

Therapeutic Metaphors: A Counseling Technique

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Therapeutic metaphors can be incorporated into an audiologist's existing counseling model. Prior to constructing a metaphor, the audiologist first identifies the significant persons involved in the client's problem and their interpersonal relationships. Second, the events which characterize the client's problem situation and their progression are identified. Third, the changes that the client wants to achieve are presented in a well-formed outcome. Fourth, the audiologist identifies what the client has done in the past to cope with the problem and what prevents the client from making the desired changes. Fifth, an anecdotal metaphor that parallels the client's problem situation is presented. A solution to the client's problem is embedded in the metaphor. The client becomes actively involved in the process of deciphering the metaphor, often providing a novel perspective or an overlooked solution to the problem. A case study is presented to illustrate the concepts and methods involved in metaphor construction and delivery for audiologic counseling.

The Committee on Rehabilitative Audiology (1974) of the American Speech-Language-Hearing Association (ASHA) recommended that an organized program of counseling be included as an integral part of the total audiologic habilitation plan. They stated that its objectives should include the following: (a) enhancement of the individual's welfare, (b) assistance in the resolution of pertinent problems, (c) stimulation and motivation to achieve, and (d) improvement of self-concept and social relationships. Before the recommendations of the ASHA Committee on Rehabilitative Audiology (1974, 1980) can be implemented appropriately, audiologists need training in counseling techniques and approaches.

A variety of counseling approaches have been introduced into the field of audiology. Chermak (1981) categorized counseling theory into seven approaches: (a) eclectic, (b) psychoanalytic, (c) phenomenological, (d) behavioral, (e) empirical-rational, (f) transactional, and (g) physiological. She

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stressed that the approach selected is dependent upon the needs of the client. Further, Luterman (1984) reported that the superiority of any one counseling approach cannot be supported by research. He recommended that counseling technique not be limited to a specific philosophy, although technique often becomes incorporated into a counselor's personality as experience is gained and the professional becomes more adept. Erdman, Crowley, and Gillespie (1984) emphasized that the manner and personality of the counselor are often more crucial than the methods or techniques used in the therapeutic process.

The purpose of this paper is to describe a specific technique for use in rehabilitative audiology. Cameron-Bandler (1985), Gordon (1978), and Zeig (1980) have developed the use of metaphors as an effective counseling technique. A therapeutic metaphor is defined as a technique of storytelling which provides an individual with information that instigates new productive behavior (Cameron-Bandler, 1985; Gordon, 1978; Zeig, 1980). Zeig (1980) has found that anecdotal metaphors in the form of fables, fairytales, parables, and allegories can be used in any therapeutic approach and during any phase of the treatment process. He proposed the use of metaphors for eight purposes:

1. Metaphors can be employed to make or illustrate a point. The theme of a metaphor is easier to recall than similar information in the form of a simple sentence.
2. Metaphors can be used directly or indirectly to suggest a solution to a client. Presenting a parallel metaphor or multiple metaphors with the same theme may provide either a novel perspective or a previously overlooked solution.
3. Metaphors can introduce new perspectives in an indirect and nonconfrontational manner. They guide and elicit associations that allow people to recognize an appropriate solution to their problem.
4. Metaphors can sow the seeds of increased motivation to change.
5. Metaphors can be an effective tool in establishing and maintaining control of the therapeutic relationship.
6. Metaphors can be used to give embedded directives. This technique entails taking an important phrase out of the context of a story and delivering that phrase directly or indirectly to the client.
7. Metaphors can be used to bypass a client's resistance toward acceptance of novel or overlooked perspectives.
8. Metaphors can be used to reframe and redefine a problem. Reframing is a technique for supplying an alternative and positive attitude for dealing with a situation. Redefinition is a technique in which the problem is defined in a manner that is different than the client's definition.

Metaphors can be used in various settings in both informational and affective counseling. Techniques for developing and applying metaphors in audiologic consultation are described below.

