We are Metaphor:
How Client-Generated Metaphors Relate to Adlerian Theory

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Abstract
This paper looks at client generated metaphors as they relate to Adlerian therapy. It explores metaphor as a whole brain process—fundamental to the way people think, reason, perceive, imagine, communicate, and believe—and proposes that metaphor is not only central to psychotherapy, but especially congruent with Alfred Adler’s phenomenological approach to understanding people. By comparing some of Adler’s theories with literature on objective psychology, empathy, and grounded cognition, and then applying those comparisons to a hypothetical case, therapists will understand why and how accessing metaphor is essential to personal transformation. Creative tools for transforming client-generated metaphors are also outlined, including protocols for “playing” with metaphor, techniques for exploring early recollections, and other image-based interventions.
The Master’s Project

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WE ARE METAPHOR

Other creative interventions

Summary, Future Implications, and Limitations
We Are Metaphor:

How Client-Generated Metaphors Relate to Adlerian Theory

Everything’s coming up roses. I’m up against a wall. I’m drowning in paperwork. My cup runneth over. I feel like a fifth wheel. All these statements are examples of metaphor, defined by Merriam-Webster as “a figure of speech in which a word or phrase literally denoting one kind of object or idea is used in place of another to suggest a likeness or analogy between them.” Contemporary research on language (as it relates to thought) suggests that metaphor is more than an aspect of speech or a function of poetic literature, but that metaphors are fundamental to human experience—essential to the way individuals think, reason, perceive, imagine, communicate, and believe (Lakoff & Johnson, 1980).

Metaphor is a tool so ordinary that we use it unconsciously and automatically, with so little effort that we hardly notice it. It is omnipresent: metaphor suffuses our thoughts, no matter what we are thinking about. It is accessible to everyone: as children, we automatically, as a matter of course, acquire a mastery of metaphor. . . .And it is irreplaceable: metaphor allows us to understand ourselves and our world in ways that no other modes of thought can. (Lakoff & Turner, 1989, p. v)

New research from Benjamin Bergen on the brain and metaphor reinforces Lakoff and Johnson’s (1980) idea that metaphor is not merely a function of language, but is a whole brain process—fundamental to being alive (Mientka, 2013). Functional magnetic resonance imaging (fMRI) has found that when encountering words and other abstractions, the brain recreated the experience as if on some level the experience was “real” (Mientka, 2013, p.1). Although originally believed that portions of the brain were specific to the function of language, researchers are learning “It’s not just certain specific little regions in the brain, regions dedicated to language, that were lighting up. It was kind of a whole-brain process” (Mientka, 2013, p.1).
Kris Sathian, professor of neurology, rehab medicine, and psychology coauthored a new study *Metaphorically Feeling: Comprehending Textural Metaphors Activates somatosensory Cortex* (Lacey, Stilla, & Sathian, 2011). Lacey et al.’s (2011) study found that “abstract concepts in general and metaphors in particular are grounded in . . .our sensory motor experience, and therefore we also get activity in the sensory parts of the brain or the motor parts of the brain as might be relevant for the concept at hand” (Cherry, 2012, p. 2). In other words, textual metaphors like “He had a rough day” revealed activity in the texture-selective part of somatosensory cortex (Cherry, 2012, p. 2).

Robert Axelrod of the University of Michigan emphasized that “this neural confusion about the literal versus the metaphorical gives symbols enormous power” (Sapolsky, 2010, p. 6). For example, when thinking about conflict resolution mutual symbolic concessions can make all the difference in promoting peace between warring countries (Sapolsky, 2010). To demonstrate the power of metaphor, Sapolsky described Nelson Mandela’s invitation to negotiate with an Afrikaans general (before the birth of a free South Africa) in the warmth of his living room, where he spoke to the general in Afrikaans. When the general was expecting tense negotiations over a sterile conference table, Mandela surprised him with images of family, hospitality, and commonality. In this way, he helped to shift the general’s metaphors—his personal images, sensory perception, and feelings—related to Mandela and the state of South Africa, creating the possibility for peace (Sapolsky, 2010). Here, Aristotle’s definition of metaphor seems most fitting: “the power of the mind over the possibility of things” (Sims, 2003, p. 528).

Accessing the imagination facilitates opportunities for change. Sims (2003) proposes that “imagination is one of our most potent coping skills” and indicates that “therapists need to do what they can to encourage a robust imaginative response to whatever crisis is at hand. Helping people face up to their circumstances without being demoralized by them is . . . one of the
hallmarks of good clinical work, and it is in this area that metaphor has most to offer” (p. 531).

Kopp (1995) argues that cognition unites reason and imagination in a way that suggests metaphor is central to all forms of therapy. Lakoff and Johnson (1980) refer to the combination of reason and imagination as “imaginative rationality” and Sims (2003) agrees that it is integration of the two that is critical for psychotherapeutic change. Faranda (2014) reminds us that “image, illusion, and metaphor are more central to our vitality and wellbeing than are words and logic” (p. 65).

Because metaphors are fundamental to whole brain thinking, and because they employ the imagination, it can be argued that client generated metaphors are not only central to psychotherapy, but especially congruent with Adlerian therapy; Client generated metaphors are subjective, they facilitate empathy, they assist the ‘Creative Self’ as it processes early childhood experiences, and they are the substance of early recollections – instruments for understanding and transforming lifestyle.

**Metaphor in Psychotherapy and Adlerian Theory**

Theories about how therapeutic change happens vary. Typically, mental health practitioners choose modalities from which to work that reflect their own metaphors for the therapy process (Vasco & Dryden, 1994). Objective versus subjective ways of thinking are two of the biggest metaphorical distinctions within the field of psychotherapy. Exploring these differences will highlight divergence in how client generated metaphors are regarded within psychotherapy.

**Objective Psychology & Freud**

Objective psychology stresses the psyche as seen from without – that which can be observed, associated, reinforced, conditioned, and explained (Ansbacher & Ansbacher, 1956, p. 4). An objective therapist might say that life is like a structural place to live where quality of life
is determined by the soundness of the foundation, the materials used to construct the home, and the size of the physical space. When behaviors observed within the givens of the structure are maladaptive, therapy is pursued. Since the structure reinforces certain ways of being, personal change might occur by altering the structure in some way, or conditioning the client to move differently within the structure so that movement appears more functional.

Freud himself was considered an objective psychologist in that he searched for causal and genetic explanations, and minimized consciousness by assigning prime importance to the unconscious. Donald W. MacKinnon and A.H. Maslow said that “Freud rested squarely on 19th century scientific theory in his reductionism, his tendency to analyze, to dissect, to dichotomize (‘Aristotelianism’). (Ansbacher & Ansbacher, 1956, p. 7). His theories were rooted in hard determinism. Freud believed that the human being was basically a biological machine, subject to instinctual drives, and that psychic freedom of choice was “unscientific” (Bell, 2002).

Freud’s approach then was to “look for an objective causa efficiens by which to understand any behavioral act. His search was for an “objective, historical, or genetic fact” which would allow him to explain personality and mental illness (Ansbacher & Ansbacher, 1956, p. 34). As a psychoanalyst, some might mistakenly consider him a soft determinist, because he believed in the “talking cure,” and that people could find alternative options for their ego (Bell, 2002). However, the “cause” of the problem, for Freud, was always determined by factors outside of the person’s control (Bell, 2002).

Freud’s influence on the field of psychology inspires a tendency to regard the unconscious as pathological (Siegelman, 1990, p.13). His idea that individuals can experience opposition between unconscious and conscious thought implies that the imagistic or imaginative parts of individuals are primitive (Siegelman, 1990). Freud indicated that the unconscious is “ultimately determined by physiological drives and the past of the individual” (Ansbacher &
Ansbacher, 1956, p. 9) and is not a creation of the individual. Metaphors, from Freud’s perspective, are rooted in the primary process of thought (imagistic symbolic modes of thinking) and are in opposition to secondary processes (the source of rational thinking). From his perspective, metaphor is non-rational and problematic.

Ansbacher and Ansbacher (1956) criticized Freud’s reductionist approach (his views on sex for example) as too literal, “not figuratively, not as a metaphor or scheme for understanding” (p. 9). Freud believed that early or harsh potty training could lead to anal-retentive tendencies as an adult – someone who hates messes, or is obsessive about being tidy or punctual (Bell, 2002). For Freud, the libido is a basic drive underneath all behavior (Ansbacher & Ansbacher, 1956, p. 4), and he regarded metaphors not as creations of the individual, but rather as pathological and universal formulas. For Freud, the goal is to “translate the imagistic impulse language of the unconscious into the syntactic, discursive logic of the ego” (Siegelman, 1990, p. 13). This objective approach depletes the idea of a self with insight, and disregards a persons’ tendency to make sense of the world (as it relates to the self) in creative, personal and phenomenological ways.

