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"As if" : an exploration of the relationship between clincians' theoretical orientations and their conceptualizations of patient-generated metaphors in psychotherapy

Joe Berlin
Smith College

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ABSTRACT

The present qualitative study explored the relationships between psychotherapists'

theoretical orientations, phenomenological understandings of their own clinical practice, and the

metaphoric language used by patients in psychotherapy. This study is based upon interviews with

12 Licensed Independent Clinical Social Workers who are presently practicing psychotherapy.

This sample was selected using a quota method, whereby three distinct psychotherapy theoretical

orientations were represented in the sample: psychodynamic, narrative, and cognitive-behavioral

therapy.

The findings suggest that psychotherapists actively consider the metaphors patients use in

therapeutic dialogue, and that these clinicians regularly draw upon their theoretical

knowledgebase in doing so. This study finds that patient-generated metaphors are frequently

elaborated upon by the therapeutic dyad across sessions. However, the conceptualization and use

of patients' metaphors differs based on clinicians' theoretical orientations.

"AS IF":

AN EXPLORATION OF THE RELATIONSHIP BETWEEN CLINICIANS'

THEORETICAL ORIENTATIONS AND THEIR CONCEPTUALIZATIONS OF

PATIENT-GENERATED METAPHORS IN PSYCHOTHERAPY

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

Joseph Berlin

Smith College School for Social Work
Northampton, Massachusetts 01063

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Chapter I

Introduction

Over the course of the past several decades, researchers interested in the use of metaphors in psychotherapy have been deeply influenced by the landmark work of cognitive linguists George Lakoff and Mark Johnson and their theory of *conceptual metaphor,* by which they posit that all thought and action is based in metaphor. They define metaphor as a form of verbal expression and cognitive structuring which invokes a transaction between differing contexts of meaning (Lakoff & Johnson, 2003). Following Lakoff and Johnson's conceptualization of metaphor, the psychoanalytist Arnold Modell (2006) writes, "metaphor is not merely a figure of speech but is primarily a form of thought, a form of cognition. As metaphor is a mode of cognition, metaphor can function as an interpreter of unconscious memory" (p. 26). Metaphor, conceived in this way, presents in the psychotherapy session the possibility of a direct encounter with the patient's unconscious. Kirshner (2015), elaborating upon Modell's conceptualization, argues for a psychotherapeutic process that "emphasizes enabling the emergence of transformative metaphors… rather than offering interpretations of meaning" (p. 70). Such an emphasis, Kirshner suggests, results in a shift from *translation* as the dominant metaphor in psychoanalytically-informed psychotherapy, toward a generative process that opens new and expansive ways by which clinicians might encounter their patients' subjectivities through patient-generated metaphors.

These conceptualizations of the significance and processes of metaphor as a mode of cognition make urgent a deeper understanding regarding how metaphor is deployed and understood by clinicians in psychotherapeutic practice. The following study aims to consolidate and expand upon existing research pertaining to the ways in which metaphors are put to use by clinicians in psychotherapy. Furthermore, the foregoing observations on metaphor in

psychotherapy are psychodynamic theorizations, and while metaphor is likely used across theoretical orientations, it has been less present in other literature bases, and hence less is known about its conceptual role in other theories of psychotherapeutic practice. This study is, in-part, designed to address the different ways in which practicing psychotherapists are using theory to conceptualize patients' metaphoric expressions across theoretical orientations.

Much of the literature reviewed in chapter 2 involves analyses of the uses of metaphor as they are deployed by psychotherapists and patients "in vivo," and numerous studies have sought to categorize the types and functions of metaphors used in psychotherapy. However, in the literature regarding patient-generated metaphor, no study accounts for how clinicians' theoretical orientations shape their formulations of patients' presenting problems, and how these formulations might subsequently determine a clinician's approach to the uses of metaphor in psychotherapeutic treatment. How might these factors of therapists' theoretical identifications enable or disallow a generative exploration of metaphor as a model for clinical work, along lines similar to those put forth by Modell? The present qualitative research study will seek to provide a more thoroughly elaborated understanding regarding the various factors that influence the ways in which the patient's use of metaphor is listened to, conceptualized, and used therapeutically by the practicing clinician by answering the following question: "How do clinicians' self-identified theoretical orientations affect their attitudes toward and interventions pertaining to patientgenerated metaphors in psychotherapy?"

The present qualitative study is based upon twelve interviews with Licensed Independent Clinical Social Workers who are presently practicing psychotherapy. This sample was selected using a quota method, whereby three distinct theoretical orientations were represented in the sample: psychodynamic, narrative therapy, and cognitive-behavioral. Ultimately, eight psychodynamic clinicians, two narrative therapy-influenced clinicians, and two

cognitivebehavioral clinicians participated in the study. The methodology utilized will be described in more detail in chapter 3.

While the three theoretical orientations selected for this study each emphasize the operation of language in psychotherapy in various ways, there is a dearth in the literature regarding the ways in which practicing psychotherapists are influenced by their training and reading of psychological theory as they consider their patients' use of language in general, and figurative language in particular. This study attempts to generate qualitative data toward the purpose of illuminating the relationships between theory, a clinician's phenomenological understanding of their own clinical practice, and the metaphoric language used by patients in psychotherapy. Findings from the interviews are presented in chapter 4, with a discussion of their significance following in chapter 5.

CHAPTER II

Literature Review

The following review aims to consolidate the literature pertaining to the ways in which metaphors are understood and put to use by clinicians in psychotherapy. Much of the literature reviewed involves analyses of the uses of metaphor as they are deployed by psychotherapists and patients "in session," and numerous studies have sought to categorize the types and functions of

metaphors used in psychotherapy. Several studies aim to address the ways in which cultural and diagnostic factors of patients impact their expressions of metaphor in psychotherapy.

Theoretical Conceptualizations of Metaphor

This literature review will begin with an overview of the various ways in which metaphor is conceptualized using psychological theory. In the three sections that follow, these theoretical conceptualizations are organized according to the narrative therapy, cognitive-behavioral, and psychodynamic theories.

Narrative Therapy. Narrative therapy is based on the premise that reality is constructed in the context of societal structures, and maintained through the daily operations of discursive practices (e.g., metaphors and narratives) of a given society (Freedman & Combs, 1996). Hence, the metaphors used by individuals are seen as shaped by these social metaphors and narratives. Theory informing narrative therapy thus encourages clinicians to be attentive to the operation of such social metaphors and narratives (Freedman & Combs, 1996).

Metaphors can also be idiosyncratic to the individual: externalization (White, 1989) is a technique used in narrative therapy that allows a patient's problem to be regarded metaphorically as separate from the identity of the patient. Legowski and Brownlee (2001) encourage narrative therapy practitioners to allow patient-generated metaphors to lead into the process of externalization; the patient-generated metaphor is then explored by the dyad, with the clinician asking questions to facilitate further details pertaining to the metaphor. Such a process "of personalizing or objectifying the problem, depicting it in a form outside the person, talking about it as if it had separate motives and a life of its own, is creating a metaphor of the problem" (Legowski and Brownlee, 2001, p. 25). By emphasizing patient-generated metaphors, rather than clinician-generated metaphors, patients are empowered to express their experience in their own terms, and to establish their own meanings from their experience and cultural position (Legowski

& Brownlee, 2001). This use of metaphor allows a patient to describe and change their relationship to a problem (Legowski & Brownlee, 2001).

Cognitive Behavioral. In the cognitive-behavioral theoretical literature, metaphor is seen as a tool to uncover people's ideas, attitudes, and values (Mathieson, Jordan, Carter, & Stubbe, 2016); a method to enhance information processing, to transform therapeutic data into an easily memorable form, and to provide useful guidance (Otto, 2000). Patient-generated metaphors are particularly recommended, as these "capture packets of emotion/behavior/beliefs" (Padeskey & Mooney, 2012, p. 286), rather than separating these elements out as other forms of language expression often do.

However, Mathieson et al. (2016) found that, in a sample of 48 CBT sessions, CBT clinicians produced nearly twice as many metaphors as patients did. The authors hypothesized that this higher incidence of clinician-generated metaphor, as opposed to patient-generated metaphor, is due to the frequent use of "stock metaphors" (i.e., metaphors used by clinicians in repeated instances, with multiple patients) used by these CBT clinicians. Relatedly, Otto (2000) recommends several stock metaphors to be used by cognitive-behavioral clinicians in treatment. Based on this review of the CBT literature regarding metaphors, it appears that stock and therapist-generated metaphors are emphasized more than in other theoretical orientations, but patient-generated metaphors are regarded as useful as well.

Psychodynamic. A significant portion of the psychodynamic theoretical literature regarding metaphors pertains to what is termed "the temporal dimensions" of metaphor (Borbely, 2004, 2011; Kirshner, 2015; Modell, 2006; Stern, 2009). This refers to a conceptualization of psychoanalytic/psychodynamic process as involving the clinician attempting to understand— and to help the patient understand—present mental phenomena (as expressed in free associations, dreams, transference experiences, symptoms, defenses, and enactments) as metaphors informed by relevant past experiences. Reider (1972) refers to metaphor as akin to a dream or play, and

describes metaphor as a verbalized point of condensation of multiple levels of experience (e.g., emotional, cognitive, symbolic). Ogden (1997) describes psychoanalytic discourse as involving:

> the development of metaphorical language adequate to the creation of sounds and meanings that reflect what it feels like to think, feel, and physically experience (in short to be alive as a human being to the extent that one is capable) at a given moment. (p. 6)

In other words, in this conceptualization, metaphor allows for a more intimate meeting, in language, of the subjectivities of clinician and patient.

