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ABSTRACT

Assuming that all problem solving has both its rational and poetic aspects and that the solution to a problem is often found in the poetic well before it surfaces in the rational, this study examined in detail the ebb and flow of figurative language as it occurred in the course of a single, highly successful hour of gestalt therapy involving both a therapist and a highly verbal patient. Three raters were trained to recognize 15 different types of figurative usage; they were then given a tapescript of the present case and asked to rate it independently. Analysis showed the session moved from a relatively slow starting segment to a rapid burst of metaphoric and interpretative activity and concluded with a temporarily successful resolution of the presenting problems. By guiding the patient to help him see the familiar problem in an unfamiliar light through the use of figurative language, dramatic insights into the problem were gained. This was largely made possible by the highly verbal skills of the patientand by the fact that this variety of gestalt therapy makes use of personifications. Nevertheless, figurative language provides not only a playful heuristic capable of springing a momentarily blocked patient, but it may also tell us a good deal more about the patient and his problems than could probably be articulated in any other way. (HOD)

A BEHAVIORAL ANALYSIS OF FIGURATIVE LANGUAGE IN PSYCHOTHERAPY: ONE SESSION IN A SINGLE CASE STUDY[1]

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Poetry is often considered the exclusive domain of the poet in much the same way that rational, goal-directed thought is considered the exclusive domain of the problem-solver. The purpose of the present paper is to put both of these myths to rest at once; poetic thinking is no more the exclusive domain of poets and the literati than rational, goal-directed thinking is the exclusive domain of the problem-solver. Rather all problem-solving has both its rational and poetic aspects, and the solution to a particular problem is often found in the poetic well before it surfaces in the rational. It is also obvious that poetry involves a strong rational component with the use of formal systems such as rhyme and prosody, etc., all imposing constraint on the poet's so-called licence.

The insight that problem-solving involves a disciplined blend of metaphoric, imageric and rational forces forms the central postulate of the psychoanalytic theory of creativity and it is therefore quite surprising that no one has seriously attempted to examine the role of poetic language--metaphor and other figures of speech--in psychotherpeutic transactions. Even as sternly behavioristic an observer as Goldiamond (Goldiamond and Dyrud, 1968) has reported on the rather high incidence of metaphoric language in psychotherapy and has suggested that such usage might play an important role in promoting therapeutic insight. The role of poetic or non-literal language in psychotherapy also has been stressed recently by Leedy and his collaborates (1969). For Leedy, poetry

is useful to the degree that it serves to contretize a particular patient's problem or problem-situation in terms of a specific poem or poems.

As poets have noted, however, poetic (metaphoric) work is done whenever a figure of speech, or more generally a poem, not only concretizes a piece of reality but also serves as a heuristic for future action. As the poet Elizabeth Sewell (1964) noted:

> (A certain metaphor) though exact will take me no further. I cannot think with it; merely note its exactness and leave it there. A certain amount of metaphor met with in poetry is of this kind. It gives its own pleasure...it is fitting but not fertile. In greater poems...all the figures work, have energy or lend the the mind energy to work and to work further. That is to say,... they are beautiful, beauty being considered as just such a dynamic heuristic...it is exactly such a forward-moving or prophetic energy that the chosen metaphor...has to supply.

These considerations suggest that an examination of figurative language in the context of psychotherapy should prove instructive as to how things get done in psychotherapy. In the present case-study we will examine in detail the ebb and flow of figurative language as it occurs in the course of a single, highly successful hour of gestalt therapy. For this particular case-study the patient was a 38-year old woman involved in her second marriage; a marriage which was to end two years after the present interview. The patient had previously had two years of individual treatment which included both a male and female therapist. At the time of the present interview she had been in group therapy for a period of two years, and the present session was her first contact with this particular therapist, Dr. Eugene Sagan. A typed manuscript of the case-study was obtained from the tape library of the American Academy of Psychotherapists

in Philadelphia. Transcripts for a wide variety of different cases are commercially available from this group and are meant to be used for didactic purposes.

Limitations of the Present Case Study. Before beginning it is important to point out some limitations on the present analysis. First of all, the case of Audrey represents an extremely successful instance of therapy; secondly, gestalt therapy is by its very nature, quite concerned with the conscious use of non-literal language, and finally, the patient is a highly intelligent and highly articulate woman. The fact that gestalt therapy uses metaphoric language and that the patient is highly verbal need not necessarily be liabilities, for if we are to examine the role of figurative language in psychotherapy we must begin with therapeutic situations in which we can expect such language to occur frequently. Whether or not unsuccessful therapy hours or therapies other than gestalt, will produce similar trends is a question open to future research. At the present moment, however, all we are interested in doing is to chronicle the occurrence of figurative usage in the context of one successful hour of psychotherapy.

Method

In order to record and evaluate the occurrence of figurative language, some procedure was needed to select such usage reliably. Barlow, Kerlin, and Pollio (1971) have developed a rating procedure and programmed instruction technique designed to identify figurative language and this technique was used in the present study. Basically, three raters are first trained to recognize 15 different types of figurative usage--ranging from metaphor and litote to oxymoron and metonymy--and are then asked to rate independently four different prose passages. Of these four passages, two are literary selections, one is a speech,

and one is a transcript of a different psychotherapy interview.

After each of these selections had been rated independently, the three judges met together to talk about their ratings and to iron out differences. Raters not only were trained to recognize the occurrence of figurative language, but were also asked to decide whether a given instance was "frozen" or "novel." By frozen we meant that a figure had become a part of the ordinary vocabulary even though it could still be recognized as non-literal, i.e., she is bursting with joy; while by novel was meant that the rater had never experienced this usage in context before, i.e., "When evening is spread out against the sky / Like a patient etherized upon a table."

