



THE HOMOSPATIAL PROCESS AND METAPHORICAL INTERVENTION

Albert Rothenberg

The Creative Process of Psychotherapy

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The Homospatial Process and Metaphorical Intervention

Creation of effective metaphors is one of the prime functions of the homospatial process. Multiple discrete entities are brought together into the same mentally represented space and the resulting conception is articulated into metaphorical phrases, e.g., “the road was a ribbon of moonlight,” or more extensive metaphors, e.g., the central image of a poem, or the character Hamlet in Shakespeare’s play. The multiple discrete entities in the mental conception may consist of sensory elements from either the same or different modalities. Resulting metaphors may be of the verbal type found in poetry and other forms of literature or they may be visual metaphors found in painting, sculpture, architecture, or dance. Auditory or sound types of metaphors are created as expressive factors in music and creative scientists develop conceptual types of metaphors to serve in the building of theories and models. An illustration of a visual metaphor is given by Aldrich¹ in his analysis of a painting by Oskar Kokoschka. In this painting, he points out, roofs of houses and mountains are juxtaposed in such a way as to form a whole and interact visually with one another. In this way, Kokoschka produced a visual metaphor in which the depicted mountain was “domesticated” and the house aggrandized. Examples of conceptual metaphors are “black holes in space,” “big bang,” “big crunch,” colored and flavored quarks, which have generated so much theory and data in physics.

Auditory metaphors consist of what Leonard Bernstein described as a transformation into an equivalence²; this involves an interaction relationship among independent and discrete elements and patterns.

To show how this process operates, I have previously described the creation of the poetic metaphor: “the branches were handles of stars.”³ Despite usual and time-honored intuitive impressions of how such metaphors have been created, I pointed out that this particular phrase resulted neither from a walk in the country at night, nor from analogic thinking, nor from noticing or imagining a close proximity between the tips of tree branches and distant stars. Nor was there some type of associative or bisociative (viz. Koestler⁴) combining of the words “branches,” “handles,” and “stars.” The creation of that metaphor resulted from a mental superimposition of the words “branches” and “handles” and the images connected with them. Attracted by the formal sound qualities of the center portion of the words “branches” and “handles,” and by their meanings, the creator *intentionally* represented them mentally as occupying the same space. While focused on this hazy image, he thought of stars as the particular idea or word with visual and auditory qualities that would connect branches and handles into an effective metaphor.

Another type of metaphor, “the tarantula rays of the lamp spread across the conference room,” also involved superimposition and the mental

representation of multiple discrete entities as occupying the same space. In this case, the creator was thinking about a vacation in the tropics and, among the various related words and thoughts, he became interested in the sound connection —the central “a” assonance —between the words “tarantula” and “lamp.” He actively superimposed images of the spider and a light source together, along with the visual and aural images of the words themselves, because he felt they *ought* to be together. Light radiating out from the central source was immediately suggested by the mentally visualized spider legs in the superimposed images, and he thought of the phrase “tarantula rays of the lamp.” In addition to evoking an ominous and interesting visual percept, the word “rays” had an assonantal relationship with both “tarantula” and “lamp.”

After constructing this metaphorical phrase, he decided to elaborate with a suggestively meaningful context and conceived of “conference room.” Once the entire construction was created, he thought of overtones such as the wars in the tropics, evocative contrasts between the slow crawl of a tarantula and the speed of light, and an awesome type of beauty, and he was pleased. This metaphor, it should be noted, has an adjective modifier together with a noun structure rather than what linguists call a “nominative” one, i.e., noun linked to noun by a copulative verb, as in “the branches were handles of stars.” Both were created through the homospatial process. As another type of example, the metaphor “the heat sits in the window, unreeling its lines, baited for change” was created under experimental conditions designed to

facilitate homospatial conceptions. This metaphor was produced by a writer research subject after exposure to a superimposed slide image of a sailboat together with a tenement house.

Creation of effective metaphors of this type and their use in treatment is the first application of the homospatial process in the creative process of psychotherapy. I suggest that the therapist be alert to those elements in the patient's behavior and underlying psychodynamics that lend themselves to the active construction of meaningful and descriptive metaphors. Such metaphors can be used directly as therapeutic clarifications, interpretations, and facilitators. To clarify and describe how this is so will require a definition and some exposition of the nature of metaphor.

Much has been written in recent years by linguists, philosophers, literary critics, psychoanalysts, and other types of psychologists and psychiatrists about the nature of metaphors.⁵ Many writers start from Aristotle's definition of a metaphor as consisting of words denoting a transfer of a property from one element onto another to which it is not ordinarily connected. Other writers define it as the comparing or bringing together of similarities in dissimilar entities. Linguists specifically talk about metaphor as a deviant form of communication which cannot, in context, be understood literally. Philosophers and literary critics use some of these definitions but they are also especially interested in the way that poetic metaphors tend to

bring together the concrete and the abstract. This latter factor especially applies to the function of metaphor in therapy.

The bringing together of the concrete and abstract can be included in a definition I shall use of poetic or created metaphors as consisting of nonliteral expressions that integrate two or more levels of experience. In psychotherapy as in art and science, these levels may consist also of conscious and unconscious, of cognitive and affective, or of different aspects of objective reality.

