

THE EFFICACY OF CLIENT-GENERATED
AND
THERAPIST-GENERATED METAPHORS IN PSYCHOTHERAPY

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A Research Report Submitted to the Faculty of Arts,
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Master of Arts in Clinical Psychology

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I declare that this research report is my own, unaided work. It is being submitted for the degree of Master of Arts in Clinical Psychology at the University of Natal, Pietermaritzburg. It has not been submitted before for any degree or examination at any other university.



(Paul James Christelis)

23rd day of August, 1995

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ABSTRACT

The purpose of the reported research was to determine the efficacy of client-generated and therapist-generated metaphors in psychotherapy. The aim of the study was to ascertain whether client-generated metaphors are more appropriate and effective than

a) therapist-generated metaphors and b) conditions in which no metaphors are used (literal conditions). Exploratory aims included examining the impact of counsellor training on subjects' attitudes towards the three conditions, and ascertaining the effect of therapists' and clients' sex on these attitudes.

The author hypothesized that client-generated metaphors would be perceived as being most effective by subjects in both the Trained group (ie. those subjects who received input on counselling skills) and the Untrained group (ie. those subjects who received no such input), and that therapist-generated metaphors would be rated least effective. A quantitative analysis comprising Kuder Richardson Formula 20, Analyses of Variance and the Pearson Product Moment Correlation Coefficient was adopted, and a content analysis was performed on the qualitative data. Although the results were not found to be significant, they approached significance and pointed to undeniable trends in the data. Specifically, these trends were that client-generated metaphors were perceived as most effective amongst trained counsellors;

that literal communication was favoured by untrained subjects; and that both groups deemed therapist-generated metaphors to be the least effective of the three conditions. The only significant finding on the relationship between sex and attitude towards metaphor, was that female subjects tend to adopt a more positive attitude towards client-generated metaphors than male subjects do. The results showcase the importance of context when using metaphors in psychotherapy, and suggest avenues for future research.

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1. LITERATURE REVIEW

1.1 Statement of the problem

The purpose of the present study was to determine the efficacy of client-generated and therapist-generated metaphors in psychotherapy. The present writer's interest in researching the effects of metaphor arose from his perception that language usage in psychotherapy is a central, yet often overlooked factor in the therapeutic process. Small and Manthei (1986) have also made this observation. They argue that, as therapy is an influencing process in which change occurs through oral communication, the nature of clients' and therapists' language merits critical examination. In particular, literary, metaphorical kinds of language, being creative and connotative, are full of therapeutic potential as they encourage exploration and offer clients alternative ways of perceiving themselves and the world around them (Shawver, 1983).

The aim of the present study was to ascertain whether client-generated metaphors are more appropriate and effective than therapist-generated metaphors, and literal language. The author hypothesized that client-generated metaphors would be perceived as being most effective by subjects who had received input on counselling skills, as well as by subjects who had not received such input. This

result was anticipated in light of the assumption that, by entering the client's frame of reference (working with client-generated metaphors), the therapist is perceived as being highly sensitive and responsive to the client's problems. Similarly, it was anticipated that therapist-generated metaphors, while not ineffective, do not draw on the client's direct linguistic experience, and therefore would not be rated as highly as their client-generated counterparts. Literal language, the third factor to be measured, was used as a control.

Exploratory aims of the present study included examining the impact of counsellor training on subjects' attitudes towards the three metaphoric response conditions, and ascertaining the effect of clients' and therapists' sex on these attitudes. The rationale for examining the former is based on the author's belief that people with no training in psychology do not always respond well to techniques thought to be highly effective by people who have a psychological background. An examination of possible sex differences was thought necessary as literature on the subject, albeit inconclusive, suggests that clients' and therapists' sex may sometimes effect the outcome of therapeutic efficacy. To date, there has been no literature or research linking clients' and therapists' sex to the use of metaphor in psychotherapy.