Once training was completed, and all raters felt confident that they could and did agree on these passages at least 80% of the time, they were then given a tapescript of the present case and asked to rate it independently. Raters' judgments were tallied on the basis of the following coding scheme:

3 + 0: This means that all three raters independently judged this instance as figurative.

2 + 1: This means that two of the three raters independently judged this instance to be figurative and that during the group discussion the third rater agreed.

1 + 2: This means that only one of the raters independently judged the instance to be figurative but that after a group discussion the other two raters agreed.

2 - 1: This is the case in which two raters independently chose an instance as figurative but the third judge after discussion did not agree.

1 - 2: Finally, this is the case where one rater independently chose an instance as figurative but the other two raters still disagreed even after discussion

Thus by using this system an instance might be coded 1 + 2 F. This would be a case in which the instance was first independently chosen by only one rater as figurative and after discussion the other two raters agreed. This code also reveals that the instance was judged to be frozen. Only those instances rated as 1 + 2 or better were counted as instances of figurative language in any given utterance produced either by the patient or therapist.

Results

Reliability of Judgments. One question that had to be answered before it was possible to examine the role of figurative language in psychotherapy concerned the pattern of agreements and disagreements among the three raters. Table 1 presents these data for both patient and therapist protocols. Probably the best way in which to read this table is from the bottom up. For the patient,

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Insert Table 1 Here

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all three raters scored a total of 298 units. Of these units, 272 (91%) were agreed upon by all raters after their discussion sessions, while 26 (9%) were never agreed upon. These 272 instances were further divided up into 122 frozen figures and 150 novel ones. An examination of the ratings shows that of the 150 novel figures 88% were picked up by 2 of the 3 judges during their independent ratings. The additional 12% were picked up by only one rater, although both of the remaining raters did agree with this judgment during a post rating discussion session. The values obtained for frozen figures showed that 82% of the instances were picked up by 2 of the 3 raters independently and that 18% was

picked up by only one rater during his independent rating session.

For the therapist, raters scored a total of 41 units, of which 35 (85%) were used as data (i.e., were ultimately agreed upon after discussion) and 6 (15%) were not. It is also clear that 2 of 3 raters independently agreed upon 100% of the frozen figures and 91% of the novel figures. In all cases--for both frozen and novel figures--raters did attain a 2 + 1 criterion value of greater than 80% for communications produced by both patient and therapist.

A different way in which to measure reliability is to count the pattern of agreements between pairs of raters. In order to do this, three different 2 x 2 tables were set up for each rater pair with the basic form of this table as follows:

Rater 2	Rater 1	
	Figure: Yes	Figure: No
Figure: Yes	a	b
Figure: No	c	d

For each of the three tables the unit of analysis was each sentence produced by therepist and patient. On this basis, the percentage of agreement obtaining between any pair of raters is given by the number of entries in the diagonal cells (a + d) divided by the number of entries in the total table. If more than a single figure appeared in a given sentence for either rater, it was entered in the appropriate cell the appropriate number of times. So, for example, if Rater 1 rated 2 figures in a single sentence and Rater 2 rated no figures in the same sentence, a 2 would have been entered in the appropriate Yes - No cell. Using this procedure, the proportions of agreement were .84 between Raters 1 and 2, .74 between Raters 1 and 3, and .78 between Raters 2

and 3. In general, Rater 1 tended to score the largest number of instances while Rater 3 tended to score the smallest number.

Rate of Figures Produced by Patient and Therapist. Perhaps the best way in which to examine the relative rates at which the patient and therapist produced figures of speech is to examine their cummulative output curves. Such curves present the total figurative output for the patient and therapist over consecutive utterences. For the present analysis an utterance was counted whenever there was a change in speaker regardless of the length of the utterence produced.

Given this method of presenting the data, there are two different pairs of curves that can be drawn; one presenting the output rates for novel figures for both patient and therapist and the other presenting these values for frozen figures. Figure 1 presents the patient and therapist output curves for frozen figures while Figure 2 presents these data for novel figures. Since there is little articulation in either of the therapist's curves let us look at the patient's curves in some detail. An examination of Figure 1 shows that there is only a single

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Insert Figures 1 and 2 Here

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point at which the output curve changes rate significantly and this occurs at about communication number 62. Both prior to, and following, this communication there are only slight and non-systematic changes in rate. With the exception of this point then, the overall rate in each of the two segments appears to be reasonably constant.

An examination of Figure 2, on the other hand, clearly shows that the total

output curve for this patient can be divided up into three distinct segments, with each segment defined by a dramatic and highly articulated change in rate. The first of these segments, which we will call Act I, begins with the first communication unit and continues until communication number 69; Act II runs from number 70 to 104, while Act III runs from number 105 to 136. The patient's rate of production for Act I is essentially constant over the first 70 communication units, while Acts II and III are defined by a rapid burst of responses which decelerates until no further figures are produced by units 104 and 120, respectively. All three acts, then, are defined in terms of bursts of novel figurative activity produced by the patient.

For the remainder of the present paper, this session will be divided into the three acts suggested by these bursts. Our emphasis on novel as opposed to frozen figures reflects the view that frozen figures are quite similar to ordinary vocabulary items and that if figurative language is to be related to therapeutic problem-solving, it must be the novel figures which do the work rather than their frozen counterparts. Only if a patient talks about her problems in a new or unusual way can we expect her to solve them in a novel way and come to insights which otherwise would have been impossible to achieve.