**Subjective Psychology & Adler**

Individual Psychology proposes that people are determined by “subjective values and interest, all of a social orientation, all without counterpart in physical reality” (Ansbacher & Ansbacher, 1956, p. 9). A subjective therapist might say that life is like creating a sense of ‘home’ for oneself. Therapy is pursued when that sense of home feels uncomfortable or outdated, and clients want to make a self-defined change. That change might be as simple as cleaning a window for clearer perspective, or redecorating a room that has been too long ignored; it can also be as complex as knocking down walls and building new extensions to make room for friends or family.
When Alfred Adler parted ways with Sigmund Freud, he replaced a biological, external, objective and causal explanation of behavior with a more subjective phenomenological approach (Ansbacher & Ansbacher, 1956, p. 9). According to Adler “the unconscious as well as the conscious is determined by subjective values and interests, all of a social orientation, all without counterpart in physical reality, and in the last analysis a creation of the individual (Ansbacher & Ansbacher, p.9). Adler emphasized *causa finalis*, or the idea that behavior is determined by future goals. People are purpose driven. Adler proposed that:

there is a creative force inborn to the child, which increases with activity; it enables people to make their own decisions and to develop their own opinions on what happens to them. In this sense, individuals are not just the product of their circumstances – as assumed in classical Behaviourism (behavior as a result of specific stimuli) or as in classical Psychoanalysis (psychological problems as result of traumatic childhood experiences) – but are also the creators of their circumstances and of themselves. (Oberst & Stewart, 2003, p. 12)

It was Adler’s subjective leanings that inclined him to borrow “As If” thinking from philosopher Hans Vahinger (Ansbacher & Ansbacher, 1956). Vahinger emphasized that all thinking is metaphorical (Ansbacher & Ansbacher, 1956). He insisted that:

All cognition is the apperception of one thing through another. In understanding, we are always dealing with an analogy and we cannot imagine how otherwise existence can be understood. Anyone acquainted with the mechanism of thought knows that all conception and cognition are based upon analogical expressions. (Ansbacher & Ansbacher, 1956, p. 79)

Adler believed with Vahinger that people live “as if” certain ideas are true in order to better cope, problem solve, and achieve goals (Ansbacher & Ansbacher, 1956). Adler referred to
analogical thinking as “Fictions.” Fictions are ideas, “including unconscious notions, which have no counterpart in reality, yet serve the useful function of enabling us to deal with it better than we could otherwise” (Ansbacher & Ansbacher, p. 77). Fictions emphasize that people are not determined by the past, but future focused, using fictive goals to help them move from a perceived minus (feelings of inferiority) to a perceived plus (feelings of superiority). Fictions depict not only a linguistic expression, or cognitive idea, but suggest feelings and behaviors that support, maintain, and reinforce the fiction; fictions unify the personality (Ansbacher, & Ansbacher, 1956).

To be clear, Adler didn’t reject genetic or environmental influence, but emphasized instead what the individual chooses to do with their given attributes and contextual conditions (Ansbacher & Ansbacher, 1956, p. 206). Here he emphasized the principle that “everything can also be different” (p. 194). Purpose in life, and how that purpose helps achieve feelings of superiority is what Adler believed drives people to assume millions of possible expressions of personality (Ansbacher & Ansbacher, 1956, p. 207). He said, “we are self-determined. . . meanings are not determined by situations, but we determine ourselves by the meanings we give to situations” (Ansbacher & Ansbacher, 1956, p. 208). Adler’s approach is “the study of the soul” (Ansbacher & Ansbacher, 1956, p. 218) where “each individual always manifests himself as unique, be it in thinking, feelings, speaking or acting” (Ansbacher & Ansbacher, 1956, p. 194).

Case Presentation through an Objective vs Subjective Lens

For the purpose of practical application, consider the hypothetical case of Penelope. Penelope is a 13 year old twin girl presenting with symptoms of anxiety and depression. She has been homeschooled for the last four years along with her twin sister and two younger brothers –
Penelope’s mom indicates that symptoms of depression and anxiety started approximately 6 months ago when Penelope’s twin sister was treated for appendicitis.

Penelope’s parents describe Penelope as having angry outbursts that sometimes involve pushing or hitting. She is unwilling to participate in home school activities during the day, and refuses to follow parent directions, claiming she is “too tired.” Her expression of anxiety occurs mostly at the bedtime hour. Penelope’s mother reports that she lays in bed with her daughter for several hours to help Penelope fall asleep.

Penelope makes comments about wanting to live somewhere else (with her mom alone) because her siblings are constantly touching her things, and not letting her help them. She complains about her house being too messy. She asks on a routine basis to return to a public school setting so that she can see her friends. When asked to describe her situation as she sees it, she says, “My heart is like a vacuum. I suck up other people’s feelings.”

**Objective psychology – the case of Penelope.** As an objective psychologist, Freud would emphasize that Penelope’s problem exists at the unconscious level, determined by her libido. When Penelope describes her problem as “My heart is like a vacuum. I suck up other people’s feelings,” Freud would infer a sexual metaphor. In other words, Penelope might be experiencing strong sexual feelings towards her father which she is trying to repress by creating conflict with the boys in her family. Her requests to move out with her mother would be recognized as attempts at identification with the feminine. Freud might also suggest that Penelope creates anxiety so that her mother will lay with her at night and make her father jealous. Recent psychologists deem this the Electra Complex. (Bell, 2002).

Contemporary behaviorists might diverge from Freud’s libido-driven metaphors, and suggest that Penelope’s behavior is pre-determined by a genetic predisposition towards anxiety and depression. Penelope’s metaphor would be regarded as unscientific and insignificant to the
treatment process. Instead, it would be determined that Penelope’s problems exist because her father and grandmother both report histories of depression. Behaviorists might also consider Penelope’s anxiety as conditioned, first stimulated by her sister’s emergency surgery, and then reinforced by a mother who catered to normal anxiety with excessive attention and coddling.

**Subjective psychology – the case of Penelope.** Subjective psychology, on the other hand, emphasizes the conscious, and suggests that Penelope’s interpretation of her life determines her choices. The genetic and behavioral pieces described above might determine, in part, Penelope’s symptomology, however, subjective psychology considers this a “soft” determinism that still allows for Penelope’s creative interpretation of her inner life (Ansbacher & Ansbacher, p. 5). When Penelope says, “My heart is like a vacuum. I suck up everybody else’s feelings” Adlerians would attempt, through a variety of means, to understand what that particular metaphor means to Penelope.

Subjective psychology pays attention to Penelope’s unique way of seeing things, and embraces her metaphorical thinking as creative versus pathological. The vacuum metaphor might inspire a clinical “hunch”—maybe she feels discouraged about the dis-order in her home environment— but ultimately Penelope is considered the expert on what her metaphor means. Subjective psychology says choices are made with free will, and Penelope’s choices are unique interpretations of her situation. Furthermore, subjective psychology suggests that what is conscious and “not yet” conscious work in tandem, not against each other (Ansbacher & Ansbacher, 1956, p. 233), and that with insight, Penelope can create a new reality for herself, one where she no longer needs to lash out or retreat from responsibility to feel safe and significant.

Penelope’s case highlights the differences of how metaphor is regarded in the psychotherapeutic community. Freud believes the metaphor is determined by basic drives that are problematic and that determine self-concept (Ansbacher & Ansbacher, 1956, p. 8). Adler
believes the metaphor is creative and transformative, and that Penelope’s self-concept determines her behavior (Ansbacher & Ansbacher, 1956, p.8). Adler says that individuals not only create a picture of their personalities, but they create *themselves* from a fallible and human point of view. He says that ‘the individual is thus both the picture and the artist’ (Ansbacher & Ansbacher 1956: 177). (Oberst & Stewart, 2003, p. 13). Adler’s subjective approach is considered an “understanding” psychology, one that has attracted like-minded theorists who seek to empathize with the client’s phenomenological and purpose-driven choices (Ansbacher & Ansbacher, 1956, p. 15).

**Empathy**

From a subjective perspective, then, client generated metaphors are powerful tools of the imagination that invite and allow others to share passage through one’s own looking glass. Passage through the looking glass facilitates empathy, and empathy is a critical component of psychotherapy.

