

Does Metaphoric Imagery Have a Place in the Therapist's Toolbox?

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Abstract

This thesis presents an argument as to why metaphoric imagery can be a powerful tool utilised by the therapist to support the therapeutic process. Metaphorical interventions are versatile and variable and used in various theoretical modalities. In this work, metaphoric imagery will be recognised as a tool that can be used in an integrative and collaborative way by the therapist. Therapist generated metaphoric imagery is explored and recognised as one specific form of metaphoric intervention, and the potential success and limitations of this type of intervention are examined and supported with research and literature. Practical examples of metaphoric imagery in clinical practice will be provided to aid an understanding of how metaphoric imagery can enhance therapeutic communication, support the client in gaining new perspectives and further develop the therapeutic alliance. Potential barriers that may exist for some therapists in relation to their capacity and desire to integrate metaphoric imagery into their practice will be acknowledged and the power of working more creatively in the therapeutic space is identified as something worth integrating into psychotherapy training.

Metaphors and imagery have been a part of psychotherapy practice since its beginning and a common agreement on the therapeutic potential of integrating these concepts into clinical practice has been established (Thomas, 2016). Metaphor theory was developed by Lakoff & Johnson (2017) who illuminated the frequent use of metaphor in our daily lives and proposed that conceptual metaphors are based on embodied experiences. Metaphors are so embedded in our everyday language that they are often not recognised or acknowledged in the therapeutic setting by either client or therapist (Killick et al., 2016). As metaphor is so much a part of our lives and way of communicating, it is important to acknowledge its potential significance in the therapeutic setting.

Meier & Boivin (2011) suggest that metaphors can be a source of novelty and change that can be explored and transformed in the therapeutic space to promote progress. Humans are playful beings at heart and our ability to imagine and use metaphor represents a large aspect of this playfulness (Faranda, 2014). Neuroscience has proven the brain's innate inclination towards play, metaphor and imagery (Damasio, 2012; Panksepp, 1988). It has also been suggested that metaphor and imagery play a more vital role in our overall well-being than logic and words (Macknik & Martinez-Conde, 2011). Working with metaphor and imagery in therapeutic practice paves the way for creativity and access to a rich unconscious world (Halprin, 2002). A study conducted by Yu et al. (2019) found that by integrating therapeutic metaphor into practice, there are higher levels of insightfulness regarding problems and solutions. Literature has also grown on the efficacy of imagery methods in psychotherapy, supported by clinical observations and experimental research (Salkovskis, 2002).

Although metaphor and imagery in counselling have been recognised as interventions that enhance communication and support therapeutic change, there are varied thoughts as to how these concepts should be approached and applied in clinical practice (Hackmann et al.,

2013; Kopp, 1995; Siegelman, 1990; Thomas, 2016). The largest and most recent body of work around imagery in psychotherapy is explored from a Cognitive Behavioural perspective and focuses largely on working with client-generated imagery. Third-wave therapies such as Acceptance and Commitment Therapy, recognise metaphor as a fundamental therapeutic technique that helps clients gain new perspectives and facilitate change (Killick et al., 2016).

The focus of this body of work is on a specific type of metaphor, a combination of both metaphor and imagery work, known as metaphoric imagery. Chapter One will provide definitions of metaphor and imagery, identify overlaps between the two and explore the therapeutic application of metaphor and imagery. Brief examples demonstrating how metaphoric imagery can be utilised in the therapeutic setting will be provided throughout the work. Chapter Two will focus on how metaphoric imagery can be used as a tool to demonstrate empathy and attunement, enhance the therapeutic alliance, as well as promoting and monitoring change and growth.

The potential downfalls of using therapist-generated metaphoric imagery in practice and the ethical value of this as an intervention are discussed in Chapter Three. The following writing seeks to provide a strong argument as to the clinical usefulness of therapist-generated metaphoric imagery and how this can be utilised as a tool to enrich clinical practice, enhance therapeutic communication and support positive client changes. The value of creativity and in particular, metaphoric interventions in psychotherapy training, will be proposed as an area worth further exploration, research and consideration.