Demographic Properties of Patient and Therapist Verbal Output. Given that the therapist and patient differed markedly in terms of the number of figures they produced, it seemed reasonable to ask if they differed in other quantifiable aspects of verbal output as well. Table 2 presents verbal output statistics for both patient and therapist over each of the three acts. As might be expected

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Insert Table 2 Here

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from a highly verbal patient of this type, the patient's values are considerably larger in all six categories. If we look at the average size of each utterence (i.e. number of words/number of utterences) we see that the patient's average communication unit first doubled from Acts I to II and then decreased slightly from Acts II to III. The therapist's rate, on the other hand, remained at a much more constant rate, although there was some small decrease between Acts II and III.

The most important values in regard to figurative language, however, are given by the N/W and F/W ratios; ratios which simply express the number of novel and frozen figures produced as a proportion of the total words produced. In terms of frozen figures, the F/W ratios show a decrease for both patient and therapist over the three acts, although the patient's ratio is always higher than the therapist's. Only in Act I, does the F/W fraction exceed the N/W fraction. Turning now to novel figures, the N/W ratios show a very sharp rise for the therapist during Act II followed by a sharp drop during Act III, returning the overall rate to about the same level as occcurred during Act I. The patient's N/W ratio, on the other hand, also shows a sharp rise during Act II but continues to maintain this level during Act III.

With these descriptive indices in hand, a reasonable next step is to examine their pattern of intercorrelation, and these values are presented in Table 3. Before interpreting these values, however, it should be noted that

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Insert Table 3 Here

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with the exception of the correlations between novel and frozen metaphors, all correlations are spuriously inflated largely because there is some necessary confounding between the number of words in a communication and the number of figures contained in that communication. This is true since figures can be

expressed only in words and therefore the production of a figure, by definition always implies the production of at least some small number of words. The opposite, however, is not true; it is possible to produce a verbal output which contains no figures at all.

With this limitation in mind, the data presented in Table 3 indicate that for this patient there is little or no correlation between the number of frozen and novel figures contained in an utterence and only moderate correlations between the number of words and the number of frozen figures, and between the number of words and the number of novel figures. For the therapist all correlations were uniformly lower than for the patient. The most interesting aspect of these results concerns the pattern of correlations over acts. Although the total correlations between words and frozen figures, and words and novel figures are both around .60, the correlations for frozen figures decrease over successive acts while the correlations for novel figures increase. What this means is that only in Act III is there any appreciable relationship between the length of a communication and the number of novel figures produced, whereas words and frozen figures correlate almost equally well in both Acts I and II and only drop off slightly during Act III.

Figurative Themes Produced by Patient and Therapist. Although this particular patient produced a total of 150 novel figures, it was possible to partition them into 19 major sub-groupings. For these groupings (which include all but 22 of the novel metaphors produced) two judges independently sorted each of the remaining 128 figures into similar categories always trying to minimize the number needed. A specific listing of the themes involved in each of these 19

Insert Table 4 Here

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major groupings is presented in Table 4, where each theme is numbered and a specific example provided to show the typical phrasing used by the patient in communicating this theme.

Table 5 presents the distribution of each of these 19 themes over the entire session, where the session is divided into sets of ten utterences each. In addition, each of the three acts is also indicated in this table. The next to the last line of Table 5 presents the data for themes which occurred only

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Insert Table 5 Here

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once, while the last line presents the total number of figures produced over each set of ten utterences. Since Act II began after the 104th communication, the set of ten running from 100-109 was divided into two sets of five, with each of these smaller sets falling in a different act.

One way in which to describe the progression of themes occuring in this session is to look at those themes which occurred only in Act I, only in Act II and only in Act III. Of the 19 themes produced by the patient, Themes 8, 11, 14, 15, and 16 occurred only in Act I; Themes 6, 12, and 18 occurred only in Act II; and Themes 4, 7, 10, 13, and 19 occurred only in Act III. In addition, Theme 5 occurred both in Acts I and II, Theme 3 occurred in Acts I and III and Themes 1, 2 and 9 in Acts II and III. None of the specific 19 themes scored occurred in all three acts.

Looking first at those themes which occurred only in Act I, we see that they include the major presenting complaints mentioned by the patient: her hidden desire to love (11), her harsh will (8), her strong hostility (14 and 16) and her tendency to be a "goody-goody" (15). Themes which occurred only in Act II seem to reflect the patient's present evaluation of herself as a cold and

hard person (6), her inability to face her frail and imperfect human side (12) and a small number of self-depricating remarks (17 and 18). The major themes which occurred only in Act III concerned a re-evaluation of who and what the patient is (13, 10, and 7) and more specifically, her ability to be soft and contented (4, 7, and 190). The progression of topics then, seems to go from a general presentation of her character as she sees it in Act I; to an unfavorable self-evaluation of that presentation in Act II; and finally to a more realistic (re-)evaluation of herself and her character in Act III.

But how does such a change come about? Here we need look at those themes which seem to do therapeutic work (i.e., themes which occur in Acts II and III) as well as those which do not (i.e., themes which occur only in Acts I and II). In addition we need look at those themes which emerge first in Act I only to be surpressed until they resurface again in Act III. Perhaps the major figurative theme which does little or no therapeutic work is presented by Theme 5; namely, the idea that Audrey is not an open person in dealing with her anger and that she defends against it by "building a wall around it." Theme 3, on the other hand, represents a theme which first occurs in Act I but is not raised again until Act III. This theme deals with anger which is considered either as an intrinsic part of the patient (Act I) or as a cloud which envelopes her (Act III). This theme also serves to illustrate how the specific wording of a metaphor can change (for better or worse) in the short period of time involved in a single interview.