**Literature on metaphor in psychotherapy.** Metaphor therapist, Richard Kopp, likens entering the client’s subjective world to sharing a journey with Alice in Wonderland. “Like Alice, we can go through the looking glass and journey beyond the mirror’s image, entering the domain of creative imagination where metaphoric imagery can become a key that unlocks new possibilities for self-created ‘insight’ and therapeutic change” (Kopp, 1995, p. xiii). Bryant, Katz, Becvar and Becvar (1988) surveyed members of the American Association of Marriage and Family Therapists (AAMFT) and found that of those who responded, 95% used metaphor in their practice. The survey defined metaphor as “any verbal or concrete illustration, description, or reference designed to bring about perceptual and/or behavioral change” (p. 113). This might suggest that Bryant et al (1988) regard metaphor primarily as means for intervention. In light of
the research on whole brain thinking, and metaphor as indispensable to human experience, psychotherapy might need to make a shift in its understanding of how metaphor is useful.

Wickman, Daniels, White and Fesmire (1999) insist that “viewing metaphor simply as an intervention technique is a narrow and incomplete perspective” (p.390). Instead, it’s a framework for becoming more aligned with the client’s language and understanding their experience more conceptually (Wickman et al., 1999, p.390). “Understanding conceptual metaphor allows counselors to join with clients through increased rapport and empathy and structure therapeutic interventions that are more consistent with clients’ existing frameworks” (Wickman et al., 1999, p. 393). Wickman et al. (1988) cite *Moral Imagination* where Johnson (1988) emphasizes:

people organize their lives around their own sets of personal and cultural metaphors:

Who they are, how they understand situations, the way they relate to others, and what they see as possible courses of action all depend on which metaphors happen to constitute the fabric of their experience. (p. 390)

Kopp (1995) explains that when a client reports he lost his job, and he uses metaphor to describe the feeling that he is “sinking into a dark hole,” it helps the therapist discover not only what happened “but also cognitive and affective significance these events have to the person using the metaphor”(p. 85). It is not enough to understand the literal meaning of the client’s statement “I lost my job.” For communication to serve the needs of the therapist as well as the needs of the client, the therapist must be able to understand what the client is “really” saying. “Metaphors are mirrors reflecting our inner images of self, life, and others.” Siegelman (1990) suggests:

Not only does metaphor arise from strong feelings, it also generates such feelings. And when a patient’s metaphor is really taken in by the therapist it leads to the sense that one has communicated a bit of oneself to the other and that that bit of self has been held and
valued. In this way, it deepens the communicative well from which patient and therapist jointly draw. (p. 20)

Lothane (2007) suggests that imagination (the basic ability to form images) facilitates empathy because the image in one person can evoke images in the mind of another person (p. 154). Wickman et al. (1999) suggest that using metaphor in this way helps therapists to express a deeper awareness of client problems, communicate with the same language as clients’ metaphorical systems, communicate more empathetically and respectfully, and help clients explore logical conclusions of an issue.

Because metaphors create understanding of another person’s conceptual experience, they seem especially appropriate for therapists working with a diverse client base. Client generated metaphors help the therapist to develop congruence with a client’s belief systems, and Kopp (1995) emphasizes that congruence is essential when working with diverse populations. Kopp also indicates that exploring client generated metaphors is a therapeutic approach that is responsive to ethnicity, sexual orientation, and gender because it does not impose an external frame of reference based on any particular theoretical approach. It also does not introduce any new content from within the therapist’s frame of reference. The therapist merely helps clients unpack their own metaphorical imagery, “accepting what unfolds during the exploration and transformation process” (Kopp, 1995, p. xviii).

Kopp (1995) also suggests that metaphoric speech is created and shaped by one’s own culture. “Because client generated metaphors reflect the unique experience and meaning of a particular individual, the metaphor can incorporate an individual’s cultural influences while avoiding broad generalizations and cultural stereotypes” (Kopp, 1995, p. xviii). Therapists don’t need to share ethnicity or gender or cultural similarities to understand the client’s frame of
reference; the metaphor itself facilitates empathy, communication, and relational rapport (Kopp, 1995).

**Adler on empathy.** Alfred Adler describes empathy as the ability “to see with the eyes of another, to hear with the ears of another, and to feel with the heart of another” (Ansbacher & Ansbacher, 1956, p. 135). In Adler’s view, empathy is foundational to communal living (Ansbacher & Ansbacher, 1956, p. 136) He explains that “in order to understand what goes on in an individual, it is necessary to consider his attitude toward his fellow men” and emphasizes that human psychological life cannot do whatever it wants, but must consider the demands and conditions of the social situation (Ansbacher & Ansbacher, 1956, p. 127). He insists that humans are socially embedded, and it is only within this social context that we can begin to try and understand them (Ansbacher & Ansbacher, 1964). Therefore, empathy cannot exist outside of relationship.

Prior to contemporary research on metaphor and the brain, Adler proposed that language is a function of community and that it has “deep significance for the development of human psychological life” (Ansbacher & Ansbacher, 1956, p. 130). He cited the example that individuals who grow up isolated from others, or with limited contact, suffer notable deficiencies in language and indicated that “language is a further clear result of social life, a miracle which distinguishes man from all other creatures” (Ansbacher & Ansbacher, 1956, p. 130).

Furthermore, Adler proposed that concept-formation in general supposes “general validity” or the idea that our thinking and feeling can be understood by others primarily because there is a shared creation of concepts, such as “reason, logic, ethics, and aesthetics” (Ansbacher & Ansbacher, 1956, p. 130). He believed that because these concepts originated in the communal life, they can be shared. In other words, we create language together, and through language, we can understand each other’s particular “darknesses” (Ansbacher & Ansbacher, 1956, p. 130).
Adler emphasized that the therapist’s goal when working with clients is to obtain “a faithful picture [my emphasis] of the self-consistent style of life of an individual” (Ansbacher & Ansbacher, 1956, p. 328). Adler seemed especially gifted at using intuition to understand other’s metaphorically—how they relate to their own inferiority and strive uniquely for superiority. Adler explained that insight is acquired in part through “artistic and intuitive empathy with the essential nature of the patient” (Ansbacher & Ansbacher, 1956, p. 328). He praised poets who are successful at using their intuition to “get at” the clue to a person’s style of life, and suggested that this gift of intuition is most common, and can be likened to “correct guessing” (p. 328). In other words, poets use their intuition to get at people’s metaphors, and it is the metaphors that express the essential nature of people and their experiences.

**Case application – exploring the metaphor.** Penelope’s metaphor is “My heart is like a vacuum cleaner.” Unpacking Penelope’s metaphoric language is essential to understanding her style of life, and working with her therapeutically. In order to establish empathy, and to create a shared language, let us consider Sim’s six stage model supplemented with some of Adler’s recommendations for understanding lifestyle (2003):

**First stage: hearing the metaphor.** From the first point of contact on, therapists should be on alert, ready to recognize the client’s use of metaphor. During Penelope’s first session, she offers, “My heart is like a vacuum.” At this stage therapists are encouraged to take notice of the client’s use of metaphor, and refuse to “impose a literal meaning on an imaginative act” (Sims, 2003, p. 532). The therapist needs to suspend the activity of making sense, and instead enter into the metaphor’s “language of images” (p. 532). Adler emphasized that this includes seeing how the person is embedded in a larger whole (Ansbacher & Ansbacher, 1956, p. 127).

**Stage two: validating a metaphor.** At this second stage, the therapist might encourage Penelope’s use of metaphor by mirroring, “Ahhh…. a vacuum cleaner! That is so interesting, can
you say more?” Penelope continues with: “I suck up everyone else’s feelings. I feel what they feel.” The therapist is encouraged to be curious, to “find the metaphor interesting, fascinating, vivid, intriguing” (p. 532). Adler might consider this a stage in which the client’s creative individuality is encouraged and celebrated – how she makes sense of herself and her world as seen through her choice of language (Ansbacher & Ansbacher, 1956, p. 330). The therapist might say, “You have a creative way of describing the problem, Penelope, so that I can better understand it.”

**Stage three: expanding the metaphor.** At this point, Penelope might be asked in an open ended way to “say more.” At the therapist’s prompting, Penelope describes a string of unrelated incidents: her sister having anxiety about her trip to the hospital, her brothers fighting over a toy, her brother crying without the ability to be soothed. She indicates that she feels her siblings feelings as if they are her own, and “tries to help them, but they don’t want help.” Penelope also explains that her home is cluttered, and that she wishes it were cleaner. She reports that all of these feelings she “sucks up” in ways that cause her stress and pain. Penelope then expresses feelings of being blamed by her parents for encounters with her siblings where she intends to be helpful, but they refuse her help and she becomes angry.