Ogden (1997) uses the analogy of an English teacher to describe the way in which a psychoanalytically-informed clinician works with a patient to develop his/her capacity to observe the subtlety of one's own language, and thereby, of his/her experiential world. Similarly, Lucente (2008) describes metaphor as a therapeutic tool that functions as a bridge from the unconscious to the preconscious-conscious system; he posits that a therapeutic use of metaphor results in a loosening of the boundaries between the unconscious and conscious, and allows for a greater capacity for the differentiation of feelings. Borbely (2004) distinguishes between what he terms "healthy defense" (metaphorical process) in which the past and present inform one another bidirectionally, and "neurotic defense" (metonymic process) in which past and present are conflated (e.g., transference neurosis). Hence, therapeutic process, conceived this way, entails working with patients toward metaphorically understanding the relation between past and present.

Types of Metaphor

Multiple authors categorize the types of metaphors used by patients in psychotherapy sessions. Bayne and Thompson (2000) distinguish between three types of metaphors: living, dying, and dead. A "living metaphor" is defined as an expression that seems spontaneously derived in the moment, and may surprise the speaker or listener into a new awareness. A "dying metaphor" is defined as an expression that still has the ability to produce a mental image, but is verging on cliché. A "dead metaphor" is defined as an expression which, through constant use by

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a speaking community, has given up any association to anything other than the literal meaning the metaphor has come to denote in the speaking community. This categorization of the types of metaphor parallels those described by McMullen (1989), whose distinction between novel and frozen figures corresponds, respectively, to living and dead metaphors, with dying metaphors marking an area of transition from the former to the latter. Based on the literature currently available, it is currently unknown whether or how the category of a metaphor influences its efficacy as the basis for a treatment intervention. Several studies reviewed attempt to identify features of patient metaphor-usage that are associated with treatments deemed successful (Levitt, Korman & Angus, 2000; Martin, Cummings & Hallberg, 1992). However, these studies do not specifically examine the relationship between a successful treatment and the presence of the various types of metaphors delineated above.

Functions of Metaphor in Psychotherapy

Several studies examine the manner in which psychotherapists understand and make use of metaphors, as they arise in the discourse of a psychotherapy session. Angus and Rennie (1989) find, through qualitative interviews with therapists and patients, that metaphors may provide the therapeutic dyad with "a shorthand" way of addressing complex feelings, and may provide a touchstone to which the dyad may refer in later sessions. Metaphors are found to be embedded in networks of patients' memories, incidents, images, and feelings. Angus and Rennie (1989) note the theoretical orientations of the therapists in their study (one psychoanalyst, one gestalt therapist, and two noted to be "eclectic," within psychodynamic and person-centered approaches), but do not explore the relationship between these therapists' theoretical orientations and their attitudes toward or use of metaphors.

This relationship is addressed by Cirillo and Crider (1995) in their review of case analysis and experimental literature regarding the use of metaphor in psychotherapy. The authors identify four common functions of metaphor, as identified in the literature: making a point vividly with

an implied comparison; accommodating disparate interests through multiple meanings; changing perspective on a topic with borrowed terminology; and using a novel combination to create something new. The same metaphor may serve different functions at different times in the course of treatment. The authors observe that various theoretical orientations each tend to focus on a particular function of metaphor. The function of "changing perspective on a topic with borrowed terminology" is found by the authors to be emphasized by clinicians practicing from a psychoanalytic orientation, particularly with reference to transference interpretations. The function of "accommodating disparate interests through multiple meanings," by which therapist and patient are able to make use of metaphor to consider multiple possible meanings simultaneously, is associated with clinicians practicing from psychoanalytic perspectives, as well as by clinicians engaging in group or family therapy across theoretical orientations. The authors associate the function of "a novel combination to discover new possibilities for feelings and behavior" with clinicians practicing from gestalt, expressive, and other "human potential" therapies, and suggest that this function of metaphor may be particularly useful in couples therapy. The function of "making a point vividly with an implied comparison," by which therapist and patient may emphasize primary themes within the patient's presenting narrative, is noted by the authors to be a common feature of psychotherapy practiced across theoretical orientations.

Various researchers have aimed to examine the relationship between patient-generated metaphors and the outcome of a course of treatment in psychotherapy. Levitt et al. (2000), in a small-sample qualitative longitudinal study, found that for patients who deemed their treatment successful, the metaphor of "being burdened" was explored and transformed into "unloading the burden." This finding suggests that therapists may aim to work with patients to transform metaphors, as they are initially expressed, toward treatment goals. McMullen (1989) found that "bursts" of figurative language (in which there occurred three or more instances of figurative

language in a three-minute interval) and the existence of a well-formed central metaphor were more present in treatments deemed successful than in unsuccessful treatments. McMullen (1989) further suggests an emphasis in clinical focus on patient-generated metaphors, rather than therapist-generated metaphors, as patient-generated metaphors were found to reveal significant information relating to their major concerns, interpersonal relationships, their perceptions of self and others, and their affective experiences. Hence, patient-generated metaphors present a significant amount of clinical data in concentrated form. Van Parys and Robert (2013) suggest a further rationale for focusing on patient-generated metaphor, as they note that therapist-generated metaphors may exclude aspects of the patient's network of associations.

Patients' memory encoding and recall may be improved by the use of metaphor. Martin et al. (1992) explore the relationship between therapists' use of metaphor and patient memory perceptions of clinical impact. The authors find that patients tended to recall therapists' intended use of metaphor two thirds of the time, and rated therapy sessions in which they recalled therapists' intentional use of metaphor as more helpful than sessions in which they recalled events other than the therapists' intentional use of metaphor. The authors suggest that, as encoding and recall may be improved by the use of metaphor, positive therapeutic outcomes may be associated with the intentional use of metaphor.

The use of metaphors within a distinct therapy dyad may shift over the course of treatment. Long and Lepper (2008) conduct a small-sample, longitudinal qualitative study examining the duration of a psychoanalytically-oriented treatment. Among patients who experienced the greatest reduction in symptoms, metaphor use "appears to be high whilst the dyad is still working hard at understanding, experiencing, and linking, but drops off in the later stages [of treatment]" (Long & Lepper, 2008, p. 360); the authors term this phenomenon "differential use of metaphor." The authors suggest that further research might explore the

differential use of metaphors, and the differences in therapists' process in relating to these metaphors, across theoretical orientations.

Diagnosis/Personality Organization and Metaphor

Rarely in the literature is the matter of patients' presenting problems or personality organization examined in relation to patients' metaphoric expression. A notable exception is Rasmussen and Angus (1996), who compare the use of metaphor in patients with and without a diagnosis of borderline personality disorder, through qualitative interviews with patients and therapists. The authors find patterns differentiating the use of metaphor by patients diagnosed with borderline personality and patients not diagnosed with borderline personality disorder. The authors suggest that patients diagnosed with borderline personality disorder did not use metaphors as a "conceptual bridge" within and between sessions, by which the therapist-patient dyad may use a metaphor to refer to previously-elaborated issues in a condensed form, a common use of metaphor articulated in McMullen (1989).

In contrast, more recent research suggests that metaphor may be an effective therapeutic technique in working with patients presenting with post-traumatic stress symptoms (Borbely, 2004, 2011; Foley, 2015; Modell, 2006; Stern, 2009; Witztum, Dasberg, & Bleich, 1986). A growing consensus in the literature on trauma suggests that trauma is a significant factor in the development of borderline personality traits (Herman, 1992; MacIntosh, Godbout, & Dubash, 2015; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005). As such, some authors have called for replacing the diagnosis of Borderline Personality Disorder with Complex PTSD (Herman, 1992; van der Kolk et al., 2005). Metaphor can provide an indirect way of addressing traumatic material that may be too painful for patients with PTSD symptoms to address directly (Witztum et al., 1986). Foley (2015) suggests that metaphor may be a useful way to treat the underlying, meaning-based effects of combat trauma; working with patients presenting with

PTSD using metaphor may thus allow clinicians to address the rupture to meaning that can occur as a result of trauma. Given the limited and conflicting existing research on the impact of diagnosis on metaphor use, the present study will seek to extend an exploration into this variable potentially impacting metaphor usage in psychotherapy.