The major figurative themes, however, which did almost all of the therapeutic work concerned a division of the patient into two separate personifications--a Moral Audrey and a Human Audrey--where these personifications provided an enabling metaphor on which all else hinged. In order to get a feel for exactly how this occurred consider a fragment of the present session beginning

with the 69th communication produced by the patient:

A: Uh huh, oh, I'm talking to the anger. (pause) So I won't have to hide it anymore, now, do I? I'm not asking you...'cause it's there. I don't hide it. It's a failure to try and hide it 'cause it can't be hidden, even from myself. So now what am I going to do with it? 'Cause I am going to get angry. This isn't going to solve the problem of anger. I am going to get angry. Well, I think I'll just go in and punch the pillow. That's the best I can do right now though the kids will think I'm kind of silly...but they won't really.

T: All right, so who's going to be thinking you're silly? What part of of you is going to be calling you silly when you do this?

A: The adult side.

T: Okay, will you be the adult side of you and pretend you're sitting next to the chair and tell yourself how silly you are for doing something like that? Be your...

A: Oh, yes. I'm the moral, I'm the moral, I'm the moral Audrey (last name eliminated). There, she's angry, she's punching the pillow.... Oh, Audrey, you're just silly, you're just acting like a child. And... that's how I feel, only much more cold. There's warmth in that and that moral Audrey just hasn't any warmth at all, not any.

T: And what does the human Audrey say back to that?

As can be seen from this fragment, Audrey begins by talking about (and in this case, talking to) her anger, a topic which makes her feel decidedly uncomfortable and "silly." The therapist counters by asking, "who's going to be thinking you're silly?" which then leads to the idea of an "adult side." With the dichotomy between a moral and a human Audrey set up by the patient, the therapist simply moves in and proposes a dialogue between the two, thereby

providing a condition within which Audrey can explore her felt ambivalence both toward herself as an angry person and toward herself as a self-repudiating person.

This fragment also provides some feel for the therapist's use of figurative language. An example of his novel figurative output reveals that he used only two different novel metaphors--the moral and the human Audrey--on more than a single occasion. As a matter of fact, moral Audrey (or some variation thereof) occurred 15 times while human Audrey occurred only twice. An examination of when these figures occurred in the course of the session shows that the greatest number (13) occurred during Act II (between units 70 - 79) and that these were usually produced in response to the patient's use of these same figures. It must be remembered, however, that gestalt technique provided this patient with a chance to be harsh with that aspect of herself which already was harsh, e.g., "my moral self is an iceberg," or "You're cold!" It is this reversal of patterns which gives the gestalt approach its punch. Most of the conversations between the patient and her moral self can be seen as figurative attempts to "take the moral Audrey to task."

Categorizing the Therapist's Verbal Behavior. Largely because this therapist was so effective in getting his patient to talk about (and resolve) many significant personal issues on the basis of a disciplined use of her own metaphoric output, it was decided to try and characterize the therapist's behavior in terms of a series of response categories induced from the "messages" communicated to the patient. In this way, it was hoped to determine the means by which he was able to bring about the very dramatic changes which occurred during the course of this hour of therapy. The categories actually used were developed from within the data and hopefully serve to provide a reasonable description of the therapist's behavior during each of his communications.

From a careful examination of the tape, 16 different categories were developed and a list of these is presented in Table 6. As can be seen, most of

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Insert Table 6 Here
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these are relatively straight-forward categories with little or no inference required by a rater. For two independent raters who used this system the percent of agreement was 74%, and all instances to be presented were agreed upon by both raters after discussion.

Given these categories it is of some interest to describe the therapist's behavior in each of the three acts; divisions which were established on the basis of the patient's rather than the therapist's metaphoric activity. It is surprising to discover marked differences in the therapist's behavior across the three acts with each act having its own peculiar texture of therapist messages. The data dealing with these therapist behaviors are presented in Tables 7 and 8 where the frequency and rate of occurence of each category are presented

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Insert Table 7 Here
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for all 16 categories. In Table 7 the total of the values is larger than the total number of dyadic interchanges largely because some of the therapist's communications fell into more than a single category. For example, on one occasion the therapist produced the sequence: "Yeah, Fine...Okay," which was coded into categories 3, 6, and 5, respectively. In another case the therapist said, "Yeah, okay cover it up," which was then coded 2, 5, 11, and 10. In this instance not only did "yeah" (2) and "okay" (5) occur, but also the therapist requested the patient literally do something (11) while repeating some of the patient's words (10).

Table 7 also presents these data as category rates per every 100 words of

text. Presenting the data in this way serves to clarify the meaning of what actually occurred since there were almost twice as many words spoken by the therapist in Act I as in Acts II and III. In addition to these data, a different descriptive statistic is reported in Table 8 which locates the occurence of categories within each Act. For this table each act was subdivided into thirds

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Insert Table 8 Here

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and category rates per 100 words determined. So, for example, in the first third of Act I, Category 11 occured at a rate of 6 times in every 100 words, while Category 2 occured at a rate of 5 times per hundred.

On the basis of the data presented in Table 7 the six most frequently occurring categories were 2, 8, 10, 11, 1, 7, and 6. Of these categories, 1, 2, and 6 represent what currently might be thought of as social reinforcing responses while Categories 7 and 8 represent requests of one type or another. Category 11 focuses on something the patient said, did, felt or thought in the immediate situation and seems to represent an attempt at describing either the patient's internal states or external behaviors in some detail. The only category, which is at all surprising is Category 7; that is, requests for non-literal behavior, linguistic and otherwise. As we noted before, however, the use of non-literal behavior is a specific strategy of gestalt therapy, and in the present case was the technique used to produce "insight" in the patient.

Basically the six least frequently occurring categories involve rather specific questionings (Categories 12, 13, and 14), direct agreement and disagreement (Categories 3 and 4 respectively) and some information about the therapist himself (16). Surprisingly, the classic category of interpretation (Category 9) occurred only a moderate number of times in the context of this

session and then only in the last moments of Act I and then in Act II.