This might lead to more specific discussion between the therapist and Penelope related to the vacuum cleaner image. The therapist might ask questions about how full her vacuum feels, who plugs or unplugs her, or question if she knows how to empty the bag. According to Penelope, nobody plugs her in, she does it herself, and her vacuum feels “all the way full.” When asked how she empties her bag, she identifies her mother as doing it for her by rubbing her back, or laying by her, or spending time with her alone. At this stage, Sims (2003) suggests that “the metaphor is treated as a kind of “embryonic story” explored in terms of the emotions it elicits and various aspects of its imagery (p.533). Adler would treat the metaphor, whole style of
life, as a “creation,” a work of art always connected with the individual’s struggle to reach a chosen goal (Ansbacher & Ansbacher, 1956, p. 330). Penelope’s goal might be that of seeking comfort.

Adler might also suggest watching Penelope’s physical movement as a form of emotional expression (Ansbacher & Ansbacher, 1956, p. 223-224). Penelope’s description of too full is paired with frequent sighing (unproductive breathing), as if she is trying to exhale the “too full” feeling. She also curls up on the couch and sucks on her finger, describing frequent headaches and stomachaches. These movements might also suggest lack of courage and a desire to regress to a more infant-like state, possibly to avoid age appropriate responsibilities or to enlist adult help. Adler indicates that “it is always necessary to look for these reciprocal actions of the mind on the body, and of the body on the mind, for both of them are parts of the whole with which we are concerned” (Ansbacher & Ansbacher, 1956, p. 225).

**Stage four: play with the possibilities.** After deriving a pool of possibilities, the therapist asks (for the first time in the process) about what the metaphor might mean. Here, the client is the expert, however the Adlerian might offer curiosities about possible interpretations, trusting the client to identify what is a good fit. Given Penelope’s age, the therapist might need to decide whether or not to depend on Penelope’s ability to engage in higher level thinking by asking directly, “What does the metaphor mean?” In this case, interpretations might be offered while paying close attention to Penelope’s response, such as: *Penelope, when I was your age, my sister burned her hands on a dish from the oven, and oh boy did she scream and cry. I felt scared because she was in a lot of pain, and I thought it was my job to make things better. My mom was holding her and comforting her, but I didn’t know what to do. My mom shushed me away when I tried to help, and I felt bad, even ignored. I wanted my mom to comfort me that*
way. At this point, Penelope uncurled from her position on the couch, sat up tall, and leaned in – a clue that she might understand (and even agree with) the interpretation being offered.

**Stage five: marking and selection.** At this stage, Penelope might be able to expound on her feelings, or describe conditions at home that might alleviate anxiety and bring her comfort.

She indicates that she wants her own room. She wants to go to public school (and not be homeschooled) so that she can have time away from her siblings and see her friends. She wants to exercise more independence in her bedtime routine. She wants to fall asleep easily. What is getting in the way for Penelope is the feeling that her family is suffering from a sense of ‘dis’ order, and that she is responsible, but at the same time incapable of helping in ways that seem adequate. By avoiding her tasks of life and sucking up other people’s “stuff,” she maintains her mother’s attention.

Sims (2003) indicates that at this stage the therapist converges on aspects of the metaphor’s expanded meaning that may prove helpful to the problem under discussion or current treatment goals. This is simply laying a foundation for future work, because now there is a shared language from which to draw.

**Stage six: connection with the future.** At this stage, Penelope might be encouraged to share her vacuum imagery with her mother, which could help the therapist, parents, and client engage in discussion—now from a position of shared understanding—about the tasks and challenges that lie ahead. This is where techniques might be employed that fit with the client’s images and language in a way that makes them readily accessible to the client. Such transformative techniques will be discussed in the latter half of this paper. Overall, exploration of a metaphor typically takes between 3 - 10 minutes, and in this short time frame important metaphors provide “a concise synopsis of the client’s story as a whole” (Sims, p. 535).
Fictions

Understanding the general etiology of metaphor introduces and reinforces a holistic approach to people. It suggests that metaphorical, “as if”, fictive thinking is what unifies the personality—thoughts, feelings, and behaviors.

**Literature on embodied cognition and new perceptions.** Research says that clients create images based on bodily experiences, and they also create new perceptions by attaching to old contexts (Lakoff & Johnson, 1980; Siegelman, 1990). Therefore, all new thought requires the use of metaphor – bridging two ideas, one that is concrete and known, and one that is abstract and not yet known (Lakoff & Johnson, 1980). Siegelman (1990) agrees that new ideas develop through the metaphoric process. She explains that conscious knowledge is commonly understood through the metaphor “knowing is seeing:” When we see something in a new way, we know it in a new way (p. 5). At first we can only see the new in terms of the old, such as when we meet someone new, we attach new perceptions to old contexts, i.e. “She reminds me of so and so” (p.4). Something new, without a reference to what we already know, would be indescribable and incomprehensible. “It is a basic property of the mind to seek to attach new perceptions to old contexts, to seek analogies” (p. 4). In time, analogies bring new ideas or experiences into the realm of “conventional” and a new reality is constructed. The abstract and the concrete are combined in such a way that they enable us to go from the known and the sensed to the unknown and the symbolic which in turn leads to a new reality—an even newer “known and sensed” (Sieglelman, 1990).

This means that when clients create metaphors, they are not formed strictly from logic; they are derived from imaginal cognition (images), and from propositional cognition (syllogistic logic) (Wickman et al., 1999). Siegelman (1990) suggests that this combination of cognitions typically produces strong feeling that leads to integrating (i.e. affectively grounded) insight” (p.
Grounded insight is also known as embodied cognition (Faranda, 2014), and it’s considered embodied because feelings originate mainly from our most primary experiences of and with our own bodies (Seigelman, 1990). “This bodily experience determines our image of the world around us” (Seigelman, 1990, p. 43). Faranda (2014) suggests that by accessing this three-fold realm of affect, body, and image, “we are honoring a part of us that seems to communicate in ways that are more sensory, more visual, and less verbal” (p. 66). Therefore, client generated metaphors are uniquely grounded in a holistic mind-body process.

**Adler – filling in the gaps with fictions/tricks.** Adler agrees with this holistic approach, and claims it is the fiction (or the metaphor) that grounds people and gives them direction. Adler says:

> the construction of this bridge [from concrete to abstract—the bridge that links possibilities, experiences, and the creation of memory to the future] is the most important achievement of the child, because otherwise he would find himself without composure, counsel, guidance, or comfort in the midst of inpouring impressions. . .we can say that the *guiding image* [my emphasis] of the child must be constructed ‘as if’ it were able, by influencing the direction of his will, to bring him greater security and orientation.

(Ansbacher & Ansbacher, 1956, p. 98)

In other words, when children do not know something, or when they need to make sense of new situations, they use grounded cognition (the unified experience of mind and body) to create a metaphorical “fictive goal” for which they can strive. “It is the fiction which teaches us to differentiate, which gives us support and security, which shapes and guides our doings and actions, and which forces our mind to foresee and to perfect itself” (Ansbacher & Ansbacher, 1956, p. 97).
This fictive aspect of Adlerian thinking is what sets it apart from objective psychology, and even cognitive behavioral therapies that aim to isolate rational thinking (Slavik, 1999, p. 215). From Adler’s perspective, fictions supersede reason. “Reason, which was [once] considered the source of truth, has given way to multiple types of truth – emotional, instinctive, intuitive. All related to the movement and near randomness of life experience” (Reardon, n.d., p. 7). When working with fictions, Adler explained that the “world of the ‘unreal’ is just as important as the world of the so-called real or actual” (Ansbacher & Ansbacher, 1956, p. 78). Adler emphasizes that “we should not be surprised at this, because our senses do not receive actual facts, but merely a subjective image of them, a reflection of the external world. . . .It has the same effect on me whether a poisonous snake is actually approaching my foot or whether I merely believe that it is a poisonous snake” (Ansbacher & Ansbacher, 1956, p. 182).

Therefore, whether using fictions to solve problems in a normal or neurotic way, it is clear they are linguistically expressed (Oberst & Stewart, 2003, p. 16).