Sociocultural Factors and Metaphor

An additional notable gap in the above literature is an examination of the ways in which cultural identity impacts the use of metaphors by patients. Dwairy (1997) addresses the beneficial role that an emphasis on metaphors in psychotherapy may provide in psychotherapy with patients from "non-Western" cultures. Dwairy does not interrogate the constructs of "Western" and "non-Western," and does not sufficiently consider differences that exist within these monolithic categories. However, Dwairy presents a useful account of the history of the development of the "mind-body dualism" present in Western societies, locating this discourse within the Enlightenment philosophical tradition. Dwairy usefully shows that the discipline of psychology (and by extension, psychotherapy) developed as a means of dealing with "the new entity" of the *self* that emerged from this philosophical discourse, and notes that patients from non-Western cultural backgrounds may hold a different relationship to mind, body, and self, such that experience is most readily expressed in terms of physical sensation, interpersonal relationships, and metaphor. These observations regarding the different manners in which experience is understood and represented in language, according to differences in cultural backgrounds, suggest a fruitful area of exploration for the present study.

Clinician Personality Traits and Theoretical Orientation Choice

As the present study attempts to examine the relationship between clinicians' theoretical orientations and their manner of conceptualizing and using metaphor, a search of the literature was conducted regarding the factors impacting clinician choice of theoretical orientation In a review of this literature, Arthur (2001) found that "environmental factors" (e.g., training,

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supervision, economic and clinical experience) have less a role than personality factors and epistemological traits (e.g., styles of thinking and theories of knowledge) in shaping clinician theoretical orientation choice. In a study of 493 clinicians and psychotherapy students on the relation between personality traits and theoretical orientation choice, Ogunfowora & Drapeau (2008) found that cognitive-behavioral clinicians tend to be orderly, conscientious, and efficient, and suggests that individuals with these personality traits may be drawn to cognitive-behavioral therapy because it is highly-structured and goal-directed. "Openness" to different modes of thinking was found to be the primary personality trait that predicted preference for a psychodynamic orientation, and individuals drawn to the psychodynamic orientation appeared to rely more on abstract means in processing information (Ogunfowora & Drapeau, 2008). Arthur (2001) found that cognitive-behavioral clinicians prefer to set limits, and to look for change and attempt to reinforce change; cognitive-behavioral clinicians were found to show a preference for stability, realism, and breaking down phenomena into elements. Psychodynamic clinicians were found to be concerned with the intrapsychic dimension, dreams, memories, and free association; as therapists, they are concerned with feelings and insight, not with focus and change (Arthur, 2001). No data in the literature reviewed examined the personality traits typical for narrative therapists.

Conclusion

The foregoing literature review illuminates several notable gaps in the extant literature on the topic of the uses of metaphor in psychotherapy, which suggest areas of exploration for the present study. While the existing literature usefully delineates several functions of metaphors in psychotherapy, the present study will aim to examine more closely the relationship between clinician theoretical orientation, their formulations of patients' issues, and the manners in which these clinicians identify and respond to patient-generated metaphors. According to the literature, one possible variable influencing the way in which metaphors are used in psychotherapy is

personality organization; the present study will aim to determine whether clinicians'

understanding of patients' personality organization consciously influences their responses to

patient-generated metaphors. While Dwairy (1997) highlights an otherwise under-theorized

domain of the use of metaphors in psychotherapy, the intersecting relationships between

clinicians' and patients' sociocultural identity with clinician conceptualizations of

patientgenerated metaphors will be explored in the present study.

Chapter III

Methodology

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The present qualitative study aims to answer the following research question: *how do therapists understand and make clinical use of patient-generated metaphors in psychotherapy?* As evidenced in the above literature review, the ways in which patients use metaphor have been shown to vary along the lines of multiple variables, including patient personality organization, patient sociocultural identity, and the theoretical orientation of the therapist. The present study explores, through semi-structured interviews with practicing clinicians, how therapists experience metaphor in session differentially with different clinical presentations or personality organizations; how therapists' and patients' sociocultural identifications may impact the usage of metaphors in psychotherapy; and how therapists' theoretical orientations may impact the ways in which therapist make use of patient-generated metaphors in psychotherapy sessions.

Research Design

The present study aims to engage in *exploratory research*, in which qualitative data, generated by semi-structured interviews using an inductive approach, "begin by interviewing social actors in depth and then developing an explanation for what has been found" (Engle and Schutt, 2013, p. 47). This study seeks to generate qualitative data regarding therapists' subjective understandings of their experiences working with patients around the use of metaphor. Qualitative research designs are suited to "discover what people think, how they act, and why… [and] focus on human subjectivity, on the meanings that participants attach to events and that people give to their lives" (Engle & Schutt, 2013, p. 272). Insofar as interpretation is a feature of therapeutic process, varying in accordance with a given therapist's theoretical orientation, how therapists situate, understand, and make use of patient-generated metaphors bears significantly on the direction therapy will take within a given therapeutic dyad.

Through semi-structured interviews, this study explores and illuminates the ways in which participants' clinical sensibilities differ, and to what extent participants' theoretical orientation impacts these sensibilities as the participants encounter metaphoric language in their

patients' speech. Engle and Schutt (2013) identify as a fundamental aim of qualitative research "to discover what people think, how they act, and why, in some social setting… [and emphasize] an orientation to… the interconnections between social phenomena" (p. 272). Semi-structured interviews enable the researcher to engage with participants' responses with flexibility, allowing the participants to elaborate their responses in their own words, thereby shaping the themes that are developed during the interview.

The interviews have been structured to provide interviewees an opportunity to reflect upon memorable instances of the uses of metaphor in their clinical experience, and to attempt to articulate their understandings for the variables that contributed to these instances of metaphor. Interviewees have also been asked about their attitudes toward the uses of metaphor in psychotherapy in general, with particular attention placed in the interview on the theoretical conceptualizations of metaphor clinicians identify as a part of their clinical practice. The interplay of factors of sociocultural identity and theoretical orientation were explored with the participants in the interviews, and the relationships between these factors are examined across the data generated from these interviews.

Sample

Participants in this study consist of licensed psychotherapists. A quota sample was used, in order to generate qualitative data regarding aspects of therapists' theoretical orientation. As such, the study sample is made up of twelve participants, of whom eight identify their practice as operating from a psychodynamic theoretical orientation, two of whom identify as practicing from a cognitive-behavioral orientation, and two of whom practice from a narrative therapy theoretical orientation. For a therapist who self-identifies across multiple categories (e.g., a clinician who practices primarily psychodynamically but integrates CBT techniques), this participant has not been excluded from the study, but was not counted toward the minimum quota requirements for a given theoretical orientation. The inclusion of such participants generates important data

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regarding the way integrative theoretical approaches impact the use of metaphor in psychotherapy.

To be included in the study, participants must hold a medical degree or doctorate in psychology, or a master's degree in social work, counseling, or marriage and family therapy, and be licensed to practice psychotherapy in their state. The twelve clinicians who participated in the study were all Licensed Independent Clinical Social Workers (LICSWs), as all clinicians who agreed to participate in the study were LICSWs. Participants were not excluded based upon number of years practicing, but this factor is noted in reporting on the findings (see "Findings" chapter below).

Ethics and Safeguards

Prior to recruitment of participants for this research, approval for the study and all safeguards to ensure ethical standards were obtained from the Smith College School for Social Work Human Subjects Review (HSR) Committee (see Appendix A: HSR Approval Letter). Prior to interviews, the researcher instated guidelines for the interview, in which participants were implored to mask identifying information regarding their patients. When identifying information was recorded in the interview (names or geographic markers), this information was redacted in transcripts and subsequent reports. Regarding confidentiality for the therapist-participants, the audio recordings of the interviews have been stored on a password-protected computer, which will remain locked when not in use. Following the completion of the study, the files containing the audio recordings will be stored in a secure location for three years, per federal regulations, and deleted at the end of this time period. Participants' names are not used in the finished thesis document, to ensure participant confidentiality.

Recruitment

Initial participants were recruited via an email sent to the researcher's professional contacts seeking participation in the study (see Appendix B: Recruitment Materials). Following

the initial interviews with participants recruited in this manner, the interviewer requested these

contacts to refer other participants to the study. From the initial participants recruited in this

manner, a snowball sample was developed, drawing participants from the previous participants'

professional network. Each potential participant received the recruitment email that included

information relating to the research topic, inclusion criteria, and the nature of participation.

Once participants responded to the recruitment email, a time was set to meet either inperson or

by telephone for an interview. When meeting in-person, the researcher met with participants in

the offices in which they practice. Prior to the interview, the consent form (see Appendix C:

Informed Consent Letter) and a preview list of the interview questions (see Appendix D: Semi-

structured Interview Guide) were sent to those individuals who qualified for participation via

email or conventional mail. Participants mailed or emailed a signed informed consent to the

researcher prior to the interview. Two consent forms were provided, one for the participant to

keep and one for research purposes. The interview did not proceed until this procedure was

completed. The participants were informed that they could refuse to answer any questions and

that they had the right to withdraw from the research study any time before May

2017.

Data Collection

Participants engaged in a single interview, lasting 30 minutes to one hour. The

semistructured interview format provided interviewees an opportunity to reflect upon memorable

instances of the uses of metaphor in their clinical experience, and a format in which they were

able to attempt to articulate their understandings of the variables that contributed to these

particular instances of metaphor. Interviewees were asked about their attitudes toward the uses of

metaphor in psychotherapy in general, with particular attention placed in the interviews on the

theoretical conceptualizations of metaphor clinicians identify. The interplay of factors of

sociocultural identity and theoretical orientation were explored with the participants in the

interviews, and the relationships between these factors are examined across the data generated from these interviews.