Using the data reported in Table 6, 7 and 7 an overall account of the therapist's behavior shows that the first Act was dominated primarily by the therapist encouraging the patient to converse about her internal states of feeling and/or her thoughts (11). In addition he requested her to speak or act in a literal manner (8), and often reassured her of his close attention (2, 1) and understanding (5). In the last moments of Act I the therapist began to request the patient to speak and behave in a non-literal fashion (7). This dramatic shift from literal (8) to non-literal (7) behavior dominated most of Act II, reaching a peak during the middle phases of that act. Concurrently, the therapist reassured the patient that he was paying close attention (2). Towards the close of Act II the therapist refrained from requesting non-literal behavior, and began instead to discuss the implications of the patient's therapy behavior in terms of her presenting conflict (9). Beginning in Act III the therapist returned to encouraging literal behavior (8) while maintaining fewer requests for non-literal behavior (7). He also commented on the patient's actual behaviors, feelings and thoughts (11) although he spent most of his time in making simple attentive remarks (1). As the final act came to a close, previously prevalent categories were radically abandoned: while continuing to assure his patient that he was paying attention (1), he became increasingly oriented toward extra-therapy considerations by providing information and instruction (15). The progression of therapist behavior, as manifested in these data, indicates that he was initially converned with encouraging the patient to respond in general, then was concerned with specific areas to be discussed in a metaphorical way, and finally "helped" the patient out of the metaphor and back to the demands of the real life situation both by instructing and informing her as to the nature of this extra-therapy world.

Discussion

The present analysis has demonstrated only what most experienced therapists must surely already know; namely, that figurative language plays a significant role in the psychotherpeutic process. The one aspect to all of this that is surprising, however, is how obvious this conclusion is in the present tape and how readily it appears in the quantitative data. The division of the present session into "Acts" was accomplished strictly on the basis of changes in the rate of novel figurative language produced by the patient, and these acts clearly describe the major movements of the present session. These movements involve a relatively slow starting segment which was followed by a rapid burst of metaphoric and interpretative activity, and which concluded with a temporarily successful resolution of the presenting problems. Not only do the patient's actions and metaphoric intent validate these divisions, an analysis of the therapist behavior also makes sense in terms of such a division. As we have said, the therapist first encourages general discussion of the problem, then focuses--with the help of a heuristic figure--on setting up the problem, and finally helps the patient move out of the metaphor into a more realistic resolution of the problem.

But how, exactly, does metaphor facilitate problem-setting and problem-solving in the context of psychotherapy, and is its mode of operation here similar to its role in other contexts? Probably the most direct and reasonable description of how metaphor facilitates problem-solving in the non-clinical setting has been proposed by Gordon (1961) and Schon (1963). Basically, Gordon argues that any problem-solving or creative process operates by making the strange familiar and/or the familiar strange. That is, creative problem-solving involves casting a familiar problem into an unfamiliar light or an unfamiliar problem into a familiar light or some combination of both. In the context of the present

session, the familiar--Audrey's inability to deal realistically with her feelings of anger--were made unfamiliar by personifying her super-moralist attitudes into the metaphoric flesh of a "moral Audrey." The therapist's task consisted primarily of first allowing Audrey to see her familiar problem in this unfamiliar light, and then of helping her move from this unique way of looking at things back to the ordinary world once again. In short, his strategy was to move the patient from the familiar to the strange and back again.

But the use of figurative language as a therapeutic heuristic is only one possible way in which such language functions in psychotherapy. The most complete enumeration of these possibilities has been made by Lenrow (1967) who listed seven different functions of metaphors in psychotherapy, the most important of which for the present case would seem to be that:

> Metaphors have a half-playful, half-serious quality that permits the therapist to communicate about intimate characteristics of the patient without appearing as intrusive as a more conventional mode of describing the patient might appear. The dissimilarities between person and metaphorical referent may help the patient to consider the possible similarities without generalized avoidance or defense against new concepts of himself.

In the present case, both the unexpectedness and the playfulness of the personifications--moral and human Audrey--combined to bring about the dramatic insight exhibited by the patient. Not only must the familiar be made strange, it must be made strange in a non-intrusive and somewhat playful manner.

Although figurative language did play a significant role in the present case study, we should be aware that present results are open to a number of obvious limitations, and these need be talked about rather directly. For one, the type of therapy embodied in this tape is a variety of gestalt therapy and

one of the principle tenents of this position is the disciplined use of personifications. This aspect of gestalt therapy was known, of course, when we chose to examine The Case of Audrey. Our feeling was that if figurative language--and by implication, figurative-thinking--was to play a direct role in the therapeutic process, we had to deal with a situation in which such language was commonplace. At the present time we would not feel justified in generalizing our results to other types of therapy, and here only an examination of future case studies would provide the where-with-all for such generalization.

In addition, there is a second rather obvious limitation, namely, Audrey is a highly verbal and highly "practiced" patient. Although this was her first session with this particular therapist, she had been in therapy for a good many years before this encounter with Dr. Sagan. Whether comparable results will occur with not as skillful a patient as Audrey is again an open question.

Despite these limitations, the present analysis does suggest that much can be derived from a careful and conscientious use of figurative language in psychotherapeutic encounters. Such language provides not only a playful heuristic capable of springing a momentarily blocked patient, it may also provide a key to the patient's way of looking at, and understanding, his or her world. No less than the poet, patient metaphors tell us a good deal more about the patient and his problems than could probably be articulated in any other way. Because of this, they are diagnostic and therapeutic tools par excellence, and should neither be overlooked nor taken lightly in the context of psychotherapy.

