departure for joining with the patient during treatment.

The best-known view on the nature of metaphor states that it a essentially a comparison between or juxtaposition of objects which are literally disparate. Comparison metaphors consist of perceived similarities between two or more objects; they seem to be condensed similes. Instead of saying, "I function like a switchboard in this family," a patient states, "I am the switchboard of this family." We believe that the metaphors patients use to describe their problems or difficulties are often based on an implicit comparison theory. Adherents of the interaction view of metaphor believe that although metaphors are colorful substitutes for literal statements and comparisons between objects, the psychologically and therapeutically interesting metaphors really involve more (Black, 1962; Wheelwright, 19(52, 1968; Haynes, 1975; Orthony et al., 1978). The essence of this view is formulated by Richards (1936) as follows: ". . . when we use a metaphor we have two thoughts of different things active together and supported by a single word or phrase whose meaning is a result of their interaction." The resulting meaning is new and transcends both thoughts.

According to Richards, metaphor is fundamentally a borrowing between and intercourse of thoughts, a transaction between contexts. It requires two ideas which cooperate in an inclusive meaning; they interact or "interpenetrate" each another with meaning (Wheelwright, 1968). In this view, it is the differences, not the similarities between tenor and vehicle which are significant. Haynes (1975) believes that the new insights provided by a good metaphor suggest further questions, "tempting us to formulate hypotheses which turn out to be experimentally fertile" (p. 274). She suggests that good metaphors can literally lead to reasoning by analogy. Authors who emphasize a psychological approach to metaphor regard metaphoric thinking as a creative activity (cf. Brunner, 1957; Rothenberg, 1979, 1984).

Therapeutic Strategies and Tactics in. the Use of Metaphors

Often in psychotherapy the therapist is initially the creative force. To be sure, patients describing their situations with metaphors are acting creatively. The problem is that their creative activity has stalled, and their metaphors have become frozen. The therapist's task is to unthaw the patient's Creative energy and propel it into problem-solving activities.

Fernandez (1977) states that metaphoric statements represent metaphoric images, which he considers plans of action. Helping patients bring their metaphoric images back to life stimulates them to further develop these plans of action and eventually to implement them. Case 1 demonstrates this principle using guided metaphoric imagery. This guided imagery approach is to be distinguished from approaches Ill which the context or content of the imagery is precisely prescribed by the therapist, such as the guided affective imagery method ill dynamic psychotherapy (Leuner, 1978), and the structured images for sensory-recall in behavior-oriented hypnotherapy (Kroger & Fetzler, 1976). In Case 2 the therapist uses metaphoric statements and stories in a way that allows the patient to develop her own private and idiosyncratic images. Therapists telling patients metaphoric stories implicitly convey therapeutic: plans of action, which when carried out, may resolve patients problems. Both therapist-generated and patient-generated metaphoric imagery can be applied at strategic and tactical levels. On the strategic level, the same (extended) metaphor is used as a theme throughout the course of treatment. Under the heading of tactical applications, are metaphoric interventions which serve one or more specific functions, such as providing clarification, interpretation or motivation for the patient.

At times, it is only after the fact that therapists know whether their metaphoric approach worked at the strategic or tactical level. Moreover, in some cases the decision regarding which level the metaphor served may be an arbitrary one The main purpose of this distinction is to

emphasize that metaphors can apply at a comprehensive level or can serve more concrete goals within a broader framework.

Strategy 1: Transforming Patient's Metaphoric Kernel Statement. Patients often describe their complaints 111 metaphoric expressions. Here are some examples: "I am up against the wall;" "I'm down in the dumps" (Greenleaf, 1978); "I Bill apart;" "I'm trapped;" "I'm caged" (Welch, 1984); and "People look down on me" (Muncie, 1937). Following Fernandez (1977), we call these expressions metaphoric kernel statements (Van der Hart, 1985 a & b) metaphoric because they are figurative; kernel statements because they express something essential. Unrecognized, they are "dead" or "frozen" metaphors. When. recognized, they may be brought back to life and become excellent points of departure for therapy. When changes occur, these statements are also modified, becoming indicators of therapeutic progress. One patient said during the first session, "I don't want to show all the dirt inside." Near the end of treatment, she remarked, "I feel very clean inside."