An audio-recording app on the researcher's iPhone was used to record interviews, which remained password protected. Additionally, the researcher took notes by hand during the interview. All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period.

Audio recordings were encrypted and saved on this researcher's computer, which is password protected; each interview is saved as a separate file. Full transcription of the interviews was performed, with names and locations omitted.

Data Analysis

Data analysis for the present study followed Thomas' (2003) general inductive approach to content analysis. Thomas (2003) notes, "The primary purpose of the inductive approach is to allow research findings to emerge from the frequent, dominant or significant themes inherent in raw data, without the restraints imposed by structured methodologies" (p. 2). Such a methodology accords with the present study's objectives, as the study seeks to explore what association might exist between the variables being studied: chiefly, the association between clinician theoretical orientation and the manner in which they conceptualize and make clinical use of metaphors in psychotherapy. The general inductive approach to data analysis allows a process whereby the researcher develops themes and categories through the coding process, which are then used to examine associations and draw hypotheses from the raw data of the interviews (Thomas, 2003).

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This inductive process was applied to interview transcriptions using the following process. Each transcript was read all the way through twice in order to familiarize the researcher with the text and to begin to develop themes. Specific categories and themes present in the interviews were then identified and defined using an "in vivo" coding technique, highlighting "meaning units or actual phrases used in specific text segments" (Thomas, 2003, p. 5). Categories were then linked, and coded phrases that fit multiple categories were assigned to the appropriate categories. Contradictory statements were included in the appropriate category. Within each category, subtopics were sought for, and new categories developed. Finally, the transcripts were reviewed as a whole to assess whether thematic conclusions fit the data across interviews, and categories were refined.

Limitations

Given the small size of the sample (n=12), this study does not aim for generalizability. Rather, the study will aim to explore relationships between clinician and patient identities and clinician theoretical orientation as these factors relate to the use of metaphors in psychotherapy, and to generate hypotheses that can be explored in a wider population in future research.

The quota sampling method occurred within a framework of convenience and snowball sampling, and all participants currently practice in the Northeastern United States. As such, a risk for bias in regional culture among psychotherapy education may impact the findings. The researcher made efforts, in seeking additional participants, to attempt to include participants from outside the Northeastern region. However, no participants were ultimately identified outside of this region.

The setting in which therapists practice may also introduce bias, as time-limitations on therapeutic relationships may impact the theoretical orientation from which a clinician practices and approaches metaphor.

Chapter IV

Findings

This study seeks to examine the relationships between clinicians' theoretical orientation, their formulations of clients' issues, and the manners in which these clinicians identify and respond to client-generated metaphors. This chapter documents the findings from twelve semistructured interviews with Licensed Independent Clinical Social Workers who are currently practicing psychotherapists. The data obtained from these semi-structured interviews were analyzed using an "in vivo" coding technique, commonly used in exploratory qualitative studies, as described in the previous chapter. The findings that follow have been organized according to the major themes present in the participants' responses.

Demographic Data About Clinician-Participants

While recruitment for the present study was open to practicing psychotherapists of all relevant disciplines (e.g., psychology, psychiatry, social work, marriage and family therapy), those who responded to the recruitment and ultimately participated in the study were all Licensed Independent Clinical Social Workers (LICSWs). In this sample, the average number of years participants have been practicing since obtaining their Masters in Social Work is 22.68 years (with one participant declining to respond to the question pertaining to years practicing); the

range of years practicing across participants is 2.5-36 years. Ten participants identify as female, and two as male. Eight participants identified their primary theoretical orientation as psychodynamic, two as narrative therapy-influenced, and two as cognitive-behavioral. All participants practice individual psychotherapy at least part-time in a private practice.

Additionally, two participants specifically referred in the interviews to their clinical work with couples and families. At the time of the interviews, all participants were practicing in the same metropolitan area in the Northeastern United States. Table 1 displays the participants' demographic information, as participants self-identified.

Table 1

Participant Demographic Information (n=12)

	Gender	*Primary Theoretical Orientation*	*Race/Ethnicity*	*Years Practicing (Post-MSW)*
Participant 1	Female	Psychodynamic/Psychoanalytic	Caucasian	Declined to respond
Participant 2	Female	Psychodynamic/Psychoanalytic	White, Caucasian	36
Participant 3	Cis-Female[1]	Psychodynamic/Eclectic	Caucasian	9
Participant 4	Female	Psychodynamic	Finnish-American	2.5
Participant 5	Female	Psychodynamic	White, European-American	8
Participant 6	Female	Psychodynamic	Declined to respond	29
Participant 7	Female	Psychodynamic	White, Jewish	35
Participant 8	Female	Psychodynamic	Caucasian, Secular Jew	26
Participant 9	Male	Narrative Therapy	Black, African	27
Participant 10	Female	Narrative Therapy/Family Systems	Caucasian, Jewish	30
Participant 11	Female	Cognitive-Behavioral	White, Caucasian	25
Participant 12	Male	Cognitive-Behavioral	White, Caucasian	22

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[1] When asked by the researcher how she identifies in terms of gender, Participant 3 indicated she identifies as "cis-female"; this refers to the term "cisgender," meaning that her gender identity corresponds to the sex assigned to her at birth.

Therapist's Relationship to Their Self-Identified Theoretical Orientation

Five participants (41.66% of total sample; n=4 psychodynamic participants, n=1narrative therapy participant) identified their pre-clinical background as a significant factor in both their interest in patients' metaphors, as well as their choice of theoretical orientation. For example, one psychodynamic participant referred to her pre-clinical academic background studying metaphors in literature, and a narrative therapy participant referred to the emphasis on stories and metaphor in his childhood as a significant factor in his interest in the clinical use of metaphors. Regarding clinician choice of theoretical orientation, Participant 1 noted, "It often gets talked about as a potential corrective for whatever the person's individual struggles are, or their way of being in the world. And also it has to be comfortable enough—it has to solve some problem." In this instance, this participant's understanding for why a clinician might choose a particular orientation is itself articulated in terms of psychodynamic principles (i.e., intrapsychic conflict). Participants were asked to describe their ongoing engagement with theory informing their theoretical orientation. Two participants (Participants 10 and 12) run training programs/institutes for clinical practice, and described this as the primary venue in which they engage with theory. Six participants, including the two who run training programs/institutes, teach, and stated that they engaged regularly with theory in the course of their teaching. Participant 2 described the psychodynamic theory that informs her practice as "embedded within my DNA" as a clinician, and while she does not often read psychodynamic theory in the present, she regularly conceptualizes of clinical work and the clinical work of supervisees using various psychodynamic theories. Participant 5 noted, "I still read theory, I find that whenever I do it, I feel like this 'bump,' I feel like certain things are more clear to me, or I may make changes in ways I'm working with certain people." Four participants (33.33%) referred to specific theorists within their respective theoretical orientations as they discussed their conceptualizations of

patient metaphor use. Three of these participants identified as psychodynamic and one as narrative therapy-influenced.

Metaphors Conceptualized Explicitly with Theory

Most participants (n=9; 75%) articulated a conceptualization of metaphors in psychotherapy using theory. The psychodynamic participants who conceptualized of metaphors using theory (n=6; 75% of psychodynamic participants) discussed metaphor in terms of displacement and play therapy; patients' unconscious anxiety; verbalization; metaphor as primary process and "of the body"; and metaphor as performing a cohering and integrating function, and lessening of the constricting effects of trauma. The narrative-therapy-influenced participants (n=2, 100% of narrative therapy participants) who conceptualized of metaphors using theory discussed the utility of metaphor toward the redefinition of a problem in a family system; metaphor as "an appropriately discrepant isomorph," (i.e., the ability of a metaphor to have different meanings to different members of a family or couple); and the multiplicity of meanings present in a metaphor. The participant (n=1; 50% of CBT participants) who identified as cognitive-behavioral and conceptualized of metaphors using theory (n=1, 50% of cognitive behavioral participants) discussed the potentially deeper impact metaphors may have when discussing "beliefs" patients hold about themselves.

Types of Metaphors

A significant portion of the literature reviewed in chapter 2 analyzed and categorized the types of metaphors used in psychotherapy. Following this, in the present study the researcher noted the ways in which participants mentioned and described the types of metaphors they recalled from their sessions with patients. The following subcategories represent the types of metaphors, as they arose in the interviews with clinician-participants: *nonverbal metaphors, cultural metaphors, symptoms as metaphor, dreams as metaphor, elaborated metaphors,* and *stock metaphors.* Each of these subcategories will be described in the following.

