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The Use of Metaphors as a Facilitator for Self-Exploration and Establishment

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Abstract: In this article, we focus on the significance of metaphor in the clinical setting. We will examine various metaphors commonly employed in clinical practice and attempt to highlight the different functions they serve. We propose to view the analytical situation as metaphorical in its essence. Furthermore, we believe in the vital importance of play and the potential space in mental life in general, and specifically in analytical therapy. Therefore, we suggest considering metaphor as a product of the existence of a potential space in therapy, and as facilitating that space within Potential Space.

Keywords: *Psychoanalysis, Metaphor, Clinical Setting, Potential Space, Mental Life.*

Throughout my professional career, I find myself observing various metaphors that patients use to cope with their difficulties.

I perceive the analytic situation as inherently metaphorical. Therefore, I propose to view the metaphor as facilitating the establishment of the self within the existence of a potential analytic space, and as inviting it during therapy. Additionally, I suggest that the psyche possesses the capacity for symbolism and playfulness, and I will illustrate through clinical examples how this ability can be utilized to think about different processes in therapy.

In many treatments, I find myself inventing metaphors. This gives me a sense of creativity, vitality, and renewal. Upon delving deeper into the subject, I discovered that metaphors, similar to play, are a matter of great seriousness.

Example

Tamar, a 20-year-old, returns to me for another phase of therapy. She recounts an incident from yesterday involving a friend. The relationship, according to her, is asymmetrical. Her friend is much more interested in being close to her than Tamar is to her. I find myself recalling similar situations from her previous therapy. I mention this to Tamar. In response, Tamar says, "Something similar happened to me today. This afternoon, I double-booked with two friends." At that moment, I realized that I had heard a highly significant metaphor characterizing Tamar's relationship.

Tamar was born to a young couple who separated shortly after her birth. Both parents remarried and subsequently had additional children. Tamar grew up between two families: her mother's new family and her father's. I perceive the metaphor of "*double booking*" as describing the early stages of Tamar's life, regarding her experiences between the two families and how she tries to navigate her reality. Through the metaphors, I also understood her complaints and what she is avoiding. As the session progressed, it became clear that the distress that brought Tamar back to therapy was related to her struggles with the need to choose between options.

Metaphor and Metaphors

The concept of metaphor is derived from the Greek language. Originally, it means "transfer or transference." In dictionary definition, a metaphor is "the borrowing or transferring." The use of a word or phrase not in its literal sense but in an extended meaning, from one interest to another for greater vividness. Aristotle already wrote: "Ordinary words convey what we already know: the metaphor allows us to touch on something new." The metaphor is positioned within the realm of poetics and is perceived as a rhetorical-aesthetic tool, akin to a linguistic decoration. Both in Aristotle's time and thereafter, the concept was considered part of linguistics, primarily engaging linguists and literary scholars.

In the early 1980s, there was a growing interest in the study of metaphors across additional disciplines such as neurobiology and cognitive sciences. Consequently, an interdisciplinary view of metaphors began to develop. The metaphor was recognized as a mode of thinking, as the capacity of the mind, where verbal expression is merely secondary. It is a fundamental component of human existence, in the language of the psyche, not just in linguistic expressions.

Lakoff and Johnson (1980) have made a significant contribution to the shift in understanding these topics. In their book, they present the metaphor as a common, essential, and vital aspect of human thought that creates new meanings and insights.

Psychoanalysis and Metaphors

In recent years, psychoanalysis has increasingly acknowledged the central role of metaphors, both in theory and in clinical practice. In 2014, it was proposed that metaphorical processes could provide a conceptual ground for clinical and theoretical generalizations and even offer a common denominator that facilitates dialogue between different psychoanalytic approaches.

In this article, we suggest viewing the analytic act as fundamentally metaphorical. "Psychoanalysis is essentially a metaphorical act." When we engage in analytic therapy, we are in a process whose profound meaning also lies in its metaphorical nature. For example, consider the concept of "transference." Freud refers to transference as the mechanism that transfers an unconscious configuration (wish or fantasy) in dreams or clinical situations to a medium where they receive representation and thus become realized. A central and specific expression of our metaphorical observation of emotional occurrences in analysis can be found in the concept of transference in a more specific sense, as a concept within the therapeutic relationship. Unconscious fantasies and internal representations of object relations manifest in the patient's experience of the therapist. Thus, transference in the analytic situation is a particularly intense living metaphor of the patient's neurosis.

Freud and Metaphors

Freud made extensive and rich use of metaphors, both in the theory he formulated and in his clinical practice. "He who has carved a narrow path for himself and suddenly comes upon a hill from which the roads diverge, and a promising view reveals itself to him from all sides, is permitted to pause a moment and consider where to turn first". Such a feeling I have now that I have overcome the initial interpretation of a dream.