One way of bringing patient metaphors back to life is by creating an image of the vehicle of the metaphoric domain Therapists may use their own imagery, but helping patients to create images is usually more effective. These images become the starting point of guided metaphoric imagery work, essentially consisting of a series of emotional-perceptual transformations of the original statement. The following case examples illustrate this strategic use of metaphor in more detail.

Case 1: Depressed & Suicidal. Van der Hart (1985b) reports a 38-year-old patient residing in a home for vagrants who was depressed and contemplating suicide. He described his life situation as "I see no way out." He considered the therapist's suggestions for making changes in his life as utterly useless. Still, the therapist felt the patient had some personal strength which could be put to good use in therapy. The therapist made the patient's metaphoric kernel statement, "I see no way out," come alive first by creating a metaphoric domain from which the patient could literally see no way out, then by presenting him with an opportunity of finding one:

> After a hypnotic induction, the patient was told he was standing at the top of a stairway with twelve steps; he could take his time about going down, then would be in a very dark hallway with one door. (This suggestion implied that, even if he could not see a way out, there was one.) Downstairs, the patient reported that he did not see anything at all including the door. The therapist suggested that he find the door by feeling his way. He found the door and opened it. The space beyond was dark, too, but he did see a speck of light far away. The therapist then encouraged the patient to find his way through this space, which was a kind of tunnel. Proceeding through the tunnel, the patient had divergent experiences; such as crossing quicksand and witnessing an execution. On returning to a normal waking state, he seemed amnestic to this metaphoric imagery.

Two weeks later, the patient reported dramatic changes in his attitude and behavior. He head become somewhat optimistic about the future and had undertaken all kinds of necessary activities for self-improvement, such as going to the welfare department, which he had refused to do before. In this and following sessions, the patient and therapist were able to discuss the patient's progress in terms of his going his own way at his own pace.

This case illustrates how emotional-perceptual transformations of the metaphoric kernel statement can take place during guided imagery. The transformations occurring within the metaphoric domain of the patient's imagery work exerted influence in the principal domain of his perceptions, behavior and affect. Changes occurring within the principal domain of one's actual life situation can, we presume, further the development of metaphoric imagery work by increasing the content and richness of the imagistic field. As the patient participates in the metaphoric domain in a modified way, it reflects his experiential changes. What we can observe through this is a process of looping and feedback of information (cf. Fernandez, 1977; Miller, Galenter Pribram, 1960).

According to Perrine's distinction between explicit and implicit metaphors the patient's statement, "I see no way out," is the metaphoric domain (the area where he saw no way out) which was kept implicit. Thus, the therapist was able to create a domain in which the patient indeed did not see a way out, but was encouraged to find one using another sensory modality. After finding it, the discussion in later sessions consisted of the patient's going his own way

at his own pace. This progress was seen by the therapist as a result of the transformation of the patient's original metaphoric kernel statement, "I see no way out.".

Case 2: Generalized Anxiety. A 43-year-old woman sought help for numerous complaints: chest and lumbar pain, general anxiety, emotional instability, and social isolation. She felt desperate, as her state was deteriorating rapidly and previous therapies had been of no help. Initially, she impressed the therapist as being a strong person, but in the first session she broke down saying, "My problem is that I have no backbone." The therapist directed her to explore this metaphor further. He asked her to enter a state of concentration and mentally investigate the area of her back. She discovered that in her imagination, her backbone was normally developed up to the middle lumbar vertebrae; from there on it was very weak and completely underdeveloped, unable to support her at all. When asked how she could maintain an upright posture and give the impression of being a strong person, she replied that she was (figuratively) wearing a stiff iron corset for support. Although it hurt terribly, she could not live without it. She readily accepted the therapist's remark that, while the corset provided support, her body might be so constricted and immobilized by it that her backbone had no opportunity to grow and become strong.