SUMMARY

In an attempt to examine the frequency of occurrence and significance of figurative language in spoken discourse, a line-by-line analysis of such language in a single session of psychotherapy was performed. Results of such an analysis showed that for this particular case, figurative language occurred at a rate of between 3 and 6 figures per 100 words of text, and that novel, as opposed to frozen, figures tended to occur in extended bursts. These bursts were shown to relate to other aspects of the therapeutic process, particularly those involving patient problem-setting and problem-solving. In general, novel figurative language was seen to be a method whereby intimate personal qualities and problems could be talked about in a non-intrusive and therapeutically helpful manner.

FOOTNOTE

A portion of this paper was presented at the Psychonomics Society Convention in November, 1971, St. Louis, Missouri. We would like to thank James Kerlin and Darryl Lang who served as raters in the present study

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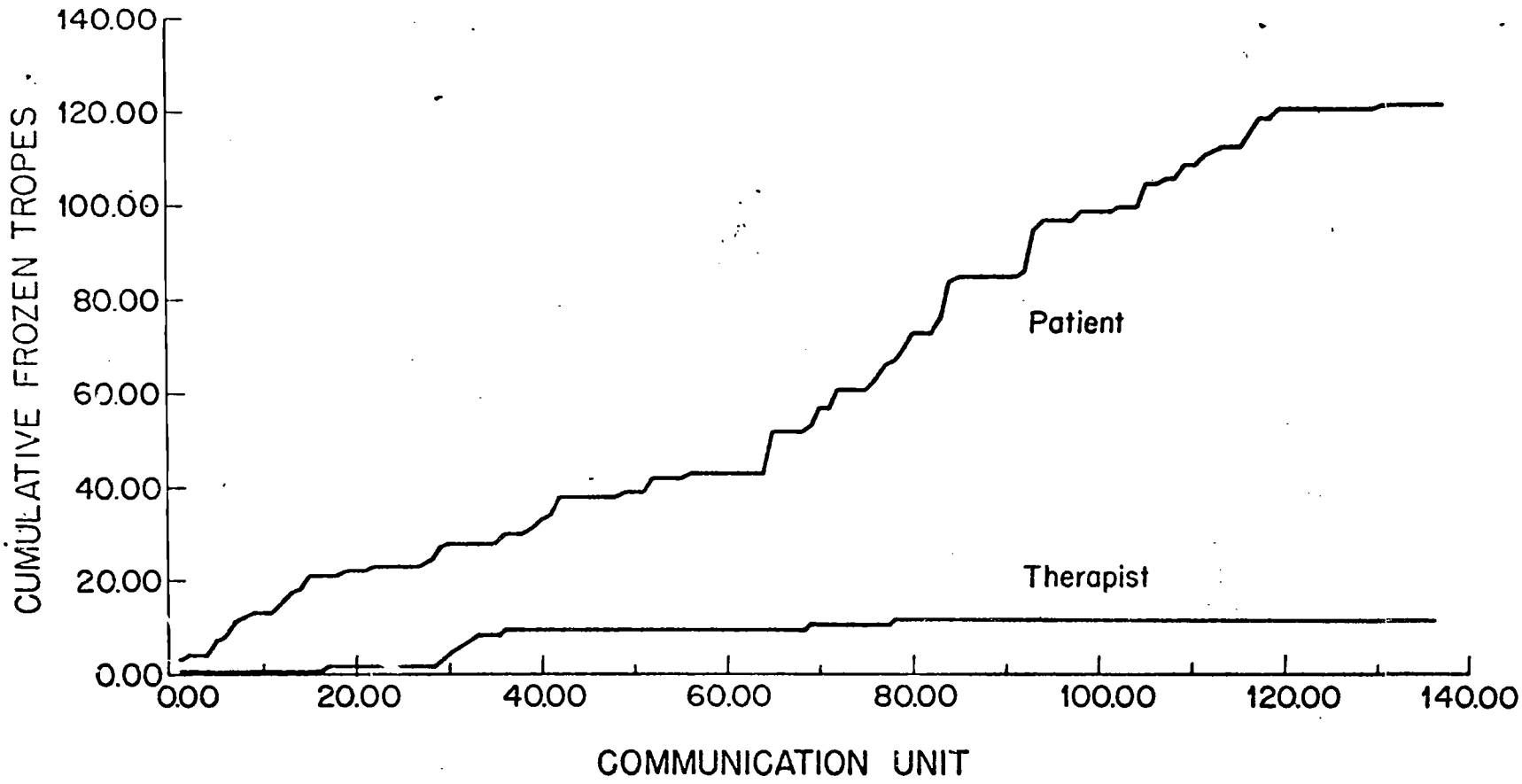

Figure 1 - Cummulative Frequency of Frozen Figures (Tropes) for Patient and Therapist