CONSTRUCTING THE THERAPEUTIC METAPHOR

The construction of a therapeutic metaphor begins with an understanding of the nature and characteristics of a client's problem and the specific ways in which the client wants to change the situation. The fundamental feature of a therapeutic metaphor is the parallelism or "isomorphism" (Gordon, 1978) between the persons and incidents which occur in a story and those individuals and events which characterize the client's problem (Cameron-Bandler, 1985; Gordon, 1978; Lankton, 1980; Zeig, 1980).

Case Example

The following example will be used to illustrate the principles of therapeutic metaphor construction and delivery. It also demonstrates the isomorphic relationship between the persons and events associated with a client's problem and the characters and incidents in the metaphor.

Beth is a 21-year-old woman with a progressive bilateral sensorineural hearing loss. In high school, she was active in extracurricular activities. She was tested as having normal hearing until she was 16 years old. Subsequently, her hearing sensitivity dropped to a range of severe-to-profound loss. Beth stated that she was angry because of the sudden drop in her hearing acuity. She reported that her progressive sensorineural hearing loss limited her options for meeting new friends, establishing dating relationships, and pursuing career opportunities. She refused to participate in activities which required communication skills. Beth acknowledged that this decision contributed to feelings of isolation, helplessness, and loss of self-esteem. She wanted to meet new friends, but felt that they would not accept her because of her hearing loss. She was dissatisfied with her communicative status and desired change, but did not know what to do. Because of the emotional complications the client experienced, she was not receptive to a direct confrontational counseling approach. Therefore, an approach presenting a therapeutic metaphor was chosen to guide and elicit associations in an attempt to allow Beth to recognize an appropriate solution to her problem.

Development of the Metaphor

As demonstrated in Table 1, an equivalent relationship is established in the metaphor for each person and event identified in Beth's problem. Because isomorphic transformations are concerned with relationships and not with content, there are no limitations as to the nature or the identity of the characters employed in a metaphor. For instance, Beth's sudden and progressive sensorineural hearing loss is represented as a job lay-off experienced by a salesman. Other metaphors such as an unexpected health problem, divorce, or death of a spouse could have been used just as effectively. Beth's social withdrawal is represented in this metaphor as a drinking problem. This event could have been represented isomorphically as drug or substance abuse, an

eating disorder, promiscuity, or a gambling problem. Thus, the major feature in the therapeutic metaphor construction is not the content, but the equivalence of relationship between the persons and events comprising the client's problem on the one hand, and the characters and incidents presented in the narrative on the other.

Table 1

Development of Metaphor Story Structure in Relation to Progression of a Client's Problem

Client's Problem Situation	Therapeutic Metaphor
Beth	Salesman
Progressive bilateral sensorineural hearing impairment	Lay-off from work.
Beth becomes angry with the sudden and unexpected loss of more residual hearing.	Salesman becomes angry with the unexpected job lay-off.
Beth begins to withdraw socially.	Salesman begins to drink excessively.
Beth's social withdrawal contributes to feelings of helplessness, isolation, and loss of self-esteem.	Salesman's excessive drinking contributes to feelings of helplessness, isolation, and loss of self-esteem.
Beth feels that her hearing loss limits her choices for meeting friends, establishing dating relationships, and pursuing career opportunities.	Salesman feels that his job lay-off limits his options for obtaining job interviews, reconciling his marriage, and pursuing career opportunities.
Beth does not recognize that she withdraws socially.	Salesman does not recognize that he drinks excessively.
Beth is dissatisfied with her current communication skills; she wants to change, but does not know what to do.	Salesman is unhappy with his current unemployment status; he wants to change, but does not know what to do.

Construction of a Resolution

Table 2 shows the isomorphic relationship between the people and events surrounding the solution to Beth's problem and the characters and incidents developed in the therapeutic metaphor. As illustrated in Table 2, the isomorphic elements of the metaphor are constructed to elicit a specific, well-formed outcome to Beth's problem. The story structure provides the sequence of steps which are essential for the client to achieve the specific outcome. Clients generally know the changes that they want to achieve; however, understanding how to build a bridge between the present situation and the desired situation is unclear to them. The desired outcome and the connecting strategy which bridges the gap between the problem and the desired outcome compose two major components of the resolution for the metaphor (Gordon, 1978).