Chapter 1

Imagery and Metaphor: A Brief Exploration

Defining Metaphor and Exploring the Overlap of Imagery

Metaphor has been defined by HarperCollins (2023) as “an imaginative way of describing something by referring to something else which is the same in a particular way”. Metaphorical language is commonly used in everyday conversations as a way to talk about experiences and often to metaphorically describe emotions (Tay, 2016). For example, someone who is experiencing anger may describe themselves as “reaching boiling point” or someone who has a lot of responsibilities may describe themselves as “juggling many balls”. Imagery is fundamentally linked to metaphor. It is clear from these examples that metaphor inherently includes a visual element. Thomas (2016) reflects the overlap between metaphor and imagery when they describe metaphors as “linguistic expressions of thinking in pictures” (p. 46). Metaphors can therefore be used as a tool to integrate the logic of words and the analogy of imagery (Meier & Boivin, 2011).

Metaphors are found and used in all therapeutic approaches whether acknowledged or not (Gordon, 2017). Much of the literature exploring metaphor in psychotherapy defines metaphor in a similar way. Lakoff & Johnson (2017) simply define metaphor as “understanding one thing in terms of another” (p. 3). It has been noted by authors such as Siegelman (1990) that metaphor usage is particularly prominent when feelings are high and when “ordinary words do not seem strong enough or precise enough to convey the experience” (p. 16). Metaphors are mechanisms that provide elaborate visual descriptions of thoughts and feelings and help communicate experiences (Stott et al., 2010). The therapist can therefore use metaphoric images to communicate difficult concepts or theories to clients

and tentatively address issues that the client may find difficult to express in words (Killick et al., 2016). McGuinty et al. (2014) suggest that integrating metaphors into practice can offer a framework for the client to visualise, develop and transform their sense of self and view of others in the world.

Although imagery and metaphor are fundamentally intertwined, imagery exists as a separate therapeutic intervention in its own right. "The use of imagery in the psychotherapeutic setting has a vast, rich history, as well as existing still in the contemporary fore" (Achterberg, 1985, p. 149). Diverging theoretical approaches have made use of imagery to aid therapeutic communication and processes, such as imagery methods in shamanism, hypnotherapy, art therapy, Gestalt therapy and more recently Cognitive Behavioural Therapy (CBT) (Sheikh, 2013). For example, the image of a path or road has often been used throughout different cultures, eras and therapeutic modalities, to represent a person's journey to living a purposeful life. Exploring this image with a client can help the therapist gain a better understanding of where the client views themselves on their journey through life. As many individuals arrive at counselling when they have a problem that is difficult to deal with, or when they feel like they have been doing the same thing repeatedly without arriving at any solution point, this image can be used as an explorative and psychoeducational tool, encouraging the client to identify goals, learning how to overcome obstacles that may emerge along the path and perhaps exploring the possibility of alternative paths, helping the client gain new perspectives and consider new life choices.

The Therapeutic Application of Metaphor in Counselling and Psychotherapy

"Metaphors are used in everyday language and play a role in the therapeutic domain" (Witztum et al., 1988, p. 1). The existing literature and research regarding the therapeutic use

of metaphors in counselling is largely divided into therapist-generated and client-generated metaphor. The larger body of research and literature focuses mainly on working with client-generated metaphor and is less concerned with the use of therapist-generated metaphor.

However, Tay (2016) notes the gap between the two and suggests a middle-ground approach that promotes a way of working that includes both the client and therapist as collaborators and co-creators of a metaphor. Although Kopp (1995) focuses largely on working with client-generated metaphors, he also encourages the use of therapist-generated metaphors providing the metaphor captures the client's experience and is created with the client's language in mind. Loue (2008) states that "by offering metaphor, we give the client permission, opportunity, and a vehicle for potential change" (p. 13).

Metaphor interventions in counselling can take many different forms, from stories and films to pictures and drawings. The use and type of metaphor vary according to each therapist and their relationship with their client (Combs & Freedman, 1990). Some metaphoric interventions may be direct and others more subtle, interactive and explorative (Stott et al., 2010). The main consideration for a therapist when integrating metaphoric interventions into practice is that the metaphor is helpful and meaningful to the client. Choosing the right metaphor and making it work can often require significant consideration by the therapist (Stott et al., 2010). The therapist needs to respect the client's autonomy, understanding that the client has control and can choose whether to use or engage with a proposed metaphor (Ettin, 1986). "Sometimes clients may not respond to a metaphor directly, but the use of the metaphor may prompt the client to view his or her situation with greater insight or clarity" (Loue, 2008, p. 149).