Edelson (1983) describes different types of metaphors in Freud's writings (mainly concerning dream interpretation). He outlines the various modalities and functions of metaphors in the lives of his patients. Edelson further notes how Freud chooses his metaphors to make them accessible to a broad audience (through various anthropomorphic expressions). It seems that Freudian metaphors advance and illuminate his theoretical formulations.

However, the positivist Freud, committed to the scientific pursuit of truth, maintained throughout his life the belief that psychoanalysis, as a psychological science based on biology, would ultimately integrate with the natural sciences. He recognized the necessity of metaphors

but also their inferiority. He viewed the use of imagery as a temporary compromise and even hoped not to need them in the future.

Freud's early concepts that describe unconscious processes, as demonstrated in dreams, depict the unconscious as a system engaged in creating meaning through metaphors. The dream, Freud argues, is essentially metaphorical thinking.

Model (2011) refers to the fundamental change between the 'unconscious' in dream interpretation and the concept of the unconscious as described in "The Ego and the Id". He refers to this change as a kind of 'battlefield' between instinctual wishes and the mechanisms that repress their expressions. The unconscious has shifted from a mental area engaged in unconscious processes of meaning-making to an area where instinctual forces are held back by repression and channeled by defense mechanisms. Model sees the recognition of the centrality of metaphors in unconscious thought as a possible basis for bridging different psychoanalytic approaches and between psychoanalysis and other disciplines.

Metaphors from the Therapy Room

After prolonged observation of the metaphors that frequently appear in our clinic, we have identified a group of metaphors which we have termed "*house metaphors*". These are metaphors that have become idiomatic expressions, used repeatedly according to the needs of the patient.

The Process of Therapy and the Use of Metaphors

In the early stages of my work, I tended to use the metaphor of 'the journey' to describe the therapeutic process. Often, I depicted myself walking a quarter step behind my patients, pointing out something along the way. Over time, this metaphor wore thin, and I abandoned its use. Later, I began using '*draining the swamps*' to describe the therapeutic process. During this process, parts covered by murky swamp are gradually revealed. Sometimes, beneath them, fertile ground is uncovered, allowing for flourishing and healthy growth. Other times, a piece of swamp remains—it is familiar and even fenced in yet still has the potential to be boggy.

Let's Turn the Bag and Its Contents onto the Carpet

Sometimes, at the beginning of therapy, when a patient says they feel overwhelmed and does not know where to start, I suggest they "*turn their bag out onto the carpet*". By laying out all their belongings, perhaps a clearer picture will emerge, allowing them to know how to proceed.

To Strike Before the Blow

In a similar vein to "*an ounce of prevention is worth a pound of cure*", this metaphor illustrates aggressive/protective behavior that arises in situations threatening the patient.

A Sentence on the Lips

We must conclude unless you have "*another sentence on your lips...*"

Similar to comfortable furniture in the room or pictures hanging on the walls, the use of metaphors helps us create a cozy, homely, and personal environment for the patients. The metaphorical language shares something familiar in the dialogue with the patient or supervisee. Occasionally, I view the phrasing of metaphors as a kind of invitation to play; through them, I invite a playful atmosphere or potential space. I also suggest that metaphors sometimes serve as a type of holding for the patient, who recognizes them and feels secure alongside them.

Metaphors from the Patients' World

This group employs metaphors whose connection to the patient's world is very clear. For example, with architectural patient, I used abundant imagery from her realm: stairs, elevators, walls, windows, and more.

Core Metaphors

These are metaphors accompanying treatments that have proven to hold an essence from the patient's experiences. Arlo (1979) refers to these metaphors as 'leading metaphors'. In his view, these metaphors often reveal early and unconscious fantasies of the patient that are at the foundation of that metaphor.

Metaphors, to the best of our understanding, also represent a 'royal road' to the unconscious. They bypass rigid defenses due to their associative, non-linear, and non-rational emergence. As Ogden writes: "If we analysts are interested in unconscious experience, we are the learners of metaphors" Ogden (1997).

A Metaphor that Extracts

Let us provide an example to clarify this concept. Dalia is persistent in therapy. In the last few sessions, she has frequently attacked me. She criticizes me harshly, describing me as someone difficult, formal, and sterile. "*Everything with you is designed, precise, and controlled. You are focused and only care for yourself.*" Dalia's tone is cutting and harsh, and I experience her as difficult and biting. Her description of me feels hurtful and even seems distorted. My weaknesses appear different to me, and particularly, her description sounds very limited. Thoughts about the content arise in me within the framework of transference concepts. Throughout the treatment, I have heard a great deal about Dalia's relationship with her mother. I attempted to provoke a dialogue around these relationships, but Dalia refused. All my attempts to discuss this came to nothing. Now, after some time, I told Dalia that in my imagination, I see her as being inside a fortress: from there, she can only look at me through the gun slots. This is how she sees me and the world outside, in a very limited way.

