We apprehend the world through our senses, but it is through metaphor that we comprehend it. Until recently, most literary critics and philosophers have seen metaphor as rhetorical flourish or disguise. Despite the fact that metapsychological concepts can be shown to be metaphorical (Casonato, 1994), psychoanalytic theory relegates metaphor to the slough of primary process and identifies it with either regression or defense. Currently, however, philosophers, linguists, cognitive scientists, and some psychologists are reconsidering the role of metaphor as central to the way man conceptualizes the universe. The notion of metaphor as a cognitive structure is at the core of cognitive linguistics, and so it is worthwhile for psychologists look once again at the role of metaphor in our theory and clinical practice.

Furthermore, the last twenty years have brought enormous gains in psychotherapy research made possible by using technology to concentrate on what actually goes on between therapist and patient within the psychotherapy process. Using transcripts of audio tapes, it is possible to zoom in on microevents occurring throughout each hour to track precisely the therapist’s actions and interpretations, and the patient’s reactions to these events that often slip by in the course of ordinary conversation, even in the very peculiar, one-sided conversation of the psychotherapy session. Just as psychoanalysis, itself, offers a methodology for looking beneath the surface of ordinary speech to expose often unexpected cause and effect relationships, so transcripts of recordings of the psychotherapy dialogue allow the researcher to examine the processes of interpretation and change that occur throughout the hour. This technique enables researchers to judge the efficacy of various kinds of actions and interpretations, and to test hypotheses derived from differing theories against one another.

Many theories describe psychotherapy as a “talking cure,” so it is assumed that the immediate evidence of change or effects researchers seek is embedded in the patient’s speech. Because psychotherapy promises a process for achieving new understanding and change, and, because metaphor is the form language and thought take in comprehending something new, it allows our understanding to leap from the old to the new, and from the near to the far. Its form is a distillate of creative striving of the mind stretching to encompass something new or strange by seeing it in terms that are familiar or more easily grasped.

So it is proposed that at those very moments when psychotherapy process is working best, and patients are grappling with new understanding, patients will use more metaphors. Psychotherapy is, after all, a mutual endeavor with new understanding, patients with use more metaphors. Psychotherapy promises a process for achieving new understanding and change, and, because metaphor is the form language and thought take in comprehending something new, it allows our understanding to leap from the old to the new, and from the near to the far. Its form is a distillate of creative striving of the mind stretching to encompass something new or strange by seeing it in terms that are familiar or more easily grasped.

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ultimately be compared with the therapeutic outcome. This current study took the same three cases with their previously identified case formulations, interpretations, process material, and outcome correlations to examine the effect of different types of interpretations on the patients’ use of metaphor.

SUBJECTS

Patients volunteered for treatment with the project. Their acceptance depended upon their being screened in an intake interview by an independent clinical evaluator and their completing a pre-therapy evaluation questionnaire. Acceptance criteria were broad: a history of positive interpersonal relationships; no signs of psychosis, organic brain syndrome, or mental retardation; no signs of ongoing alcohol or drug abuse; and no evidence of acute suicidal or homicidal potential. The patients selected for this study were the same cases previously selected for studies by Fetter, Broinman (1985), Douglas (1989), and Myers (in 1992). The patients in all three cases were diagnosed as having a dysthymic disorder (American Psychiatric Association, 1987), or chronic mild to moderate depression. There was some variability in presenting problems, socioeconomic status, and cultural background.

A Patient Plan Formulation was developed and reliably rated by four judges (notably original metaphor) and frozen (metaphors which are in such common use barely recognized as metaphors). Since this assumption, however, has come under serious question (Amira, 1982, Pollio et al., 1977, Shell, 1986; McMillin, 1989) and is inconsistent with Lakoff’s views of metaphor (Lakoff, Johnson, 1980, 1996) which sees metaphor as a cognitive structure that is central to our ability to reason about the world, the current study does not distinguish between frozen and novel metaphor.

METHODS

This study builds on earlier research by Weiss, Sampson, and the San Francisco Psychotherapy Research Group that demonstrated reliable techniques for constructing plan formulations for three patients in 16 session individual psychotherapy (Curtis et al., 1988; Rosenberg et al., 1986) which then allowed researchers to show the correlations between therapist interpretations that were consistent with helping patients achieve the goals identified in these plan formulations (hereafter referred to as pre-plan interpretations) and the immediate effect the therapist’s interpretations had on the patient’s insight (Fetter, 1984; Broitman, 1985), and their ability to bring forth repressed material in the therapy session, which could
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Helene Goldberg, Marco Gavanso

A surprising and serendipitous finding was that there was a significant positive shift in word count after a helpful interpretation and a positive shift approaching significance in another. This shift raises some interesting possibilities. It might be the case that patients think more after they get a helpful interpretation and thus use more metaphors, or useful interpretation might free the patient to make more associations after they come up with new memories. It might also be the case that after a misleading interpretation a patient would have trouble talking or pursuing a continuous train of thought. The patient would say a word or two in response to an unhelpful interpretation, but then trail off, or fall into silence, or skip from subject to subject. The therapist might be prone to offer another interpretation to fill the silence, and so the length of each segment might be determined to some degree by the effectiveness of the previous interpretation.