Metaphoric Imagery and Engaging with Emotions

Metaphoric imagery can be understood as a combination of linguistic metaphor and mental imagery. It is one particular form of metaphor that can be pulled from the therapist's toolbox to enhance therapeutic communication, develop the therapeutic relationship and facilitate the client's therapeutic change (Moschini, 2019; Stott et al., 2010). "Metaphors are linked to how individuals process information and emotions, and they are important to understand and utilize in counselling" (Wagener, 2017, p. 144). During times of great emotion, metaphor can be used to express "psychological possibility that ordinary language cannot reveal" (Siegelman, 1992, p. 16). Samur et al. (2015) present research that demonstrates metaphors being used more frequently when describing emotions. For clients who are unable to articulate their feelings or ideas, metaphor can be used as a tool to communicate their abstractions. Levitt et al. (2000) state that metaphors can "more accurately capture the quality of an emotion than an adjective" (p. 24). Studies have also shown that imagery has a superior influence on emotional processing compared to verbal processing of the same material (Holmes & Mathews, 2005).

Metaphorical imagery can be a helpful intervention for a client who is struggling to grasp the strength of their feelings. Research has shown that using imagery in the therapeutic environment can act as a way of immediately communicating and helping the client to overcome emotional blocks (Bell et al., 2014). Metaphoric imagery can enable the therapist to safely hint at experiences which are difficult for the client to process and express in plain terms (Faranda, 2014). Thomas (2016) suggests that well-chosen metaphoric imagery can serve as a non-threatening explorative tool to help the client understand and potentially change their way of thinking. It can enable the client to step outside of their current situation and gain a different, more helpful, meaning and understanding (Stott et al., 2010). By

externalising a problem and creating a metaphor to represent this problem, metaphoric imagery can be transformed to help shift dysfunctional emotional schemas (McGuinty et al., 2018).

For example, a client who describes a situation involving rage and anger could be encouraged to further explore their feelings if the therapist offers a metaphoric image of a volcano erupting. Providing the client communicates an understanding and connection to this image, the therapist can encourage further exploration and help the client work towards understanding their triggers by asking “what makes the volcano bubble and erupt?”. Stott et al. (2010) suggest that therapeutic depth can be achieved through guided discovery of the metaphoric image whereby the client actively participates in the construction and exploration of the metaphor. Working with the client in a collaborative way can assist them in gaining new perspectives, insight and understanding. The client and therapist could collaboratively explore the impact of the volcano erupting on those around it and begin to transform the volcano from an active to dormant one. Asking future-orientated questions about the metaphoric image opens up avenues for the client to explore different ways to cope with angry outbursts, and allow the client to notice when the metaphorical lava of the volcano is bubbling close to the surface.

The metaphorical image of a volcano erupting may also enable the client to tap into the felt sense in their body, facilitating a more experiential and holistic way of connecting with their emotions. A question such as “how does it feel after the volcano has erupted?”, can help the client to understand and connect their mind and body experience. As metaphoric imagery can be a spontaneous intervention, the therapist must always attune to the client's response to an image. Zatloukal et al. (2018) offer that it is just as helpful to know when to let go of a metaphoric image as it is to know how to offer and integrate one into practice.

Chapter 2

Therapist Generated Metaphoric Imagery: A tool to facilitate the therapeutic process

“There are often times when a single metaphoric image is worth a thousand words”

(Siegelman, 1990, p. 107)

Therapist-generated metaphors can be used to support the therapeutic process and client growth and as a way to help clients recognise thoughts, feelings and integrate new behaviours (Wagener, 2017). Images are often thought of as purely visual, however, they have been proven to be multi-sensory and are recognised as having the potential to promote change in the therapeutic process (Bell et al., 2014). McGuinty et al. (2018) state that “metaphoric imagery encapsulates both problem and self through context and culture, and immediately provides a mirrored entry to the sensory-imaginal world of the client” (p. 89). Embodied experiences are foundational to metaphorical work (Lakoff & Johnson, 2017; McNeill, 2005). The visual and concrete elements of metaphoric imagery can evoke sensory experiences for the client and serve as a memorable aspect of the therapeutic process that can be easily returned to as a shared mutual understanding of the imagery that has been established (Siegelman, 1990). Using a metaphorical image of a volcano to represent anger is representative of how we often conceptualise anger as a hot, pressurised container due to the physiological response of raised temperature and sensation of heat in the body. Studies have shown that those clinicians who utilise imagery-based interventions report the power of imagery in bridging the connection between mind and body (Bell et al., 2014). Images are often somatically marked and cause an automatic sensory reaction (Damasio, 1995). However, the therapist needs to be mindful that a certain image may be marked differently for each individual client due to environment, culture and experiences (Green, 2015).

