
Metaphors of Change in the Context of Eating Disorders: Bridging Understandings with Girls' Perceptions

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ABSTRACT

Although the use of metaphor is not a new strategy in counselling or research, the literature has not fully addressed individuals' metaphors of change and how these relate to the counselling process. Using a narrative methodology, we examined the metaphors of change provided by girls recovering from eating disorders. These rich descriptions highlighted the similarities and differences in how the girls viewed change. Furthermore, this analysis of metaphors gave us a sense of what can be learned about girls' views of identity and agency. It is apparent that there are important implications when using metaphors in the counselling process.

RÉSUMÉ

Bien que l'utilisation de la métaphore ne soit pas une nouvelle stratégie en counseling ou en recherche, la littérature n'a pas entièrement abordé les métaphores de changement chez les individus et la façon dont elles se rapportent au processus de counseling. En utilisant une méthodologie narrative, nous avons étudié les métaphores de changement fournies par des jeunes filles se rétablissant de troubles de la nutrition. Ces riches descriptions ont souligné les similarités et différences dans la façon dont les jeunes filles voyaient le changement. De plus, l'analyse des métaphores a donné un aperçu de ce que nous pouvons apprendre sur les vues des jeunes filles en matière d'identité et d'instance. Il est apparent que l'utilisation de métaphores dans le processus de counseling a des répercussions importantes.

"There's no quitting cold turkey, I've tried." — Beth

"In this program I see a huge change ... I've changed so suddenly, like seriously. I just made up my mind and went with it." — Hannah

Beth and Hannah¹ are both adolescent girls who were in a hospital treatment program for disordered eating. We interviewed these girls, along with eight others who were in the program, as part of a larger study called the LIGIA project (Listening to Interpretations of Girls' Identities of Adolescence).² Despite the fact that all 10 girls participated in a treatment program that emphasized a particular paradigm of change, the *Transtheoretical Model of Change* (Prochaska, DiClemente, & Norcross, 1992), Beth and Hannah had very different ideas about how change occurs. In this article, we present a glimpse into our participants' narratives, highlighting key metaphors used to describe their experiences and thoughts on the nature of life and change against the backdrop of a serious health challenge. Not only do we argue that it is important for counsellors to be aware

of and to pay attention to the metaphors that their clients use to describe their experiences, but we feel that it is important for counsellors to ask their clients how they perceive change to occur. Working with clients' metaphors of change can assist the counsellor in helping the client to make necessary changes in their lives.

Metaphor, Counselling, and Change

Metaphors are carriers of meaning (Carlsen, 1988), transporting one system of meaning to another context signaling how "patterns of meaning in the world intersect and echo one another" (Zwicky, 2003, p. 6). Metaphorical thinking is embodied, imaginative, and holistic. Also considered to be "linguistic short-circuits" (Zwicky, p. 6), metaphors carry meaning from one context to another in an abbreviated way. We can say that modern life is a rat race without having to think literally about the meaning of rats racing and how that symbolizes our busy lives.

Attention to metaphors in research allows for an experimentalist rather than an objectivist approach to human experience. Contemporary studies in metaphor (see Lakoff, 1987; Lakoff & Johnson, 1999) suggest that how people organize their experiences is far more complex than simply creating cognitive categories or representations of reality.

In this article, we discuss metaphors regarding our participants' personal theories of how change occurs. Although it can be argued that all language is metaphorical in that linguistic devices can only approximate or point to the object or experience, we chose to highlight explicit metaphors evident of a kind of personal theory about how our participants believe their change and recovery could unfold.

Much has been written about the use of metaphors in counselling and therapy. For the purposes of this research, we have looked to the following functions of metaphor in the counselling process: assisting the counsellor in building a relationship with the client, helping the client to give new meaning to their problems or experiences, and providing the client with new possibilities or solutions to their problems (Levitt, Korman, & Angus, 2000; Lyddon, Clay, & Sparks, 2001). We will look at each of these functions in more detail.

Enhancing Communication and Building a Relationship

Researchers and practitioners have examined the relationship-building aspects of the use of metaphors. For example, metaphors can be used as a shared terminology or context of meaning between counsellor and client (Angus & Korman, 2002; Trad, 1993). This shared meaning helps the counsellor and client form a therapeutic alliance, which can assist the counsellor and client to focus on resolving the client's problems (Bubbenzer, West, DeTrude, Mahrle, & Sand-Pringle, 1991) and may actually speed up the counselling process (Bayne & Thompson, 2000). In addition, metaphors can be used by the client to communicate things that may be difficult or painful to acknowledge directly (Trad).