The patient then related dramatic events of her childhood. Her mother, a single parent, had become seriously ill and died when the patient was eleven. The patient and her younger sister were sent to an orphanage, a cruel place which separated the children from one another and provided no emotional support or comfort. There the patient head to make herself artificially, strong in order to endure the ordeal and support her sister during their rare meetings. From this initial phase, therapy consisted of the patient's alternately working within the metaphoric and principal domains. In the metaphoric domain she imagined loosening the corset, taking it off for a while, feeling her backbones gradually become stronger, etc. Then she returned, often spontaneously, to subjects in the principal domain where she continued to work through her traumatic past.

Unlike Case 1, where the patient dealt only in the metaphoric domain during sessions, this patient alternately engaged in metaphoric imagery work and overtly addressed related issues in the principal domain; that is, the traumatic experiences from her past. We assume that progress in one domain facilitated changes in the other. One lesson drawn from this example is that guided metaphoric imagery can function as an integral part of a more traditional therapeutic approach, such as short-term psychodynamic therapy. We also learn that the patient's body can constitute the metaphoric domain to which the kernel statement refers.

Strategy 2: The Metaphoric Statement. Patients' symptomatology can constitute the "vehicle" part of incomplete metaphoric expressions. The therapist can reconnect the symptomatic domain with the principal domain of the more basic problem by using one metaphoric kernel statement. "She really gets under your skin, doesn't she?", Rothenberg (1984) told a patient with a diffuse eczematous skin lesion who described an experience in which she had been "mildly disappointed" by her sister. This is a good example of metaphoric combinational thinking, in which the idea expressed is based upon the perception of a common structure which links different domains or different areas within the same domain (Brunner, 1957).

Case 3: Post- Traumatic Stress Disorder. Witztum, Dasberg and Bleich (1986) report the treatment of a 28 year-old man suffering from posttraumatic stress disorder (PTSD), induced tell years earlier by combat trauma. One traumatic incident involved his half-track being hit by enemy fire, many comrades being killed and wounded, and himself lying in a gulch for hours, unable to move because of heavy crossfire. Lying there, he had a rowing sense of anger at his superiors "who lead let him dowel and deserted him." Afterwards he developed PTSI) and a low tolerance for authority figures, changing jobs every few months. His history showed that his authority problems originated with a father who had disappointed him in painful ways.

Although his combat trauma was clearly unresolved, he refused to explore the matter in therapy. He requested help for work-related problems, such as his inability to function in highly structured settings. The therapist saw the patient's repeated disappointments and feelings of abandonment by authority figures as the emotional leitmotif in his life. Since the combat trauma was most dramatic, the therapist believed that this should be the focus of treatment. During the first three sessions of short-term dynamic therapy a good empathic rapport was established and the patient seemed to progress nicely. Thereafter, he did not appear until two months later.

In that session the patient expressed his wish to escape all frameworks that bound him, to go far away and to return home. Listening, the therapist became aware of the painful combat trauma the patient was trying to leave behind and of a mental picture of a shelter in which the patient took refuge. He presented the following metaphoric kernel statement: "Actually you are hiding in a shelter. You really want to go out, but you can-not." The patient immediately became pale and began to sweat, indicating that the core problem in the trauma had been identified. He then recounted a dream about taking a leave of absence from the army. On returning home, he received a message that his leave was cancelled due to a mission he had been assigned to. The therapist elaborated his metaphoric statement: "Most of your life you have been hiding in a shelter. You want to leave, but there is still shooting going on outside." The patient turned pale and began to sweat again. "There are many sharp stones and boulders out there. Whoever goes out can slip and fall, or be hit by a stray bullet. But it is also possible to crawl out and keep going.

This extended metaphor continued to be the center of treatment during following sessions and was possibly the most curative factor in therapy. In the seventh session (of 8) the patient described his situation as, "On the civilian level I've left the shelter."

The metaphoric kernel statements that the therapist presented were rather complex. "Actually, most of your life you have been hiding in a shelter. You really want to leave the shelter, but there is still shooting going on outside." The patient associated the metaphoric domain, "the shelter," with the literal, traumatic domain of the battle field. His physiological reactions (pallor and sweating) and the report of his dream were signs that his unresolved trauma was accessed. At the same time, the shelter offered him protection and an opportunity to observe what was going on. As the dream indicated, the metaphoric statement had additional meanings for the patient regarding his failures, his present job and the secure home he longed for. The shelter can be seen as a condensed symbol within a metaphor.