For example, in the metaphor “my hand was a bandage to his hurt,”⁶ the “hurt” is readily understood as not literally signifying a physical wound, but as connoting human suffering. In equating a hand with a bandage, the metaphor brings to mind the hand’s qualities of protectiveness, softness as well as strength, its clinging qualities, and other features that have parallels with the bandage’s nature and function. The bandage at the same time adopts a shape that conforms to one’s image of the shape of a hand. The concrete qualities of “hand” and “bandage” as well as “hurt” modify and interact with each other within the context. And concrete attributes are integrated with the abstract ones of human suffering and dependency. Dissimilar or disparate objects are equated in a dynamic interaction with one another, which heightens the appreciation of both. There is integration rather than additive combination, condensation, or compromise.⁷ A neologism such as “handage”

is not presented to combine aspects of hand and bandage. It does not in any way consist of a condensation or a compromise formation between “hand” and “bandage,” “hurt” and “bandage,” or “hurt” and “hand.” The metaphor contains individually specified objects that are integrated into a larger unity with its own overall properties. “Hand” and “bandage” are identified, and they interact and modify each other constantly in the full expression.

“My hand was a bandage to his hurt” is a clear-cut example of the metaphor as an integrated entity. Creation of integrated entities in artworks, especially metaphors, are clear-cut manifestations of the use of the homospatial process. A similar type of creation occurred in the following instance: A 20-year-old woman came into treatment after having made a serious suicide attempt by jumping out of the second floor window of her college dormitory. In the course of the subsequent therapy, it became clear that she had a quite disturbed symbiotic relationship with her mother. She found it very difficult to see faults in her mother and tended always to criticize herself for having thoughts and feelings that her mother might not approve. One day, in order to emphasize to her therapist that her problems, such as a particular one of never wanting anyone to touch her, were entirely her own doing and did not in any way reflect on her mother, she said: “Do you know what my mother told me? She told me that even when I was an infant, around six months old, that I wouldn’t allow her to touch me. Can you imagine that? A six-month-old baby that wouldn’t even let her own mother touch

her?”

At that, the therapist commented: “Your mother is a Brahmin, for without Brahmins there would be no Untouchables” (he was, of course, referring to the Indian caste system). Hesitating for a few moments, the patient became thoughtful, and then said: “Those people really do treat the Untouchables badly.” After some further quiet thought, she began tentatively to explore the idea that in actuality the mother’s account had been implausible. Hesitatingly, she wondered whether a six-month-old infant could possibly not want to be touched, or held, if that touching were done at all properly.

In subsequent sessions during the following weeks, and with clarification and support from the therapist, she returned to the matter and began to realize that a six-month-old infant could not possibly *prevent* a grown person from touching her. Even if she had shown discomfort when in her mother’s arms, it may not have been due to the touching at all; rather, it may have arisen from a wide variety of things. Her mother misinterpreted the situation and, as she stated directly several sessions later, her mother was very likely uncomfortable about touching *her* in the first place. Just as the Untouchable class in India is defined as the lowest class and the Brahmins as the highest, with each category depending on the existence of the other, the infant may have been herself untouchable in relation to her mother’s feelings

about touching.

In this case the therapist had created a metaphor, “Your mother is a Brahmin,” along with an aphorism regarding the relationship between Indian castes. In retracing the steps in the metaphor’s creation, the therapist remembered that the patient herself had been talking of her interest in East Asian religion and culture some sessions before this interchange. When she spoke of her mother’s recollection, he conceived the word “Untouchable” and the image of a shrunken Indian man looking somewhat like Gandhi came to his mind. Actively superimposing this word and the accompanying image with his mental percept of the patient’s words and physical presence, he conceived the metaphor “Your mother is a Brahmin,” and almost simultaneously thought of the aphorism as an elaboration as well. In a homospatial process, the therapist had created an apt metaphorical and interpretive intervention. Although he had earlier thought fleetingly of asking the patient whether she believed what her mother said, he rejected that prosaic literal construction for the metaphorical one.

Although the patient in this example was sophisticated and the metaphor somewhat elegant, metaphors in psychotherapy need not be couched in sophisticated or elegant terms. Indeed, in most cases, the language of the metaphor should not be overly polished or esoteric but should be drawn from the patient’s world and experience. Thus, in one instance, a

middle-aged female patient told a therapist that her marital problem was “99% my husband, and 1% me,” and the therapist —thinking of the famous Ivory soap commercial slogan, “99 and $\frac{44}{100}$ % pure; it floats” —said, “So you’re a bar of Ivory soap, eh?” In response, this patient smiled slightly, and then shifted to talk about her own dissatisfaction with her marital sexual relations.

In another instance, a young female patient was talking about her inner feelings of emptiness and her constant need for her children and boyfriends. In this case, superimposing a mental image of a dry empty vessel onto the patient herself, the therapist commented that she seemed to arrange to have the kids and numerous men around “in an effort to plug up the holes.”⁸ To this, the patient replied that she really wanted to be alone, but felt very confused. Then, she began to pursue her concerns about being self-sufficient. In both of these cases the patients were high-school educated and the use of a metaphorical intervention employing language and content drawn from ordinary experience served to move the therapeutic process ahead.

