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Finding the Middle Ground between Therapist-Centred and Client-Centred Metaphor Research in Psychotherapy

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Introduction

People traditionally view metaphor as a kind of language play where one thing is described in terms of another for literary or rhetorical effect, as when Shakespeare famously wrote *Juliet is the sun*. In the past decades, however, psychologists and linguists have put forward a very different cognitive theory which claims that metaphors in language reflect a fundamental cognitive tendency to understand one concept in terms of another (Gibbs, 2013; Lakoff & Johnson, 1999). This potential link between language and conceptualisation has motivated some psychotherapists to theorise how metaphors could be used to explore and possibly change clients' feelings, values, attitudes, and behaviours (Wickman, Daniels, White, & Fesmire, 1999).

While there is now a considerable body of work on metaphor use and management in psychotherapy, an overreliance on therapeutic lenses to view metaphors might lead one to superimpose familiar conceptual distinctions in psychotherapy research onto less familiar data, and overlook how the data might call these distinctions into question. This chapter illustrates the particular distinction between 'therapist-centred' and 'client-centred metaphor', which is common in therapeutic parlance but may not accurately reflect the discursive complexity of metaphor use in actual therapist–client interaction. I begin by briefly reviewing existing work on the applicability of metaphor to psychotherapy practice, before focusing on the distinction between therapist- and client-centred metaphor research. The therapist-centred end places greater emphasis on therapists utilising metaphor as a resource, while the client-centred end emphasises the potential of clients to contribute to their own treatment with metaphor use.

Although this distinction seems sensible from the therapeutic point of view, I proceed to outline the underexplored 'middle ground' which embodies

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keywords like *negotiation, co-construction*, and *compromise* and more accurately reflects the interactional and collaborative qualities of psychotherapy. The gist of the middle-ground approach is that metaphor should be observed, analysed, and understood as a product of interaction between the perspectives and intentions of both therapist and client. I illustrate this with analyses of metaphor use in extracts of therapist–client interaction from a range of contextual circumstances and outline some practical implications for therapists. The overarching message of this chapter is that understanding the multifaceted nature of metaphor in psychotherapy requires close attention to the contexts in which the metaphors are used (cf. McMullen, 2008).

The relevance of metaphor to psychotherapy

Although metaphor was noticed early (Freud, 1915), the advent of cognitive metaphor theory opened up new avenues for its therapeutic applicability. Several interrelated observations and claims constitute this theory (cf. Tay, 2014b). First, metaphors are observed to be far more common and systematic in everyday language than traditionally assumed. English speakers, for example, use many conventional expressions to describe purposeful activities in terms of physical journeys (*I'm spinning my wheels, she is facing roadblocks in her life*), and can readily invent and understand novel ones such as *I'm drifting like a feather through the rapid stream of life*. Similar observations can be made for other such pairings as desire and hunger (*I am hungry for success*), affection and physical warmth (*I like her warm smile*), and so on. Second, assuming that the way we speak at least partially reflects the way we think, the apparent pervasiveness of these descriptions suggests that the underlying representations of their respective concepts are also metaphorical in nature. Cognitive metaphor theorists propose with experimental evidence (Gibbs, 2013) the notion of a 'conceptual metaphor' consisting of a target, a source, and mappings between the two. The target is the representation of the concept being described. In our example, this would be the concept of purposeful activities. The source, which is the conceptual knowledge of physical journeys, structures our understanding of the target through the mapping of relevant entities, attributes, and relations. Travellers on the journey are mapped onto individuals going through a purposeful life, obstacles onto difficulties in life, destinations to objectives, and so on. Last, it is claimed that these metaphors are not merely facilitative or enriching, but are in many cases necessary for our understanding of abstract target concepts (Lakoff & Johnson, 1999). Observing that most target concepts tend to be experientially less concrete than their sources, and that it is often difficult to describe them without metaphor, cognitive theorists argue that metaphor is the main mechanism through which we make sense of things we cannot directly experience through the senses.