Nonverbal metaphors. Several participants (n=5; 41.66%) referred to what might be categorized as nonverbal metaphors that they recalled occurring in sessions with patients. Notably, all five of these participants identified as psychodynamically-oriented psychotherapists (62.5% of psychodynamic participants; 0% of narrative therapy and CBT participants). Examples of this type of metaphor, as these arose in the interviews, include a patient drawing, insession, a representation of their experience of negative thoughts; a type of hand-motion used by a patient to represent stalagmites and stalactites, as these symbolized intellectual scaffolding and emotional experience; and a clinician's reading of a patient's body language as a metaphor for their experience of depression. Participant 4 described the way in which a nonverbal metaphor became "a shorthand of relating back to the ideas that have been helpful in the past and might be good to keep in mind." In these instances, these nonverbal metaphors were discussed and explored by the dyad verbally, but the nonverbal metaphor remained as a useful "shorthand" to which the pair could refer in subsequent sessions.

Cultural metaphors. Three participants (25%) referred to art and cultural objects being used as metaphors in their sessions with patients; each of these participants identify their practice as psychodynamic. These participants referred to instances in which patients referred to a movie, a book, or some other fictional or public figure to represent an aspect of the patient's own experience. Participant 2 described how "somebody might be talking about a movie, or something they've seen, and one can extract from that a meaning for them, and consider that the movie or the story holds something for them." In the instance of an element of a movie being used as a metaphor, Participant 1 stated,

> It's like, 'what is it that they resonate with?' There are so many elements that they can be captured by—plot, character, the visuals, the costumes—what is it that speaks to this patient at this moment in time, sitting here with me? And why are they telling me that story?'

This participant stated that this manner of listening and questioning the specific details of a cultural metaphor may be extrapolated to the way she listens to all metaphor; in other words, she asks these questions of all instances of client-generated metaphor.

      Symptom as metaphor. Half of the participants (n=6) identified instances in which patients have used a metaphor to express their experience of a symptom. Five of these participants identified as psychodynamic (63% of psychodynamic participants), and one identified as cognitive-behavioral (50% of cognitive-behavioral participants). The psychodynamic participants characterized such instances of metaphor as relating to, variously, using metaphors to express bodily symptoms as symbolically meaningful; symptoms understood by the clinician to be a metaphor for unconscious conflict; and metaphor as a way of translating mental-image-based countertransference. Participant 4 gave an example of a patient "who conceived of his anxiety as sort of a 'gray shadowy monster' who steps in front of the door when he was trying to go out." In this instance, the expression of this symptom in terms of a metaphor allowed both members of the therapeutic dyad to explore details of this metaphor, and to continue to use the metaphor to develop strategies for identifying useful coping responses to this symptom, as well as to gain deeper understanding of the patient's experience of the symptom. Participant 12, who identifies as practicing from a cognitive-behavioral orientation, noted that he attempts to develop with patients an expression of symptoms and of the process of therapy in terms of metaphors that have special meaning for the patient, ideally derived from the patient's own experience. The other participant who identified as cognitive-behavioral noted that in her clinical experience, "clients are coming in, and they are sort of stuck in their thinking, so it is more is more literal, or 'here's my complaint of what's going on,' and less metaphor." She stated that from her perspective, it is the process of "bringing a metaphor in… [that allows] a different way of thinking about something." In this conceptualization, the patient is not expressing the

symptom as a metaphor, but rather, the clinician helps the patient to articulate a previously unarticulated, embodied symptom as a metaphor.

Dreams as metaphor. Consistent with psychodynamic theories of dream analysis (Hill, et al., 2013), 3 of the 8 psychodynamic therapists (37.5%), compared to 0% of cognitivebehavioral and narrative therapists, identified dreams as metaphors. Participant 8 described an instance in which a patient relayed a dream, which allowed for the expression of "the crystallization of this major... challenge in his life." The expression of the dream, and the subsequent discussion and understanding by both members of the dyad of the dream as a metaphor, afforded both patient and clinician a better understanding of the patient's presenting challenges/conflicts.

Elaborated metaphor. Eight of the clinicians interviewed (66.67%) identified instances in which the therapeutic dyad elaborated upon a metaphor introduced by either the clinician or the patient. Three of these participants were psychodynamic, one was narrative therapyinfluenced, and the other was cognitive-behavioral. Each of these participants described instances in which the meaning of a metaphor was explored, details were added to the metaphor, the metaphor was changed over time, and the metaphor was used at later times to refer to an earlier moment in the therapy. Participant 2 stated that she explicitly addresses such metaphors, and might say to a patient, "Let's keep that in mind as a metaphor for what it's like for you when you're over-stressed, or when you're feeling disorganized or insufficiently supported."

Stock metaphors. Despite the stated focus of this study being patient-generated metaphors, the concept of "stock metaphors"— metaphors used in repeated situations with multiple patients— arose in several interviews. Forty-two percent of participants (n=5) referred to instances of stock metaphors in their recollections of the use of metaphors in their sessions with patients; of note, both participants (n=2) who identify their primary theoretical orientation as cognitive-behavioral described using stock metaphors with most of their patients. For instance,

Participant 11 referred to "stock metaphors… that I'll introduce when I hear a person saying, 'I'm never going to change,' or 'It's too hard.'" This participant gave the following example of such an instance of a stock metaphor, referring to the physics of a rocket launch:

> It takes x pounds of fuel to get a rocket off the ground, but then less and less—to help people realize that often the first bit of change is the hardest, and it's not always going to be the same.

The clinicians who identified as primarily psychodynamic and mentioned stock metaphors (n=3; 37.5% of psychodynamic participants) noted that they preferred to use client-generated metaphors, but introduce their own metaphors when clients do not. Participant 4 noted that she will introduce a metaphor from "a store" of stock metaphors "if the patients don't have any metaphor for what healing might look like, or what change might look like." In each instance of stock metaphors mentioned in the interviews, these are introduced by the clinician.

Clinician Perception of the Functions of Metaphor in Psychotherapy

The following findings on participants' articulated perceptions of the function of metaphor have been organized by self-identified theoretical orientation.

Psychodynamic perspective. Two psychodynamically-oriented participants (25% of psychodynamic particpants) mentioned the relation of metaphor to transference/countertransference phenomena. Participant 2 described "an overlap in my thinking about the transference/countertransference relationship dimension and how one can talk about that in terms of metaphor. Sometimes there's a blurring there, or a very compatible dual conceptualization." Participant 6 described a process whereby she attempts to translate her own embodied experience of countertransference into a metaphor; she conceptualized of this as a patient's metaphoric communication, and a form of projective identification.

One psychodynamically-oriented participant (Participant 4; 12.5% of psychodynamic participants) expressed her understanding of metaphor as a means of "building a shared language with a patient." As noted previously, this participant also referred to the use of metaphor as a

"shorthand" between patient and clinician—a means to refer to previously discussed material in a condensed way.

Six of the eight psychodynamically-oriented participants (75%) mentioned metaphor's relationship to the unconscious. Participant 1 described her conceptualization of the relationship between the patient's unconscious and metaphor as follows:

> I'm always aware that what's spoken about in language can have not only multiple meanings, but also that there is an unconscious experience—which by definition the patient is not aware of—and many aspects of who they are, their conflicts that are getting expressed in language all the time… So I'm listening for the patient's metaphor, for something that's multi-layered. And the metaphor is the route, often, to deepen.

In this way, Participant 1 articulates a distinctly psychodynamic mode of listening to metaphor, by which she attunes her listening to the potentially latent meaning embedded in each expression of metaphor.

Four of the eight psychodynamic clinicians (50% of psychodynamic participants) spoke to the effect that a patient's metaphor has on them in the session. Participant 5 noted that a patient's metaphor "helps my recall and my conceptualization, and also my empathic ability to understand where [the patient is] at." Speaking of one example in particular, this participant noted that following the expression of a patient's metaphor, "I felt like I was grasping something about the emotional valence of the person's experience, that I was able to join in somehow." Similarly, Participant 1 spoke to this experiential function of a patient's metaphoric expression, stating, "I think it's the experience of hearing the metaphor. Not using the term 'metaphor,' but the experience of what the metaphor evokes—the use of it evokes. Experiential, as opposed to naming."

Narrative therapy perspective. Both of the narrative therapy-influenced clinicians emphasized (100% of narrative therapy participants) how metaphors allow the individuality of each patient to emerge through their own language. Participant 9 referred to the unique capabilities of metaphoric language to allow room for the "multiplicity of meanings"; metaphor's

ability to increase the self-understanding of both participants; metaphor's ability to transcend binaries; and the spiritual aspect of metaphor. Participant 9 articulated this perspective as follows: "metaphors suggest more than just one way of understanding reality, they open new windows of understanding." Regarding the spiritual dimension of metaphoric language, this participant noted, "metaphors really get into that connectedness of experience, so that his life and my life-- the line that separates us from each other is very thin." He noted that this function of metaphor allows for increased empathic understanding across difference.

   Cognitive-behavioral perspective. Both of the clinicians practicing from a cognitivebehavioral perspective (100% of CBT participants) emphasized the function of metaphor as a way to individualize CBT interventions, thereby making them more meaningful to the patient, and thus more effective. Participant 12 noted that in his first session with patients, he tries to ask about strengths and interests, so that when he is discussing CBT techniques and interventions with this patient in later sessions, he is able to develop a metaphor out of the patient's interests in order to demonstrate the purpose and process of a particular intervention. Participant 11 succinctly expressed the function of metaphors as "a wonderful way to help a person to think differently without hitting them over the head with it."

