Understanding Clinical Metaphors from an RFT Perspective

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RFT for clinical use: The example of metaphor

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Why this Type of Analysis is Important

- A key challenge for Contextual Behavioural Science (CBS) is to draw together understanding and developments in RFT and ACT

- Hayes et al. (2012) suggested a reticulated model as a way to do this

- But the necessary experimental work in RFT is not yet in place (e.g. no empirical basis for an RFT account of fusion and there may never be)

- Foody et al. (2014) argued that a *fourth* generation of RFT research is necessary for this, the *application* of RFT’s conceptualisation of analogy and metaphor is part of this agenda
For RFT, the concept of *relating relations* is the basic process underlying the understanding and construction of analogies and metaphors.

As early as 1997, Barnes, Hegarty and Smeets proposed a model of analogical reasoning that involved responding in accordance with equivalence-equivalence relations (i.e. the relating together of derived co-ordination relations).
Co-ordination (not always) (fruit)

Apple

Peach

Co-ordination (always)

“just as ... so is”

“is to”

Co-ordination (not always) (domestic animals)

Dog

Sheep

Only with regard to specific properties, hence co-ordinated but not equivalent
Analogy vs. Metaphor

- Often used interchangeably

- For RFT, analogy is denoted when two networks not normally co-ordinated are co-ordinated

- But remember that in analogies, functions do not transfer from one network to the other (e.g. functions of fruit do not transfer to domestic animals)
Whereas metaphor is denoted when one network is used to represent or highlight specific features of another network (e.g. cats are like dictators)

Hence, features of one network are transformed in accordance with features of the other network

This suggests that the relations in a metaphor are more complex than in an analogy

Stewart and Barnes-Holmes (2001) argued that the two stimuli within each network in an analogy are interchangeable (e.g. apple and pear could switch places), but this is not the case in metaphor

Indeed, these relations typically involve hierarchy within the networks (‘dictators are like cats’ doesn’t work so well)
Using Metaphor in Therapy

- Metaphors (rather than analogies) have long been used in clinical practice.

- Three common objectives are as follows:
  - Validate the client’s experience
  - Enhance client awareness of her situation
  - Highlight possible ‘solutions’

- In ACT, metaphors offer a verbal context that likely minimises the transformation of existing literal functions (i.e. less fusion), but RFT proposes that much more is at stake.
Struggling with Anxiety is Like Struggling in Quicksand

What is targeted by the therapist is the discrimination that a struggle with quicksand represents a struggle with anxiety, so that the functions of struggling with quicksand (bad consequences) will be transferred onto struggling with anxiety.
Making a Metaphor Work

- The client must have a history based on which she can abstract the co-ordinated properties between the two networks (i.e. must know what quicksand is and how it works)

- The target behaviour must be very salient (this metaphor is about how you react to anxiety and not about the feelings themselves)

- The therapist must be able to specify clearly what she means by the metaphor “working”

- For example, the quicksand metaphor could be used initially to introduce the client to a novel focus on reacting to anxiety (i.e. just drawing the parallel between anxiety and quicksand), rather than exploring anxious feelings

- Or, this metaphor can be used to draw the parallel and to add to this the causality relations that can also be specified in this metaphor, when it is used at its most full
Struggling with anxiety

Panic Attack
(and not the other way around)

Struggling in quicksand

Drowning

The thought “I can’t do this”
Feeling choked
Ruminating
Working it out

The thought “I won’t make it”
Feeling afraid
Flailing
Gasping

Causal Relation with Bad Outcome
Inevitable but futile

Co-ordination

Validating based on close co-ordination with client’s actual experience
The initial aim of all clinical metaphors is to point out something not previously seen by the client (i.e. by relating an issue to something it is not typically related to in language or experience)

In functional-analytic terms, this presents an alternative perspective on the target issue and usually on some aspect of the client’s behaviour (e.g. struggling with anxiety)

The extent to which this new perspective also accommodates the client’s actual experience is very important
Constructing Good Clinical Metaphors

- Many metaphors are designed to simply create a shift in perspective that will thereafter facilitate a change in behaviour.

- In these cases, the metaphor does not contain ‘a solution’ (stopping struggling may or may be derived from the quicksand metaphor, especially not initially).

- Some of the more complex metaphors, like the Chessboard, have both a shift in perspective (playing either black or white is still damaging and miserable) and a solution (you can operate at board level and not play even when you hold the pieces).
It’s as if there’s a chessboard going out in all directions (covering all psychological content). It’s covered with black and white (opposition relation) pieces that work as two teams (opposition relation), where the white pieces fight (strong language) against the black. Think of your thoughts as these pieces, they hang out in teams too. For example, “bad” feelings (e.g. anxiety) hang out with “bad” thoughts. Same with the “good” ones. The way the game (describes how client reacts to content) is played is that we select which side we want to win (implies that one team will lose) and put the “good” pieces (e.g. feeling self-confident) on one side and the bad pieces on the other. Then we get up on the white queen and ride to battle, fighting to win the war against “bad” content. It’s a war game (language intensifies opposition relation) and huge portions of yourself are your own enemy (language intensifies opposition relation). Sometimes the more you fight, the bigger the pieces seem to get (causality relation). So you try to knock them off the board, to dominate them instead. Except your experience tells you that the opposite happens. You have a sense that you can’t win. Yet living in a war zone is a miserable way to live.
Psychological Content

Contains

Good stuff  Opposite  Bad stuff

Contains

White pieces  Opposite  Black pieces

Chess

Co-ordination
Struggling with Content

Playing Chess

Co-ordination

GAME/WAR

Deictic-I

Misery

White pieces

If-then (playing)

One side must lose

Black pieces

Contains

Same

White pieces

Black pieces

If-then (playing)

One side must lose

Contains

Same

One side must lose
Content

Contains

White pieces

Same

Black pieces

If-then (no playing)

No losing

Chess Pieces

Contains

White pieces

Same

Black pieces

If-then (no playing)

No losing

Misery??
Let’s look first at the relationship between the deictic-I and one’s own psychological content.

Hierarchical

Deictic-I

Contains

My Content

Co-ordinated

Deictic-I

My Content

Hierarchical (R)

My Content

Contains

Deictic-I
We can do a functional analysis of the shift in perspective that occurs in metaphors.

You can see what I see from over there.
If you can see (from there) what I see (from here):

You and I can be co-ordinated in some way (potentially validating, empathetic, etc.)

What I have must be something to have because it can be seen by someone else (validates presence of content)

If I was you, I would see it from over there (different)

If you were me, you would see if from over here (same, validating reactions)
Do’s and Don’ts with Clinical Metaphors

- Do: determine very precisely the target issue/behaviour
- Don’t: try to include too many target issues/behaviours
- Do: make sure that your understanding of the target is clear and accurate
- Do: ensure that the client’s history will support the target derivation
- Don’t: go ahead if you’re not sure
Do’s and Don’ts with Clinical Metaphors

- Do: determine the new functions that will transfer from the vehicle to the target
- Do: be wary of possible additional derivations/functions that you had not thought of
- Do: be attentive to whether the metaphor had the impact you planned
- Don’t: ask clients directly, get them to summarise or try to explain it
- Do: try to expand metaphors that worked well with that client (e.g. adding a resolution/behaviour change piece to an initial discrimination piece)