1.2 What is metaphor?

Metaphor has been defined in a number of ways and within a variety of disciplines. Collins Dictionary of the English Language (Hanks, 1979) defines it as "a figure of speech in which a word or phrase is applied to an object or action that it does not literally denote in order to imply a resemblance" (for example, 'he is a fox', in which the characteristics of a fox [cunning] are applied to a man to imply a devious human nature). Similarly, Arlow (1979) presents a definition of metaphor as the most fundamental form of figurative language, ie. as language which does not mean what it says, or as saying one thing while meaning another. Theories expounding the epistemically creative function of metaphor suggest "that novel metaphors generate new meanings that cannot be expressed in literal terms" (Evans, 1988, p.544). Expressed differently, "phylogenetically and ontogenetically, metaphor originates at that point of development where the stock of words is insufficient to express the complexity.....of thought." (Arlow, 1979, p.368).

The definitions cited above generally fall within the comparison theory understanding of the nature of metaphor. This theory, first proposed by Aristotle (in Angus and Rennie, 1988) defines metaphor as a series of words in which a comparison is made between literally

dissimilar entities. Another theory, interactionism, views metaphor as a borrowing between different contexts of meaning, resulting in the formation a new meaning created by the interaction of the two terms (Mooij, 1976; Lakoff and Johnson, 1980). The essential difference between these two theories is that comparison theorists focus specifically on the linguistics of metaphor, whereas interactionists view metaphors as experiential phenomena comprising images and feelings which are conveyed by language but not limited to it. This approach views metaphor as invested with the capacity to formulate and transmit new paradigms (Black in Tourangeau and Sternberg, 1982). Its capacity to achieve this stems from the view that "something new is created when a metaphor is understood" (DiGiuseppe and Muran, 1992, p.153).

Tourangeau and Sternberg (1982) take the interaction theory one step further. They propose a domains-interaction view which states that metaphors not only allow two particular things to be seen in a new way, they allow the domains to which these things belong to be seen in a novel way as well. Thus, using Black's example 'Men are Wolves', they show how we not only see men and wolves in a new way, we also see the domain of social relations and the domain of beasts as being analogous (competitiveness, a characteristic of one domain, is analogous to predacity, a characteristic of another). In this way, metaphors can involve entire systems of

concepts, ie. the whole domain partakes in the conceptual interaction.

Lakoff and Johnson (1980) also claim that our conceptual systems are fundamentally metaphoric in nature. They cite, for example, the metaphorical concept "argument is war" (In the domains-interaction view, the domains of inter-personal communication and hostility are analogous). They argue that phrases such as "I demolished his argument", "Your claims are undefensible", and "He attacked every weak point in my argument" suggest that we don't simply talk about arguments in terms of war, we actually experience war-like sensations when we argue about something. The authors state that metaphor actually structures our experience of being in the world: "Though there is no physical battle, there is a verbal battle, and the structure of an argument - attack, defence, counterattack, etc. - reflects this. It is in this sense that the ARGUMENT IS WAR metaphor is one that we live by in this culture; it structures the actions we perform in arguing" (p.4). It is this conception of metaphor as an experience structuring tool that prompts Suit and Paradise (1985) to state that metaphorical communication seeks to stimulate change in both attitudes and behaviours.

1.3 Application of metaphor to the psychotherapeutic situation.

There is no literature directly linking the interaction or interaction-domain theories of metaphor to the context of psychotherapy. However, connections can be inferred and deduced.

As mentioned previously, the interaction theories stress that metaphors achieve new meanings. Similarly, an integral goal of any psychotherapy is to empower the client by suggesting or presenting new meanings where old, familiar ones have become maladaptive. In cognitive-orientated therapies, for example, therapists assist clients to cognitively reframe destructive self-perceptions in an attempt to create new, adaptive thought patterns. Indeed, it has been noted that all psychotherapeutic strategies make use of either implicit or explicit metaphors for the purpose of fostering new meanings (Gordon, 1978; Fox, 1989). Examples include the "peak experiences" described in the humanist approach, "games played" in Transactional Analysis, and Janov's "primal" experiences.