Clinician Perception of Factors Impacting a Patient's Ability to Use Metaphoric Language

Rasmussen and Angus (1996) examined the relationship between a diagnosis of borderline personality disorder and patient-generated metaphor use, and found that there were significant differences in the ways metaphor were used by patients with and patients without this diagnosis. In the present study, participants were asked whether they considered a patient's personality organization when listening to or conceptualizing a patient's metaphor; and if so, the participants were asked how they believed this awareness factored into the way they listened to and understood the patient's metaphor. When participants did not find this a useful conceptual framework for considering patients, they were asked what other factors they believed impacted a

patient's ability to make positive clinical use of metaphoric language. The participant responses are organized below, according to theoretical orientations.

Psychodynamic perspective. While no psychodynamically-oriented participants spoke to the impact of a borderline personality organization on metaphor use, several other factors impacting the use of metaphors were identified. These factors include acuteness of a patient's anxiety (n=2; 25% of psychodynamic participants), and concreteness of a patient's thought processes (n=3; 37.5% of psychodynamic participants). With regard to a particular example, Participant 5 described one patient's relationship to language as follows:

> I don't think that he is mentalizing his own experience, his own emotions, his own selfstates… Everything is all about action, everything is concrete, he needs to go and do things, like talking about emotions and how he feels… [Exploring metaphor is] not something that he sees the purpose of.

While this articulation of a factor impacting a patient's ability to use metaphor does not explicitly refer to borderline personality disorder, mentalization has been identified in the literature (Lonargáin, Hodge, & Line, 2017; Sharp & Kalpakci, 2015) as a useful construct in understanding and treating borderline personality disorder.

Five of the psychodynamically-oriented participants (62.5%) referred to the potential issues that may arise in attempting to emphasize metaphoric language with patients experiencing psychosis. These participants spoke to the risk of "an unintentional interpretation of metaphor." One psychodynamic participant (12.5% of psychodynamic participants), however, argued for the helpfulness of using metaphor toward meaning-making with regard to psychotic symptoms.

Narrative therapy perspective. Both (100%) of the narrative therapy-influenced participants critiqued the concept of borderline personality disorder, noting the comorbidity of trauma histories with symptoms/traits that are often characterized as borderline. Notably, while few participants from other theoretical perspectives found the concept of "borderline" useful, only the participants who used narrative therapy offered a critique and alternative

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conceptualization of the concept. The narrative therapy-influenced participants did not otherwise identify additional factors influencing patients' ability to use metaphor.

Cognitive-behavioral perspective. One of the two cognitive-behavioral participants (50%) identified the presence of what he termed "an Axis II disorder" as impactful on the manner in which he approached language with patients. He stated that with such a patient, "I'm probably much more careful with my use of language," out of concern that a misunderstanding might develop. This participant noted length of treatment as an additional factor impacting patients' use of metaphoric language. Specifically, he gave examples of patients who presented for treatment with simple phobias, for whom the number of sessions is very limited. Following CBT protocols for these treatments, little room or need exists for the use and exploration of metaphor, per this participant's perspective.

Clinician Perception of Sociocultural Factors in Patient Metaphor Use

A gap in the literature was identified regarding the impact of sociocultural factors on the use of metaphors, including differences or similarities in the sociocultural identifications of patients and clinicians. Participants were asked whether they had considered a patient's sociocultural identity when listening to or conceptualizing a patient's metaphor; if they answered they had, participants were asked a follow-up question regarding how this consideration impacted their understanding of the patient's metaphor. The participant responses are again organized by theoretical orientation.

Psychodynamic perspective. Five of the eight (62.5%) psychodynamic clinicians interviewed responded that they had considered a patient's sociocultural identity when listening to a patient's metaphors. These participants emphasized the importance of recognizing difference and asking questions (n=2; 25% of psychodynamic participants); observed some patients selfcensoring their language to fit a perceived expectation of how one should speak in therapy (n=1; 12.5% of psychodynamic participants); and noted that when a clinician and patient identify

similarly, in terms of a minority identity, this can lead to an increased ease in the use of language generally, and the exploration of metaphors specifically (n=1; 12.5% of psychodynamic participants). One participant (12.5% of psychodynamic participants) conceptualized of metaphors as "operating between the individual and what's in the culture," and hence observed that the social and cultural domains, and the unique intersubjective constitution of each therapeutic dyad, will always impact the operation of language and metaphors in the psychotherapeutic situation. She noted that because of this, no two therapeutic dyads will make use of the same metaphor or image in exactly the same way.

Narrative therapy perspective. Both participants (100%) who identify narrative therapy as their primary theoretical orientation responded that they consider sociocultural factors when considering a patient's metaphor. Participant 10 noted that when she perceives a sociocultural difference between a patient and herself, this increases her own self-awareness and awareness of her language use. Participant 9, who identifies as African and who has worked with many African immigrants and refugees, observed that speaking in metaphors is "very common among Africans, especially as they try to understand their world, and their place in it." This participant also noted that the same image or metaphor may have an entirely different meaning for one patient, with his or her particular history and sociocultural position, than another patient might.

Cognitive-behavioral perspective. Both (100% of) cognitive-behavioral clinicians interviewed stated that they consider a patient's sociocultural identity when listening to and making use of metaphors in sessions. Participant 11 described such considerations as follows:

> I try to acknowledge that maybe I don't understand-- so maybe ask more questions, and try to use whatever metaphor speaks to them. I do try to realize, 'I don't really know the sense they're making of things,' because maybe from their cultural background... so I guess I maybe tend to ask more questions, and use the information that the client gives me to help them understand from their point of view. What it might be hailing for them.

This description of the manner in which sociocultural difference between a patient and clinician impacts the operation of metaphors involves both the particular metaphors used, as well as the

meaning expressed within the metaphors. Participant 11 indicates that she attempts to ask questions to ascertain how these differences may be operating.

Summary

Major findings derived from twelve interviews with LICSW clinicians currently practicing individual psychotherapy were presented in this chapter. Of particular note are the findings that a majority of participants (75%) conceptualized of patient metaphor usage using theory; 66.7% of clinicians discussed instances in which metaphors were elaborated, across multiple sessions, between patient and clinician; half of the participants (n=6) recalled instances of patients describing symptoms with metaphors; and that four psychodynamic participants (50% of psychodynamic participants) discussed the impact a patient's metaphor has on their experience of a psychotherapy session. The following chapter will explore interpretations of these findings and will address the relationships between the findings and the existing literature. Additionally, the strengths and limitations of this study will be addressed, and suggestions for future research in this area will be presented.

Chapter V

Discussion

The objective of this qualitative study was to explore psychotherapists' conceptualizations and therapeutic uses of patient-generated metaphors, with particular interest toward the effects of clinicians' self-identified theoretical orientation. The data comprising this study are derived from semi-structured interviews with twelve practicing Licensed Independent Clinical Social Workers (LICSWs). While multiple types and conceptualizations of the therapeutic functions of patient-generated metaphors identified in the literature arose in these

interviews, additional insights and conceptualizations were provided by the participants.

In the present study, participants offered examples of patient-generated metaphors they recalled from their work with patients, and these examples allow for the present study to present an expanded range of the types of metaphors used by patients in psychotherapy. Additionally, the present study found that most participants (75%) conceptualized of patient metaphor usage using theory; 66.7% of clinicians discussed instances in which metaphors were elaborated, across multiple sessions, between patient and clinician; and half of the participants (n=6) recalled instances of patients describing symptoms with metaphors.

This chapter discusses the findings in the following order: 1) key findings, describing the relationship between the findings and the literature reviewed; 2) implications for clinical social work practice, with a discussion of the ways in which the findings of this study can be applied to the practice of clinical social work; 3) the strengths and limitations of this study; and 4) recommendations for future research pertaining to the topic of patient-generated metaphor.

Key Findings: Comparisons with Previous Literature

In the following paragraphs, key findings are presented and compared with the existing literature. Suggestions for further avenues of research pertaining to each subheading are also presented.

Therapists' relationship to theoretical orientation. Arthur (2001) notes that personality factors and epistemological traits (e.g., styles of thinking and theories of knowledge) are the primary predictive factors in shaping clinicians' choice of theoretical orientation. In the present study, 41.66% of participants identified their pre-clinical academic and cultural/familial experience as factors influencing their interest in metaphors and their choice of theoretical orientation. For these participants, these pre-clinical experiences may have shaped their epistemological traits, thereby influencing the manner in which they approach patient-generated metaphors.

Furthermore, Ogunfowora & Drapeau (2008) found that cognitive-behavioral clinicians tend to be "orderly, conscientious, and efficient," and that individuals with these personality traits may be drawn to cognitive-behavioral therapy because of its structured and goal-directed nature. This preference of individuals with these personality traits, combined with the goaldirected focus of cognitive-behavioral therapy, may be a factor in the finding of the present study that 100% of cognitive-behavioral participants (n=2) regularly use "stock" therapist-generated metaphors. The use of stock metaphors by these clinicians may indicate a preference for metaphors they have found useful in the past, and these clinicians may therefore view these metaphors as effective toward producing goal-oriented change, as opposed to an open-ended metaphor exploration that novel metaphors might be more likely to initiate. Participants 12 noted the influence of "CBT protocols" on the course of treatment, interventions, and the number of sessions involved. Participant 12 also emphasized as a function of metaphor the facilitation of "effective change toward a goal," suggesting a conceptualization of therapeutic process that is goal-oriented. Further research on the relationship between clinicians' theoretical orientation, pre-clinical background, personality factors, and epistemological traits is indicated, based on the present study's findings.