Table 2

Construction of Resolution in a Sample Metaphor and Its Relation to a Client's Problem

Problem Solution	Metaphor Solution
Beth schedules an appointment with an audiologist to evaluate auditory sensitivity and communication function.	Salesman schedules an appointment with a career counselor to evaluate career abilities and strengths.
Beth begins to attend counseling sessions to help her cope with the emotional issues associated with her hearing loss.	Salesman begins to attend counseling sessions to help him cope with the emotional issues associated with his sudden job lay-off.
Beth recognizes that her social withdrawal is a result of her displayed anger.	Salesman recognizes that his drinking problem is a result of his displayed anger.
Beth begins using an auditory trainer and attending aural rehabilitation classes.	Salesman begins reading books and attending seminars on sales techniques and management.
Beth becomes assertive and educates others about her communication needs in various listening situations.	Salesman becomes assertive and applies his knowledge of sales technique and management in various job interviews.
Beth begins to meet new friends, establish new dating relationships, and explore career options.	Salesman begins to interview for sales positions, reconcile his marriage, and explore career options in management.

Formulating An Outcome. Cameron-Bandler (1985) listed five conditions that must be met in order for an outcome to be well-formed. First, the outcome must be stated in a positive manner. As illustrated in the case example, Beth became angry with the sudden and unexpected loss of more residual hearing, and socially withdrew. Beth's withdrawal further contributed to feelings of helplessness, isolation, and loss of self-esteem. These are negative feelings. An outcome or strategy that generates positive feelings is needed. Prior to the development and presentation of the metaphor, the audiologist needs to elicit from the client a positively stated outcome. In Beth's case, a positively stated outcome would not focus on becoming "less angry" or "withdrawing less in various social situations" because that would emphasize the problem. In order to redirect Beth's thinking and focus on a positive outcome, the audiologist could ask, "What do you want to accomplish?" Beth may reply, "I want to tell people what my communicative needs are and to feel comfortable being with other people." A positively stated outcome then would be for Beth to become assertive and educate others about her specific communicative needs. These behaviors are antithetical to anger and withdrawal.

Second, a well-formed outcome must result in an observable change in the client's attitude or behavior. For instance, observable changes might include:

(a) asking people to repeat in communication situations with excessive background noise, (b) using an auditory trainer in selected listening environments, and (c) attending counseling sessions designed to help Beth cope with emotional issues associated with progressive hearing loss. To elicit the information necessary to develop the resolution to the metaphor one might ask, "How would you know if you had achieved your outcome?" "What would be a demonstration of your having achieved the desired change?" It is essential that the audiologist and the client agree on the types of behaviors or experiences which will be accepted as indicators of success in order for the metaphor to accomplish its desired purpose.

Third, a well-formed outcome must suggest that the behavior of the client be applied in a discerning manner. It is the audiologist's responsibility to establish with the client the specific situations and circumstances in which the behavior is and is not useful. Focusing on various listening situations and the probable outcomes of being or not being assertive will specify appropriate discerning behavior for Beth. Some leading questions the audiologist may use to elicit discerning behavior include: "When do you want to become assertive?" "When do you not want to become assertive?" "How do you want to become assertive?" "How do you not want to become assertive?" "With whom will you become assertive?" "With whom will you not become assertive?" Cameron-Bandler (1985) stated that the client's well-being is maintained when the desired outcome is appropriately specified.