Facilitating Insight

Metaphors can also be used to help facilitate insight with the client. For example, it is suggested that counsellors explore the clients' emotions tied to their metaphors and what these metaphors mean to the clients (Levitt et al., 2000; Trad, 1993). Trad suggests that counsellors explore not only the literal meanings but also the deeper significance of the language. By doing so, clients concentrate more on the meanings of their life events and experiences rather than on specific causes of these events (Peavy, 2004).

An example of how clients understand the contextualized meaning of their metaphors is given by Boisvert (2003), who used photography to symbolize her recovery from anorexia in four themes: "Opening the Shutter (liberty); Focusing the Lens (security); Framing the Image (reality); and Taking the Picture (vitality)" (p. 28). Constructing this metaphor facilitated insight by giving her a new way to think about her recovery, as a journey of self-healing.

Providing New Solutions

Not only can metaphors be used to facilitate insight, but counsellors can also use metaphors to explore new solutions to clients' conflicts or problems. Bayne and Thompson (2000) describe how counsellors can help clients modify their metaphors to more ideal experiences that can serve as templates for the clients to look to for the future. Similarly, after identifying and exploring a client's problem, Bubenzer et al. (1991) describe how to create a prescriptive metaphor: a narrative that offers future direction or solutions to the client.

Metaphors and Change

Although the aforementioned functions of metaphor in counselling may be helpful and inherent to the change process, they do not directly address the notion of change. Levitt et al. (2000) found that change in the content of metaphors was an effective indicator of therapeutic change. Angus and Korman (2002) also argue that changes in metaphors may reflect changes in how clients make meaning of their experiences. Similarly, Cummings (1998) looked at the metaphors of young women who were receiving counselling for bulimia, and how these understandings changed over the course of counselling. Cummings found that the women used a wide variety of metaphors, and their metaphoric understanding of their thoughts and behaviours became increasingly complex as counselling progressed. Although the aforementioned studies addressed how metaphors may indicate change in the counselling process, we were interested in how clients' metaphors of change were part of the recovery process.

Despite the fact that much has been written on the use of metaphor in counselling and how metaphor relates to change in counselling, there is little research looking at individuals' metaphors of change. One researcher looked at the metaphors of five individuals used to describe their life transition of going to university in midlife. Horton (2002) secured thick descriptions of these metaphors,

which gave great insight into these individuals' experience of change and how different the experience was for each of the five participants. However, these metaphors originated from people going to university, and this study did not address metaphors of change for people in counselling or facing health challenges.

This gap in the literature creates many questions. For example, how do clients think change occurs? How do they describe their change? Do their views on how change occurs influence their progress in counselling? Will knowing clients' views on change assist counsellors in helping their clients?

THE LIGIA PROJECT

As part of a larger study that used a narrative methodology to explore identity development in adolescent girls, we interviewed 10 adolescent girls,³ aged 13 to 18, who were in a hospital eating disorders treatment program. Each girl was interviewed by a researcher three times, with interviews lasting approximately one hour each. There were one- to two-week time gaps between interviews.

The research team consisted of the principal investigator (Dr. Hoskins), a doctoral student, a Master's student, and an undergraduate student, and the same team members were involved from the beginning to the end of the research project. All team members received the same training (e.g., interview preparation training) and participated in each aspect of the project. This allowed for an intimate knowledge of the participants' narratives and provided validity checks for interpreting the meanings of the narratives.

Topics addressed in the participant interviews included media and popular culture (including television, magazines, music, movies, advertising, shopping, consumerism), how someone changes, happiness (what constitutes an ideal life), competition, peer relations, the experience of having an eating disorder, others' perceptions of girls with eating disorders, school experiences, drug use, family relations, and society's rules for girls. Following the participants' lead, probes were used to (a) elicit subjective meanings of their experiences, (b) illuminate significant events and processes that foster or inhibit their ability to be themselves, and (c) explicate the intersections and relationships between their identity development and the social context and culture in which they live.