Types of metaphors. While no participants referred to the categorization of metaphors along the lines of Bayne and Thompson (2000; i.e., "living, dying, dead"), 42% of participants referred to "stock metaphors," i.e. metaphors used in repeated situations with multiple patients. Some of these stock metaphors might be categorized as "dying metaphors," in that the perceived value of the metaphor is not in the novelty of association between signifier and signified, but rather in their understandability and applicability to the patient's issues. Participant 11, for example, referred to a metaphor she uses regularly with patients about the initial difficulty of making changes in one's life, and noted that many patients could relate to the metaphor she used in such instances; the fact that it was not a "novel" metaphor to the patient did not appear to

impact its therapeutic value. The psychodynamic clinicians who used stock metaphors (37.5% of psychodynamic clinicians) all stated that they preferred to use patient-generated metaphors, but introduced therapist-generated metaphors when patients did not come up with their own. This appears to suggest that these clinicians identified therapeutic value in the presence of metaphors in psychotherapy generally, and introduced their own metaphors so that the dyad could make use of metaphors when patients did not introduce their own.

Half of the participants (n=6) identified instances in which patients used a metaphor to express their experience of a symptom. In the literature reviewed, multiple authors identify particular functions of metaphor associated with positive therapeutic outcomes: Levitt et al. (2000) find that the transformation of metaphors from "being burdened" to "unloading the burden" as associated with positive therapeutic outcomes, and McMullen (1989) refers to the existence of a well-formed central metaphor as a feature of successful cases of psychotherapy. These functions of metaphor seem to be predicated upon an articulation of the patient's symptom as metaphor. 63% of psychodynamic participants (n=5), 50% of cognitive-behavioral participants (n=1), and 0% of narrative participants discussed such instances and conceptualizations of "symptom as metaphor." Further research is indicated to more thoroughly explore the association between theoretical orientation and attention to this type of metaphor use. Additionally, future research might aim to better understand how symptoms are conceptualized metaphorically, and to understand how these metaphors change over the course of a treatment. Three types of metaphor (dreams as metaphor, nonverbal metaphor, and cultural metaphor) were referred to solely by psychodynamic participants. This suggests a conceptualization of metaphor within psychodynamic theory and by psychodynamic clinicians that encompasses expressions/presentations differently than narrative therapy or cognitivebehavioral orientations. This finding may relate to the research pertaining to personality and theoretical orientation choice, in which it is found that individuals who choose a psychodynamic orientation show a

preference for abstract means in processing information (Ofunfowora & Drapeau, 2008), and to generally be concerned with the intrapsychic dimension, dreams, memories, and free association (Arthur, 2001). These general tendencies associated with psychodynamic clinicians likely influence the manner in which they conceptualize and make therapeutic use of patients' metaphors. A tendency toward abstract means of processing information might influence the ways in which psychodynamic clinicians define and articulate concepts—in this instance, allowing for a broader definition of metaphor.

Clinician perception of the functions of metaphor. Several functions of metaphor identified in the literature arose in the interviews. Angus and Rennie (1989) refer to the use of metaphor as a shorthand, by which patient and clinician may refer to complex issues, emotions, or experiences in a condensed form, subsequent to the articulation of the metaphor. Participant 4, who identifies her practice orientation as psychodynamic, referred to this as a frequent way in which she encounters the use of metaphors in her practice. Martin et al. (1992) refer to the way in which metaphor may aid in memory encoding and recall. Participant 5, also a psychodynamic clinician, referred to one function of a patient's use of metaphor being that it improves her own recall. However, neither this participant, nor any other, echoed Martin et al.'s (1992) assertion that metaphor improves patient recall.

Participant 5's emphasis on the therapist's experience of recall highlights a finding of significance in the present study: half of the psychodynamic participants (n=4) referred to the effect that a patient's metaphor has on them as clinicians in the session; none of the narrative or cognitive-behavioral participants discussed this aspect of metaphor. These psychodynamic participants referred to the "experiential," "relational," and "emotional" aspects of the therapeutic relationship when discussing the impact of a patient's metaphor on the clinician. While this aspect of patient-generated metaphor was not identified in the literature review, the emphasis on the therapist's experience of a patient's metaphor may arise from the

psychodynamic emphasis on countertransference, and contemporary relational psychodynamic perspectives of transference/countertransference phenomena in particular (Cabaniss, Cherry, Douglas, & Schwatrz, 2017). This suggests a potentially rich avenue for future research regarding how contemporary conceptions of the therapist's experience of the clinical encounter impact conceptualizations of metaphors.

While neither of the narrative therapy participants explicitly invoked the term "externalization," identified in the literature as a predominant form in which metaphors are used in narrative therapy (Freedman & Combs, 1996), both narrative therapy participants emphasized the "multiplicity of meanings" and discussed the significance of allowing space for patientgenerated metaphors, as these allow a patient's individuality to emerge in the session, in the patient's own words (Legowski & Brownlee, 2001). Cirillo & Crider (1995) identify one use of metaphor in psychotherapy as "accommodating disparate interests through multiple meanings" of a metaphor. It appears that this use of metaphor was emphasized most consistently by the narrative therapy participants in the present study.

Participant 9, a narrative therapist, was the sole participant to refer to the spiritual dimension of metaphors. He articulated one function of metaphor as allowing for the "connectedness of experience." This "spiritual function" of metaphors did not arise in the literature review, and suggests an area for further research.

The cognitive-behavioral participants both appeared to employ the use of metaphor identified in Cirillo and Crider (1995) labelled "changing perspective on a topic with borrowed terminology." Cirillo and Crider describe how this use of metaphor functions "to simplify, to highlight, to make certain problems, patterns, or themes stand out, so that they can be worked on" (1995, p. 513). Participant 12 echoes this use of metaphor when he describes his primary use of metaphor in psychotherapy as developing a metaphor out of the patient's interests in order to demonstrate the purpose and process of CBT interventions.

The present study hence appears to validate the uses of metaphor identified in Cirillo and Crider (1995) in several respects. Furthermore, the different uses of metaphor identified in their work appear to align with theoretical orientation in some instances. Further research is recommended to ascertain whether these different uses of metaphor are shaped by the theory itself, or by other factors influencing the clinician.

Clinician perception of factors influencing a patient's ability to use metaphoric language. The present study appears to contradict Rasmussen and Angus (1996) with regard to their finding that significant differences exist between the metaphor use of patients diagnosed with borderline personality disorder and those not diagnosed with borderline personality disorder. No participants in the present study reported that they consider the concept of "borderline" to be useful when conceptualizing patients' metaphor usage. However, five participants (42%) identified patient traits such as concreteness, capacity for mentalization, and trauma as factors influencing a patient's ability to make therapeutic use of metaphor in psychotherapy. These traits are consistent with constructs that have been proposed in the literature as better descriptions of what were formerly known as "borderline traits" (Lonargáin, Hodge, & Line, 2017; Sharp & Kalpakci, 2015). This finding might suggest that while the concept of "borderline" is not used as readily by contemporary clinicians, alternative ways of conceptualizing the above-mentioned traits do in fact influence clinician perception of a patient's ability to make therapeutic use of metaphor, and consequently, may influence the manner in which clinicians approach patients' metaphors.

Six participants (50%; n=5 psychodynamic participants; n=1 cognitive-behavioral participant) referred to the presence of psychotic symptoms as an influence in the way they conceptualize and make use of metaphors with patients. These participants cited concerns that patients experiencing psychosis might misinterpret the clinician's intended meaning of a metaphor or elaboration of a metaphor. One psychodynamic participant, in contrast, referred to

the value of working with psychotic patients' metaphors as a valuable way of understanding the context of meaning of the psychotic symptoms. The impact of the presence of psychotic symptoms on metaphor use in psychotherapy was not addressed in the literature; further research is therefore indicated on this topic.

Clinician perception of sociocultural factors in patient metaphor use. Seventy-five percent of overall participants (n=9) responded that they had considered a patient's sociocultural identity when listening to a patient's metaphors. Participant 9 referred to his own background from a non-Western country, as well as a similar background of many patients with whom he works, as a significant factor influencing the presence of metaphors in the psychotherapeutic discourse. This finding would appear to validate Dwairy's (1997) assertion of the significance of metaphor in psychotherapy with people from certain non-Western cultures. Of particular note is the finding that one participant identified potential limits on "freedom" or "play of language" that may arise when a clinician's sociocultural identity aligns with the dominant culture, and the patient holds marginalized sociocultural identities. This finding suggests possible consequences for the therapeutic use of metaphor in psychotherapy, as limitations on the "play of language" might impact the degree of exploration of metaphor that is possible for a therapeutic dyad. Therefore, taking this finding into account, clinicians might explicitly address matters of language, dialect, and colloquialisms early in treatment, in an attempt to create an atmosphere in which the fullest potential of the exploration of language and metaphor is enabled. An important component in the creation of this atmosphere is clinician education and engagement with the cultural knowledges and practices of the patient populations a clinician serves.