The particular metaphoric intervention resulting from the homospatial process is not a linguistic phenomenon deriving primarily from associations or manipulations among words; it is a product of the active superimposition of complex mental images involving the patient’s life, and words, and behavior. A 21-year-old male suffered from symptoms of depersonalization,

withdrawal, and inability to concentrate. In the course of psychotherapy, he became more outgoing, began relating to his peers, and developed a close heterosexual relationship. This relationship, though stormy at times, was his first attempt at intimacy and sexual intercourse. At one point, however, when his partner herself became particularly disturbed and angry, his own symptoms of disconnectedness and withdrawal returned. Coming, then, into one of his therapy sessions, he yawned and wondered why he felt sleepy all the time. Although at first the therapist didn't understand the reason for this complaint, he attempted to pursue it against some resistance. Finally, the patient revealed that his girlfriend was constantly angry and woke him up three times each night. Although it seemed clear that this bothered him, he had said nothing and she had become even more agitated. Asking first what she actually said and receiving the reply, "I don't remember," the therapist simply suggested that the waking up, and the patient's feelings about that, might be the reason he was not sleeping. Then, the patient said: "I have no feelings; I'm in a daze all the time." To which the therapist commented: "Well, the benefit of being a sleepwalker is that you don't have to know or feel, but you can still move around and participate in what goes on."

The patient's response was strongly positive. He asked the therapist to repeat the entire formulation and said that he wanted to think a lot about it. Then he proceeded to talk about how he didn't allow himself to have feelings, or know about them, because he felt he didn't *deserve* to have them. For the

remainder of the session, he productively pursued the important theme, for him, of the difficulty and danger of both having and expressing feelings. In this case, the therapist had created the metaphor of the patient as sleepwalker after superimposing a mental image both of the word “daze” and of a dazed but walking person upon the image of the sleepy patient sitting before him. Incorporated within the metaphor were also the numerous impressions the therapist had gathered in previous sessions of the patient actively withdrawing from painful situations. Additionally, the therapist was aware that the patient consistently used his withdrawal as an active weapon to control others, especially his mother. This metaphor, then, constituted a complex interpretation that stimulated awareness and an unfolding of factors relating to one of the patient’s central symptoms, withdrawal.

All of the metaphorical interventions described so far have consisted of clear-cut and independent metaphors in which different levels of experience have been brought together, equated, and integrated. Whether they are couched in poetic or ordinary terms, therefore, they are equivalent to poetic metaphors, although used in a therapeutic context. Other types of metaphorical structures can also, in the therapeutic context, be creative manifestations of the homospatial process. Figurative language applied to, and arising out of, any specific emotional or behavioral context can function to produce effective or creative metaphors. Language as it is ordinarily used is perfused with such figurative expressions. We speak of a person making “a

cutting remark” where “cutting” is a physical act that is in another realm of experience from words and “remarks.” We speak of time “running fast” or of “having a long wait,” where “running” and “long” are factors that pertain to space rather than being actual properties of the abstract entity of time. Or we speak of someone having a “foxy smile.”

Although all of these expressions are spoken of as metaphorical according to a linguist’s definition, they are not poetic metaphors because they have become so incorporated into ordinary language that they no longer evoke interaction among their elements. They do not cause us actively to integrate disparate levels of experience. When we hear these expressions we think neither about a smile on a fox’s face, nor about measuring time by means of a distance between two points or by a figure running.⁹ Commonly, these are called “dead” metaphors, meaning inactive and non-interactive, in distinction to “fresh” or poetic metaphors. Although they may once have been used poetically, or had the same impact that a fresh metaphor has, time and constant use have rendered them virtually literal. Therefore, use of such expressions has neither creative effect nor psychotherapeutic advantage. When, however, they are used with mental superimposition within a particular context, they may become effective metaphors and effective therapeutic tools. Poets constantly revivify dead metaphors within poetic contexts and, as shown in the next example, such revivifying can also be creative and meaningful in therapeutic contexts.

A 25-year-old female patient came into treatment because of a diffuse eczematous skin lesion covering the dorsum of her hands and forearms. Diagnostic evaluation, including a full dermatological workup, suggested that the symptom was primarily psychogenic in origin. The patient was evaluated as suffering from a severe conflict regarding her mother, which, together with intensely ambivalent feelings toward her, seemed to have something to do with the outbreak and persistence of the skin rash. During the fourth week of therapy, the patient, who characteristically avoided expressing any type of critical thoughts or feelings about members of her family, began the session by describing an experience of having been mildly disappointed by something her older sister did and said to her. Detecting that the patient's voice indicated stronger feelings than the mild disappointment she described, and mentally superimposing word and image representations of "skin," "defenses," "sister," and "patient," the therapist said, "She really gets under your skin, doesn't she?"

Following this comment, the patient elaborated on her feelings and began to acknowledge intense anger toward her sister, which she then continued to express throughout the session. Several weeks later, the patient returned to talking about her sister and, in passing, suggested that in some ways her sister's personality resembled that of the patient's mother. Noting the association, the therapist remarked, "She [the mother] gets under your skin, too, doesn't she?" Although the patient's eyes lit up in apparent

recognition of the connection the therapist was making to her skin ailment, she did not refer to that directly; rather, she responded by beginning to acknowledge some ambivalent feelings toward her mother that previously she had denied. It was a turning point in the treatment because, following that session, the patient's skin ailment began to improve noticeably, and as the therapy progressed she became increasingly comfortable in discussing her ambivalent feelings and underlying conflict regarding her mother.