People do not consciously think in terms of analogy or metaphor, but thoughts are organized that way. This is very compatible with the Adlerian notion of lifestyle, and the role in personality of the analogical reflection of family relationships. One may seek to recapitulate initial social relatedness and role relationships, always expressed by metaphor since these are relational terms. One creates a metaphor which organizes later experiences and perceptions, focuses and suppresses certain awarenesses, and ultimately ‘fits’ with a fictional finality. (Mays, p. 426)

When considering the neurotic individual, then, the problem occurs when fictions are not regarded as metaphor, but taken literally (Oberst & Stewart, 2003). Oberst and Stewart (2003) explain that normal individuals are aware that they can give up a non-adaptive fiction for a more useful one, neurotics hold tightly to their fictions as if they are
reality, and psychotics regard their fictions as dogma, trying to “put them into practice” (p. 35). Adler gives an example of these three possibilities: “the normal person acts ‘as if’ he could lose his money and takes preventative measure so that this will not happen (precautions); the neurotic acts as if he was losing his money (anxiety), and the psychotic individual thinks that he has actually lost his money (psychotic depression or delusion)” (Oberst & Stewart, 2003, pp. 35-36). Therefore the distinction Adler makes between normal and neurotic is related to how rigidly clients cling to their metaphors, and how effectively those metaphors help people solve problems (Ansbacher & Ansbacher, 1956).

It is when individuals cling to useless fictions that they might begin to experience psychological problems or neurosis (Oberst & Stewart, 2003). In his essay, titled Trick & Neurosis, Adler indicates that neurosis is a felt tension experienced when a problem presents itself that the client does not feel capable of facing and overcoming. Therefore the client uses the tension and symptoms as a “trick” (or device) to avoid difficulty while still creating the illusion of being able to overcome it (Carlson & Maniacci, 2012).

Tricks are inventive, non-logical, and universally used (Carlson & Maniacci, 2012). If individuals cannot face a problem with common sense (the combined intelligence of others which always includes cooperation and social interest), they try to find a way out. He explains that “private intelligence is at work whenever a person tries, unfairly, to turn to his own advantage the social contributions of another” (Carlson & Maniacci, 2012, p. 235). Adler emphasized that this willingness to take advantage is not malicious or intentional. It’s a strategy that the person is unaware of using, and it is intended to maintain prestige and self-esteem (p. 235-7). At the same time, because the person sets out on a course that is incompatible with common sense and community, he “lacks this impulse to rid himself of his symptoms” (p. 237).

Adler illustrated the use of “tricks” as follows:
Take, for instance, a difficult child, who wishes to make himself the center of attention without earning this position by his contributions; he is not yet convinced that he can win attention and recognition by contributing his share, and is deluded into believing that he can meet the requirements of life only by being pampered. If you are looking for the quintessence [metaphorical picture] of this child’s behavior, you will find that it consists in his use of a trick—a trick, by which he is attempting to achieve his purpose by evading reason...the spirit of the community. (Carlson & Maniaci, 2010, p. 235-6)

This illustrates that something more than logic is at work when a person “invents” or “crafts” a way of adapting. (p. 237). This way of adapting is rooted in the life of the senses, and is based on a sort of intuitive “guesswork” that gives new (and Adler intends a non-depreciatory) meaning to the phrase “the human mind is crafty.”

**Case application of tricks.** Penelope’s fictive goal might be: I am entitled to comfort. Mistaken beliefs related to her goal might be: Comfort is only given to those who appear neediest; I must create anxiety to solicit physical affection and sympathy; I must be tired and depressed to avoid responsibility; I must tantrum when asked to use age-appropriate skill; I must push back if anyone threatens my comfortable position; I am responsible for the sense of disorder in my home.

When considering Penelope’s vacuum metaphor, it might be considered a neurotic response because she is acting as if she must suck up other people’s feelings as if she is somehow responsible. However, she is using this behavior as a “trick” to avoid facing responsibility, because she believes avoiding responsibility is the only way to gain the comfort she seeks. Her fictive goal “I am entitled to comfort” might have worked well for her prior to her sister’s appendicitis, or prior to being homeschooled with her siblings. Now, however, she is faced with a new social context, and her goal has become problematic. Her sister’s appendicitis threatened
Penelope’s comfortable position by drawing focus, and Penelope no longer felt able to solve the problem of obtaining comfort by being useful and meeting the tasks of life with courage and responsibility. Instead, she flipped to the useless side of life to reach her goal. Ironically, she is deterring from the common good, and deviating from common sense. She doesn’t yet know how to give up her symptoms, without losing prestige. Her metaphor may provide pertinent clues (Wickman et al., 1988).

**Transforming Metaphor**

Adler’s idea that individuals are both the artist and the picture suggests that people can change their fictions. Descartes proclaimed, I think, therefore I am.” Kopp (2005) suggests that from the perspective of the metaphoric structure of reality, “the proper statement is, “I think metaphorically, therefore I am. . . “ (p. 102) From Adler’s point of view, the proper statement might be, *I think in terms of “as if,” and I can change my fictions to create and recreate who I am.* Or, *I am metaphor* (Ansbacher & Ansbacher, 1956).

Lakoff and Johnson (1980) support this possibility for change by emphasizing that certain metaphors are both representations and determinants of our lives. Siegelman (1990) emphasizes the *determinant* aspect of metaphors, suggesting they not only reflect past experience but also “become filters that regulate how we see our present experience and how we project our future” (p. 65). From the Adlerian perspective, since people use fictions to make sense of themselves and the world, it likewise makes sense that fictions can simultaneously hold clues as to how individuals might expand and create new meaning for themselves.

Adlerian psychotherapist John Reardon suggests that Adler’s Individual Psychology allows for experiences “rife with ‘multiplicity.’ It is this and this and this. It is full of current meaning and conviction, and new meaning and conviction yet to be created (Reardon, n. d., p. 8). This multiplicity might suggest that within a person’s metaphorical fictions are the linguistic
tools needed to help people transform their lifestyles. Wickman et al. (1999) suggest that when one understands conceptual metaphor, therapeutic interventions can be employed that are more consistent with the client’s existing frameworks.

In Penelope’s case, she needs to discover ways she can achieve comfort, or become less rigid in her attempts to gain comfort, in ways that don’t detract from social responsibilities. Clues to her transformation will be found in the vacuum metaphor that represent her current perception of the problem. She might need to challenge and stretch her metaphor by playing with ideas such as: Maybe some messy is okay; I can empty my vacuum cleaner when it feels too full; I can unplug and self-soothe; It’s not my job to clean up other people’s messes; I can ask for comfort when I need it; I can also create comfort for myself by being responsible for my own feelings and actions; I can change my filters, etc. Siegelman (1999) suggests that metaphor conveys psychological possibility that ordinary language cannot reveal, and given what we know about the holistic, creative, phenomenological nature of metaphors, the process of reconstructing oneself can only happen in creative, playful ways (p. 128)

Playing with Metaphor

Stuart Brown, M.D., who has made a career out of studying play, says that play is probably the most important factor in being a fulfilled human being (Brown, 2009, p. 6). He indicates that play is critical to sustaining social relationships and that “We are designed to find fulfillment and creative growth through play” (p. 13). Some of the key aspects of Brown’s definition of play include inherent attraction, diminished consciousness of self; and improvisational potential. Inherent attraction means that the activity provides psychological arousal and makes you feel good (p. 17). Diminished consciousness means we stop thinking about the fact that we are thinking; “In imaginative play, we can even be a different self” (p.17). Improvisational potential suggests we aren’t locked into a rigid way of doing things: “We are
open to serendipity, to chance. We are willing to include seemingly irrelevant elements into our play. The result is that we stumble upon new behaviors, thoughts, strategies, movements, or ways of being” (p. 18)

Faranda (2014) emphasizes the importance of play in the process of transformation by citing Donald Winnicott, pediatrician and psychoanalyst, renowned for his appreciation of play: “It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality. And it is only in being creative that the individual discovers the self (Winnicott, 1971, p. xx)” (p. 69). The genius of play, according to Brown (2009), is that playing allows us to create “imaginative new cognitive combinations.” And in creating those novel combinations we find what works, (p. 37).

Adler might call new cognitive combinations “reframing,” and he was an expert at doing this. Perhaps it was because he himself was warm and playful in his approach to people, always ready with a metaphor when expressing ideas about psychology. *In Alfred Adler: As We Remember Him* (Manaster, Painter, Deutsch & Overholt, 1977) colleagues, students, patients, and friends alike share stories of the creative interactions Adler had with those he encountered that demonstrate his playful ways.

Olga Brody Oller, a psychiatrist, recalls joining Adler at his apartment office for psychological discussions and being delighted by Adler’s warm demeanor and approach. “I was delighted to see that such a very well-known psychiatrist was an informal, unassuming, and warm human being, in contrast to many other psychiatrists that I knew at the time. I listened to the discussion that was going on and felt extremely stimulated” (Manaster et al., 1977, p. 63).