The therapeutic implications of this cognitive understanding of metaphor are clear. It is noteworthy that both cognitive metaphor theory and psychotherapy have been influenced by 'constructivist' philosophy (Guidano, 1995; Neimeyer & Mahoney, 1995; Taylor & MacLaury, 1995), which holds that our knowledge of the world does not simply reflect its objective characteristics, but is largely constructed by individuals, groups, and cultures. Metaphor is precisely an example of a non-objective yet linguistically and cognitively natural device to construct knowledge and perceived reality. If the metaphors people use in therapy indeed reflect their conceptualisations of therapeutically relevant yet difficult-to-describe targets such as emotions and relationships, they may provide important information for therapists seeking to understand and perhaps replace these conceptualisations, as is often the case in cognitive behavioural therapy (CBT) for instance. A spontaneous client metaphor like *HIV is a dark cloud that will rain AIDS upon me* (Kopp, 1995), if further explored, may reveal key inferential patterns underlying his thinking about his condition, while a therapist may also introduce metaphors drawing from an open-ended variety of source domains to provide alternative and more adaptive ways of thinking (Stott, Mansell, Salkovskis, Lavender, & Cartwright-Hatton, 2010).

There has in fact been much research on different thematic areas which has advanced theoretical and practical knowledge of the forms, processes, and effects of metaphor use and management in psychotherapy. These thematic areas include conceptual aspects such as metaphor definition, identification, and classification (Gelo, 2008; Kopp & Eckstein, 2004; Wickman et al., 1999), theoretical models of how metaphor may trigger therapeutic change (Stott et al., 2010), potential therapeutic functions of metaphor (Cirillo & Crider, 1995; Lyddon, Clay, & Sparks, 2001; Witztum, van der Hart, & Friedman, 1988), structured protocols on developing metaphoric conceptualisations (Kopp & Craw, 1998; Sims, 2003), cultural variation and culture-specific attitudes towards metaphors (Ahammed, 2010; Dwairy, 2009; Zuñiga, 1992), as well as modes of metaphoric expression other than language (Burns, 2005; Samaritter, 2009; Sharp, Smith, & Cole, 2002). Relatedly, empirical research on metaphor in psychotherapy include qualitative analyses of metaphor themes identified from actual therapist–client interaction (Angus & Rennie, 1988, 1989), and quantitative studies which investigate associations between aspects of metaphor use and clinical indicators of treatment outcome (Gelo & Mergenthaler, 2012; Levitt, Korman, & Angus, 2000; Rowat, De Stefano, & Drapeau, 2008; Sarpavaara & Koski-Jännes, 2013). Table 28.1 presents a summary of the key thematic areas and some relevant references.

While it remains a challenge to experimentally investigate causal mechanisms underlying the process and outcome of metaphor use because of difficult-to-control covariates like therapist interest (McMullen, 1996), much of the

Table 28.1 Key thematic areas in metaphor and psychotherapy research

Thematic area	**Remarks**	**References**
Theoretical models and frameworks of metaphor in psychotherapy	How metaphors can be defined, be categorised, and bring about therapeutic change	(Blenkiron, 2010; Goncalves & Craine, 1990; Kopp & Eckstein, 2004; Lankton & Lankton, 1983; Stott et al., 2010; Wickman et al., 1999)
Metaphoric ways of expression other than language	How modalities such as art, dance, and film, which often bear metaphorical meanings, can be used in therapy	(Samaritter, 2009; Sharp et al., 2002)
The use of 'stock metaphors'	How standard metaphors can be prepared and used in appropriate situations	(Blenkiron, 2010; Burns, 2005; Stott et al., 2010)
Therapeutic functions of metaphor	How metaphors may serve useful functions such as making a point vividly or making the therapeutic setting more relaxed	(Cirillo & Crider, 1995; Lyddon et al., 2001; Witztum et al., 1988)
Incorporating metaphor into structured intervention protocols	How therapists can systematically identify and help clients elaborate upon spontaneous metaphors for therapeutic purposes	(Kopp & Craw, 1998; Sims, 2003)
Metaphor and the therapeutic alliance	How metaphor is relevant to the therapist–client relationship. These include sensitivity towards culture-specific metaphors, or client-generated metaphors	(Ahammed, 2010; Dwairy, 2009; Kopp, 1995; Suit, Paradise, & Orleans, 1985)
Metaphor as marker of change processes	How certain types of metaphors may be related to positive therapeutic engagement and change	(Gelo & Mergenthaler, 2012; Levitt et al., 2000; Rowat et al., 2008)
Metaphor as predictors of treatment outcome	How the use of metaphor correlates with and predicts treatment outcome	(Long & Lepper, 2008; McMullen, 1989; Sarpavaara & Koski-Jännes, 2013)