Fourth, a well-formed outcome must be initiated and consistently maintained by the client. The key word is "consistently." For example, if Beth becomes assertive only when the situation demands, she is at the mercy of her environment, allowing external factors to dictate her responses. Under such circumstances, Beth does not have control of her environment, but rather is controlled by it. It is appropriate behavior for Beth continually and consistently to educate others about her communicative needs, use an auditory trainer, ask persons for clarification, and take advantage of contextual cues. If Beth fails to maintain this positive behavior, she may regress to negative feelings of anger and negative behaviors of social withdrawal. The audiologist can ask a few leading questions to help identify any cause that may be preventing the client from initiating and maintaining the positive behaviors. These questions include: "What would you gain if you achieved your outcome?" "What will you lose if you achieve your outcome?" "What prevents you from achieving your outcome?" Consider the following exchange:

Audiologist: Beth, what would you gain if you became more assertive and told others what your communicative needs are?

Beth: I'd probably feel more comfortable about being with other people. I wouldn't feel so alone, isolated, and rejected.

Audiologist: I'm curious. If that were to occur, what will you lose?

Beth: I won't lose anything except my negative feelings of anger.

Audiologist: Tell me, then, what prevents you from being more assertive and educating others about your communicative needs?

Beth: I'm afraid that most people won't take the time to understand my needs. It's an inconvenience to ask others to repeat themselves when I don't understand what they're saying.

As illustrated, Beth is fearful that others will be impatient and inconvenienced by having to repeat themselves. This fear prevents her from initiating and maintaining the desired change of being assertive. With assistance in recognizing the need to maintain the positive behavior, she can monitor the causes that may lead her to regress to anger and social withdrawal.

Fifth, a well-formed outcome addresses the preservation of any positive by-products which may have resulted from the client's present situation. While a negative by-product of Beth's anger is her social withdrawal, a positive by-product may be a more appropriate level of self-reliance. It is important that self-reliance be preserved when, as a result of becoming assertive, she achieves more social interaction.

Building a Connecting Strategy. Prior to the construction and delivery of the metaphor, the audiologist needs to determine an effective strategy that will help the client resolve the problem. Gordon (1978) specified that the connecting strategy is the bridge between the client's problem and the desired outcome and may be implied by the client's description of the problem. One approach to gathering this information is to ask how the client has previously attempted to resolve the problem. In describing the details of the failure to resolve the problem, the client may also describe what needs to be accomplished in order for the outcome to be reached. Consider the following exchange:

Audiologist: Beth, how have you attempted to tell others about your hearing loss and communicative needs?

Beth: I tell people that I have a hearing loss and wear hearing aids. However, I'm afraid that people won't want to associate with me if they continually have to take the time to repeat.

Beth indicates that her fear of rejection is preventing her from becoming more assertive. The connecting strategy that Beth suggests is to overcome or circumvent her fear long enough to assert herself in communication situations.

Another technique to determine an effective strategy that will assist the client in resolving the problem has been previously discussed. Questions similar to those that assist the client in initiating and maintaining the desired outcome are useful in determining a connecting strategy. Leading questions that can be asked by the audiologist are: "What stops you from . . .?" "What prevents you from . . .?" "How do you stop yourself from . . .?" The audiologist completes the question by stating the client's desired outcome. Consider the following exchange as an alternative to the previous one:

Audiologist: Beth, what prevents you from telling others about your hearing loss and communicative needs?

Beth: It's an inconvenience asking others to repeat themselves. I'm afraid that people won't want to associate with me if they continually have to take the time to repeat themselves.

The client has stated exactly what is perceived to be standing between the problem and the desired outcome. The connecting strategy that the client indicates is to become assertive and take control over the listening environment.

Reframing Attitudes or Behaviors. The technique of reframing in the therapeutic context has been described by Cameron-Bandler (1985), Gordon (1978), Lankton (1980), and Zeig (1980). Gordon (1978) defined reframing as a method of redirecting a previously unwanted and painful experience or behavior so that it becomes useful. Reframing is a major component in the development of the metaphor's resolution.

Audiologists often ask their clients to consider various options in an attempt to provide new perspectives for solving a problem. Reframing a client's attitude by increasing the repertoire of available choices for change is a vital first step toward problem resolution. The following are examples of emotional concerns associated with Beth's sudden loss of hearing that can be reframed by the audiologist.