Oller also recalls the opportunity to watch firsthand Adler’s approach to the problems of children and their parents. “I admired his quick judgment and incredibly optimistic solutions of the mutual problems. He solved them miraculously” (Manaster et al., 1977, p. 63).
Susanne Liebmann, Ph.D. remembers Adler’s treatment of a small 8 year old boy in front of a child guidance audience. “As soon as the therapist had shaken hands with the child, they both seemed to be enclosed in a magic circle; the listeners did not exist for either of them. The boy was good at intelligence tests, but he always occupied the last seat in his class at school. Adler said to him, “Isn’t it a good thing you are so stupid and lazy? If you would work hard, you might only reach the second, but not the first seat. As it is, there is no uncertainty. The last seat will always be yours” (Manaster et al., 1977, p. 65). Many of his colleagues report that the playfulness of Adler’s exchanges prevented clients’ from feeling offended or off put. Adler’s friend Priscilla Matteson remembers Adler once saying, “You can tell if a person has really understood what you’ve told him. He will always laugh” (Manaster et al., 1977, p. 49).

Adler brought this same fresh fun perspective to his students of psychology. Merrill Moore recounts that he invited Dr. Adler to Boston to give a clinic at the hospital there. When discussing a case about voyeurism, Adler interrupted Moore and said, “I think of it this way. Suppose you come into the room and see a man jumping up and down against the wall. You might think he was crazy, but if you knew that he was trying to sit on top of the mantelpiece you wouldn’t think that his behavior was so peculiar. You have to understand the person’s behavior in terms of what he is trying to do. You have to know his aim before you can understand his conduct” (Manaster et al., 1977, p. 95). Perhaps it was Adler’s simple, playful approach to life that allowed others to understand and adopt his theories towards a useful and transformative end.

**Kopp protocol for transforming metaphor.** We learn from Adler’s example that warmth, rapport, and a playful spirit are important to the therapeutic process. Narrative therapists, like Michael White, agree that the therapist’s ability to play is essential. White defines a therapist’s ability to play as “encouraging clients toward greater self-expression and spontaneous process” (Legowski & Brownlee, 2001, p. 6). Kopp and Craw (1998) suggest that
playing with metaphor is a creative, non-directive, and cooperative process (p. 309). Kopp and Craw’s approach to metaphor encourages clients to engage their creative imaginations. “Just as metaphor is the source of novelty and change in language, exploring and transforming a person’s metaphorical imagery can be a source of novelty and change in psychotherapy” (Kopp, 1995, p.94). Their tool for playing with metaphor introduces seven steps, and focuses on the element of transformation as vehicle for meaning:

   Step 1. Kopp & Craw (1998) suggest that therapists start by identifying the client’s metaphor and writing it down verbatim.

   Step 2. Once the metaphor is written down, clients are invited to explore the metaphor image by asking, “When you think of (the metaphor) what image comes to mind” or “What does (the metaphor) look like?” (Kopp & Craw, 1998, p. 308).

   Step 3. At this step, therapists are reminded to avoid adding new content by instead asking open ended questions, such as “What else do you see?,” “What else is going on?,” “What led up to this (the image)?,” “What happens next?” and “How does it turn out” (Kopp & Craw, 1998, p. 308). The point is for the client to immerse themselves in sensory imagery (Kopp & Craw, 1998).

   Step 4. Once the client is fully immersed in the image, and the therapist experiences it fully too, clients are invited to describe feelings associated with the metaphoric image. It’s important to note that at this stage feelings are not related to “real life,” but to the metaphoric image itself.

   Step 5. Next, the client is invited to change the metaphor using the following words: “If you could change the image in any way how would you change it? (Kopp & Craw, 1998, p. 308).
Step 6. Only after the client changes the image does the therapist “bridge back to the original situation and explore the parallels and connections between his or her metaphoric exploration and original situation” (Kopp & Craw, 1998, p. 308).

Step 7. In this final step, Kopp & Craw (1998) ask the client if the way in which the image was changed earlier offers any insight into how the client might change his or her current situation.

Using this protocol with Penelope, then, she might be asked, “If you could change the image in any way, how would you change it?” She might answer that she is tired of cleaning up after everyone else, and she wants someone else to do the job so she can do more for herself, like exercising independence with her bedtime routine, and going to school independent of her siblings. Or, she might say that she wants to empty herself of the “too full” feeling. By playing with the metaphor, the therapist and client have a shared space from which to cooperate, looking together for how her metaphoric changes might open up possibility for change in her present situation. Kopp (1995) emphasizes that “metaphoric transformations offer a novel possibility of ‘being-in-the-world,’ and therefore give the client the experience of freedom and choice” (p. 106). Whatever model is used, Faranda (2014) suggests that methods that work with patients in an image-based manner have the potential to bring clients into deep processes of therapeutic change.

Early recollections. Another way to “play” with images and metaphors is to consider the client’s earliest memories, those remembered between the critical ages of 0 - 8 when ideas about self and the world were first formed. When attempting to understand lifestyle, Adler considered early recollections to be one of “the most trustworthy approaches to the exploration of the personality” (Ansbacher & Ansbacher, 1956, p. 327). Early recollections are memories that have been digested in a way that parts or details that are not significant to us are left out, and parts that
reflect our current feelings and attitudes towards ourselves and the world remain (Ansbacher & Ansbacher, 1956, p. 214). Adler said that they can never run counter to the style of life, and that memories alter as a person’s style of life alters (p. 352). In other words, people remember images that confirm and support their current schema of apperception, and retain memories that support their direction of striving for significance and security (Kopp & Eckstein, 2004, p. 165).

Therefore, early recollections are unparalleled in helping the therapist to obtain “a faithful picture of the self-consistent style of life of an individual” (Ansbacher & Ansbacher, 1956, p. 328).

Mosak and di Pietro (2006) indicate that early recollections can also be a useful tool in “deciphering people’s secret code of metaphors, symbols, and themes” (p. 19). Mosak and di Pietro (2006) say that early recollections reveal personality by indicating where one has been, where one is, and where one is going” (Mosak & di Pietro, 2006, p. xvii). Emphasizing the unity of the personality as it strives towards a goal suggests that recollections are metaphorical because they are creatively produced by the individual, i.e. “people choose not only what to remember but how to remember it” (Mosak & di Pietro, 2006, p. 2). Because early recollections are not factual (accurate reports), but rather projective (where individuals fill in details according to the current way they view themselves and the world) they are highly symbolic.

Metaphor therapy borrows from Adlerian theory and then transcends it when it chooses to emphasize early recollections as “a direct representational image of current issues and subjective meaning” (Kopp, 1995, p. 139). Although this idea surpasses the original use of early recollections, it is consistent with the theory and practice of Adlerian therapy (Kopp & Eckstein, 2004, p. 167). Kopp makes the distinction that in order for early recollections to be considered “early memory metaphors” they “must do what metaphors do, namely, carry meaning over from
the domain of imagery (in this case a recollected image from early childhood) to something the
imagery refers to, such as a current problem (Kopp & Eckstein, 2004, p. 166).

Kopp indicates that “an early recollection that is recalled at the moment when a client is
experiencing strong feelings in relation to a problem they are struggling with is likely to be a
metaphor for that problem” (Kopp & Eckstein, 2004, p. 166). The therapist asks, “Can you
remember a recent time you felt this way? I’d like you to form an image in your mind of that
situation. Picture it as vividly as you can, where you were, what was happening so that you
begin to feel the feelings that you felt in that situation in your body now” (Kopp & Eckstein,
2004, p. 166). When the client is able to feel the feelings of the current situation, the therapist
asks “What is the first early childhood memory that comes to mind right now?” Kopp explains
that when this method is used, the “first image from childhood that spontaneously comes to the
client’s mind at this moment is likely to be metaphor for the client’s subjective experience of
their current problem” (Kopp & Eckstein, 2004, p. 166).

**Case specific early recollections.** Early recollections are gathered by first asking the
client to go as far back as they can into childhood and see what early memory comes to mind
(Kopp, 1998). It needs to be a specific memory that the client can visualize and recall by saying,
“One day I remember. . .” The therapist records the recollection verbatim, asking the client to
slow down and stop to ensure that exact wording is captured (Kopp, 1998). Then, the therapist
asks, “What is the most vivid part?” If the client hasn’t already described how they were feeling,
the therapist then asks, “What was your feeling at the time?” (Kopp, 1998).

When Penelope is curled up on the therapist’s couch, expressing feelings of tiredness, she
might be asked if she can remember her earliest memories using the protocol defined above.
Typically, a client needs to produce 3 – 8 recollections in order for the therapist to find symbols
and metaphors that are consistent threads in all five memories (Oberst & Stewart, 1980, p. 68) (Mosak, 2006, p. 24). For the sake of this paper, we will consider three.