Metaphoric Imagery, Empathy and Attunement

It has been suggested that metaphorical imagery can emerge when attuned to a bodily felt sense of a presenting issue (Butler et al., 2010). Therefore, therapist-generated metaphoric imagery can reflect the therapist's empathic attunement to the client. Empathy and attunement have been recognised as some of the most effective elements that underpin the therapeutic relationship (Cooper, 2008). When a therapist is empathically attuned to their client, the therapist can kinaesthetically sense and resonate with the client's experience which can then be communicated through metaphoric imagery (Finlay, 2016). Arlow (1979) proposes that metaphoric communication can reflect the therapist's intuitive understanding of their client.

The therapist can also use metaphoric imagery to tentatively reflect the client's problem, allowing the client to recognise if the therapist is on the same page. If the metaphoric image does not resonate with the client, it also provides an opportunity for the client to adapt the metaphor to their own frame of reference, increasing its power. Therapeutic attunement to the client is essential when introducing metaphoric imagery and it is even more vital that the therapist remains alert to the client's response to the particular metaphoric imagery used (Loue, 2008). Faranda (2014) states that metaphoric thinking is fundamental to empathy. Fetterman et al. (2021) found that people tend to use metaphors when trying to understand another person's emotions and perspective. When clients perceive their therapist to be empathic they tend to be more successful in their therapeutic outcomes (Elliott et al., 2011). "If metaphor use signals empathy, then metaphor use might be an important tool for therapists" (Fetterman et al., 2021, p. 24).

Metaphors can also facilitate the client and therapist in approaching a situation tentatively, empathetically and indirectly (Seiden, 2004). Interacting with the client in a

metaphoric way can also allow the therapist to gather information and bypass any defensiveness that may emerge when probed directly about problems or difficult feelings (Combs & Freedman, 1990). Metaphor has an ability to acknowledge and identify without using potentially stigmatising language. For example, a client who is depressed may describe themselves as being “at the bottom of a black hole”. The client or therapist may not directly use the words depressed, but through metaphor, the therapist can begin to unpack the metaphoric image with the client, exploring how it feels to be in that place, scaffolding the transformation of the image and helping the client use their internal resources and strength to begin the groundwork for therapeutic change.

The Therapeutic Alliance and Joint Construction of Metaphoric Imagery

“Providing the counsellor uses it responsibly, metaphor can bond counsellor and client and enhance the therapeutic relationship” (Jones, 1991, p. 32). Therapist-generated metaphors can serve several functions, some of which have already been mentioned. One function that has been largely acknowledged in literature is the use of metaphor to enhance communication between the therapist and client (Angus & Rennie, 1988). Levitt et al. (2000) suggest metaphors can function within the therapeutic setting as a tool to promote insight, enhance communication and develop the working alliance between client and therapist. It has been well-documented that the psychotherapeutic relationship is fundamental to client growth and change (Baier et al., 2020). Creating a working alliance has been empirically researched and has also been found to be an important predictor of therapeutic success (Horvath et al., 2011).

It is important for the therapist to remain in a flexible position so they can facilitate whatever experience the client may need during the course of therapy (Combs & Freedman, 1990). One way of doing this is being open to the act of metaphor building and co-creation in

the here and now of the therapeutic relationship. Inviting the client to collaborate and feedback on the usefulness of the therapist-generated metaphoric image can heighten the client's sense of being understood and strengthen the therapeutic relationship (Stott et al., 2010). Through the development and co-creation of a metaphoric image, a mutual language and shared understanding emerges between the therapist and client that can be easily returned to throughout the course of therapy (Green, 2015). This collaboration and co-creation can enable a client to assume ownership over the metaphor and continue to use it outside of the therapeutic setting (Loue, 2008). McGuinty et al. (2018) describe how a client may feel a sense of personal agency when their metaphoric creation is transformed and relates directly to their life. There is always a possibility that a client will substitute the therapist's metaphor with one of their own and this should always be encouraged and validated (Stott et al., 2010). A client's metaphoric imagery is "rich in clues to the embodied emotional experiences the client is having" (Goldberg & Stephenson, 2016, p. 107).