Condensed Symbol. Condensed symbols have more than one meaning: they are multivocal and have a strong emotional quality (Sapir, 1934; Turner, 1967). Although therapists may be aware of only one meaning of their metaphors, it is important to realize that they may at the same time function as condensed symbols for the patient.

Strategy .3: The Metaphor as a Bridge to the Patient. This metaphoric technique is a less comprehensive strategy than the previous approaches. In the beginning of treatment, a primary task of the therapist is establishing rapport, conveying to the patient that he is understood. Caruth and Ekstein (1966) mention a patient Who described herself as being on an island, to which the therapist offered to build a bridge.

Metaphoric stories with different images also enable therapists to connect empathically with their patients. Lankton and Lankton (1983) introduced the name "matching metaphor" for such a narrative which they define as "that metaphor which is placed in the primary position and which offers a dramatic theme parallel to the presenting problem. The purpose of the initial metaphor is to engage attention and capture conscious and unconscious perception" (p. 121). Their matching metaphor belongs to an intriguing hypnotic treatment approach that consists of presenting a series of embedded metaphors, all with different goals. The matching metaphor is the opening story, the end of which is only told at the end of the session. Our own use of a matching metaphor is not limited to hypnotherapy and the story is usually told integrally. No solutions to the problem are offered, although there is no reason why this couldn't be done at a later stage in treatment.

While our matching metaphors are usually spontaneously developed from images we have of the patient during the session, we recommend that therapists beginning to utilize such stories follow the guidelines Lankton and Lankton (1986, pp. 186-187) 'provide for the construction of metaphoric stories: (a) define a specific therapeutic goal for the metaphor (in this case, establishing rapport); (b) construct a reference picture that contains the necessary components for the unfolding storyline; (c) construct an end picture to provide closure for the storyline; (d) check that the resources needed to reach the goal will be possible; (e) add dramatic hold using the element of metaphoric drama; and (f) observe and incorporate the patient's ideomotor response while delivering the metaphor.

Case 4: Confused & Helpless. The patient, a 27 year-old divorced mother of three sought help for feelings of confusion, helplessness and self-dissatisfaction. She was the fourth of seven children in a very poor, religious family. Her father was an aggressive, difficult man who heat her with his belt. Her mother was weak and always fatigued from the stresses of rearing severs children. At 15, the patient was shocked to find herself pregnant from a sexual game with a

boyfriend. She wanted to terminate the pregnancy, but her parents forced her to marry the boy. She soon discovered that he was rude, cold and lazy. He beat her regularly and generally enjoyed humiliating her.

When their third child was born, she filed for divorce. After a seven year struggle during which she give up all their common property and accepted a very small alimony, he agreed. She began working and became involved in a three-year relationship with a professional man. Wanting stability, she asked him to marry her; he refused. Three times she tried to separate from him. Each time he came back to her and promised a permanent relationship, but each time lie changed his mind. The last time she discovered that he had had an affair with one of her girl-friends. She found the pain of separation intolerable and felt hopeless. She because increasingly hostile towards men and bitter towards women.

In the first three sessions the patient showed a cover of politeness, initially seeming to accept whatever the (male) therapist said, but she soon rejected everything. The therapist perceived her as simultaneously hostile and helpless as a result of being abused by the significant men in her life. She longed for warmth and tenderness, but felt if she trusted anyone, she could be deeply hurt again. In the third session, am image was evoked in the therapist of a child lost in the desert, looking for water. He told the patient a story about this child to serve as a matching metaphor:

> "There was once a lonely child living in the heart of the desert. There was almost no water in this desolate place, and the child was always thirsty. She desperately needed to find more water, and one day began to search for it. After a while she found a river in a deep ravine. It was too dangerous to approach, as she could easily fall in and drown. So the utterly frustrated and thirsty child had to continue her search. After some time she arrived at a muddy marsh. She was so thirsty that she drank the hitter water immediately. It made her feel bad, but she head to survive, so she had no choice. For seven years she dwelt in the marsh, always feeling nauseous from the bad smell and the bitter taste of the water, until she felt she could no longer endure it. She decided to leave the marsh and return to the desert. Then, when she was expecting the worst, she found a small fresh spring. She felt she was saved; after so many years of pain she could live again. Three years later, the spring began drying up. Soon there would be no water anymore, and she would be lonely and thirsty again in the desert."