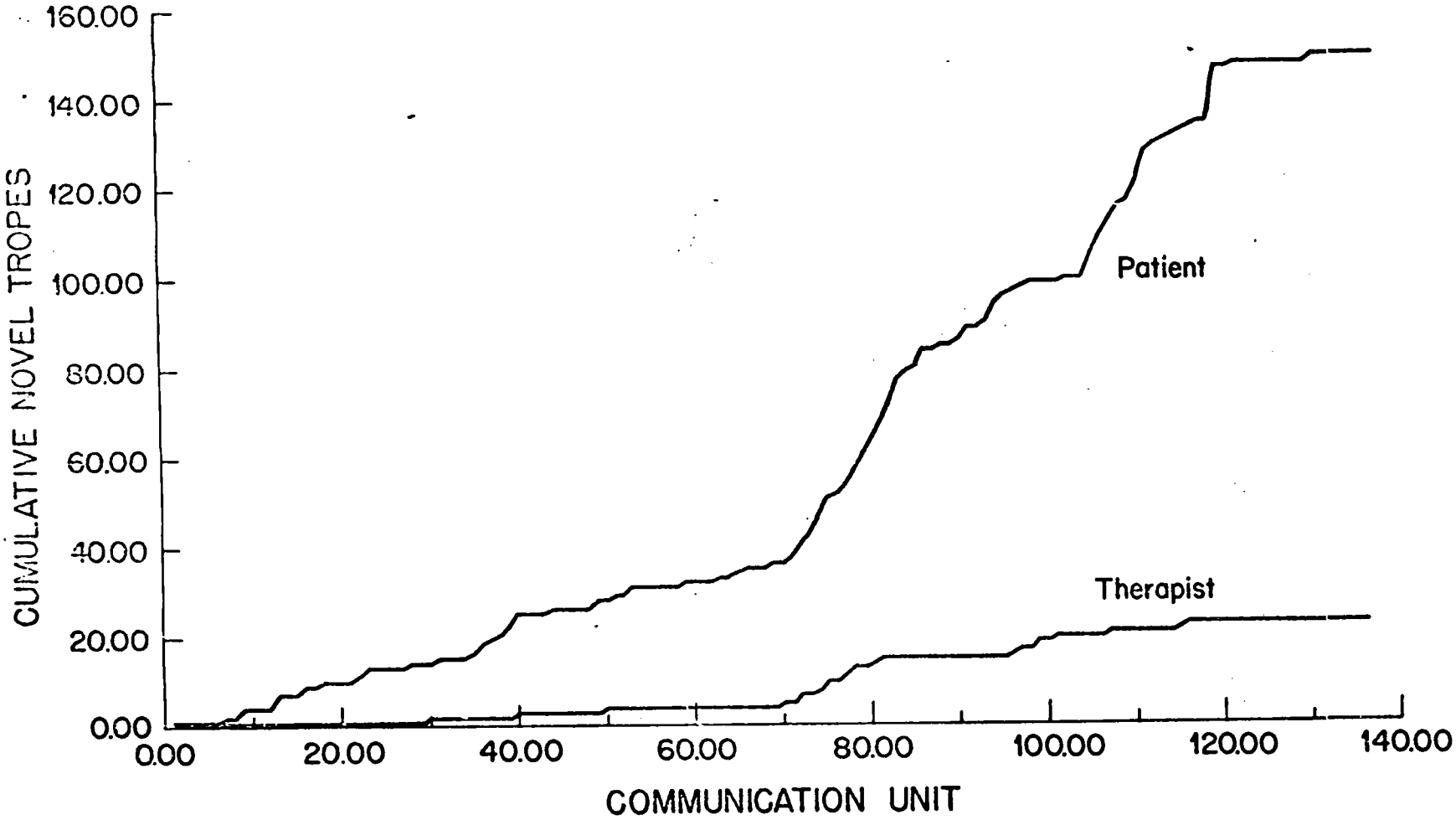

Figure 2 - Cummulative Frequency of Novel Figures (Tropes) for Patient and Therapist

TABLE 1

Reliability of Rater Judgments - Patient and Therapist

Rater Scoring Category	Speaker							
	Patient				Therapist			
	Frozen		Novel		Frozen		Novel	
	N	Percent	N	Percent	N	Percent	N	Percent
3 + 0	52	43%	91	61%	10	83%	15	65%
2 + 1	48	39%	40	27%	2	17%	6	26%
1 + 2	22	18%	19	12%	0	0%	2	9%
Subtotals	122		150		12		23	
Subtotal (both accepted)	272		91%		35		85%	
1 - 2	23				2			
2 - 1	3				4			
Subtotal (Rejected)	26		9%		6		15%	
Total Units Scored	298		100%		41		100%	

TABLE 2

Descriptive Statistics: Verbal Output--Patient and Therapist

	Act			
Patient	I	II	III	Total
Words (W)	1655	1740	1180	4575
W/communication	23.99	48.33	38.06	30.50
Frozen Figures (F)	53	52	17	122
Novel Figures (N)	36	69	45	150
N/W	.022	.040	.038	.033
F/W	.032	.030	.014	.027
Number of Communications	69	36	31	150
Therapist				
Words (W)	542	272	205	1019
W/Communication	7.86	7.56	6.61	6.79
Frozen Figures (F)	10	1	1	12
Novel Figures (N)	3	18	3	24
N/W	.005	.059	.015	.022
F/W	.018	.004	.000	.011
Number of Communications	69	36	31	150

TABLE 3

Correlations Between Descriptive Indices

Correlation	Act			
Patient	I	II	III	Total
Words and Frozen	.82	.71	.49	.62
Words and Novel	.33	.45	.74	.61
Novel and Frozen	.16	.18	.39	.22
Therapist				
Words and Frozen	.06	**	**	.09
Words and Novel	**	.53	**	.38
Novel and Frozen	**	**	**	.12
Number of Communications	69	36	31	150

**too few cases to compute

TABLE 4

List of Figurative Themes Used by the Patient

Theme No.	Descriptive Title	Specific Examples
1	Moral Audrey - Apostrophic Passage	"my moral self; Moral Audrey
2	Human Audrey	the human Audrey, I'm no human self at all
3	I am anger and the anger cloud	this anger cloud I'm nothing but anger
4	I feel like a baby	the way a baby feels
5	Walls hide me and are protective	the walls would go over
6	My moral self is an iceberg	its the coldest, coldest
7	How a real woman is	you just be these qualities, these comforts
8	My will is strict and harsh	I know it's ruining, it's destroying
9	I feel like I have no self-definition	haven't got any form
10	I am discovering myself - attaining self-definition	I'm me
11	Somewhere inside I have a strong desire to love	a big warmth
12	I run from my human side	it just retreats
13	Getting acquainted with oneself	I'm finding out who I am
14	Hostility personified	hostility expressing
15	I act in a perfect way	Miss Goody Goody
16	I'm passively hostile	don't want to say no to it now
17	I have secrets	secret heart
18	I have an exaggerated opinion of me	I am God
19	I am soft like a baby - developed from BABY and REAL WOMAN	"to feel my softness"