In this case, a cliché phrase or a dead metaphor, "get under the skin," was revitalized and freshened by application in a context where it had a new representation or meaning; it referred to an unconscious connection between the patient's skin ailment and her unspoken feelings about her sister and her mother. Note that it was not necessary for the patient to verbalize her understanding of the metaphor or for her to indicate any intellectual or conscious understanding of the connection between her feelings and her symptom. Her behavior, however, indicated that she possessed such an understanding regardless of whether it was on a conscious, preconscious, or unconscious level. The metaphor, as an integrated representation referring both to her underlying feelings of anger and to her skin (also to the fact that she was hiding her feelings under a coating or skin), allowed or encouraged her to speak of her previously prohibited thoughts about her sister and mother. We can assume that she registered the connection to her symptom without her explicitly saying so because she became motivated to talk about

her feelings, and also because the symptom began to disappear after the therapist's repetition of the metaphorical intervention in reference to the mother.

Related to revivification of figurative language is the use of a proverb or aphorism to connect disparate elements and create a metaphor in context. Such occurred with the use of the proverb "nothing ventured, nothing gained" in connection with the interpretation of a dream in the 425th hour of an intensive psychotherapy with a 25-year-old man.¹⁰ The patient arrived at the hour stating that he had been feeling upset and despondent after the previous day's session. He then recalled and reported a dream involving himself and a boyhood friend, R, as follows: The two of them are swimming at an inlet of a large lake. There are numerous inlets and rapids in this lake, and suddenly his friend warns him that there is danger and he should swim sideways across the current. Previously unnoticed by him, the dreamer-patient now realizes that the water has become quite turbulent and is sweeping him toward a wooden overflow dam and waterfall. The friend's advice to swim sideways is useless and he becomes frightened that he will be swept over the dam and killed. Suddenly, however, he is below the dam and safe. Later, he is walking on the shore together with his friend.

In discussing the dream, the patient brought up many associations that seemed to indicate that the friend in the dream represented the therapist,

whose name also began with the letter P. When the therapist suggested this representation several times, the patient steadfastly objected. Finally, when the therapist pointed out that one of the elements in the patient's associations connected to some specific knowledge the latter had about him, the patient reluctantly accepted the possibility but stated that he was not at all sure. To this, the therapist commented: "It isn't important to be absolutely sure. After all, nothing ventured, nothing gained." This comment then led the patient to talk about his reluctance to take risks even though he had long harbored a wish to go on a canoe trip to Hudson Bay.

This trip, he knew, went through dangerous white water and canoers have been lost there with some regularity. Then, after gazing at a photograph of the Alaska wilderness on his therapist's desk, he admitted that he had been holding back. He had known that the therapist was a canoer and enjoyed outdoor activity, and he had longed to take the trip to Hudson Bay with the therapist. This acknowledgment was accompanied by feelings of shame and guilt.

In this case, the proverb "nothing ventured, nothing gained" was used to connect vividly the patient's fear of risking an insight about himself with the concrete elements of risk in the manifest dream. The concrete referents of the proverb, with overtones of tangible and material risk and subsequent achievement, were connected with the intangible world of psychological risk.

Prior to using this intervention, the therapist had strongly suspected that the dream pertained to the therapy and to the therapist himself. Remembering that he had once been on a white water canoe expedition in which his own canoe had capsized, followed by a close and dangerous call, he superimposed the images of that experience upon the elements in the patient's dream. When the patient said that he was unsure, the therapist thought of the fact that he too had been unsure after his close call, but had decided to go on another white water expedition soon after. Out of this homospatial process involving superimposed images, words, and spaces, came the phrase "nothing ventured, nothing gained" and a created metaphor in context.

EFFECT OF METAPHORICAL INTERVENTIONS

Rather than continue at this point to cite more of the rich and varied possibilities or instances of the therapeutic use of created metaphors, I shall focus on those presented in order to spell out some reasons for the specific effect. A primary value of the therapeutic use of metaphor is the stimulation and subsequent understanding it provides for the therapist and the modeling it offers for the patient. The therapist is challenged to loosen up, be spontaneous, and to use his highest intuitive powers in order to create metaphors. While allowing himself to think freely and intuitively about the patient, he must also listen quite carefully in order to base the metaphors on what the patient brings to him. Particularly effective metaphors are often

those that are based on something in the patient's experience, such as the skin metaphor for the patient with eczema, or on the patient's own language, such as in the "99% him and maybe 1% me" example. For the patient, the therapist's freedom and spontaneity, his willingness to take risks and to trust learning and working with intuitive processes provide a model for collaborative creative work. Appreciating the therapist's willingness to take risks, the patient can also loosen up, tap his own intuition, and take some daring risks at reformulation of his understanding of himself.

As a therapeutic tool, there are many specific reasons for metaphor's effectiveness. Used as an interpretation, metaphor has the significant power of having simultaneously a cognitive component and an affective one. Hence it embodies in its own structure the type of insight patients need to achieve. The metaphor has cognitive meaning: When a therapist says, "She gets under your skin," or refers to the patient as a sleepwalker, he is suggesting that skin irritation and a dazed state of consciousness, respectively, are related to internal feelings of anxiety and defensiveness; the vividness of such metaphors penetrates to affective levels as well. A concrete image connects the feeling to physical experience; the therapist is not prolix and punitive but brief, concise, and understanding.