As the therapist began the story, the patient showed little response. Then her mouth opened, her head began to move restlessly, and when he spoke of' the girl's search for water, she tried to hide the tears in her eyes. She followed the rest of the story with nods of her head. Afterward, the patient's hostility to the therapist disappeared almost completely. Her expression and tone of voice softened. She began earnestly to talk about her pain and fear that nobody would love her.

This matching metaphor served as a bridge for the therapist to meet the patient where she was. Throug h telling her the essence of her life story in this metaphoric format, he communicated in an indirect, nonthreatening way that he understood her thirst for tenderness and care. Having her predicament acknowledged enabled her to start moving from her previously fixed position vis-à-vis the therapist. Since the main purpose of the metaphoric narrative was to create an empathic rapport, no attempt was made to include a solution to her problem.

THE TACTICAL APPLICATIONS OF METAPHOR: METAPHORIC INTERVENTIONS

The uses of metaphor described so far have been at the strategic level of therapy, functioning in the comprehensive treatment approach. Metaphors employed in tactical ways as interventions serve specific purposes in the total treatment strategy. Here, too, we distinguish two categories: metaphoric imagery work and metaphoric narratives.

Tactical Approach 1: Metaphoric Imagery Work

In hypnotherapy metaphoric imagery work can focus briefly on a specified image until a particular goal is accomplished. We believe this is most effective when experienced not only visually, but also kinesthetically and auditorally. This imagery work can be concise or extended into tasks which the patient carries out regularly in homework assignments.

Examples: In hypnosis, the induction procedure itself is often rich with metaphoric suggestions which the patient is asked to imagine. Thus, the therapist may suggest the patient go "deeper and deeper" into a trance, while imaging descending a staircase with a certain number of' steps (cf. case 1), the therapist saying, for instance, "and with each step down, you feel yourself relax more and more . . . going deeper and deeper into a trance." An alternate image would be to see oneself in an elevator going clown (or up).

Patients with unresolved traumatic memories who are afraid of losing control when entering the state of' hypnosis may be asked to imagine a safe place where they can feel more secure and protected. According to Brown and Fromm (1986, p. 280), the Vietnam veteran might imagine a special "hootch," safe from mines and sniper fire, and the incest victim might imagine a safe room or a small island that she alone has access to. Imaging this place may serve not only as a soothing induction, but also establishes an area of protection. The patient may move away from this area to work through traumatic experiences and return to it afterwards.

Walch (1978) describes the so-called "red balloon" technique which may help patients relieve themselves of needless negative feelings such as anxiety, fear, irritation, and tension. The patient imagines a dust bin attached to a big reel balloon, ready for take-off. He puts all the negative feelings and thoughts he wants to be rid of in the dust bin. The more he throws in, the more confident and relaxed he feels. When the balloon takes off with the bin and slowly disappears, an intense feeling of relief can be experienced. However, patients may modify such instructions in their own idiosyncratic ways. A patient with PSTD and somatization disorder responded by saying, "I left the dust bin here, and I got in the balloon and flew away!" This distortion of the metaphor perfectly reflected her escapist way of' problem-solving (Friedman, 1988).

Metaphoric images may be used to suggest posthypnotic amnesia. This is sometimes indicated in hypnotherapy with severely traumatized patients. After patients have dealt with memories they cannot yet face in the waking state, they can be directed to create the image of a safe in which the traumatic material is put. The door is locked, it is suggested that only they will remember the combination, and they will open the safe only in the presence of the therapist (Van der Hart & Boon, 1988). These examples are a few of the wide variety of applications found In most handbooks of hypnosis. Many of these applications (to not need a formal hypnotic induction to be effective.