Following the use of this metaphor, Dalia tells me that recently she has felt very rejected, unloved, and unappreciated by her boss at work. Because of this, she reports, she has begun to approach her with a lot of criticism and sarcasm. "Yesterday", Dalia adds, "we met again, and I apologized to her for my behavior towards her in recent weeks". Then Dalia says to me: "Maybe the slot through which I was looking at her has widened, and I have come to like her again". It seems that this '*extracting metaphor*' created the necessary space and distance for Dalia's ability to speak. I was caught in the chains of projective identification, which greatly diluted my empathic capacity, as well as the potential space between us. The 'thought in the image' the extracting metaphor regarding the gun slots, restored to me the potential space and my empathic ability. From there, dialogue between us flowed and became possible again.

Contraindications

Contraindications in professional practice are important and occur in various domains. I will mention some possibilities for failures in the use of metaphors.

- a) In defensive-avoidant situations in situations of avoidance and distancing from experience.
- b) When the use of a metaphor is taken one step too far. The image then becomes too concrete and rigid. In such situations, the metaphor may restrict as if it were 'the golem rising against its creator.'
- c) In situations of the therapist's narcissistic drift from their creation and creativity. A drift of enjoyment from oneself.
- d) The creation of an 'illusion of understanding' through the metaphor. The openness and ambiguity of the metaphor are part of its power. However, these can also lead to an 'apparent understanding' on the part of the patient.

Metaphors as Creators of Space in Therapy

Ankle (2010) writes about symbols and metaphors. In his article, he distinguishes between two main approaches in psychoanalysis:

1. The Archaeological Model
2. The Teleological Model

At a technical level, the approaches differ in the question surrounding what reflection revolves around.

In the archaeological model, the self is revealed through past observation and hidden elements.

In the teleological model, the self is perceived as having the capacity to evolve into future significance and new possibilities.

In the archaeological model, symbolization is achieved through symbols, while in the teleological model, it is achieved through metaphors. In a metaphor, being composed of a combination of concepts stemming from different categories, the ordinary, realistic meaning is 'broken,' creating numerous new possibilities.

The user of the metaphor must create a 'new semantic bridge.' Based on the metaphor's unreality, an opportunity for a new reality is created within it.

It should be remembered that both the symbol and the metaphor are products of symbolization, but they lead in opposite directions: the symbol leads backward to an encounter with a given reality, while the metaphor, harbors hope for reality and future possibilities. In every metaphorical statement, there is also an expression of potentiality and creativity. Metaphors are non-linear by nature. The unexpected connection between ideas, sensory modalities, and meanings allows for the expansion of the phenomena that can be described with words and finding additional layers of meaning for them.

Hazan (2014) described analytical listening as listening where 'attention is disrupted' in linear time. This type of listening is akin to poetry. Such listening allows both the therapist and the patient to create the therapeutic space in which it is possible to identify and extract from the psyche the possibilities that have not yet been realized.

The Potential Space

The potential space is what connects the internal and external; it is the area of subjective experience in which play occurs (Winnicott). This is a developmental achievement, and a developmental journey that begins—if a baby—passes through an omnipotent illusion in which the baby creates the mother who is ready to be created by him. Later, the baby arrives at a state of relative dependence, recognition of separateness, and the ability to use the mother as an objective object. This journey, which involves the use of illusion, symbol, and object, results in a living, creative, and playful self-perception. In the potential space, experiences that create and generate coexist alongside discovery, recognition, and interest in external reality. This is the place where metaphors exist. Metaphors, by their nature, create a connection between the familiar mine and something new that I perceive at that moment. Thus, the 'stranger,' the new, becomes familiar mine and even expands and deepens.

The potential space contains a constant dialectic. It simultaneously holds the emotional truth of unity with the mother alongside separateness from her. This is precisely how Winnicott speaks of the transitional object: it is the first symbol of separateness and connection with the mother.

We see metaphors and the possibilities of creating and experiencing them as expressions of being in the potential space, as a type of play. Metaphors also invite the spirit of children's play into the potential space, the "pretend" play.

The Ability to Construct and Use Metaphors

A person's ability to experience or utilize metaphors is not self-evident. It involves modes of experience and thought, the capacity for symbolization, alongside a willingness to play. This is a developmental achievement whose formation and existence are contingent upon the reality of a potential space.