Crucial to the effectiveness of metaphor is its affective power. In an, this aspect of the metaphor is taken for granted. It is one of the reasons that

metaphor occupies a central place in every artistic field. The reasons for such power to stimulate affect are quite complex, but probably derive from the concrete imagery and vividness and from a homology between the metaphorical structure and unconscious processes. Although primary process thinking is not at all directly responsible for the creation of a metaphor, the completed metaphor manifests a compression of thought and imagery that is experienced as homologous with the primary process mechanism of condensation.¹¹

Another major function of metaphorical intervention is its capacity to stimulate patient response. The stimulating property of an artistic metaphor is a vital and intrinsic aspect of its appeal. Metaphors such as the poetic “my hand was a bandage to his hurt” or the therapeutic “Your mother is a Brahmin, for without Brahmins, there would be no Untouchables” stimulate and evoke images and thoughts about caresses and injuries or exotic countries or—depending upon the audience’s or the patient’s sophistication—thoughts about eastern religions and intolerance. Sometimes there is only an affective response to metaphor initially but this is followed by some type of elaboration if the metaphor has been at all effective.

The capacity to stimulate response in art is due to the multiple meanings, the integration of dissonant or dissimilar elements, the intensity or vividness, and the homology with unconscious structures. Multiple meaning

and dissonance are evocative on a conscious level and there probably is also some direct resonance with preconscious and unconscious levels. The use of an appropriate metaphor in therapy stimulates the patient to respond because of these factors operating together with a focus on pertinent content. Meaningful response, of course, occurs especially when the metaphorical interpretation is accurate. But even when it misses the mark to some extent it may help the patient to open up psychological areas that previously were unexplored. Sometimes this occurs when the metaphor incorporates something that the patient only touched on or only implicitly demonstrated to be a concern. For example, the metaphor involving Ivory soap led the compulsive patient to whom it was addressed to discuss later her concerns about being overly clean. Because the metaphor has concrete content, it opens up a patient's concrete issues of concern.

The sparse but highly suggestive scientific literature on the use of metaphor in therapy focuses primarily on this capacity to stimulate patient response.¹² Sledge emphasizes the ambiguity of metaphors and other linguistic factors as facilitating such response.¹³ Caruth and Eckstein advocate the use of metaphor with both borderline and schizophrenic patients as a means of bringing together "remaining islands of ego functioning."¹⁴ These authors, whose therapeutic use of metaphor consists primarily of picking up on metaphors or figurative language that the patient introduces, and elaborating or discussing the implications of such language,

assert that metaphor serves important defensive functions. They believe that metaphors are effective because they allow the patient *not* to talk about his specific conflict but, instead, to reveal whatever related material he wants without being overcome by anxiety.

Reider, who describes a dramatic instance of his use of an aphorism with metaphorical qualities during treatment of a neurotic patient in psychoanalysis, states that metaphors penetrate to the patient's unconscious; he also emphasizes a defensive function.¹⁵ To an hysterical woman with severe conflicts about seeing male genitalia, he said, "There's a saying in Japan that blind men are not afraid of snakes," and this allowed her to begin to talk about her fears. Reider asserts that the therapist's use of such metaphors allows the patient to respond more freely because he can concurrently defend against aspects of the interpretation that are too threatening. All of these writers, except Sledge, assume that metaphors are primarily primary process productions. This assumption is rooted in an erroneous belief that concrete, vivid mental productions, and elements containing visual imagery, are always direct resultants of primary process operations. There is a tendency to consider imagery or imagery-provoking types of thought as within the primary process domain.

In art, created metaphors have multiple meaning. The elements in a metaphor are in a state of tension with each other by virtue of the fact that

they are dissimilar or disparate elements brought together. It is this tension of dissimilars within an integrated frame, in part, that stimulates aesthetic response. Because of the tension, we are stimulated to think about or otherwise experience the multiple meanings of the metaphor. There is no reason to believe that created metaphor operates any differently in therapy. While certain patients may use a therapist's metaphorical intervention defensively, just as any intervention can be used defensively, the major stimulus to response is within the structure of the metaphor itself. It is erroneous to think that an interpretation couched in such terms as "Your aggressive feelings toward your mother play a role in causing your skin ailment" would provide less of a defensive protection than "She gets under your skin, doesn't she?" or that "So you're a bar of Ivory soap, eh?" serves defensiveness more than "You want to believe that your husband is primarily at fault, but you must cause difficulties, too." Logical interpretations phrased in primarily literal language, in fact, may often provide the patient with an opportunity for defensive intellectualization. A compulsive patient, for instance, might use such explanations merely in the service of self-punitiveness. Both reaction formation and intellectualization would lead him to say, "Yes, I'm just terrible." Moreover, on the basis of linguistic and empirical studies, Glucksberg and his associates have shown that metaphorical language in context is more readily understood than literal language.¹⁶

A particular metaphor's effectiveness always depends a good deal on the type of metaphor used. Clearly, one would not use a complicated aphorism such as "Your mother is a Brahmin, for without Brahmins there would be no Untouchables" with a patient who has no familiarity with Indian culture. However, as many highly effective metaphors involve the reviving and restructuring of banal or cliché phrases and their contexts, there is great potential for using everyday expressions, slang, and other highly familiar language. Metaphorical interventions can therefore be used with patients from all socioeconomic classes and educational levels. Because they are vivid and often contain relatively simple and concrete terms, they are in fact often quite effective with tough adolescents and nonintellectual patients. Not only are metaphorical interventions comprehensible and stimulating to such patients but, because they function to a large degree on an affective level, they are readily assimilated.