Psychoanalysis and psychodynamic psychotherapy are particularly illustrative of how metaphoric 'interaction' is played out in the therapy situation (Siegelman, 1990). In these instances, the actual therapeutic process, as

defined by the relationship between the therapist and client, can be seen as a metaphorical expression of the client's relationships with significant others. This is particularly true of the transference phenomenon, in which the client substitutes the therapist for a significant other, and then relates to him as if he were the original object. The therapist is thus 'metaphorized' by the client, and is invested with a new meaning that transcends both the labels of 'therapist' and 'significant past object'. It is this new meaning embodied in the therapist that gives the client the opportunity to work through past and present problematic relationships.

The functions of metaphor in psychotherapy are many and varied. One important function, particularly with regards to the present study, is that the creation of a metaphor functions interactively as a shared language to be used by both client and therapist (Trad, 1993). Language is especially important as a tool in psychotherapy because it not only reflects reality, but also creates and shapes it (Shawver, 1983; Wachtel, 1980). Early studies have shown how the construction of a shared linguistic space enhances the therapeutic working alliance and increases rapport between client and therapist (Caruth and Ekstein, 1966; Reider, 1972). Furthermore, Angus and Rennie (1989) have found that successful sharing of figurative language results in a

perception by clients that the therapist is deeply connected with them.

Berlin, et al. (1991) have identified four major functions that metaphors serve in the psychotherapeutic process: Firstly, metaphors simplify ideas and behaviours by emphasising particular aspects of the problem. This reframing of the problem disrupts the client's previously held ideas and behaviours and encourages him or her to adopt new, more effective ways of perceiving and working through the issue, which in turn leads to the realization of a major therapeutic goal, the promotion of client change (Strong, 1989; Martin, Cummings and Hallberg, 1992). The 'guided discovery' technique used by cognitive therapists is based firmly within this reframing theory (Beck and Weishaar, in Corsini and Wedding, 1989). Here, the therapist might employ the use of metaphor in teaching the client to correct faulty cognitive processes by replacing them with a more realistic perspective.

A second function of metaphor according to Berlin, et al. (1991) is that its use encourages extremely intimate and personal details of the client to be made amenable for discussion. This is particularly true in situations where the client may feel threatened by the expression of such overwhelming and frightening content (Briggs, 1992). The application of a metaphor as a surrogate means of talking

about and experiencing such content has been described as a safe, distancing device which paradoxically allows the client access to certain feelings while simultaneously warding off the anxiety of getting too close to the literal material (Arlow, 1979; Trad, 1993). Thus the client is able to circumvent repression and other defensive operations that might ordinarily prevent him or her from experiencing overwhelming literal content (Witztum, et al, 1986).

The distancing effect of metaphor enables the client not only to confront painful material, but also to choose which aspects of the metaphoric image he or she would feel most comfortable to discuss (Reider, 1972). Furthermore, this freedom of choice reveals what Gilligan (1987) refers to as a third focal point in the therapeutic relationship: choosing a metaphor distracts the client from the threatening directness of communication with the therapist, providing "an experiential circle of overlap in which both therapist and client can operate as 'a part of yet apart from' the experiential process" (Gilligan, 1987, p. 205).

A third function of metaphor is to allow the therapist to communicate about extremely personal details of the client without being experienced as intrusive or threatening (Berlin, et al., 1991). It is the nature of the metaphor as having both playful and serious qualities

that allows expression of such intimate material to feel safe and unforced (Barlow, et al., 1977). Fourthly, because metaphors emphasise relationships between situations, they are easily transferrable from one situation to another. As previously stated, this simplification of events in terms of a schema or model underlies the very nature of transference where the therapist stands as a metaphor for a significant other in the client's life (Cox and Theilgaard, 1987). This points to further observations that metaphor can be used to focus the client on various interpersonal issues, either those existing between the client and the therapist, or between the client and significant others (Gans, 1991; Zaslav and Kalb, 1989).