Tactical Approach 2: Metaphoric Narratives

The stories or narratives told at this level are more circumscribed in their content and purpose than the strategic metaphors, they are often shorter. Such stories usually result from images therapists have of their patients. As Fernandez (1977) noted, these images may be seen as plans for behavior. After determining what goal the metaphor should serve, the therapist creates and tells a story around it.

Zeig (1980), analyzing the work of Milton H. Erickson, lists the following functions of these stories: (1) making or illustrating points; (2) suggesting solutions to problems; (3) helping patients recognize themselves; (4) seeding ideas and increasing motivation; (5) controlling the therapeutic relationship; (6) embedding directives; (7) decreasing resistance; (8) reframing and redefining problems; (9) ego-building; (10) modeling a way of communication; (11) reminding patients of' their own resources; and (12) desensitizing patients from fears. Of course, a story may serve more than one function at the Same time. The following example contains one protagonist and no other well-developed characters. However, metaphoric stories may contain more people, such as couples or families. Many publications provide ample illustrations (cf. Barker, 1985; Brink, 1982; Gindhart, 1981; Gordon 1978; Lankton & Lankton, 1953, 1986; Mills & Crowley, 1986; Peseschkian, 1982).

Case 5: Fatigue, Tension & Pain. A 36 year-old divorced man was referred by his physician for depression, fatigue, headaches, neck and shoulder tension and pain. Whenever he felt. depressed, he stayed home from work. He had often been hurt emotionally, but had learned to keep his emotions inside and carry on. Physical therapy for his pain and psychotherapy for emotional problems had been unsuccessful; the latter because he felt pushed against his will to express his feelings. Since his problems were worsening, he sought help in psychotherapy again.

At the end of the first session, contemplating the nature and location of the patients pain, the therapist told the following story:

> "Once upon a time, there was a traveller who had a long way to go. He was carrying a huge rucksack. As he travelled, the rucksack became heavier and heavier because he had the curious habit of putting a stone in his sack whenever lie encountered any

> difficulty. The further he went, the more he felt the painful weight of the sack on his shoulders, and the sooner he became exhausted and had to rest. People who saw him stumbling commented on the heavy load he carried, but this only offended him. When he finally realized that resting did not mitigate his pain, he took off his rucksack. After much hesitation, he opened the sack and looked at everything he had collected. He removed the stones one by one, examined their and felt their weight in his hands. When all the stones were lying on the ground, he decided to build a statue as a memorial to all the difficulties he had encountered and survived on his journey. When he finished building the statue, he realized that it also symbolized his ability to continue on his travels in a much better and lighter manner than before."

Without waiting for his patient's comments, the therapist made another appointment. During the next session, the patient spontaneously said that the story had often been on his mind and that he wanted to unburden himself of his emotional problems with the therapist's help.

This story was intended to give the patient another look at his way of dealing with emotional problems and to motivate him to deal with them differently than before. There are many applications of such a tactical use of metaphoric stories-in lieu of or as the companion to a more direct approach. Instead of metaphoric stories, clinical anecdotes about other persons with comparable problems may be equally useful. In this case, telling such an anecdote may have been too direct for this patient who felt himself easily pushed. At a tactical level, alternative solutions to problems may best be suggested through several different stories, thereby emphasizing different solutions. The patient is thereby provided with more freedom of choice.

Tactical Approach 3): Metaphoric Actions

Thus far we have presented metaphors as stories and in guided imagery work. Barker (1985) pointed out that there are also actions the patient may perform which are metaphoric in nature. This is especially true of therapeutic rituals which can be seen as physical enactments of metaphoric statements, or, as Fernandez (1977) shows at a more complex level, as the actualizations of metaphoric plans (cf. Seltzer & Seltzer, 1983; Van der Hart, 1983, 1988). There are a variety of other therapeutic approaches involving metaphoric actions: Andolfi's (1983) metaphoric tasks in family therapy; Mills and Crowley's (1986) metaphoric assignments in child psychotherapy, such as metaphoric drawings, the magic puppet theatre, and cartoon therapy; and Papp's (1983) staging of reciprocal metaphor in couples therapy. The reader is referred to these sources for detailed information. Here we offer samples of therapeutic rituals to exemplify metaphoric actions.