**Early recollection #1 - age 5.** I have to go to the dentist, but I hate the dentist. I don’t want to go. My mom is calling my name so I hide in my secret hiding place. She can’t find me. I can hear her getting more and more and more mad, so I pull my blankie over my head and lay as still as I can. I hold my breath so she won’t notice me. But I hear the closet door open. She finds me. She rubs my back, and tells me I don’t have to go.

Most Vivid Part: Laying as still as I can, trying not to breathe.

Feeling: Scared.

Because: My mom can’t find me.

**Early recollection #2 - age 6.** I am at my desk at Kindergarten. My teacher is checking desks to make sure they’re clean. The kid who sits in front of me is a disaster area. He can never find his homework, and he just shoves things in his desk so that papers are flying everywhere, and Mrs. Benson is helping him get it straightened out. She spends so much time with him that I don’t think she will ever get to me, so I scoot under my desk to pick up some of David’s worksheets, and he yells, “Don’t touch my stuff.” Mrs. Benson says, “Penelope, stay in your seat.” I tell her I have a stomach ache. She gives me a pass to the nurse.

Most Vivid Part: Going to the nurse

Feeling: Mad

Because: It wasn’t my fault his desk was so messy.

**Early recollection #3 - age 7.** My baby brother is sick. He just cries and cries and cries, and I can’t sleep because he won’t stop crying. I get out of my bed and go to his crib and give him his pacifier, but he just spits it out and screams louder and louder until my mom wakes up. She comes into the room and says, “Penelope, what did you do? Go back to bed.” When my
mom isn’t looking, I sneak under Mikey’s crib. She is rocking Mikey in her arms and singing, and he is still screaming and screaming. I plug my ears and try not to cry.

Most Vivid: The sound of Mikey screaming.

Feeling: Mad and sad.

Because: I was just trying to help.

**Headlines.** Mosak and di Pietro (2006) devised the Headline Method to help with analyzing early recollections holistically. Since Adler (in Ansbacher & Ansbacher, 1956) saw early recollections as “The Story of My Life,” this technique treats the recollections as if they are news stories. The therapist reviews the recollection and devises headlines that suggest the essence of the story.

Possible Headlines for Early Recollection #1

- Girl is rewarded for hiding.
- Girl avoids fears and is soothed.
- Girl found after hiding and is comforted.
- Girl refuses plans, and solicits rescue.

Possible Headlines for Early Recollection #2

- Girl is second in line to boy, trumped by mess
- Girl’s help rejected, wins attention through feigned sickness
- Girl angry that teacher attends to mess

Possible Headlines for Early Recollection #3

- Girl hides when help is rejected
- Girl can’t stop boy from screaming
- Sleep interrupted, interventions fail
• No comfort for girl with screaming brother

The Headline approach reveals common themes in all three of Penelope’s early recollections, including: wanting to help create order, hiding or removing herself from difficult situations, internalizing angry and sad feelings, being relieved of the tasks at hand, presence of a distracted mother figure, using physical symptoms for a sense of control (holding breath, trying not to cry, pretending she had a stomach ache), regression (taking positions underneath her desk, crib, and closet), hiding in infancy. These themes help provide more understanding than previously obtained when discussing with Penelope her vacuum metaphor. Her “full feeling” may be that she is internalizing angry and sad feelings. She might also be retreating from responsibilities and regressing to gain the comfort of her mother. She might be creating physical symptoms to gain that attention. She might also feel responsible to create a sense of order in her dis-ordered home.

**Lingg and Kottman.** Lingg and Kottman (Dinkmeyer, Ling & Kittman, 1991) offer another technique related to Early Recollections. They indicate that at times, “mistaken beliefs and private logic are so ingrained in the client’s way of looking at life and self that talking about them does not bring about a change. When this happens the counselor must introduce creative ways of helping the client reexamine basic convictions in order to bring about changes” (Dinkmeyer, Ling & Kittman., 1991, p. 256). Their technique goes beyond interpretation of early recollections to transformation by offering clients a way to bring their present day emotional resources to bear on the situation or issues reflected in the early memory (Oberst & Stewart, 2003, pp. 68-69). The client, for example, might be asked to visualize one of her memories in a relaxed state, and then introduce into the visualization “a figure to comfort, protect, or otherwise assist the child self safely through the scenario” (Oberst & Stewart, 2003, p. 69). The client is then asked to visualize the adult-self comforting the child self, “telling the child self how
valuable, important, and lovable he or she is” (Dinkmeyer, Ling & Kittman, 1991, p. 257). Then the therapist asks the client to reconsider any mistaken beliefs about what is “necessary to achieve significance and belonging” (p. 257).

In Penelope’s case, she may not have enough distance from the early recollections to engage in them as an “adult” self, and yet even so, her 13 year old self might have insights that her 4 year old self didn’t have. Penelope might enter her own early recollections and calm her anxious emotions by saying, “Just wait patiently, and the teacher will see your clean desk. You worked hard cleaning it!” This might provide clues that Penelope can control her anxiety through changes in self-talk and that she can gain attention by being responsible for herself if she learns patience.

**Willhite method for transforming early recollections.** Robert Willhite’s (1991) method for transforming early recollections helps the therapist to consider in greater depth what the client’s thinking and feeling process is related to their fictive goals. The system of feelings that is identified becomes its own metaphor for the client’s coping strategies. The first step in the Willhite method is using the protocol described above to obtain an early recollection from the client. The second step is going back through the recollection line by line, and asking the client to identify the feelings and emotions that are generated. Using Penelope’s early recollection #1, the results of the Willhite method might be as follows:

1. **Resentful:** I have to go to the dentist, but I hate the dentist.
2. **Scared:** I don’t want to go.
3. **Anxious:** My mom is calling my name so I hide in my secret hiding place.
4. **Powerful:** She can’t find me.
5. **Determined:** I can hear her getting more and more and more mad, so I pull my blankie over my head and lay as still as I can.
6. **Inadequate**: I hold my breath so she won’t notice me.

7. **Scared**: But I hear the closet door open.

8. **Disappointed**: She finds me.

9. **Ashamed**: She rubs my back, and tells me I don’t have to go.

The idea behind the Willhite method is that the emotions identified in the memory are “consistent with the same feelings and emotions the person creates today, to make his/her private view of the world consistent” (Willhite, 1991, p. 1). After going through the memory line by line, Willhite suggests that the therapist list the feelings and emotions separately, such as:

1. Resentful
2. Scared
3. Anxious
4. Powerful
5. Determined
6. Inadequate
7. Scared
8. Disappointed
9. Ashamed

This “system of feelings” is a metaphor for how the person deals with present issues (Willhite, 1991, p. 8). The interpretation of Penelope’s system might be: when Penelope is faced with a task that she doesn’t want to do, she initially protects herself by feeling resentful. That initial resentment (which Adler would say is a form of safeguarding from feelings of inferiority (Ansbacher & Ansbacher, 1956, p. 109)) quickly give way to the feeling of fear. These fears turn easily to anxiety which fuels Penelope’s ability to take action in some way that helps her feel powerful and determined. However, those strong feelings quickly turn to feelings
of inadequacy, and Penelope cycles back to original feelings of fear. Faced again with the original fear, Penelope sinks into disappointment at not remaining powerful and determined. This disappointment leads to deeper feelings of shame at not having faced her fears.

At this point, the therapist can assess where clients are most ready to change their behavior. Willhite (1991) says at this stage of reconstruction he relies on the use of fantasy.

The context of this theory suggests that one cannot fantasize something that is not consistent with their private logic. Rather than asking them to make up an entirely new creation in fantasy, I ask them, if they could change the recollection to have it come out any way they wanted, how would the story read? It is fascinating to watch in what areas change is made, and how blatantly consistent this change is with the private logic today.