conceptual and observational work outlined above can nonetheless be situated within the broad imperative of psychotherapy process–outcome research (Orlinsky, Michael, & Willutzki, 2004). Most researchers have attempted to articulate the potential or observed role of metaphor in constituting or

facilitating therapeutic processes, as well as attaining localised or major therapeutic outcomes. A recurrent distinction which underlies this paradigm of conceptualising metaphor in psychotherapy is the differentiated role between therapists and clients in authoring, developing, managing, and exploiting metaphors. This can be seen in terminological formulations such as therapist-generated versus client-generated metaphors (Kopp, 1995), the roughly synonymous distinction between communicative and interpretative models of psychotherapeutic metaphor (Muran & DiGuiseppe, 1990), as well as empirical studies which inquire separately into therapist and client metaphors (Gelo & Mergenthaler, 2012). Generally speaking, distinguishing therapist-oriented from client-oriented variables appears to be both intuitive and insightful in process–outcome research. In the case of metaphor, however, which is often conceptualised in its 'native province' of linguistics as involving dynamic interplay between the cognitions, values, attitudes, and so on of interactants (Cameron et al., 2009), insistence upon a split between therapist and client would be tantamount to superimposing a familiar but problematic distinction onto less familiar data, and overlooking new perspectives afforded by the latter. In the following sections, I respectively outline therapist- and client-centred approaches to metaphor before articulating the case for a 'middle-ground' approach – one which takes into account the interactional dynamics of metaphor based on analyses of actual instances of therapeutic metaphor use.

Therapist-centred approaches to metaphor

The major premise underlying therapist-centred approaches is that metaphor, in its many conceptions and forms, can be harnessed as a technique as part of the therapist's repertoire of interventions. Metaphor should in other words be therapist generated. It is consequently the therapist's responsibility to think about the most effective ways to prepare, communicate, and manage metaphor use, just like any other therapeutic intervention. Following Freudian and Jungian notions of the unconscious mind, Erickson and Rossi (1976) have, for example, pioneered an approach for therapists to communicate metaphors indirectly by telling personal stories which appear literal to the conscious mind, but possess some metaphorical therapeutic message at the deeper, unconscious level. A similar storytelling approach is advocated by Burns (2005), who views metaphor as a form of indirect and imaginative communication with clients, and provides practical storytelling techniques. However, metaphorical meanings are not always indirect or implied. Many therapists also exercise their authorship of metaphors in a more explicit manner, as seen in the following extract.

> And you're going to come-*you know how*, like diamonds? They have to-coal has to go through the fire, that pressure. *You know*, has to form and shape the things. *You know?* That's what this is happening-that's what this is about, right here. *You know* you're that gold forming to that diamond, so you're going to have to go through the pressure. But when it's all said and done, and you get that degree that you wanted. It - you are going to look back and like, "Phew, it was worth it." And it's only going to make you a stronger - it's only going to make you a better advisor to other students. *Right?* It depends on what perspective you take on this. Look at this, okay. 'Now I know how I need to be when I'm supervising students.'