Strengths and Limitations of the Present Study

The present study attempted to explore the factors impacting the conceptualizations and therapeutic uses of metaphor by psychotherapists, with particular attention to the impact of clinician theoretical orientation. The present study succeeded in addressing this topic. Most

participants (75%) articulated a conceptualization of metaphors in psychotherapy using theory, and the various ways in which these conceptualizations impacted clinicians' understandings of their own use of patient-generated metaphors was explored. The present study is exploratory in its aims, and generated qualitative data through semi-structured interviews. Given the small sample size (n=12), the results of this study cannot be generalized. However, various associations between participant responses and previous literature were explored above, and suggest the aspects of the findings most likely to be more broadly applicable.

One limitation of the study involves the small number of participants using narrative and CBT approaches, which could have resulted in an exaggerated appearance of homogeneity within these groups compared to the larger and therefore more diverse psychodynamic group. A further possible limitation of the study is that all participants currently practice in an urban setting in the American Northeast. This may lead to regional and education bias in participants' attitudes and responses. Additionally, most participants self-identified as white/Caucasian, and predominantly identified as female; the sample's generalizability may therefore be further limited.

Reliability of measurement and validity may have been impacted by the methodology of the present study. While the researcher attempted to develop the semi-structured interview guide from the existing literature, questions may have been influenced by a psychodynamic conceptualization of metaphor based on the researcher's own theoretical orientation, potentially introducing bias and negatively impacting construct validity. The present study aimed for a phenomenological understanding of the manner in which participants conceptualize and conduct their psychotherapeutic practice; it is therefore also possible that participants described their practice and conceptualizations in ways that differed from the actual manner in which they practice, thereby skewing the present study's findings.

Implications and Conclusions

The findings of the present study have several implications for clinical social work practice. First, the present study indicates that clinicians across theoretical orientations pay attention to and make use of patient-generated metaphors, to the therapeutic benefit of their patients. A more thoroughly elaborated understanding of the types of metaphors used by patients in psychotherapy, and a deeper understanding of the various ways in which such metaphors might be put to clinical use, will allow clinicians to better recognize the value of metaphors as a psychotherapeutic tool, as well as to better recognize and utilize instances of patient metaphoric expression. The present study suggests that various theoretical perspectives exist with regard to the function of metaphors in psychotherapy as well as possible uses; clinical social workers may benefit from incorporating elements of each of these respective theoretical perspectives. The ways of conceptualizing and making therapeutic use of metaphors identified along the lines of the various theoretical orientations are not mutually exclusive.

As discussed above, clinical social workers might benefit from explicitly addressing barriers to the "free play" of metaphor use and language association generally; these barriers may include sociocultural difference between clinician and patient. If such differences are present, therapists may be able to use metaphors as a way of bridging across such sociocultural differences (Dwairy, 1995).

Metaphors impact the experience of therapy for both patient and clinician. As such, clinical social workers may derive from the present study impetus to further examine the effect of patients' metaphoric expression on their own associations, emotions, attitudes, etc. in their clinical work.

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Appendix A: HSR Approval Letter

SMITH COLLEGE

School for Social Work
Smith College
Northampton, Massachusetts 01063

March 26, 2017

Joseph Berlin

Dear Joseph,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, EdD
Co-Chair, Human Subjects Review Committee

CC: Natalie Hill, Research Advisor
Appendix B: Recruitment Materials

Hello,

I am an MSW student at the Smith College School for Social Work. I am conducting a study for my degree requirements, and I am looking for participants. Even if you do not meet the criteria to participate, it would be very helpful if you could forward this email to anyone who might be eligible and may be interested in participating.

Here is a short summary of my study:

I am planning to interview 12 licensed clinicians who are currently practicing psychotherapy. The study aims to answer the question, "How do psychotherapists' theoretical orientations affect their attitudes toward and interventions pertaining to patient-generated metaphors in psychotherapy?"

Participants must be:
• Independently licensed in their state to practice psychotherapy.
• This study is specifically seeking clinicians who self-identify their theoretical practice-orientation as primarily a) psychodynamic, b) cognitive-behavioral, or c) narrative therapy. However, clinicians who identify their practice as operating from a theoretical orientation outside of these three will not necessarily be excluded from the study.

Interviews are expected to take 30 – 60 minutes and will be conducted in participants' offices or by telephone.

If you are interested in participating, please contact me at this email or by telephone at _____. If you know someone else who may be interested in participating, please also forward this message to them.

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Thank you for your help!

Sincerely,

Joseph Berlin

SMITH COLLEGE

2016-2017
Consent to Participate in a Research Study
Smith College School for Social Work ● Northampton, MA

....

Title of Study: How do psychotherapists' theoretical orientations affect their attitudes toward and interventions pertaining to patient-generated metaphors in psychotherapy?

Investigator: Joseph Berlin

....

Introduction
- You are being asked to be in a research study of the use and conceptualization of metaphors by clinicians in psychotherapy.
- You were selected as a possible participant because you have experience as a practicing psychotherapist, and are Independently licensed in your state to practice psychotherapy.
- This study is specifically seeking clinicians who self-identify their theoretical practiceorientation as primarily a) psychodynamic, b) cognitive-behavioral, or c) narrative therapy. However, clinicians who identify their practice as operating from a theoretical orientation outside of these three will not necessarily be excluded from the study.
- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study
- The purpose of the study is to address the ways in which metaphors are used by clinicians in psychotherapy, and to explore the relationship between clinicians' self-identified theoretical orientation and the personality organization and sociocultural identities of patients, as these factors affect the use and conceptualization of metaphors by psychotherapists.
- This study is being conducted as a research requirement for my Master's in Social Work degree.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

☐ If you agree to be in this study, you will be asked to do the following things: participate in one semi-structured interview by phone or in-person, lasting between 30 minutes to one hour.

Appendix C: Informed consent letter

Risks/Discomforts of Being in this Study

There are no reasonable foreseeable (or expected) risks.

Benefits of Being in the Study

• The benefits of participation may include an increase in insight about one's conceptualization and use of metaphors in psychotherapy, and having an opportunity to talk about issues that are relevant and important to the participant's work.

• The benefits to social work/society include the potential contribution of new understandings of the ways in which metaphor is used to the benefit of patients in psychotherapy.

Confidentiality

• Your participation will be kept confidential. Consent letters will be kept separate from notes and transcripts, and each participant will be assigned a code number, which will be placed on all materials in lieu of names. All materials will be stored in a locked cabinet. Audio recording digital files will be password protected. Only the researcher will have access to audio recordings. Interviews will be conducted in the participants' offices, when feasible, and otherwise will be conducted by phone, so that the researcher may ensure privacy of the conversation.

• All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you. The informed consent documentation will be kept separate from other research materials so that no link can be made between these and other materials.

• Audio recording digital files will be password protected. Hand-written notes, taken by the researcher during interviews, will be stored in a secure location for the mandated three years following the interview (per federal regulations). All quotes taken from the interview will be sufficiently de-identified so that they cannot be traced to an individual. Participants will be discouraged from disclosing sensitive, identifying information about their patients prior to the interview.

Payments/gift

You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

☐ The decision to participate in this study is entirely up to you. You may refuse to answer any question or withdraw from the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. If you choose to withdraw, I will not use any of your information

collected for this study. You must notify me of your decision to withdraw by email or phone by *5/15/2017*. After that date, your information will be part of the thesis, dissertation or final report.

Right to Ask Questions and Report Concerns

Appendix C: Informed consent letter

☐ You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, Joseph Berlin, at jberlin@smith.edu or by telephone at (xxx) xxx-xxxx. If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

☐ Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep.

………………………………………………………………………..

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

………………………………………………………………………..

[if using audio or video recording, use next section for signatures:]

1. I agree to be audio-taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____   Date: _____

Signature of Researcher(s): _____   Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: ___

Appendix D: Semi-structured interview guide

1) **What is your clinical licensure?**
2) **How many years have you been practicing?**
3) **How would you identify the theoretical orientation that informs your clinical practice? How would you describe your interest and engagement with this theory?**
4) **How do you identify, in terms of race, ethnicity, and gender?**
5) **How actively do you consider the metaphors used by your patients in session? Do you consider these metaphors using particular theories?**
6) **Do you recall an instance in which a patient's metaphor became a special focus of the treatment? Could you describe this experience, and your thoughts and feelings with regard to this experience?**
7) **Have you considered the personality organization (i.e., borderline, psychotic, neurotic) when conceptualizing or considering a patient's metaphor? If so, how did this awareness factor into the way you listened to and clinically engaged with the metaphor?**
8) **Have you considered the patient's cultural background (i.e., ethnicity, religion, etc.) when conceptualizing or considering a patient's metaphor? If so, how did this awareness factor into the way you listened to and clinically engaged with the metaphor?**