(Willhite, 1991, p.13)

Here is how Penelope might reconstruct her recollection:

1. **Accepting**: I have to go to the dentist.
2. **Scared**: I don’t want to go.
3. **Honest**: I tell my mom how scared I am.
4. **Encouraged**: She tells me that she used to be scared of the dentist, too, but that she knows I can do it, and that afterwards we can go shopping together.
5. **Determined**: I tell myself I can do it, and I get in the car with her.
6. **Scared**: I try to breathe.
7. **Vulnerable**: My mom asks me how I’m doing.
8. **Loved**: She notices me feeling scared.
9. **Brave**: I make it through the appointment. My mom rubs my back, and tells me that she knew I could do it.
Penelope’s changes tell us a lot about her. First, she wants to face the challenges in her life, and she is okay with feeling scared. It is what she does with those fears that is the most significant part of the process. She doesn’t hide, but she confides in her mother about how she is feeling. This provides her mother the opportunity to change her behavior from chasing to encouraging, which helps Penelope maintain strong feelings (determination). These strong feelings help her meet the task at hand (rather than create an inflated and misguided sense of power). Penelope still chooses to keep the scared feelings, but her mother notices her not because she is hiding, but because Penelope is being vulnerable. Instead of feeling disappointed in herself, Penelope feels loved and noticed, which helps her to feel brave. It’s interesting that Penelope kept the phrase about her mom rubbing her back. This might suggest that her goal is to be held and comforted by her mother, while also maintaining her own sense of competence. She wants to grow up, and also maintain her mother’s love and attention.

**Other creative interventions.** There are other psychotherapeutic approaches that are effective in helping people to engage their imaginations. Strauch (2007) reminds us that role play allows individuals to consider alternatives to their assumptions (Moreno’s role theory) while maintaining some distance from their personal story in a way that feels safe (pp. 206-207). Many mental health professionals are also incorporating art into the therapeutic process. “Art becomes a medium through which an individual can express his or her inner self nonverbally through symbols” (Strauch, p. 207). The following interventions rely on art and role play to encourage Penelope to process, understand, expand, or adapt her current style of life:

**Vacuuming as a chore.** Solicit the support of Penelope’s family. Assign and rotate vacuuming as a chore amongst all of Penelope’s family members. Have the family together develop a protocol for vacuuming and create a chart so each person knows when it is their responsibility to complete the chore. Encourage the family to include steps in their protocol that
will remind Penelope of the various aspects of the chore that might not be obvious if not clearly stated, such as: ask others to first pick up their belongings, plug in to the nearest outlet, avoid (or pick up) items left on the floor that might get stuck in the hose, unplug and empty bag when finished, put the vacuum away when finished. This will provide a practical opportunity for Penelope to consider different aspects of vacuuming that she may have overlooked as metaphorical possibility related to vacuuming up feelings.

“Become the vacuum” role play. Once again, solicit the support of Penelope’s family. Have Penelope become the vacuum cleaner. Ask her to provide directions to her family members as the therapist asks significant questions, such as: Who plugs you in? When you get plugged in, what does Dad do? What does Mom do? What do each of your siblings do? Around whom do you need to do the most “clean up?” What happens when your bag feels too full? What do you do? Who notices first? Who notices next? Who do you wish would notice? If you could let someone else be the vacuum, who would you give it to? If you did that, what would you be free to do? This exercise will provide more of a contextual understanding of Penelope’s life style as seen through her metaphorical fictive goal.

Once upon a time. Ask Penelope to tell a story about a vacuum who goes on a journey. Ask her what happens on the journey. Who does the vacuum meet? What does the vacuum pick up? Say? Wish it could say? Wish it could pick up? What happens? Who joins her on the journey? How does the story end? Sometimes it is helpful to do this activity in a room where props or other means for stimulating creative play are accessible. Story cubes are also effective if Penelope were to have difficulty thinking of what might come next. She can role the cube and interact with the particular image that presents itself (a sun, moon, cat, flower, etc.). Penelope might also choose to draw a picture about the vacuum’s journey.
**Emptying the bag.** Ask Penelope to act out as many different ideas as possible related to how she might “empty” her vacuum cleaner when she feels too full. When Penelope exhausts her own idea list, the therapist might introduce additional ideas, such as: drawing, spending quiet time alone in her room, listening to music, going for a walk, telling someone safe that you feel angry, stomping, hitting a pillow, asking for help, etc. Ask Penelope which ones feel like methods she might choose to use on a more regular basis. Encourage her to implement them.

**Summary, Future Implications, and Limitations**

In summary, because metaphor is omnipresent, holistic, and foundational to all cognition, it is fundamental to psychotherapy, and especially congruent with Adlerian theory. Adler believes that people create their own circumstances, and themselves, by assigning meaning to their situations. Adler said that people assign meaning by creating fictions. Fictions move people toward a goal by allowing people to act “as if” certain ideas are true. This suggests that all cognition is metaphorical. We are metaphors, constantly creating and recreating ourselves in our varied social contexts to overcome feelings of inferiority and to obtain feelings of superiority.

Adler reminds us that metaphor points to the importance of communal life. It is through metaphor that we understand each other. Empathy always relies on social relationship. Because metaphor facilitates empathy, and doesn’t impose an external frame of reference it also assists therapists in working with a diverse client base. Despite perceived differences between therapist and client, metaphor deepens the well from which therapist and client can jointly draw.

Metaphor is also essential to creating new perceptions. We ground new knowledge by connecting to old contexts and bodily experiences, which allows us to build bridges to new ideas in a symbolic way until that thinking becomes conventional. Adler suggests that this holistic way of adapting relies on “tricks” to obtain feelings of superiority. Tricks are universal to
everyone. Some tricks are “useful” in that they cooperate with common sense, while and others are not “useful” because they avoid difficulty while creating the illusion of overcoming.

People can become aware of their “tricks” and change their particular fictions. Clues for transformation are often embedded in the client’s own metaphors. To facilitate the process of change, clients need a robust imagination, and therapists need to know how to encourage spontaneous process and greater self-expression. Therapists might encourage spontaneous process and greater self-expression in their clients through the use of early recollections, role play, and other artful interventions.

Early recollections were Adler’s primary method for uncovering clients’ private metaphors. There is limited and outdated research on the use of early recollections in therapy. Eva Dreikurs Ferguson (1965) wrote about assessing lifestyle and diagnosing psychopathology through the use of early recollections. Other researches have embarked on studies to predict vocational choice (Holmes, 1965), recognize universal themes of first born children (Fakouri & Hafner, 1984), assess security feelings (Ansbacher, 1953; Holmes, 1965) and predict the relationship to the psychotherapist (Mosak, 1965) – all using early recollections. More research is needed. Adler suggests that because early recollections are projective, they can change, and how they change is indicative of transformed ways of thinking, feeling, and behaving in the client’s life. Research on how change happens might be useful. When comparing the same handful of early recollections at the outset of therapy to memories at termination, are types of transformation evident? For example, how often are metaphors expanded in some capacity, reduced, simplified, or abandoned for completely new images? Identifying types of transformation might aid therapists in their understanding of how change happens and expand the potential range of image-based interventions.
It would also be interesting to conduct new research on how client generated metaphors are being used by clinicians in practice. Does the trend persist that metaphor is regarded more as intervention than a way of understanding the client? It would also be interesting to research the use of client-generated metaphor within therapy for couples. How does the metaphorical world of one partner interact with the metaphorical world of the other? After mapping out these varied intersections, might a picture emerge as to the unique and shared metaphor for the couple and their relationship? Having the client identify a relationship metaphor unique to their experience might aid in their ability to move forward with shared language, understanding of the problem, and clues for change.

Some of the limitations of using metaphor in psychotherapy might include the medical model’s push towards objective and behavioral models of treatment. Despite contemporary research on the brain, cognition, and metaphorical thinking, the psychotherapeutic community may persist in the tendency to see metaphor, creativity and imagination as “the exclusive province of children and professionals (writers, artists), rather than one of the inevitable and ubiquitous products of being” (Sims, 2003, p. 530). Another possible obstacle related to the use of client-generated metaphors is the lack of systematic tools for therapists, and belief that proper use of metaphor is dependent on intuitive ability and guesswork (Wickman, Daniels, White, & Fesmire, 1999). These obstacles might inspire therapists presently using client-generated metaphors in their practice to publish systematic tools and protocols for working with metaphor.

Bateson’s book that recounts a conversation between Bateson and Fritjof Capra on the Big Sur coast on the deck outside the Esalen lodge (Kopp, 1995, p. 170):

“Logic is a very elegant tool,” [Bateson] said, “and we’ve got a lot of mileage out of it for two thousand years or so. The trouble is, you know, when you apply it to crabs and porpoises, and butterflies and habit formation” – his voice tailed off, and he added after a pause, looking out over the ocean—“you know, to all those pretty things. . .logic won’t quite do.”

“No?” [Capra responded].

“It won’t do,” [Bateson] continued animatedly, “because that whole fabric of living things is not put together by logic.” . .

“So what do they use instead?”

“Metaphor,” Bateson replied, “that’s how this whole fabric of mental interconnections holds together. Metaphor is right at the bottom of being alive.” (pp. 76, 77)
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