In between interviews, the research team met to conduct preliminary analyses. This included reviewing the transcripts, discussing major themes or interesting points that had arisen, consulting with each other about similarities and differences between participants, and preparing for the next interview. After the first interview, we created a "mindmap" for each participant based on the major themes that they had discussed with their interviewer. These included topics such as change, media, family, friends, and happiness. Working from a social constructionist perspective, we were interested in the meanings that the girls created during the interviews and what resonated with them. Therefore, at the beginning of the second interview, we showed them the mindmap and asked them which of the topics they would like to

discuss. The focus of the third interview was to give the participants a chance to elaborate on their previous discussion and for the interviewer to clarify anything from the previous interviews that was unclear.

Each interview was transcribed verbatim and reviewed by the research team. This included highlighting the language, metaphors, and symbols that the participants used to communicate an evolving understanding of their identity. Subsequently, the discourses (language, practices, symbols, and systems of knowledge) that surrounded their descriptions of various experiences were analyzed.

One researcher went through all of the transcripts and highlighted metaphors. All four members of the research team then reviewed these metaphors, and discrepancies and incongruencies were addressed through discussion and negotiation of meanings. Subsequently, a second researcher read through the metaphors and clustered them according to various themes, such as change, agency, relationships, and media. This article focuses specifically on change and agency as revealed by the participants' metaphors. This analysis was conducted based on definitions for what constituted each theme. For example, change included statements about finding oneself, the recovery process, or general comments about how they believed change occurred. Agency included statements related to personal responsibility (or lack of it), "I" language statements, and statements related to issues of power and control (e.g., "I am in control" would be a statement related to agency).

We were working from a social constructionist perspective; therefore, we were interested in the meanings that the girls created during the interviews and what resonated with them. We were interested in their theories on change—not whether or not their experiences were congruent with our theory of change. We also want to underscore the fact that the participants' treatment program followed a specific theory of change: the *Transtheoretical Model of Change* (Prochaska et al., 1992). Within this model, change is viewed as a gradual progression through a series of stages: precontemplation, contemplation, preparation, action, and maintenance, and there is an emphasis on being ready for change. However, as we discovered, the participants often held views of change that were inconsistent with this view of change. It was clear that they gleaned their views on change not only from the therapeutic setting, but also from a variety of sources, including their family, peers, and cultural sources, such as the media. Therefore, we were interested in the beliefs about change that emerged in their narratives, regardless of where these beliefs originated.

The Use of Metaphors in Research

As previously discussed, metaphor has emerged as an important tool for working with clients. Similarly, attention to metaphors that arise in research can deepen an exploration of an experience. As a central feature of our narrative analysis, metaphors assisted us in several ways. First, metaphors provided a window into our participants' meaning-making processes (Olds, 1992; Peavy, 2004). By delving into the meanings associated with their chosen metaphors, we moved closer

to understanding the unique interpretations of their lived experiences. Second, metaphors arose during conversations that were not imposed by the research team; hence, our participants' metaphors provided a greater degree of authenticity and could therefore be more reliable indicators of their beliefs about change. We agree with Horton (2002) who states: "as people construct and apply metaphors to their particular circumstances, they reveal themselves at their most human, using their personal metaphoric images and resources to create for themselves meaning of the world and their relationship to it" (p. 279). Third, our participants' metaphors provided a bridge that helped us to connect adolescent popular culture with our own developmental stages. Hence, they were contextual in that they provided pathways of understanding between one context and another. Finally, by paying close attention to metaphors, we gained a holistic appreciation of how the participants constructed their identities in relation to discourse. In other words, we were able to follow the complex ways in which they had positioned themselves in relation to the discourse of change and recovery within the culture of disordered eating by exploring the kinds of metaphors they chose to share with us.

It was important to us to avoid imposing metaphors onto our participants because we were concerned that such tactics may produce strained or forced metaphors that did not truly represent their views. Knowing how common metaphor use is in everyday language, we trusted that participants would use figurative language in their descriptions. Therefore, we simply asked questions, without explicitly requesting that our participants use metaphors to describe their experiences.

Fortunately, our predictions were validated: our participants often spoke in figurative language, providing rich metaphorical descriptions of their views on how change occurs. Although some participants described their experiences more metaphorically than others, they all used metaphors in their narratives. One qualitative researcher, Koro-Ljungberg (2001), found that while looking for themes in research, metaphors emerged as being particularly salient, due to their ability to express a feeling or experience. We had a similar experience with our participants' narratives. When analyzing narratives for views of change, metaphors clearly stood out and were used extensively by participants to describe their experiences.