A Tool to Track Therapeutic Change and Growth

Research has also shown that metaphors can be a useful tool for tracking therapeutic change (Levitt et al., 2000). Siegelman (1990) suggests that key metaphors should "shift as therapy enables the patient to change his or her basic sense of self" (p. 64). If the metaphoric imagery changes over time, this can be a significant indicator and measure of the client's growth (Loue, 2008). Continuing with the previous example of a depressed client who was metaphorically at the bottom of a black hole, change or transformation may be indicated through the client's acknowledgement of their position in relation to the metaphorical image. For example, the client may return to this image and acknowledge that they are no longer at the bottom of the black hole, but rather they are close to the top, can see the light and are

ready to emerge. The metaphorical physical shift within this image signals the client's change and growth.

Studies have shown that when a metaphor transforms over the therapeutic process, it reflects an increase in insight and the client's ability to adapt a reconstructed narrative (Levitt et al., 2000). Qualitative analyses of metaphoric expression in psychotherapy have found that successful outcomes of therapy are evident when a client uses the therapists' and their own metaphors to represent their inner experiences, while those who are not so successful in therapy only use their own metaphors to represent external experiences (McMullen, 1985). Martin et al. (1992) produced a study demonstrating the memorability and effectiveness of therapist-generated metaphors for clients, and discovered that clients found sessions more helpful when therapists used metaphoric interventions and when metaphors were developed collaboratively and repeatedly used. For example, a metaphoric image established collaboratively between client and therapist, consisting of layered black boxes wrapped in chains, used to describe a client's complex grief, may be returned to during the counselling process in order for the client and therapist to understand and acknowledge change or progress. Perhaps the chains have been removed and some boxes have been opened and can now be put aside. It is important to note that it is not just the metaphoric image alone that can achieve change in the therapeutic process. It must be acknowledged that how the therapist skilfully uses and encourages metaphoric dialogue plays a role in helping the client gain new perspectives and discover alternative ways to cope (Rucińska & Fondelli, 2022).

As with all therapeutic interventions, the introduction of metaphoric imagery into the therapeutic arena is one to be made with professional judgement (Hall et al., 2014). Although there are differing opinions on how therapists should go about incorporating metaphor into clinical practice, it is essential that if a therapist does, they are conscious of their spontaneous metaphoric imagery in relation to a countertransference reaction. Siegelman (1990) suggests

that metaphoric imagery should only be shared by the therapist when it is so compelling and insistent, and when it aligns with the material the client is presenting.

Supervision can provide consultative support for the therapist, helping them to assess and reflect on their use of metaphoric interventions, ensure good practice and protect the therapeutic relationship (Eriksen et al., 2015). Mooney & Padesky (2000) suggest that metaphorical imagery can also be used by the therapist during periods of self-reflection or in supervision in order to make sense of their own problematic emotional reactions to clients. The incorporation of metaphoric imagery into clinical practice can be a valuable tool for therapists, not only in supporting positive therapeutic change and enhancing therapeutic communication, but in supporting their own personal and professional reflection in clinical work.

Chapter 3

The Potential Downfalls of Therapist-Generated Metaphoric Imagery

Of course, it goes without saying that there are some potential downfalls when working with metaphoric imagery. As with every therapeutic approach and technique, metaphoric imagery will not be helpful to all clients (Loue, 2008). However, Siegelman (1990) proposes that nearly everything that a client brings into a session can be understood on a metaphoric level and so at the most basic level, therapist awareness of metaphor is important. Some research has suggested that metaphoric interventions may not be suitable for those with psychiatric disorders and could contribute to delusion in clients with schizophrenia (Rhodes & Jakes, 2004). However, Mould et al. (2010) have reviewed research that supports the use of metaphoric interventions when working with psychotic clients as it can be used to ground the client in reality. As with all therapeutic interventions, introducing metaphoric