Here, the therapist is explicitly using a metaphor of diamond formation to explain to the client that the pressure of getting a degree she currently faces is a necessary process, which will make her a better advisor to other students someday. Expressions which reflect this metaphor are underlined. This can be regarded as a prototypical example of a therapist-generated metaphor, where all its elements; that is, the target concept (the client's pressure of getting a degree), the source concept (the process of diamond formation), the mappings between the two (the client corresponds to the diamond, her academic pressure corresponds to the pressure forming the diamond, etc.), and the function of introducing a new perspective to the client, are attributable to the therapist's intention and effort. Notice also the italicised expressions: *you know how, you know, right?*, which linguists and discourse analysts call 'discourse markers' to distinguish them from substantive content words (Schiffrin, 2001; Tay, 2011a). *You know* in particular tends to convey the speaker's intention to check the hearer's understanding and invite the hearer to make inferences (Fox Tree & Schrock, 2002). The intermittent use of *you know (how)* between the metaphorical expressions may thus suggest that the therapist is not merely communicating the conceptual contents of the metaphor, but also encouraging the client to reflect on it.

While there are many such examples where metaphors seem to be spontaneously uttered and managed by therapists, another significant strand of therapist-centred research focuses on what Blenkiron (2005, 2010) calls 'stock metaphors'. These are 'standard' source concepts prepared and mapped beforehand onto a corresponding set of 'standard' target concepts, which therapists can use prescriptively when the appropriate situation arises. Blenkiron (2005) and Stott et al. (2010), for instance, suggest many concrete source concepts for target concepts at various levels, ranging from the process of therapy itself

(cf. Tay, 2011b), to specific disorders including depression, anxiety, bipolar disorder, and posttraumatic stress disorder. The following extract shows how the stock topic of 'coping with depression' can be explained with a car analogy:

> A discussion about coping with depression can include use of the car analogy. Human beings are akin to machines, needing fuel and regular servicing in order to work properly. What is the best course of action to take when a person's car develops a major problem? Give up and stop using it altogether, blame the vehicle, punish it for a few more weeks on the road till it breaks down totally, or take it in to the garage (cf. therapy) to be repaired? Individuals with depression who minimize progress or fail to acknowledge even small achievements may be encouraged to compare their approach to recovering from having a broken leg. Would you be able to run 200 yards? Should an athlete recovering from an injury expect to run a marathon straight off?
>
> (Blenkiron, 2005, p. 51)

It should again be observed that in such discussions, authorship of the major metaphor elements (i.e. source, target, mappings, and discourse function) are presumed to lie with the therapist, who is responsible for optimising their delivery and effect. The agency of clients tends to be restricted to the issue of how different client characteristics would motivate therapists to adjust metaphors accordingly, though client responses to these stock metaphors in actual interaction are seldom discussed. In sum, therapist-centred approaches have sensibly and insightfully conceptualised the therapist as author, communicator, and controller of metaphor in therapist–client interaction and have tended to regard metaphors as unilateral intervention tools, acknowledging but seldom clarifying the role of clients' input. There is much room for fresh inquiry along this line, such as the underexplored question of therapists' perceptions and attitudes towards metaphor, vis-à-vis those of clients. I now move on to outline the conceptually opposite perspective of client-centred approaches.

Client-centred approaches to metaphor

The notion of client-centred metaphor is most consistent with the popular belief that therapists should be 'non-directive' and display positive regard and empathetic understanding towards clients (Rogers, 1951). In other words, therapists should not impose their will on the discussion, but should assist and guide clients to realise the potential or agency to bring about their own change. From this perspective, metaphors produced by clients should be regarded as having inherent relevance and value which therapists should help develop. This is true even for expressions which may not be intended as metaphorical, but have the potential to be elaborated as such (Witztum et al., 1988). For example, a

Table 28.2 Kopp and Craw's (abridged) seven-step protocol for working with client metaphor

Step	**Protocol**
Step 1	Notice metaphors
Step 2	'When you say [the metaphor] what image or picture comes to mind?'
Step 3	Explore the metaphor as a sensory image
Step 4	'What is it like to be [the metaphoric image]?'
Step 5	'If you could change the image in any way, how would you change it?'
Step 6	'What connections do you see between your image of [the metaphoric image] and [the original situation]?'
Step 7	'How might the way you changed the image apply to your current situation?'