We were interested in determining which meanings, co-created in the interview conversations, resonated most with each participant. We found that some wished to discuss their family and friends in great detail, while others wished to discuss their experience in the hospital treatment program. Furthermore, others wished to discuss the media, while others focused their conversations around their bodies. For many participants, the process of change and recovery was an important topic to them. These participants' narratives were chosen to present in this article.

What Type of Process Is Change?

As we mentioned at the beginning of the article, one of our participants, Beth, did not believe that change occurred instantly. Instead, she noted, "there's no

quitting cold turkey, I've tried." Beth described how at many points in time, she thought she had been ready for recovery, but then relapsed into her disorder. She was asked by the interviewer to describe the difference between thinking you are ready to change and not being ready, and thinking you are ready and actually being ready. Her metaphorical explanation was rich and descriptive:

I guess the way I would describe it is before you can make a full turning point, you're making little ones. And so maybe you only turn a quarter of the way and then another quarter of the way or an inch of the way, and an inch of the way until finally you actually make that turning point. And I think that that's kind of what happens is that you like after you'll want to get better, like you do want to get better, there's this part of you that wants to get better and will pop out and poke its head up and say, I want to get better, every once in a while and then with each time that it does raise its voice and say I want to get better, it will just get stronger and stronger until finally it can come out and say I want to get better, and it won't go back under

This description clearly depicts Beth's views on change. She viewed change as a gradual process. Other participants iterated this idea of gradual change by discussing how important it was to live "day by day" or "moment to moment." Another participant said that her process of recovery was "just taking little tiny steps at a time." In contrast to the gradual process described by Beth and the others, another participant, Hannah, viewed change as a quick and sudden process: "It was actually very suddenly and it just clicked in my mind." "In this program I see a huge change ... I've changed so suddenly, like seriously."

Returning to Beth, her views of change also incorporated the concept of "hitting rock bottom," a notion that is quite popular in the addictions literature and in popular discourse. Most of us are familiar with this term and its implications: you must hit rock bottom before you can get better. Beth took this idea a step further, though, and differentiated types of rock bottom: "Yeah. I think that there are two different types of rock bottom. There's an emotional rock bottom and a physical rock bottom. And whether those happen at the same time, it's different for every person." She further described her physical rock bottom: "I think physically it's when your body feels like it's shutting down."

Metaphors of Change: What Do They Indicate About Self and Agency?

In her description of change, Beth allowed us to see how her view on "self" influenced her idea of how change occurs. She talked about "part" of herself wanting to get better. This view of identity is in line with how the research team views the self. Rather than seeing the self as a singular, unified, and bounded entity, we view identity as consisting of multiple and complex selves that are contextually based (Gergen, 1991; Mahoney, 1991). It is acceptable (and not considered pathological) within this view for a person to have two or more selves that are in conflict (e.g., over whether or not to recover).

Beth's description also provided insight into her sense of agency in this process. She talked about this part of herself that wants to get better, the part that popped its head up and said "I want to get better," as if this part of herself was a

separate entity, and she had no idea when it would pop its head up, nor did she have any control over it raising its voice. She just said that this part of herself would get stronger until it would not go back under.

Beth also made other comments that related to her sense of agency over the course of the interview. When discussing recovery with the interviewer, she explained, “Yeah, your mindset definitely, it changes throughout recovery as you get healthier and as you discover more and more about yourself.” Here again she discussed this part of herself, her mindset, as if she had no control over it—it was something separate from her. At other times, Beth used language indicating that she was in control: “I just wanted to turn things around.” Furthermore, she discussed moving toward recovery as follows: “And that’s inching your way closer to finally, you know, being able to have your own voice and being able to be your own person.” For Beth, then, becoming her own person was considered a key aspect of her recovery.

Another participant, Ingrid, identified her eating disorder as a separate person inside of her, one that shrinks with recovery:

I don’t know exactly what recovery is. If the person just gets really small, like smaller and smaller and smaller and maybe ... or it can completely disappear I don’t know. Like what my mentor was saying ... is basically she has a little person inside of her now that she has control over that is still there occasionally. And when it gets ... flares up a little bit, she’s able to just say go away ... So but I hope that it will get to be a really, really, really small person. And I’ll be able to just objectively be like oh that’s my eating disorder and override it.