Beth: If only I wouldn't panic, I could understand more of what people are telling me.

Beth: I don't want to be depressed over my sudden loss of hearing anymore.

Beth: If I didn't get so angry, everything would be better.

In each of those statements, Beth asks for help in giving up some current aspect of her behavior. She wants to give up anxiety, relinquish the feeling of depression, and forego the feeling of anger. Although Beth unquestionably is anxious, depressed, and angry, these emotions are not the problem. The problem revolves around how Beth is using these emotions. Gordon (1978) suggested that all emotions are useful when expressed within the appropriate contexts and at the appropriate times.

Reframing can be accomplished by explicitly stating to the client — within the metaphor — how the previously unpleasant or inappropriate emotion of the past is now useful in terms of the changes which were made. For example, it could be illustrated in the therapeutic metaphor that, although the original expressions of Beth's anger were counterproductive, recognizing anger in other situations could be productive. Reframing in the metaphor may take the following form:

The salesman's anger resulting from a job lay-off contributed to inappropriately expressed resentments during job interviews. As the salesman learned

to recognize the occurrence of his anger, he realized that becoming angry was a message to set his resentment aside and to communicate about his skills more effectively in job interviews. There was no need for him to lose control and panic anymore. He also gained confidence and self-assurance from the knowledge that, if he did want or need to become angry in that or any other situation, he had within him the power and resourcefulness to do it. Now he could accept responsibility for his actions.

DELIVERY OF THE METAPHOR

Although the isomorphic components of the client's situation can be structured in the metaphor's sequence of events and the characters' interpersonal relationships, the metaphor cannot control how the client experiences those events. Gordon (1978) stated that one approach which eliminates this dilemma is to be nonspecific. The clinician initially refrains from presenting specific information about the characters or events which could lead to a misinterpretation of the metaphor's significance for the client.

Lack of Referential Indices

Nouns or noun phrases which specifically identify something in a client's experience are words which have a referential index (Bandler & Grinder, 1975; Gordon, 1978; Lankton, 1980). Gordon (1978) indicated that referential indices are helpful when gathering information about a client's problem; however, specific referential indices can be disruptive when using a metaphor. For instance, in the metaphoric statement, "The salesman begins reading books and attending seminars on sales techniques and management," the noun "books" lacks a referential index. It has not been stated who authored the books, what the subject matter of the books was, or where the books were obtained. Thus, "books" may be interpreted in a way that is meaningful to the client.

Unspecified Verbs

There is no benefit in specifying a verb if it is insignificant to the metaphoric message; in fact, it may reduce the meaningfulness of the metaphor (Gordon, 1978). Verbs are said to be specified if the statement includes how or in what way. Bandler and Grinder (1975) determined that the clarity of a verb image is determined by two factors: (a) the meaning of the verb itself and (b) the amount of information presented in the rest of the sentence in which the verb occurs. For example, in the metaphor statement, "The salesman begins reading books and attending seminars on sales techniques and management," the verb "reading" is unspecified. Substituting the verbs "studies" or "researches" for the verb "reads" would unnecessarily specify the verb image in the sentence. The adverbs "enthusiastically", "actively", or "reluctantly" added to the aforementioned sentence would also modify the verb image.

Embedded Commands and Marking

Embedded commands and marking are effective narrative techniques which focus attention on the important ideas in the metaphor (Gordon, 1978). Embedded commands are formed by pausing and inserting the client's name or "you" into the narrative. This creates a direct statement to the client. The following example illustrates embedded commands inserted in the resolution section of the metaphor.

The salesman began to read books, listen to tapes, and attend seminars. Because, **BETH**, he accepted the responsibility and took the initiative to become informed on how he could become more effective and productive in various aspects of business, he began to feel more confident. In fact, **BETH**, he took great pride in what he had accomplished.