Even in early life, mother-infant perception and communication occur around vision, hearing, tactile sensations, and movement. Expressions of meaning through various senses pave the way for the emergence of metaphors because the essence of the metaphor lies in conveying meaning from one domain to another. Stern (2009) showed that a baby's ability to find equivalent meaning beyond different sensory modalities helps explain the process of emotional attunement of the mother to her infant. This ability, present in the infant even before acquiring language, suggests a connection between emotions and metaphors.

Even adults, when creating metaphors, tend to conceptualize the more abstract through mechanical or organic dimensions of experience. Adults tend to base the metaphors they use on sensory and bodily data. Thus, it happens that most metaphors map a concrete concept onto an abstract concept, where the clear, concrete concept imparts its qualities to the abstract concept Stern (2009).

In children with primary developmental impairments, this ability is lacking or impaired. These children lack the capacity to be in "as if" states. The only layer in which they exist is the concrete layer. Therefore, there is a lack of potential space. Winnicott taught us that imagination can only develop within the potential space. Restoring the ability to play is, therefore, a supreme therapeutic goal in such pathologies. For only when the child is creative will they discover and reveal their self.

Other situations in which impairment of the metaphorical function can be observed are trauma states. In post-traumatic responses, a person reacts to new stimuli as if they were identical to the stimulus that caused the trauma. There is a severe lack of distinct encounters with the new. It is very difficult to see, alongside the similarity, that there are differences and that this is not the same situation that caused the trauma. In this state, a person is in rigidity, constriction, and almost complete inability to utilize metaphors.

In this context, Borbely (2009) speaks of healthy defensiveness versus neurotic defensiveness. While healthy defense can be conceptualized as metaphorical, neurotic defense

is metonymic. Due to traumatic experiences, the present does not appear metaphorically but is represented and identified with the past. Therefore, the present is experienced as containing danger. Neurosis, therefore, is the collapse of the two-time dimensions - present and past - into a single time.

Stern (2009) teaches us that in the face of trauma, metaphorical thinking is frozen. He distinguishes between psychotic transference: the analyst - mother, and neurotic transference: the analyst resembles or reminds one of the mothers.

The inability to use metaphors also characterizes dissociative states. In situations where experiences and parts of the self remain isolated, there is a lack of the ability to reflect, provide perspective for reflexivity, and even share. Dissociation, by its nature, prevents the ability to make comparisons and connections, a basic capability required to construct metaphors.

In the face of traumatic experiences, a defensive need often arises not to be in contact with parts of the self (Stern, 2009).

Anckle and Campbell (2005) speak of the vital, living psyche, characterized by connecting mental activity, where metaphors serve as representations of experiences. However, in the face of unbearable psychological threat, a collapse and mental regression to a state of concretization of metaphors may occur. The 'as if' then becomes 'is.' The authors also understand violent behaviors as the psyche's way—when threatened with the integrity of the self—to both represent and defend against danger. In analytical work, the metaphor can represent a containing function and provide meaning in the face of these threats.

Discussion and Summary

The intermediate space or potential space is the realm of experience that allows reality and imagination to coexist. This concept is derived from object relations theory and was coined by the analyst Donald Winnicott. This space exists between two types of experiences that characterize early childhood experiences: the feeling of omnipotence and the encounter with objective reality and its demands. Remaining in this mental space helps the infant adapt to the gap between their sense of 'omnipotence' and the demands of objective reality. The ability to play is a crucial component of analytical therapy. The use of metaphor in therapy serves as a sophisticated form of play. Just like play, it is based on communication between the person and themselves, and between the person and others. The metaphor becomes a kind of game between the therapist and the patient. Moreover, in various situations where play is impossible, the metaphor provides a kind of playful substitute. Both play and metaphor occur within the potential space. The shared presence in this space allows both the therapist and the patient to

use metaphors that are understood by both sides and to engage in unique communication with one another.

The self is the integrative, bodily, and mental system responsible for a person's functioning. Through their experiences, an individual forms within their self their beliefs, values, and even goals. All these guides the functioning of the self. One of the overarching goals of the self is to find its rightful place within the existing reality, or in other words, "within the living human fabric." Many dangers lurk for the self during development, including fragmentation, disintegration, and becoming false. Due to these dangers and the supreme importance of its integrity, the self often employs various and diverse defenses. These defenses can restrict, flatten, and often empty the complexity and richness of the self. To the best of our understanding, the use of metaphors in the therapeutic process, which serves as a potential space, aims to construct, assemble, and knit together the parts of the self into a cohesive, living, and creative entity. This greatly assists in bypassing rigid defenses, diluting, and minimizing them, allowing the self to free itself from its constraints and enable much healthier growth and development.

Statements & Declarations

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