client who utters *I feel down* may simply be describing his mood in a conventional way, but a therapist could highlight the potentially metaphoric use of *down*, thereby opening the inferential space of verticality (e.g. responding with *what would it take to climb back up?*) for clients' deliberation. Researchers have systematised the attendant processes of identifying, highlighting, and elaborating client metaphors in the form of protocols, or series of steps to be followed by therapists (Kopp & Craw, 1998; Sims, 2003). Table 28.2 shows an abridged version of Kopp and Craw's (1998) seven-step interview protocol, which starts with therapists noticing intended or potential metaphors from clients' utterances, progresses through different steps of building up the metaphoric image (i.e. source concept) and inferential structure(s), and ends with connecting the built up source with the current situation (i.e. target concept).

The client-centred nature of this protocol is underlined by Kopp and Craw's (1998) insistence that therapists should 'avoid interrupting the client's process with interpretations, emphatic reflections, comments ... ', and that 'these and other responses or interventions may be introduced after the final step is completed' (pp. 307–308). In other words, clients should be allowed primary authorship of the major elements of a metaphor, that is, the source(s), target(s), and mappings, as they would be more insightful than any conceptualisation or interpretation imposed by therapists could be.

Other than the formulation of protocols which appear to emphasise spontaneity in client authorship, another strand of client-centred metaphor research focuses on issues related to more enduring characteristics of clients. Cultural background stands out among these because of the increasingly intercultural nature of contemporary psychotherapy (Wohl, 1989), and its status as an obvious dimension of metaphor variation (Kövecses, 2005). Zuñiga (1992), for instance, suggests how Latino clients would be receptive towards therapists' use of 'dichos', or metaphorical expressions which embed culture-specific beliefs about the human condition. Dwairy and associates have advanced a

similar argument for Arab-Muslim clients who are likely to produce and accept metaphors drawn from the Holy Qu'ran, as well as for clients from 'collectivistic' (as opposed to 'individualistic') cultures in general (Dwairy, 1999, 2009; Dwairy & Van Sickle, 1996). These works are client centred in that although they do not insist on client authorship, they argued that metaphors ought to reflect or capitalise upon clients' cultural background. As with therapist-centred approaches, client-centred research is also poised to move in new directions, including client perceptions of metaphor and practical issues of explaining metaphoricity to clients (Tay, 2012).

Although both therapist- and client-centred approaches have produced insightful conceptual frameworks and intervention strategies, there are good theoretically and empirically driven reasons to explore the so-called middle ground, that is, metaphor-related phenomena which are not exclusively attributable to therapist or client, but a result of interaction between the two (McMullen, 2008). The theoretical motivation for this middle ground is clear, given the keen attention on related ideas such as the therapeutic alliance (Horvath & Luborsky, 1993), and its linguistic manifestations as studied under interactional frameworks such as discourse analysis (Spong, 2010) and conversation analysis (Peräkylä, Antaki, Vehviläinen, & Leudar, 2011; Voutilainen & Peräkylä, Chapter 27, this volume). There is also clear empirical motivation to focus more on the interactional qualities of metaphor in therapist–client talk. This follows from the dearth of studies within the therapeutic literature on how metaphors are actually verbalised, as well as research from comparable discourse domains such as reconciliation talk, where metaphors have been to shown to be emergent outcomes of co-construction, negotiation, and compromise between speakers (Cameron et al., 2009). The rest of this chapter will illustrate the middle-ground orientation in psychotherapeutic metaphor research through brief analyses of sample extracts of metaphor use.

Metaphor in the middle ground: Co-construction, negotiation, and compromise

As outlined above, the middle-ground approach should be based upon scrutiny of actual instances of therapist–client talk which reveal different ways in which metaphor authorship, use, and management are shared. This will now be illustrated by examples respectively demonstrating three broad aspects of metaphor in the middle ground: *co-construction, negotiation,* and *compromise*. Expressions of interest in these examples are underlined.