Metaphor use has also been linked with the client's ability to experience insight (Barlow, et al., 1977; Fox, 1989). Research conducted by Barlow and his colleagues concluded that "insight is achieved by verbalising implicit experiences in novel figurative expressions and then by working out the implication of such communications over time" (p.212). Gendlin (1964) first proposed a theory of how change occurs in psychotherapy based on the evolution of insight and the concomitant expression of metaphor. He explained that clients experience internal feelings during the process of psychotherapy, and that they imbue these feelings with certain meanings. The only way in which these meanings

can become explicit (and fully understood) is to externalise them through symbolization (metaphor). This process of change - known as focusing - consists of four phases :In the first phase, the client makes direct reference to vague implicit sensations; unfolding then occurs in which these implicit feelings are made explicit with the use of symbolisation; the client is then able to make global applications of the feeling to past and present experiences; finally, a reference movement begins wherein the explicit recognitions give rise to new implicit ones. The process reverberates and continues, producing new insights for the client. Evans (1988) has also found that high levels of metaphorical language occur in close proximity to pockets of insight experienced by clients who undergo this kind of focusing experience.

The process of gaining insight through the use of metaphor has been explained within the psychodynamic / analytic disciplines as translating unconscious material into conscious awareness (Evans, 1988). According to this view, the client represses threatening material which he or she can only begin to talk about via the concretising qualities of metaphor: "Inasmuch as repression represents an inability to understand unconscious meaning in abstract literal terms, a metaphorical statement may represent this unconscious meaning in concrete figurative language " (Sledge, 1977,

p.128). Thus, through the technique of interpretation, the therapist is able to help the client make sense of the metaphor, thereby transforming unconscious primary process into reality-based secondary process thinking. It is the very nature of metaphor as intermediate between primary and secondary process thinking that allows it to carry unconscious material into conscious reality so that the client's unconscious conflict can be accessed (Trad, 1993). Rogers (1978) referred to this process as "modal ambiguity".

Once the client and therapist have begun to communicate with the use of metaphor, attention should be paid to the quality of the metaphoric content (Barker, 1985). It has been found, for example, that "frozen" or "dead" metaphors (ie. cliches such as 'heart of gold') do not promote insight nearly as much as "novel" metaphors do (McMullen, 1985). A "dead" metaphor does not have much therapeutic value because its "focus" (ie. what the metaphor is about) and its "frame" (the context through which the focus is viewed) are too commonly associated. Thus, a client who focuses on a "dead" metaphor such as "he's a cold person" is less likely to achieve therapeutic insight than a client whose conceptual system is challenged by a novel alternative (eg. "he's an ice sculpture"). Whereas dead metaphors provide little imagistic content with which to stimulate the client's conceptual system, novel metaphors are rich with

imagistic possibilities, thereby stimulating clients to explore the therapeutic benefits embedded within that metaphor (McMullen, 1985). Novel metaphors can also be linked to the 'strong metaphor' theory, which states that metaphors novel in nature not only arise out of perception, but are formative of it (Lewis, 1994). For this reason, care has been taken to ensure that only novel metaphors be used in the present study.

Witztum et al. (1988), in work done on dead and novel metaphors, cite case studies that show how certain dead metaphors can be 'brought back to life' during the therapeutic process. The client expresses certain 'metaphoric kernel statements' (kernel statements refer to the expression of something essential) which, owing to their dead or frozen quality may pass unrecognised by both the client and therapist. Guided imagery work consisting of emotional-perceptual transformations of the original statement allows the metaphor to 'come back to life' thereby providing therapeutic value. Witztum et al. cite as an example the metaphor "I feel dirty inside", which when recognised and subjected to guided imagery work is transformed into "I feel very clean inside".