The increase of number of words may be a function of the patient's use of metaphor, and trying to tease the rate of metaphor use from word count may be missing a complex relationship between metaphor and word count. A pro-plan interpretation may free the patient up or stimulate metaphor use, which results in more talking. If the segments were chosen solely by length (i.e., not influenced by content or context), it would be easier to make useful inferences about the apparent shift in word count or metaphor after pro-plan interpretation.

However, the powerful correlation between pro-plan interpretation and shift in word count requires some thought about the composition of the segments themselves.

SEGMENT SELECTION AND COMPOSITION

Other studies (Silberschatz et al, 1969; Broitman, 1985) using these same patient segments described the segments as representing approximately three or five minutes of patients' speech. (Some accommodation was made for completing a single idea, or some segments were divided by other interpretations).

These segments were chosen by looking at the typed transcript and estimating lengths: trying to pick uniform segments but ultimately choosing by the consistency of the content as well as by the length of the speech segment. Each segment was continued until the end of an idea, discontinued at a turning point from one thought to another, or ended because it was interrupted by a new interpretation. (Personal Communication, G. Silberschatz, 1993). There is quite a disparity between length of segments: in Gary's case, for instance, the lengths range from under 30 to nearly 300 words.

Because the length of each segment was influenced by both the content and context of each unit of patient's speech, the coherence of the patient's and therapist's thought influenced the length of the passage. These different interpretations of the patient's thought (perhaps related to metaphor use), and consistency of therapist's interpretation (interrupting one line of inquiry with another) may have affected the length of the passage.

The results of this study do not attest to a simple relationship between interpretation and metaphor: the raw results indicated that patients after a useful interpretation, and may indicate that pro-plan interpretation has a significant effect on the use of metaphorical expressions and word count, and this is, in itself, a curious and useful finding.

IMPLICATIONS FOR FURTHER STUDY

Though this study found a remarkable consistency in the metaphor rate within each of the three cases, the sample was too small to make any over-arching predictions. It would be interesting to see if the rate of metaphor use remained constant in other cases, and if there were some way to use metaphor as a shift of thought measure.

We concur, however, with McMullen's suggestions (1965) that the most fruitful direction in studying metaphor is look beyond mere frequency rates to a more complex analysis of content. Her suggestions involve comparing the use of novel metaphor in successful and unsuccessful therapy to see if patients use metaphor differently in successful outcome.

One idea for a study is to look at the use of metaphor throughout an entire therapy to see if there is any relation between metaphor and insight^2. It would be interesting to analyze the use of metaphors throughout entire therapies to see if there is any change or development in the metaphors themselves. In pursuing one case it seemed that there were clusters of metaphors which looked like variations on a theme. For instance, I'M STUCK; MY HANDS ARE TIED; I HOLD MYSELF BACK; IF I LET MYSELF GO, I'LL BE A LOOSE CANNON; I'M OUT OF CONTROL. In the example the metaphors are related but also show an evolution. They share some important concept or constraint but as the metaphors progress they contain additional elements of agency and causality. Along this line, it would be important to see if the clusters of metaphor use are related to either the pathogenic beliefs or plan formulations that have been established by the SING. Furthermore, it would be extremely valuable to try and integrate psychotherapy research techniques with the research methods from contemporary cognitive linguistics. Perhaps it would be possible to analyze the metaphors and their entailments in a manner useful to therapists.

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Notes
1 Since this study examined frequency of metaphor, it was overly sensitive to the issue of word count and so corrected for it. Because the length of each segment may be influenced by the content of the segment, other researchers may need to be aware that the segments themselves might impact on their measurement. In other studies, using qualitative rating scales, it might be harder to determine how much of the rater's judgment was influenced by the frequency of the phenomenon under examination which might be influenced by word count.
2 Barlow et al. (1977) and Pollio et al. (1977) attempted this comparison with a rather loose definition of insight. Since then, there have been other studies of the progress of insight in therapy which employ more clearly defined parameters (Bostman, 1985; Edelstein, 1992).

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