imagery in counselling should always be done with ethical consideration and be tailored to the client's cognitive abilities (Wagener, 2017). If a metaphoric intervention is used that does not align with a client's cognitive ability, the success of the intervention may be weakened and a lack of engagement and exploration of this topic may be the result (Millikin & Johnson, 2000). For example, using metaphoric expressions with a client who is lacking in ego development could result in a lack of understanding and a misalignment in communication (Siegelman, 1990). Bell et al. (2014) note that due to different cognitive styles in clients, their receptiveness to imagery interventions will vary and as a result may be an ineffective intervention for some.

Creativity, Imagination and Readiness to Play

Metaphor is conducive to playfulness via language (Faranda, 2014). Using metaphoric imagery with a client who is not ready to play can potentially lead to a disconnect in the therapeutic relationship (Siegelman, 1990). Therapists need to know how to play with reality themselves to facilitate the client's playfulness in the therapeutic process. Having a playful attitude not only allows the therapist to remain curious in their own work and process, but it also sets a foundation whereby the client feels safe and supported to explore novel responses and spontaneous creativity. Working with images may feel too risky for those clients who prefer control and predictability, and it is the therapist's role to attune to the client's readiness to work in this way (Bell et al., 2014).

Using metaphoric imagery with clients who struggle to connect with metaphoric language may impede the therapeutic process (Siegelman, 1990). Some clients with Autism Spectrum Disorder (ASD) struggle with metaphor comprehension (Kalandadze et al., 2021).

It has also been found that people with ASD may find imaginative creativity, like metaphor and imagery, more challenging than reality-based creativity (Craig & Baron-Cohen, 1999).

Pipher (2016) suggests that therapists should keep “a toolbox filled with well-polished metaphors” (p. 64). However, having flexibility towards metaphors allows therapists to use them as templates that can be adapted and adjusted according to the client's needs. It is important for the therapist to realise that metaphors can have a multiplicity of meanings and the meaning of the metaphor could be perceived as something different for the client (Legowski & Brownlee, 2001). This is of particular importance when working with clients from different cultural backgrounds. With this in mind, client feedback and responses are crucial for the therapist to attune and adapt to (Witztum et al., 1988).

Therapeutic Ruptures

Consistent evidence has shown that the therapeutic relationship is an important component in the overall success of psychotherapeutic treatment (Stubbe, 2018). Ruptures may occur in the therapeutic relationship if a therapist uses metaphoric imagery in a way that intrudes on the client's autonomy, resulting in the client taking on something that is not their own. Ruptures may also arise if the therapist distorts what the client has said in order to bring in their own preferred metaphor (Sims, 2003). If a client describes themselves as ‘hanging on by a thin thread’ and the therapist summarises this by stating that the client is ‘walking across a tightrope’, the client may feel confused and frustrated as their metaphoric image has been substituted for the therapist's own metaphoric image. One way to avoid these ruptures in the therapeutic alliance is to work collaboratively with the client when generating metaphoric imagery, allowing a shared creation to evolve and emerge. If a therapist is to only work with their metaphoric imagery and not collaborate or pay attention to those metaphors generated

by the client, they reduce the capacity to strengthen the therapeutic alliance and form a common language to use throughout the remainder of their work together.

Ethical considerations

“Virtually everything counsellors do can be performed ethically or unethically” (Nelson-Jones, 2002, p. 319). Aside from ethical guidelines and frameworks, counsellors rely on their own intuitive moral reasoning. Having an open self-reflective attitude and retrospective insight proves valuable in aiding a counsellor's ethical practice (Carroll, 2011). As with all therapeutic interventions, therapists who choose to use metaphoric imagery in clinical practice must do so in an informed and reflective way. Not only must thought be given to the impact of introducing metaphoric imagery to the client, but how this intervention can be utilised within the therapeutic hour is also of incredible importance (Hall et al., 2014). Siegelman (1990) notes that many therapists and clients deploy metaphors intuitively or without much awareness. Therefore, it is essential that when a therapist shares a metaphoric image with the client, it is shared with the intention and belief that the image can evolve in a collaborative way with the client.