1.4 Client-generated and therapist-generated metaphors

While a number of studies have focused on the function of metaphor in psychotherapy, none to date have examined the

effectiveness of client-generated versus therapist-generated metaphors. However, some studies have focused on either one of these conditions, and some theoretical hypotheses have been posited.

1.4.1 Client-generated metaphors

McMullen (1985) describes the therapeutic importance of the therapist connecting with the inner experience of the client. Only when the therapist directs his or her comments directly to the client's immediate internal experience and feelings (and not to external circumstances) will therapy prove successful. Some authors have suggested that only by working with metaphors generated by the client will the therapist manage to connect adequately with the client's internal world. For example, Fernandez (in Witztum et al., 1988) stresses that clients are stimulated to develop plans of action and to implement change when they are helped to bring their own metaphoric images back to life. Similarly, Ekstein (in Evans, 1988) concludes that interpretation within the client's metaphor allows the client greater control over unconscious impulses and also establishes an empathic bond between client and therapist. This facilitation of empathy and control is made possible by the client's experience of having his or her inner world entered and understood by the therapist. Kirmayer (1993) believes that when this is achieved the

therapist is able to join collaboratively with the client, and that the client's affect and perception become amenable to change. Indeed, McMullen (1989), in one of the few empirical studies on the use of metaphor, found that unsuccessful therapy outcomes were often characterized by the therapist's unwillingness to adopt the client's self-generated metaphor.

In a study on therapist participation in metaphor generation, Angus and Rennie (1988) found that when the therapist's genuine curiosity about the client's use of metaphor was expressed as an elaboration of that metaphor, several positive aspects were introduced to the relationship: Firstly, the therapist's attentiveness was clearly demonstrated to the client. Secondly, it demonstrated the particular way in which the therapist understood the metaphor. Thirdly, it showed the extent to which the therapist's understanding of the metaphor coincided with the client's apprehension of it. Fourthly, it made the client aware of new, different ways in which to appreciate the metaphor. Fifthly, elaborating on the client's metaphor provided a model for how the client might best take part in the psychotherapeutic process and dialogue. These factors prompted Angus and Rennie's conclusion that a discovery-oriented, collaborative process grows out of the therapist's elaboration of the client's metaphors.

In a later study on the therapist's intentional use of metaphor, Martin, Cummings and Hallberg (1992) found that clients' recall of a metaphor was particularly high when the metaphor had originated collaboratively and had been used repetitively. Clients rated sessions in which these metaphors were used as being more helpful than sessions in which other therapeutic events had occurred. Moreover, clients identified two epistemic and two motivational functions of the metaphors. The epistemic functions were identified as a) enhanced emotional awareness and understanding, and b) conceptual "bridging". Motivational functions included a) enhanced relationship with therapist, and b) goal clarification.

Deutsch and Murphy (in Barlow et al., 1977) present further evidence of the efficacy of working with client-generated metaphors. Their study concludes that by focusing on the client's key phrases and words, the therapist is best able to guide the client through the process. This technique, which they call "associative anamnesis" prepares the client for identifying with the therapist while simultaneously facilitating a transference relationship. They refer specifically to the therapist's reflection of the client's "somatic language", ie. language rich in body-sensation metaphors. As Johnson (1987) has pointed out, metaphors are often derived from bodily experiences, and the resultant mental patterns related to bodily movement and perception play

an important role in the way we understand and organize our world. Thus, the client's communication of these metaphorical projections allows the therapist to work with the client's core sensations. The intimate nature of these types of metaphors works in favour of the consolidation of the therapeutic relationship (Barker, 1985)

Sledge (1977) also describes the importance of using the client's language when wording metaphors. He found that "this type of interaction comprises an organic whole....and is more likely to be helpful in facilitating the patient's understanding of his own ambiguity" (p.127). He also points out that, because metaphor is essentially ambiguous in nature, there is always the risk that the therapist's metaphorical interpretation will be misunderstood by the client. It is essential, for this reason, that the metaphor be clearly located within the context of the client's preceding speech, context being a disambiguating factor in language. Sledge warns, however, that for the therapist's use of the metaphor to be relevant and appropriate, it must be sensitively timed to occur when the client is cognitively and emotionally ready to encounter it.