FURTHER CLINICAL APPLICATIONS

Metaphorical interventions are effective in a variety of therapeutic circumstances and approaches. The following example demonstrates an application to the group therapy situation: A middle-aged female patient suffering from manic-depressive illness had been quite disruptive in a series of therapeutic community meetings in a psychiatric hospital. She paced around constantly and frequently would remove articles of clothing or

otherwise expose herself. She seemed to find it impossible to sit in one place; often, she would make a loud remark to a staff member or another patient and then get up and walk out of the meeting. Shortly she would return, sit in a different place, and within a few minutes make another remark and repeat her previous behavior. Observing that her verbal comments, though psychotic and highly disorganized, were hostile to other members of the group, the staff member-leader of the group addressed her directly and said: "Joyce, you are a hit-and-run driver."

The leader's comment produced laughter, both from the patient herself and from other members of the group. She then stated that the comment was correct and sat down. Members of the group began to talk with her directly about the hostility in her comments, the discomfort caused by her disrobing in the group, and some recognition developed for everyone (including Joyce herself) that this latter behavior had not been so much sexually motivated as unconsciously hostile in intent. Although she again became somewhat agitated toward the end of the same meeting, she then merely got up and paced around but did not leave. During subsequent meetings, when she again returned to some of the symptomatic behavior of verbal attack followed by leaving or by attempts to leave the group, allusions were made to the metaphor "hit-and-run driver" by a member of the group or sometimes by the patient herself. Frequently, there was further discussion of her hostility and also of her hurting and of being hurt. Gradually, her own hostile comments

became more direct and clear and were undisguised by psychotic disruptions and incoherencies.¹⁷

Related to the theory of metaphor as defense but different with respect to method of application is the approach of Milton H. Erickson. For Erickson, as for the psychoanalytic writers cited earlier, metaphor is a nonthreatening and indirect means of reaching the patient's unconscious mental realm, although his and the psychoanalytic definition of unconscious differ in some respects. Used as a major form of therapeutic intervention, his metaphors are applied both in interactive discourse with individual patients and families, and in a practice that has been named the "embedded metaphor" technique.¹⁸ With this technique, he develops particular metaphors that he considers applicable to an individual or family constellation and weaves them into stories and parables about life experiences. These stories are sometimes about his own life experiences and those of his friends and acquaintances, about childhood development in general, or about other (unidentified) patients; they are chosen because of their pertinence to the problems of the patient to whom they are told.

For example, a psychology professor suffering from emotional difficulties in connection with the end of his 12-year marriage was told a story by Erickson about an artist who was painting a picture of a circus scene.¹⁹ The artist of the story was also a teacher like the professor, Erickson

said, and he was concerned about the use of the color blue in his painting. He had used blue on a coat jacket being worn by a clown, a ribbon on a horse's tail, and a merry-go-round, and wondered about whether they were all the same shade. After setting the stage in this fashion, Erickson then went on to describe the picture and tell the patient —without stipulating any connection to him —that this artist had marital difficulties. He said the following: “His first wife had kept him and treated him like the south end of a northbound horse, had made a clown out of him and kept him on a merry- go-round never knowing if he was going up or down. I don't believe yet that he knows what that picture means. It's out of his system.” To this, it is reported, the patient nodded his head and smiled “with regular responses to each image in the picture.”²⁰

In this example, Erickson's metaphors connected with the color blue, i.e., “south end of a northbound horse,” “clown,” “merry-go-round,” serve as indirect interpretations about the patient's submissive relationship with his wife. Because he did not encourage patient responsiveness and working-through, the primary effect of such interpretations tended to be teaching and influencing behavior. In this way, Erickson functioned in a manner similar to that of the creative artist or writer in relationship with society at large. Just as these use metaphor to teach, to move, and to influence their audiences and spectators, the Ericksonian approach produces similar effects with individual patients or families.

An important difference from the artistic production, however, lies in the particularity of Erickson's metaphorical constructions. He developed metaphors from the patients' own words and from his meticulously keen observations of patients' behavior and reactions. In this manner, his metaphors appear to result from a creative homospatial process arising from a particular therapeutic context in each case. Not a matter of using standard or cliché metaphors in therapy, such as those advocated by Barker,²¹ Erickson's metaphors are new and unique. Although less extensively derived from verbal interaction than is usual in psychoanalytic psychotherapy, they seem to result from superimposition of mental imagery derived from Erickson's highly developed observational skills.

Creation of effective metaphor also plays a role in behavioral therapy approaches, albeit not manifestly an interpretative one. In the behavioral therapy desensitization procedure, for instance, a patient who is phobic about dirt may be asked to imagine scenes such as seeing himself opening the top of a garbage can and finding it swarming with cockroaches. Although the behavior therapist would very likely not explain the process in these terms, I believe one can characterize this in part as a metaphorical intervention. In choosing an appropriate desensitizing scene or image to use with a particular patient, the therapist spends a good deal of time trying to understand the conditions and circumstances of that patient's phobic reaction. Choice of an appropriate scene, then, would likely depend on the therapist's ability to

superimpose a concrete image onto what he senses or believes is a source of the patient's conflict. Hence, an idea such as swarming cockroaches might properly pertain to a particular patient's fear of dirt because it represented underlying emotions of unbridled aggressiveness or sexuality. In addition to the behavioral response shaping aspects, the extent of success of the desensitization procedure may in this way depend a good deal on the therapist's appropriate choice of metaphor. This can be true for positive images or scenes as well as negative ones. As support for this conjecture, the following finding in a desensitization experiment is pertinent:

[Two] subjects revealed how their specific [desensitization] . . . images would, with repeated presentation, begin to change so that well-known individuals would appear, e. g., in an audience they were visualizing (family members, employers). They related that a surprising amount of affect would ensue and they were subsequently induced into making a series of insightful realizations about the origins of their PS [pre-sensitization] anxiety, why it was maintained, etc.²²

ESSENTIALS AND CAVEATS FOR METAPHORICAL INTERVENTIONS

As a last example of the often simple lucidity and essentials of this type of therapeutic intervention, I shall describe a minimal but creative metaphorical enactment directed toward the breaking of a therapeutic impasse. A 38- year-old man was unable to see that his whining, childish behavior, which characteristically alienated him from other people, was a replica of what he himself had described as his mother Louise's common

mode of behavior toward him. Frequently, over several weeks, the therapist made attempts to clarify how the patient had alienated numerous different individuals by adopting his mother's whining, complaining tone. Comments such as: "Isn't that the way your mother would have done it?" or "You seem to have been behaving in that situation exactly as your mother did with you when your father went to work," or "That sounds just like your mother" were used to no avail. Each time the patient either disagreed or explained away the circumstances by referring to various other factors. Defensiveness and rejection of the interpretation characterized his response.

It was only at a point a few weeks later that this particular impasse was resolved. The patient then was recounting yet another experience in which he had antagonized someone and had also felt badly treated, when the therapist became aware that the patient was using a tone of voice that sounded precisely like the whining tone that his mother must characteristically have used. Thus, while the patient was continuing to describe the details of his experience, the therapist merely said, "Yes, Louise."²³

This metaphorical attaching of the patient's mother's name directly to him had the effect of producing an immediate insight. The patient was momentarily surprised, but, with a silent laugh, then said, "You are absolutely right; that's just the way my mother talks." More elaboration of the pathological aspects of his identification with his mother followed.

Some important distinctions apply to conditions such as whether the therapist is initiating a metaphor himself, whether he is responding to a patient's metaphor with another metaphor, or whether he is encouraging the patient to elaborate on meanings and associations connected to his production. In art, it is a maxim that metaphors cannot be translated or elaborated in literal terms. When, for example, we attempt to explain the meaning of a metaphor such as "the branches were handles of stars," by pointing out that the stars are presented as reachable or holdable, we deprive the metaphor of some of its vitality. Even going somewhat further and pointing out the subtle nuances, such as an evocation of the idea of an eternal relationship between elements of nature, could excite some interest but does not compete aesthetically with the mere statement of the metaphor in the first place. Because artistic and literary critics constantly do elaborate on the meanings of metaphors in just this way, they are often attacked as being too analytical or too academic.

However, although analysis of a particular metaphor may indeed render it somewhat less interesting, it can also sensitize the viewer to a fuller, more immediate and wider appreciation of the next metaphor he encounters. These considerations also apply to psychotherapy. Encouraging a patient to elaborate on the meaning and association of his own characteristically used metaphors (and also figurative expressions) is an effective way of getting at unconscious meaning, as a metaphor is a compressed construction that brings

together a number of a patient's conflicts.²⁴ Because it always has a strong affective component, analyzing a metaphorical construction can be a shortcut to important preconscious and unconscious emotional constellations. Exploring a phrase such as "My wife had her foot on my neck" could possibly lead to the patient's coming to understand some of the reasons that he gets himself into such a position—for example, because there are some pleasures in it. The concrete referents of the metaphor might derive from early childhood voyeuristic experiences of peering under women's skirts or from other sensual and sexual connections. Once such a metaphor is explored and the patient attains a grasp of the unconscious factors underlying it, his understanding may apply to other metaphors he or the therapist uses, and hence facilitate a rapid achievement of a fuller type of combined cognitive and affective insight.

Responding to the patient's metaphor with another metaphor, or with a literal discussion of what the therapist feels are its implications, can have the value connected with other types of metaphorical interventions, but there are some hazards. Elaborating on the patient's metaphor tends to be quite intellectually analytic and, just as in the artistic case, can deprive the metaphor of its affective component for the patient. When the therapist says, "By that, you mean to say, etc.," he tends to treat metaphor as a readily translatable type of verbal production and may thus inadvertently encourage the patient to communicate through metaphor on a regular and excessive

basis. Even when the therapist avoids direct interpretation and responds to the patient's metaphor with another metaphor, he runs a large risk of missing the point of the initial metaphor. He then encourages a dramatic interaction which, while it may seem to be perfused with deep understanding on both participants' parts, may be totally wrong.