Case 6: "Dead Marriage". Sargent (1988) provides an excellent example of ritual as the actualization of a metaphoric plan. When an impasse occurred during marital therapy, the therapist remembered that the couple had told him their marriage was dead, a metaphoric kernel statement lie had overlooked before. He suggested that they solemnly bury their "dead marriage." Since he believed the relationship was still viable, he suggested that they should then make a fresh start by performing a reunion ritual, such as an intimate dinner in a special restaurant.

The couple designed and performed its own rituals: burying the symbols of their dead marriage in the ocean, having a very special dinner and engaging in passionate love-making. This "experiencing a funeral and a wedding on the same day" as they summarized their rituals, proved to be the turning point in their relationship.

Case 7: Grief-Stricken. In this case two therapists' images of a patient led to a series of metaphoric statements which inspired the assignment of a metaphoric task. The patient, a 52 year-old married mother of four became depressed after her father's sudden death in the hospital where she sent him for a check-up. In her opinion, the doctors to whom she referred him erred in their diagnosis resulting in his demise. After his death, she longed for him. Despite her age, she felt herself more the daughter of her parents than a woman, a wife and mother and she felt guilty and angry. Since antidepressant medication brought no improvement, mourning therapy involving a therapeutic leave-taking ritual (Van der Hart, 1983; 1988) was begun during the ninth month after her father's death.

The patient made progress, albeit hesitantly, by writing a "continuous leave-taking letter" to her father. Three months later an impasse occurred related to the anniversary of her father's death. Sharing this knowledge did not lead to any change. One of the two therapists involved in the treatment related an image he had of the patient: He saw her standing motionless on a narrow

bridge connecting two huge mountains one of them bright and the other dark. The patient found this a very apt description, and the enactment of it by having the therapists pull each of her arms made her feel the situation physically. In the next session she referred to the aptness of the image and its enactment, which had been on her mind, but no further changes occurred in terms of her symptoms.

The other therapist then elaborated upon the image saying that the patient was probably not moving from the bridge because all her energy went into holding a heavy stone. ("Containing her feelings of anger and guilt," he thought but didn't say.) While the patient nodded, he continued, "The time doesn't seem right for you to drop the stone yet. So, to make your current position even clearer to yourself and others, I suggest you look for a real stone to represent the one you are holding and carry it with you always, until the time comes when you are ready to leave it behind and enter the land of the living."

Two weeks later she came to the session with a carefully selected heavy stone. In following sessions she decided that a lighter stone would be more appropriate, and subsequently found two smaller ones. Meanwhile, she initiated changes in her daily life. Most significantly, she found a new job which she enjoyed. She spontaneously reported that she had taken some steps on the bridge in the right direction.

The metaphor of the patient standing on the bridge served mainly to clarify the patient's position vis-à-vis change. Introducing the symbol of the stone deepened her understanding of the situation and provided the opportunity to give a metaphoric task which served to break through the barrier. An alternate coarse could have consisted of asking the patient herself to clarify her position on the bridge further and participate in creating her own imagery, but the "stone-like" quality of the patient's impasse inspired the therapists to take the head.

SUMMARY AND CONCLUSION

We have examined the aspects of tenor, vehicle and ground as the underlying linguistic structure inherent in metaphor. By noting what is implicit and explicit in relation to this structure, the clinician can determine what subject matter to amplify in the construction of therapeutic metaphors. Awareness of the interrelationship of the metaphoric domain with the principal domain heightens the effectiveness of treatment through use of information looping and feedback.

In some cases presented, the therapeutic impact of metaphors lay at a general strategic level, employing a single metaphor and tactical interventions as ways to address specific aspects or issues within treatment. Examples of guided imagery work and storytelling were shown to be effective techniques in the overall treatment context.

Perhaps the greatest value of metaphor lies in treatment where trauma has occurred In such cases working-through the problem directly can be too anxiety-provoking or complex. Metaphor frequently deactivates the defenses without heightening the anxiety by allowing patients to defocus on the issue itself and focus in the metaphoric domain. They may then refocus on the problem with new information or a new way of framing the situation gained from the interchange in the metaphoric field.

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