TABLE 5

Distribution of Novel Figures - Patient

	Act I							Act II				Act III			
	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	100-104	105-109	110-119	120-129	130-139
1								13	12	11		5	3		2
2								1	3	1		3			
3				4	3							4	4		
4													7		
5		2		1			1		2						
6								6							
7													6		
8					3	1									
9									2			2			
10												1	3		
11	2						1								
12								3							
13												1	2		
14	1	1													
15		2													
16						3									
17									2						
18									2						
19													1		
Others (once each)	1	1	4	3	1	0	2	4	2	2	0	1	3	1	0
Totals	4	6	4	8	7	4	4	27	25	14	0	17	29	1	2

TABLE 6

Categories of Therapist's Behavior

Code Number	Explanation and Examples
1	Attending Response: the implication is that the therapist is paying attention, not necessarily agreeing, reinforcing, or negating (e.g., Um, Hm).
2	Affirming and attending Response: the implication is that the therapist affirms that he is attending more strongly than in a simple attending response (e.g., "Yeah").
3	Simple Affirmation: the therapist agrees with a patient's statement (e.g., "Yes").
4	Simple Negation: the therapist disagrees with a patient's statement (e.g., "No," "Don't").
5	Understanding Response: therapist acknowledges that he understands the patient's communication (e.g., Okay, Ah).
6	Reinforcement Response: any message of the therapist which encourages or positively evaluates a patient's response, (e.g., Fine, Good, That's it).
7	Request or Command for Non-literal Behavior: any message in which the therapist insists that the patient speak or act in a figurative manner, i.e. to pretend something other than the reality at hand (e.g., "And you pretend that the fist could talk,";...you be the adult side of you and pretend you're sitting next to the chair.").
8	Direct Instruction or Command for Behavior: the therapist requests that the patient literally do something (e.g., "...will you say to me now..." "...take the thing.").
9	Question or Remark about Further Implications of the Patient's Behavior: Typically any inference the therapist might make about the implications of the patient's behavior past or present is included here. Comments which traditionally would be thought of as interpretations fall into this category (e.g., "You don't feel you're singling them out?").
10	Remark or Question Paraphrasing or Repeating Patient's Words: Typically the therapist here will parrot a few of the patient's words and add his own context or content to them (e.g., "And you said I have this other.").
11	Question or Remark about Patient's Behavior: Any statement from the therapist about the patient's actual behavior past and present, internal or external (e.g., "Notice how you said 'ever'?").
12	Question about the Patient's Motives for Behavior: Any direct statement or question which takes the general form, "Why is this?"

TABLE 6 (Continued)

Code Number	Explanation and Examples
13	Question or Remark to Coax the Patient to Continue a Line of Conversation (e.g., "...and then what?").
14	Question or Remark Concerning the Patient's Understanding of the Therapist's Messages: (e.g., "See what I mean?").
15	Statement of Information
16	Statement of the Therapist about his own Internal States, Attitudes or Opinions.

TABLE 7

Rate and Frequency of Occurence of Therapist

Categories Over All Three Acts

Therapist Category	Act I		Act II		Act III		Total for Category	
	Rate*	Frequency	Rate	Frequency	Rate	Frequency	Rate	Frequency
2	3	(17)	4	(11)	3	(7)	3.4	(35)
8	3	(16)	1	(2)	3	(7)	2.4	(25)
10	3	(15)	3	(8)	.5	(1)	2.4	(24)
11	4	(18)	1	(2)	1	(2)	2.1	(22)
1	2	(8)	1	(4)	5	(10)	2.1	(22)
7	2	(10)	4	(11)	.5	(1)	2.1	(22)
6	3	(13)	1	(4)	2	(4)	2.0	(21)
5	3	(15)	1	(3)	0	-	1.9	(18)
9	.5	(3)	2	(6)	0	-	.9	(9)
15	0	-	0	-	3	(6)	.6	(6)
13	.5	(3)	1	(3)	0	-	.6	(6)
4	1	(5)	0	-	0	-	.5	(5)
3	.5	(2)	1	(2)	0	-	.4	(4)
16	.5	(2)	0	-	0	-	.2	(2)
12	0	(1)	.5	(1)	0	-	.2	(2)
14	0	(1)	.5	(1)	0	-	.2	(2)

Note: *Rate is figured on the basis of rate/100 words with all rates rounded to the nearest .5 except for the row totals, where rates are rounded to the nearest .1.

TABLE 8*

Rate of Coded Therapist-Behaviors Over Thirds of the Three Acts

Category	Act I			Act II			Act III		
	1/3	2/3	3/3	1/3	2/3	3/3	1/3	2/3	3/3
1	1	1	1	1	4	3	11	2	2
2	5	2	2	-	15	3	2	1	5
3	-	-	-	-	7	-	-	-	-
4	1	-	-	-	-	-	-	-	-
5	1	3	3	1	-	-	-	-	-
6	2	2	2	-	4	4	2	1	-
7	-	2	1	5	12	-	4	-	-
8	4	-	5	1	-	-	5	1	-
9	-	-	1	1	-	4	-	-	-
10	1	1	1	-	-	2	2	-	-
11	6	5	-	-	4	-	4	-	-
12	-	-	-	-	-	1	-	-	-
13	-	-	-	-	-	-	-	-	-
14	-	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	10	1
16	-	-	-	-	-	-	-	-	-

*Only those categories which occured at least once in 100 words are reported here.