Notes

1. Virgil Aldrich, "Visual Metaphor," *Journal of Aesthetic Education*, 2(1968):7 3-86.
2. Bernstein, *op. cit.*
3. Rothenberg, *The Emerging Goddess*, pp. 304-306.
4. Arthur Koestler, *The Act of Creation*, New York: Macmillan, 1964.
5. Max Black, *Models and Metaphors*, Ithaca: Cornell University Press, 1962; Monroe Beardsley, "The Metaphorical Twist," *Philosophy and Phenomenological Research*, 22(1962):293 — 307; C. C. Anderson, "The Psychology of Metaphor," *Journal of Genetic Psychology*, 105(1964): 53—73; Harold Voth, "The Analysis of Metaphor," *Journal of the American Psychoanalytic Association*, 18(19 70): 599-621; Benjamin B. Rubenstein, "On Metaphor and Related Phenomena," *Psychoanalysis and Contemporary Science*, 1(1972) 70-108; Robert Rogers, *Metaphor: A Psychoanalytic View*, Berkeley: University of California Press, 1978; Sheldon Sacks, *On Metaphor*, Chicago: University of Chicago Press, 1979; David S. Miall (ed), *Metaphor: Problems and Perspectives*, Sussex: The Harvester Press, 1982.
6. For the purposes of this discussion, I have simplified the original metaphorical phrase, "How long can my hands be a bandage to his hurt?" Sylvia Plath, "Three Women," *Winter Trees*, London: Faber and Faber, 1971, p. 50.
7. Integration involves discrete identifiable elements interacting and contributing to the function and structure of the whole. See an experimental assessment of differences between combinatory and integrating phenomena in Rothenberg, "Superimposed Versus Combined-Composite Visual Images," and also see further discussion of integration here in Chapters VII and IX.
8. I am indebted to T. Schuyler for this example.
9. Now that I have drawn direct attention to them, we may begin to think about such things but that is because I am reviving a meaningful context. See Rothenberg, *The Emerging Goddess*, for further discussion of metaphors as unities.

- [10.](#) This example was provided to me by Dr. Eric Plakun.
- [11.](#) I have elsewhere discussed these homologies between the structure of an products and of unconscious structures (Rothenberg, *The Emerging Goddess*). Homospatial process and other types of creative cognition function as “mirror images of dreaming,” and they are homologous—but obverse—to primary process and dream structures. Consequently, because art structures and contents are derived from mirror image of dreaming creative processes that are homologous with unconscious primary process and dream elements, an resonates with unconscious structures and contents.
- [12.](#) I am not referring to psychological or psychoanalytic studies of metaphor or to studies of patients’ use of metaphor, topics on which much has been written. Patient metaphors, i.e., nonpoetic figures of speech, may often derive primarily from primary process operations. See Howard R. Pollio, Jack M. Barlow, Harold J. Fine, and Marilyn R. Pollio, *Psychology and the Poetics of Growth: Figurative Language in Psychology, Psychotherapy, and Education*, Hillsdale, N.J.: Erlbaum, 1977; Harold J. Fine, Howard R. Pollio, and Charles H. Simpkinson, “Figurative Language, Metaphor, and Psychotherapy,” *Psychotherapy: Theory, Research and Practice*, 10(1973):87—91; Ella F. Sharpe, “Psycho-Physical Problems Revealed in Language: An Examination of Metaphor,” *International Journal of Psycho-Analysis*, 21(1940):201—213; Jitka Linden, “Insight Through Metaphor in Psychotherapy and Creativity,” *Psychoanalysis and Contemporary Thought*, 8(1985): 375-406; Jacob A. Arlow, “Metaphor and the Psychoanalytic Situation,” *Psychoanalytic Quarterly*, 48(1979):363 — 385.
- [13.](#) William H. Sledge, “The Therapist’s Use of Metaphor,” *International Journal of Psychoanalytic Psychotherapy*, 6(1977): 113-130.
- [14.](#) Elaine Caruth and Roben Eckstein, “Interpretation Within the Metaphor: Further Considerations,” *Journal of the Academy of Child Psychiatry*, 5(1966): 35-45, p. 36; see also Roben Eckstein and Judith Wallerstein, “Choice of Interpretation in the Treatment of Borderline and Psychotic Children,” *Bulletin of the Menninger Clinic*, 2(1956): 199-207.
- [15.](#) Norman Reider, “Metaphor as Interpretation,” *International Journal of Psycho-Analysis*, 53(1972) 463-469
- [16.](#) Sam Glucksberg, “Metaphors in Conversation: How Are They Understood? Why Are They Used?” *Metaphor and Symbolic Activity*, in press; Sam Glucksberg, Patricia Gildea, and Howard

Bookin, "On Understanding Nonliteral Speech: Can People Ignore Metaphors?" *Journal of Verbal Learning and Verbal Behavior*, 21(1982):85—98.

17. A similar metaphor has also been used creatively in the context of individual therapy. See Alben Rothenberg, "Creativity and Psychotherapy," *Psychoanalysis and Contemporary Thought*, 7(1984):233 — 268, pp. 245-246.

18. Stephen R. Lankton and Carol H. Lankton, *The Answer Within: A Clinical Framework of Ericksonian Hypnotherapy*, New York: Brunner/Mazel, 1983.

19. *Ibid.*, p. 112ff.

20. *Ibid.*, p. 116.

21. Philip Barker, *Using Metaphors in Psychotherapy*, New York: Brunner/Mazel, 1985.

22. John P Muller, "Sense of Competence and Self-Desensitization," Ph.D. dissertation, Harvard University, 1971, pp. 102-103.

23. I am indebted to Dr. Stanley Jackson for this example.

24. Figurative expressions may represent primary process condensations, but created or poetic metaphors are not condensations; they are purposely and deliberately constructed, linguistically economical expressions with multiple conscious and unconscious referents. See Rothenberg, *The Emerging Goddess*.