The first example demonstrates how a therapeutically useful metaphor can be *co-constructed* by therapist and client, who both contribute to its developing inferential structure. While co-construction seems to be an intuitively expectable interactional phenomenon, neither the therapist- nor client-centred approach has fully articulated its characteristics and implications. In this extract

of a counselling session in a Chinese university, the therapist and client are engaged in a form of picture-assisted therapy. Clients are shown a picture, encouraged to describe it in vivid detail, and then guided to use it as a metaphoric source domain to explore pertinent target domain(s) issues in their lives. The picture shows a broken-down car in the middle of a road, its owner standing beside it looking frustrated. Translation is provided below each utterance.

1 T: 那这个车走了水路，身上就脏了。
So this car drove past the puddles and became dirty.

2 C: 然后还比较破，那个水洼可能比较大，然后开得比较快，你看水花都溅到车上了。
And worn out. Perhaps the puddle was big and the car was too fast, you can see the sprays all over it.

3 T: 它的身上已经脏了。
It's now dirty.

4 C: 接下来，嗯，接下来这个车可能是爆灯了，然后主人下来，对它表示不屑的一种表情。然后车开始祈求他。最后可能是，
主人就要正式的好好对待它，修理它，再走一些好的路。要不然为什么主人要下来？因为车确实走不了了，他才下来看下。
After that, yes, after that, maybe the car broke down, and then the owner got off and showed his indifference. Then the car started begging him. At last, maybe the owner will seriously treat it well, repair it, and travel on a better road. Why else would the owner get off? Because the car can't move anymore, so he's having a look.

5 T: 为什么车和人，他俩的想法会不一样呢？
主人是想着走这条路，车反而是想着对我好一点。他俩的想法为什么不一致？
Why do the car and owner think differently ? The owner wants to travel on this road, but the car wants to be treated better. Why are they not thinking alike?

6 C: 这个主人可能不在乎这个车，它就是个工具，我想走，想干什么就干什么。而车嘛，它觉得自己已经付出了很多，应该得到一些好的对待。
Maybe this owner does not care about the car. It's just a tool, and I can go or do whatever I want. As for the car, it thinks it has done a lot, and deserves to be treated well.

7 T: 那他们总要到目的地，接下来他们怎样去？会想出什么样的办法？
So they still have to get to their destination. How will they go there now? What solution will they think of?

8 C: 那主人可能要让它好好修理一下，维修一下，好好对待它。然后车就是罢工就少一些，认真的为主人服务好。
The owner may get it fixed, serviced, and treat it well. And the car will go on strike less often, and serve the owner well.

The way in which the client elaborates the metaphorical feelings of the car and the car-owner relationship (lines 4, 6, 8) may at first glance resemble Kopp and Craw's (1998) client-centred approach of eliciting and elaborating client metaphors (cf. Step 3 of their protocol). However, while Kopp and Craw eschew direct therapist input, we see how this therapist contributes explicitly to the developing metaphorical scenario. In line 3, he suggests that the car is 'dirty', while in lines 5 and 7 he introduces his own interpretation that the car and owner are 'not thinking alike' and that they 'still have to get to their destination'. The client appears to respond positively to these interpretations as the metaphorical scenario develops with both their inputs. It should be noted that unlike many other situations of metaphor use, the intended target(s) and mappings involved in picture therapy are not immediately apparent to clients, who are merely told to use their imagination to describe the pictorial source in the first instance. Since therapists should have a clearer understanding of the intended target(s), it may indeed be prudent to provide substantial input and orientate the description of the source, to prepare for its eventual mapping back onto the target domain(s) of the client's life. Tay (2013) and Ferrara (1994) discussed other similar examples where metaphors are purposively co-constructed, and where metaphor authorship, use, and management cannot be satisfactorily attributed to either therapist or client alone.

While novel metaphors motivate or even necessitate collaborative input due to a lack of pre-existing consensus on their meanings, we can observe interactional qualities even in cases where highly conventional metaphors are used. In these cases, we may speak of a dynamic of *negotiation*, where conventional expressions and interpretations supposedly shared by speakers with the prerequisite common ground (Lakoff & Johnson, 1999) nevertheless undergo some form of reinterpretation. This may accompany evaluative nuances which bear implications for the therapist–client relationship. Consider the following short extracts, this time in the American context, which follow closely after one another within a single counselling session. The therapist and client appear to be facing some tension or breakdown in their collaborative relationship,

that is, an 'alliance rupture' (Safran, Crocker, McMain, & Murray, 1990), which the therapist feels is partly brought about by the client's tendency to giggle for unknown reasons. Readers are advised to go through all four extracts first for an overall understanding, before returning to the discussion under each one.