In this description, you can see how she has used what her mentor had told her to prepare for the future—one day she would be able to override that small person, the eating disorder, inside of her. Here she expressed a strong sense of agency—this, similar to Beth’s view, seemed to be a large component of her recovery: being able to override that “other” person inside of her.

Hannah also used language indicative of loss of control at some times and agentic language at other times. Hannah said, “it just kind of clued into my head. I can change myself by getting skinny.” She frequently discussed things “clicking” in her mind or “clueing into” her head. These statements suggest she was not in control: something was happening to her. At other times, she made strong statements: “I just made up my mind and went with it.”

The Road to Recovery

Given that this term is so common in popular discourse, it is not surprising that our participants took up the metaphor of “road to recovery” or recovery as a “journey.” They discussed travel, directionality, and the obstacles they encountered on their path. Beth used extensive terminology associated with this metaphor. When discussing recovery, she stated that “I can’t really put my finger on one certain thing because it’s a whole bunch of things in combination, that kind of let you know that you are moving in the right direction.” She also described the stops along the road to recovery, just as one would describe problems with a car on a trip: “Definitely moments when you’ll just break down.” Furthermore, she indicated that recovery

was not a “smooth ride” by saying, “I’ve hit a few potholes but I think that [referring to one of her “rock bottoms”] was my big one.”

Beth was not the only participant to utilize language implying the metaphor of road or journey. Ingrid said, “Like your emotions can be all over the map.” Many of the participants repeatedly talked about going forward and backward and up and down. For example, Hannah described one of her relapses: “And then something went downhill from there.”

Another participant, Gwen, talked in detail about recovery as a journey:

I think that’s half of the journey—is making your way back. Well like from depression it takes you a while to get out of it. And once you are out of it you look back and you’ve grown from the experience. Some people linger on depression for the rest of their lives and some people end their lives when they feel depressed and that’s not the right way to go but who knows what is.

Recovery: Finding Yourself

Another metaphor for change that we encountered was recovery as “finding yourself.” Many of our participants discussed recovery as a process of finding out who they “really were” or getting to know themselves. Ingrid talked extensively about the process of finding herself: “See it all goes back to how to be and everything like that. I don’t know how to be because I have a whole identity from my eating disorder. It gives me things to do, it gives me ways to act and people know me ... now as Ingrid, the one with the eating disorder.” Ingrid and the interviewer discussed in great detail this notion of an eating disorder as a packaged identity. She talked about how difficult it was to give up her eating disorder identity because “it’s an identity that’s kind of like nourished by our society.” She further described her state of not having an identity: “I think I’m sort of distant from myself and that led into saying that like I had an identity and I’m going to have an identity. Right now I don’t have ... I’m not in either one.” Ingrid seemed to be floating in between identities. She struggled to give up the “packaged identity” of her eating disorder and she had difficulty “finding herself.” She clearly viewed herself as without a real identity.

Much like how Ingrid described being in between identities, other participants talked about a void or empty self that they would have to fill in order to give up their eating disorder, which had “consumed” them. Fiona stated that she was “just trying to fill an emptiness.” She also talked about the struggle of giving up her eating disorder: “It’s like you give yourself a label and you have to keep it I guess. It’s hard to let it go.”

Beth also discussed the metaphor of finding herself. She described the process as follows:

I think in a lot of ways, you get very mixed up. And you kind of, everything that you are gets kind of jumbled around and it gets really hazy because all you can kind of see is the eating disorder. And so I think in a lot of ways you kind of lose touch with who you are. And you forget certain parts of you and certain characteristics that you have and certain likes and dislikes and so it’s kind of just a matter of sorting through that mess and figuring out who you really are again.

Furthermore, she stated, “I’m just kind of building on that and piecing together a few things that may have kind of gotten mixed around a bit, or you lost track of.” When asked what she was building on, Beth replied, “That is your base self, like your thoughts, your feelings about things.” This view indicates that Beth had some core components to her “self,” which she had to build on. For Beth, finding herself and liking what she found were other key aspects of her recovery: “As I explore certain parts and like more parts about me, I’ll become more at peace with who I am as a person and therefore I’ll be happy, so it kind of all intertwines within each other.”