Finally, countertransference effects are minimized by the therapist when he or she extends and interprets the client's metaphor (Sledge, 1977; Fox, 1989). By employing

the language and images of the client, the therapist is less likely to give expression to his or her own unconscious needs and impulses. Conversely, by not responding unconsciously to the client, the therapist fosters an empathic alliance with the client who in turn feels heard and understood (Edelson, 1975; Friedman, 1985; Welch, 1984).

1.4.2 Therapist-generated metaphors

Certain writers have focused on the therapist's use of his own metaphors. In choosing a metaphor, the therapist acts both reflectively and determinatively; his personal choice of metaphor becomes a filter through which the therapeutic experience is passed (Siegelman, 1990). There has been anecdotal evidence to suggest that this method of working with metaphor can yield positive therapeutic outcomes (eg. Cox and Theilgaard, 1987; Strong, 1989).

Reider (in Evans, 1988) found that metaphors originating from the therapist often serve to relax the client by normalizing certain aspects of his or her experience. Similarly, Witztum et al. (1986) suggest that the client's associations may be activated and stimulated by the therapist's references to fairy tales, myth and folklore. Angus and Rennie (1989) also found that, with certain therapist-generated metaphors a shared understanding was established between therapist and

client.

The therapist uses metaphoric stories that allow the client to develop his or her own idiosyncratic images (Witztum et al., 1988). The telling of these stories implicitly communicates a therapeutic agenda to the client thus aiding him or her resolve certain problems.

As with client-generated metaphors, the metaphors originated by the therapist serve both strategic and tactical purposes: In terms of strategy, a metaphor is extended throughout the course of treatment thereby serving as a unifying theme of the therapy; and tactically the metaphoric intervention may serve several specific functions, such as providing clarification, interpretation or motivation.

Suit and Paradise (1985) studied the efficacy of different kinds of therapist-offered metaphors. Their findings suggest that the therapist's use of narrative analogy (moderately complex metaphoric constructions with explicitly stated elements) produces more positive client ratings of empathy, regard and expertness than the use of cliché ("dead" metaphors). However, their results also warn that the therapist's use of complex metaphors may result in the client's misunderstanding of the metaphor. Similarly, DiGiuseppe and Muran (1992) advise that the client may not initially use the same abstract image from the therapist's metaphor that the therapist intended. The

danger of this, as Berlin et al. (1991) point out, is that the client begins to distance and isolate him or herself from the therapist. Small and Manthei (1986) also point out that clients who do not completely connect with the therapist's metaphor land the risk of becoming confused, unsure of the therapeutic alliance's safety, and may begin to resent and distrust the therapist.

Another potential hazard occurs when the therapist uses a metaphor which unconsciously promotes his or her own world view (Small and Manthei, 1986; Angus and Rennie, 1989). The danger here is that the therapist may subtly coerce the client into adopting this world view which in turn makes client self-actualization difficult to achieve. Similarly, Sledge (1977) advises caution on the use of therapist-induced metaphors:

" There can be no denial that the construction of the metaphor by the therapist represents his own unconscious processes" (p.128). Thus, the incidence of therapist countertransference becomes a potential problem, particularly as it may be difficult to detect behind the layers of metaphoric imagery.

1.5 Effects of training on attitudes towards metaphor usage

An exploratory aim of the present study was to investigate the potential relationship between training

in counselling and attitudes towards the use of metaphor in a counselling situation. The rationale for this investigation was based on the present writer's clinical perception that some populations not exposed to psychological theory do not always find therapists' techniques as useful as therapists themselves would believe them to be. Thus, by exposing a Trained (psychologically educated) group and Untrained (psychologically uneducated) group to different metaphoric conditions, potential differences in attitudes between the groups could be explored.