Extract 1

1. T: So you seem to be - do you get the feeling that we both feel kind of stuck?
2. C: Well I don't know about you, but I do.
3. T: Uh huh. I do too. I think it would be fair to say that in some ways we are at an impasse.
4. C: [laughing] yeah.

In this extract, the therapist uses the metaphor of feeling 'kind of stuck' (line 1) and being 'at an impasse' (line 3) to describe their difficulty, which the client appears to understand and agree with (line 4). Both 'stuck' and 'impasse' reflect the conventional metaphorical conceptualisation of attaining a purpose as undertaking a physical journey (Lakoff & Johnson, 1999), where the process of attainment corresponds to the process of physical travel, and difficulties to physical obstacles. Tay (2011b) discusses how journey metaphors are common in therapeutic parlance, with 'impasse' in particular acquiring a terminological status (Leahy, 2008). There is little meaning negotiation so far, as both parties readily understand and accept the standard use of a metaphor to describe a problematic therapist–client relationship.

Extract 2

1. T: It is often when you giggle. Yes. And it's tough. Because you are saying look at this, and I am saying look at this.
2. C: [laughing] you are probably right. I appreciate it. You are probably right.
3. T: Would you say that is a fair characterization of the impasse that we are in?
4. C: I said you are probably right.

Shortly afterwards, in Extract 2, the therapist begins to elaborate on the impasse metaphor. He identifies the client's tendency to giggle (line 1) as a contributing factor to this impasse, and asks the client if this is a 'fair characterization' (line 3). This effectively invites the client to negotiate the interpretation of the conventional meaning of 'impasse', which we see unfold in the next extract.

Extract 3

1. C: Right. Well, what do you do at impasses anyway? I don't have a formula for an impasse. I do know that this is, I don't know if it is a problem or not, maybe but it is kind of interesting that you brought up an impasse which is theoretic logic or is a theoretical claim at the same time.
2. T: I think you are right but you know you are smiling again so I am wondering, are we back at the impasse and you are laughing, but I am wondering if we can stop and find out what that smiling is about.
3. C: I don't know, [name], this sucks. I don't know. I have been going all day today, what can I say, this feels like another meeting in some ways.

In Extract 3, we begin to see divergent understandings between therapist and client. While both seem to agree from the previous extract that the impasse is partly constituted by the giggling, the therapist is focused on finding a collaborative solution for what he frames as a 'we' problem (line 2), while the client does not seem to accept or follow this. The divergence is to become even clearer in the next extract.

Extract 4

1. T: So we are back to the impasse.
2. C: Well, it's a different impasse.
3. T: I don't think so.
4. C: It's your impasse. You are the one doing the theory now, not me. But maybe we should avoid it.

Here, the understanding of 'impasse' becomes fully divergent as a somewhat unfortunate outcome of the process of negotiating the meaning of a supposedly conventional metaphor. The client now disagrees entirely with what the term refers to (line 2), and by saying 'it's your impasse' (line 4), he specifically denies the therapist's interpretation that the impasse is shared. The metaphor has over the course of these extracts played both a conceptual role in framing the understanding of difficulty, as well as a means of expressing interpersonal notions such as therapeutic responsibility. The latter role in particular may precisely be facilitated by a prior consensus and subsequent contestation of the metaphor's conventional meaning.

The final aspect of *compromise* pertains not to specific metaphorical meanings, but to how therapist and client collaboratively adopt a measured stance

towards the use of metaphor itself. This can often be observed from the use of what linguists call 'hedges', or devices which lessen the impact of an utterance. The following example shows how metaphors are hedged in a discussion between client and therapist on how the former perceives his husband.