Some interesting observations arise from analyzing this metaphor of looking and finding oneself. First is the issue of agency. The girls used active language, such as “I’m looking,” suggesting agency. However, what they are looking for is themselves, as if their selves are inanimate objects, simply waiting to be found. This leads to the next observation—that of their views of the self. The idea that the self is somewhere within them (and is to be found) implies that the self is something inherent, rather than a contextually and relationally based identity that is actively constructed. The third observation refers to the concept of an “empty self” (see Cushman [1990] for a full description of this postmodern phenomenon for adolescents). These girls view themselves as empty without their eating disorders and how to begin to “fill them up” again became a challenge for some.

IMPLICATIONS FOR PRACTICE

As we have described, our participants talked in great depth about their ideas of change, including rich metaphors in their descriptions. What emerged were important implications for the use of metaphors of change in counselling. First, it is important for counsellors to listen for and elicit their clients’ metaphors of change. Second, when listening for metaphors of change, it is important to explore how agency is implied in the metaphors. Finally, we offer some guidelines for how counsellors can elicit change metaphors from their clients.

How Does Understanding a Metaphor of Change Impact Practice?

From our conversations with the girls, what emerged was the idea that it is important for counsellors to listen for and even enquire about their clients’ views and metaphors of change. Despite the fact that all of these girls were in the same treatment program, they had different ideas of change. For Beth, the road to recovery is a long, gradual process, full of stops and starts, potholes, and different directions. Conversely, Hannah, who views change as a sudden process, seems to have just made up her mind to jump in the car and speed along. For Gwen, the road to recovery is getting “back” and somehow choosing the right path. One can see how individual differences in metaphors of change could influence the treatment process.

This brings us to our next point: what happens when a counsellor’s views are incongruent with a client’s metaphors of change? As previously discussed, some

participants viewed change as gradual, while others viewed it as sudden and quick. Many interventions and treatment initiatives are based on Prochaska et al. (1992), in which change occurs through stages. Although this model has been demonstrated as successful for introducing therapeutic change, (see, for example, Prochaska et al.) it may not be effective for everyone. As demonstrated in our sample, individuals differed widely with respect to how much control or agency they felt over their ability to change, their motivation and dedication to change, and how they thought change should progress. To some extent, it may be important for counsellors to tailor the approach to a specific individual. Similarly, treatment programs may need to adopt more individualized approaches.

It may be argued that the very nature of counselling is to shift the client's frameworks of thought or epistemic style. In an article about epistemic style in counselling, Hansen (2004) contrasts modernism with two forms of postmodern epistemic style: social constructionism and constructivism. Hansen argues that each orientation advocates a change to a specific framework as key to the healing process. An example of this can be applied to our participants' metaphors. Some of the views espoused by our participants were characteristic of modernist style—the idea that the client has an inner core self that remains somewhat stable. The metaphor for finding oneself illustrates this point because it implies that there is some inner core or self that is waiting to be found. This is in opposition to postmodern styles, in which selves are constructed either socially (social constructionism) or individually (constructivism). A constructivist counsellor might focus on the idea that we can actively construct ourselves, rather than find our true selves, thus offering clients a more agentic view over their behaviour and how they want to be.

In theory, this sounds like a good plan; however, others have written about counsellors' presupposed metaphors that reflect their beliefs and worldviews and how these may affect their counselling process (Hoskins & Leseho, 1996). Lyddon and Adamson (1992) also discuss the importance of metaphors or worldviews of counsellors being compatible with that of clients. They suggest that people may prefer a counsellor whose epistemic style is consistent with their own assumptions and dispositions. Therefore, if a client is feeling like his or her counsellor is on a totally different philosophical wavelength, he or she may be inclined to stop seeing that counsellor and potentially arrest the therapeutic prerogative.

By raising this issue, we are not trying to give a definitive answer to whether counsellors should adapt their treatment based on their clients' views of change or whether they should challenge clients' beliefs of change. Perhaps a better option is to imagine a bridge between the client and counsellor; in this scenario, counsellors do not abandon their views nor are the clients expected to give up their beliefs. What is important, then, is for counsellors to listen to clients' metaphors of change, so that counsellors can recognize where their clients stand and how they can both respond to meet each other part way. Therefore, the metaphors serve as a way to bridge the difference between counsellors and clients. For example, conceptual mapping (Peavy, 2004) provides a concrete strategy for

exploring ideas related to self and change. By mapping one's beliefs about the trajectory of change, both client and counsellor can visualize points of connection and difference within the client's metaphor.