The therapist also has an ethical responsibility to be aware of the client's culture and value system and ensure that the metaphoric image offered is reflective of the client's experience (Stott et al., 2010). There are many universal metaphors, often learnt unconsciously due to embodied experiences, and there are many non-universal metaphors due to variations in language and cultural factors. For example, in Zulu, anger is understood as being in the heart, whereas the heart in English is generally associated with love, and anger as a gas or pressurised container (Kövecses, 2005). In many therapeutic relationships there will be moments of cultural misalignment and so the role of the counsellor is to modify

interventions to match the client's culture and value system (Withers, 2006). The therapist has an ethical responsibility to be aware of differing values and unconscious biases that may influence their way of being with a client and continually monitor these in supervision.

Do Metaphor Interventions have a Place in Psychotherapy Training?

Psychotherapy is a collaborative process and is creative by nature. Language can serve as a gateway and a barrier to communication and understanding. For some, translating thoughts and feelings into words can be difficult. This is where creativity, an inherent part of human behaviour, can transcend talking. Metaphor and imagery can fill and bridge gaps, providing a sensory means of expressing the client's experiences (Withers, 2006). Working with metaphor and imagery is one source of creative work that can facilitate the therapeutic process, promote mind and body integration and strengthen the therapeutic relationship. However, in order to facilitate creativity in the therapeutic space, the therapist must be attuned to their own sense of creativity.

It is important to acknowledge that without any training in the area of metaphor and imagery, the likelihood of a therapist employing metaphoric imagery interventions in clinical practice is reduced. Personal experiences, interest and affinity with images, along with variances in clinician's abilities to work with imagery, have also been identified as potential reasons as to why a therapist may or may not use metaphoric imagery in their practice (Bell et al., 2014). Lack of experiential practice of imagery interventions in training has been noted to contribute to varying competences in therapists use of imagery (Bell et al., 2014).

Particularly for newly qualified therapists, initial anxieties over their competency may impede the engagement and use of metaphoric imagery interventions. Malkomsen et al. (2022) findings suggest that the majority of therapists do not actively listen for metaphors in

their clinical practice and rarely use metaphoric interventions. Introducing metaphors and creative interventions into training programmes may enable future practitioners to be more aware of the power of metaphor and creativity in the therapeutic space. It must be acknowledged that often unknowingly both clients and therapists use wonderful metaphoric expressions. By developing the innate inclination towards creativity, play and metaphor, whether in psychotherapy training or continuous professional development, it can provide the therapist with an opportunity to add another tool to their toolbox to skilfully use in therapeutic practice to support the development of a therapeutic relationship in a creative and meaningful way.

Conclusion

There are numerous reasons why therapists should be skilled in using metaphoric interventions and at the very least have an acknowledgment of their presence in the therapeutic setting. Research and literature have demonstrated the frequent use of metaphor in our daily lives and how therapist-generated metaphor can be an advantageous intervention in the therapeutic setting, helping the client to communicate and connect with difficult emotions, demonstrate understanding, empathy and attunement and track therapeutic change and growth. When utilised, metaphoric imagery can support the development of the therapeutic relationship, an essential component in creating therapeutic change.

The concept of collaboration and co-creation has been highlighted as an important aspect of working with metaphoric imagery. Having an open and reflective approach when utilising metaphoric imagery enables the client to feel safe to collaborate and explore in a creative and meaningful way. This intervention has been recognised as one that may not be utilised by all therapists or work for all clients. As with any intervention, therapists must use

their professional judgement to recognise when metaphoric imagery is unhelpful and potentially detrimental to the therapeutic relationship. However, it is clear that the benefits of using metaphoric imagery in therapeutic practice far outweigh any potential pitfalls.

Further research is needed to support the utilisation of metaphoric imagery as an evidence-based therapeutic intervention. Nevertheless, it is evident from previous literature and research that both metaphor and imagery can be therapeutically efficacious. Creating space in psychotherapy training programmes for the experiential use of creative therapy skills such as metaphor and imagery could provide clinicians with an awareness and understanding of the power of metaphor and therefore be more inclined to utilise metaphor and better support the client's own metaphoric expressions. Taking all of the above into consideration, metaphoric imagery should be recognised as a valuable addition to the therapist's toolbox.

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