Extract 5

1. C: You know...he told a story or something about the husband who went out and cheated on his wife and stuff.
2. T: Just <u>sort of fed right into your fears</u> that husbands are really bad all the time anyway, something like that.
3. C: Yeah, it just did something to the word.
4. T: It <u>sounds like</u> husband is really <u>sort of a tyranny</u> for you, where you don't get to be yourself at all-do your thing. You <u>sort of get locked in this little box</u> with somebody else doing everything.
5. C: Yeah and I think so many people though have done it to-done it to-I think a lot of-just TV has done it and all these stories...Like even women's liberation is coming up with these things against men that's affecting them.
6. T: It really <u>seems to you like</u> it would take an enormous amount of control and stuff to be able to <u>break out of that mold</u>.
7. C: Yeah, <u>something like that</u>. It's just-I don't know

The therapist uses vivid metaphors such as 'fed right into your fears', 'tyranny', 'locked in this little box', and 'break out of the mold' (lines 2, 4, 6) to interpret how the client might be feeling towards her husband. In each instance, however, the metaphor is prefaced with hedges such as 'sort of', 'sounds like', and 'seems to you like', which implies that the therapist may be reluctant to 'push (metaphoric) comparisons too far' (Blenkiron, 2005, p. 56), seeking instead the client's (dis)confirmation of these subjective and metaphorically framed interpretations. The client's response is also hedged (line 7), suggesting an implicit and mutually arrived understanding that metaphors capture important aspects of the discussion, but cannot accurately represent the whole situation. Similar examples have been discussed elsewhere (Prince, Frader, & Bosk, 1982; Tay, 2014a) to illustrate how hedging helps make the assertions of healthcare professionals more plausible and less disputable. For the present purpose, hedging illustrates the important compromise between maximising the impact of vivid

metaphors, and ensuring that their ultimately non-objective nature will be acceptable to clients. As with *co-construction* and *negotiation,* this is an inherently interactional process which only emerges upon careful discourse analytic scrutiny.

Clinical relevance summary

The middle-ground approach and its three discussed aspects translate into some practical pointers for therapists who work with metaphors. Most generally, therapists are encouraged to view metaphor not just as an instrument of intervention or a mirror of clients' thoughts but as a process and product grounded in the unfolding therapeutic interaction. The dynamics of co-construction, which often manifests when novel metaphors are introduced, reminds therapists to exercise a measure of flexibility even while adhering to principles and procedures of metaphor use which require either the therapist or client to assume main authorship. The dynamics of negotiation reminds therapists that even unremarkable, taken-for-granted metaphors can provide a meaningful platform to interrogate deep-seated assumptions, which may be especially pertinent for important yet seldom explicitly discussed aspects such as the therapist–client relationship. The dynamics of compromise reminds therapists that the import of metaphor extends to how metaphoricity itself is regarded and that it might be worthwhile to establish a common understanding about its limitations and usefulness. For a simple summary of the clinical implications, please see Table 28.3.

Summary

This chapter has shown how therapeutic research into metaphor use, which has tended to organise itself into familiar conceptual distinctions such as therapist- versus client-centredness, may be complemented with a 'middle-ground' approach which takes into account the complex interactional qualities of metaphor use in actual therapist–client talk. The three discussed aspects

Table 28.3 Clinical practice highlights

1. Metaphor is seldom exclusively therapist- or client centred, but is a collaborative process and product between therapists and clients.
2. Therapists and clients often jointly invest resources to co-construct metaphors.
3. Highly conventional metaphorical meanings can be negotiated to reveal new insights.
4. A holistic approach to metaphor use involves paying attention to how metaphoricity itself is regarded by therapists and clients.

of *co-construction*, *negotiation*, and *compromise* collectively demonstrate that metaphor use and management in psychotherapy is often not exclusively attributable to the authorship and intention of therapists or clients. The examples also showcased various contextual aspects such as the use of metaphor in different cultures, in seemingly effective and less effective therapist–patient interactions, in conventional and novel ways, and to perform conceptual as well as interpersonal functions. Finally, some clinically relevant pointers from the discussion were highlighted.

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