Vocal marking is similar in concept to embedded commands. Marking refers to changing inflection when specific incidents, concepts, or characters in the metaphor are to be given special consideration. Vocal emphasis can be used to focus the client's attention. Consider the following example:

Because the salesman accepted the responsibility and took the initiative to become more effective and productive in various aspects of business, he began to **FEEL MORE CONFIDENT**.

Delivery Strategies

Metaphors can be delivered during any phase of the audiologic treatment process when the audiologist wishes to suggest solutions to problems created by a hearing impairment. The occasional use of metaphors can supplement the audiologist's style of counseling.

Because feedback is essential in the therapeutic exchange, the clinician constantly looks for expressions that show acknowledgement from the client throughout the metaphor presentation. Lankton (1980) suggested that head nods, raised brows, smiles, and muscular relaxation are ideomotor cues that should guide the speed of delivery and amount of detail.

The audiologist may choose to use a series of metaphors with a single theme or a series of metaphors that contain separate themes to address different aspects of the client's problem. Whether or not the predominant theme is determined by the client's interpretation, posed to the client prior to the metaphor delivery, or presented at the completion of the series of stories is decided by the audiologist.

SUMMARY OF METAPHOR CONSTRUCTION

The concepts and strategies presented in this paper are meant to help the audiologist construct and deliver a metaphoric message. The following outlines the step-by-step procedure for gathering information prior to constructing the metaphor.

- Step 1: Identify the significant persons involved in the client's problem and their interpersonal relationships.
- Step 2: Identify the events which are characteristic of the client's problem and specify how the problem progresses.
- Step 3: Specify the changes which the client wants to achieve in a well-formed outcome.
- Step 4: Identify what the client has done in the past to cope with the problem, or what prevents the client from making the desired changes. This may indicate the connecting strategy.

The following summarizes the steps for constructing the metaphor.

- Step 1: Select the content of the metaphor.
- Step 2: Populate and plot the metaphor so that it is isomorphic with the significant persons and events involved in the client's problem and the specific changes the client wants to make.
- Step 3: Determine the resolution by (a) providing a desired outcome, (b) providing a connecting strategy, and (c) reframing the original experience to show how the unwanted behaviors or emotions can be useful when changes are made.

DISCUSSION

Many hearing-impaired clients will respond positively to a metaphoric approach to counseling. Considerable time may be required for some clients to assimilate and integrate the metaphoric message and relate the solution to changes in their own lives. Still others may not be receptive to change with this approach or any other counseling method. Luterman (1976) stated that many clients have emotional problems that do not require professional attention. However, audiologists must be careful to refer those clients who are suspected of mental health problems to mental health specialists.

Gordon (1978) reported that a client's temperament and the acquired skill of the therapist are two factors which dictate whether or not to use therapeutic metaphors. Any client requesting assistance in resolving the various issues associated with a hearing loss is most likely interested in effecting those changes and, therefore, may not need a metaphoric approach to bypass natural resistance to change. Zeig (1980) stated that telling a metaphor to suggest a solution can be more therapeutically effective than providing direct advice which clients can be prone to resist. Suggestions can be delivered in such a manner as to maximize the possibility that they will be accepted.

Audiologists can use metaphors to accomplish new productive behaviors in hearing-impaired individuals and their families. In doing so, analogies are drawn from familiar circumstances to illustrate complex principles. The use of metaphors can be effective in remediating difficult clinical problems that are not easily managed by other techniques. For instance, metaphors may be

effective in dealing with adults who are not receptive to direct confrontational approaches, teenagers who have difficulty relating to adults, and small children who have difficulty understanding complex concepts.

Initially, the construction and delivery of therapeutic metaphors in audiologic counseling will entail concentration, planning, and presentation. However, as these skills become incorporated within the audiologist's existing model of counseling, the opportunity to make more choices of how and when to use metaphors increases. The technique of using metaphors is not suggested for use to the exclusion of other methods in counseling. Rather, it is an approach that can be incorporated into the clinician's existing counseling model.

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