How Can Counsellors Elicit and Work with Clients' Metaphors?

From our experience of interviewing girls, we established a number of helpful guidelines to assist counsellors in listening for metaphors. First, it is important to be a careful listener: it is easier to listen for metaphors when entering the counselling process with that in mind. This involves paying attention to what may seem to be meaningless metaphors: metaphors that are so common that they are barely recognized as metaphors anymore. These can be more significant than initially assumed. Second, it is important to be patient and to refrain from trying to force figurative language; metaphors should come naturally from the client. Finally, it helps to be in a creative and imaginative state of mind when listening for metaphors.

After metaphors have been identified, they can be extremely helpful tools for the practitioner to work with to help a client recover. For example, counsellors at an eating disorders treatment program note that using metaphors may help to engage young people in the counselling process (Gusella, Casey, & Shurter, 2002). With respect to the girls in our study, if the counsellors are listening and asking questions about change, they may pick up on the language of the "road to recovery" metaphor and work with this metaphor to ask the girls questions related to agency and their processes of change. The counsellor could enquire, on the road to recovery, who is driving the car? Is it them, a therapist, someone else? Who repairs the car when it "breaks down"? Is there a map for this road, or is each person driving blindly?

Subsequently, the counsellor could work with this metaphor with the client to help them through the recovery process. For example, the practitioner could ask the girl to describe what it is like to be a passenger in the car and not have control of the steering wheel. They then could move to discussing the girl taking over the wheel and driving the car. Whether the counsellor works with the client's metaphor and builds or elaborates on it or whether the counsellor uses the metaphor to challenge the clients' beliefs, it is important to work with the metaphors that clients provide, rather than impose them (Wickman, Daniels, White, & Fesmire, 1999).

Finally, examining metaphors, particularly metaphors of change, may assist the practitioner in understanding the client, given that metaphors of change may reflect life metaphors (Horton, 2002). Furthermore, Horton argues it is important to examine metaphors because "Metaphor provides a personal, ready-made scaffolding, or perhaps an armature is a more suitable concept, being structural, on which to hang the various parts of what makes up a life" (p. 287).

CONCLUSIONS AND IMPLICATIONS FOR FUTURE RESEARCH

Some may argue that any differences in the metaphors of change expressed by our participants were due to differences in their stages of change.⁴ Although this is a valid point to consider, we would argue that exploring this question was beyond the realms of our research. First of all, this implies that the participants experience stages of change and that these stages of change are comparable across participants. Second, if we were going to adopt a stages of change theory, we should also pay attention to levels of change. For example, Lyddon (1990) makes the distinction between first- and second-order change in therapy. First-order change is essentially more of a surface-level change that does not result in a change in the structure, whereas second-order change is a change in the system's structure. From our interviews with the girls, we could say that some were focused more on first-order changes, while others were dealing with second-order change. It would be difficult to compare and contrast their metaphors of change because some were dealing with much deeper issues than others and therefore a different process of change. Furthermore, according to the stage model of the treatment program, they were all at different stages of change. However, we did not see in our participants a relationship between what stage of the program they were at and the type of change metaphors they described.

Although Cummings (1998) and Levitt et al. (2000) clearly described changes in the metaphors used by their participants as counselling progressed, these metaphors related to their actual problem, whether it was disordered eating or depression, respectively, and not to change itself. It could be argued that individuals' theories of change are not as easily altered, although this would have to be explored in further research. Therefore, future research could investigate if and how clients' metaphors of change shift across treatment or counselling and across different levels of change. In addition, future research could explore metaphors of change in clients (including adult males and females) who are in counselling for different problems.

In conclusion, we have explored one aspect of metaphors of change, those of adolescent girls in treatment for disordered eating. However, further research is needed to more fully understand the complex meanings and metaphors of change and how these facilitate or impact the counselling process.

Notes

1. All participants' names have been changed to protect anonymity.
2. This research was funded by the Social Sciences and Humanities Research Council of Canada (SSHRC).
3. Due to the small sample size and risk of identifying participants, demographic information, such as race/ethnicity, socioeconomic status, and sexual orientation, will not be disclosed.
4. The authors wish to thank an anonymous reviewer for raising this point.

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