As McCurry and Hayes (1992) point out, there are practically no studies devoted to the effects of training on attitudes towards metaphor usage. However, Pitts, Smith, and Pollio (1982) trained subjects to generate metaphorical comparisons, and found that subjects trained using creative tasks were able to produce more novel metaphors and metaphors of a higher quality, than were subjects trained in a less creative manner. The creatively instructed group were also able to construct metaphors more easily, and found using metaphors more emotionally satisfying than the other groups did. Similarly, Cooke and Bartha (1992), in an empirical investigation of psychological metaphors, found that metaphoric explanations are more prevalent among individuals who are exposed to situations in which literal explanations are unavailable or inadequate. These

studies both suggest that exposure to creatively and psychologically rich environments predisposes individuals to embrace metaphorical communication more readily than environments that promote a more literal understanding of thoughts and events. For the purposes of the present study, it is therefore hypothesized that the Trained group's attitude towards metaphor usage in counselling is generally more positive than the attitude of the Untrained group. It is also predicted that the Untrained group's attitude towards literal communication is more positive than the attitude of the Trained group towards this kind of communication.

1.6 The effects of client and therapist sex on metaphor appreciation

In designing the present study, the possible confounding variables of therapist and client sex were taken into account. In particular, the nature of the therapist-client dyads was considered from the point of view of same-sex or different-sex pairings.

The literature regarding sex effects on therapy outcomes is conflicting and inconclusive. Some studies (eg. Fisher, 1989) suggest that female therapists are more effective with both male and female clients than male therapists are. Other studies (eg. Blase, in Bowman, 1993) support the view that same-sex therapy dyads are

most effective. However, Bowman (1993), having reviewed the bulk of literature in this field, cautiously concludes that a therapist's sex is a poor predictor of outcome in therapy. This conclusion was reached given the lack of consensus, replication and sound research into this topic. Moreover, Redfern, Dancey and Dryden (1993) conclude that sex of the therapist, and sex of client-therapist pairings have no significant effect on clients' perceptions of therapists' abilities to be empathic and effective. Based on these conflicting and inconclusive findings, the use of a female client and male therapist in the role plays of the present study was considered unproblematic (it was decided that a random pairing of sexes would be as reliable as any predetermined pairing). Similarly, the sex of subjects responding to the role-plays was not predicted to be a confounding variable (see section 3.1.5).

1.7 Conclusion

A review of the literature on the use of metaphor in psychotherapy strongly suggests that an interactive theory of metaphor is compatible with the process of psychotherapy and supports the view that metaphors often promote therapeutic efficacy. Although therapist-generated metaphors have been found to be effective in certain instances, many studies and reviews have suggested that, at times, this method of utilising

metaphor may potentially harm the therapeutic process. It should also be noted that no studies to date have attempted an analysis of therapist-generated versus client-generated metaphors, and that the literature comparing metaphoric states to literal ones has been predominately of an anecdotal nature. This is true of most of the work devoted to metaphor in the psychological literature. McCurry and Hayes (1992) have pointed out the need to bridge the theories of metaphor with empirical, clinical studies.

For the purposes of the present study, the effects of training and sex on attitudes towards metaphor and therapeutic efficacy were reviewed. It has been suggested that exposing individuals to creative and psychologically stimulating environments, such as training in psychotherapy, predisposes them to working more readily with metaphor. In terms of the effect of therapist and client sex on therapeutic efficacy, the most probable conclusion seems to be that this effect is negligible.

From this review of literature, a number of hypotheses concerning the present study can be made.

Firstly, it is hypothesized that client-generated metaphors are perceived as being more effective than therapist-generated metaphors and literal communications. This is true for the majority of subjects in both the

Trained and Untrained groups.

Secondly, it is predicted that both the Trained and Untrained groups rate the therapist-generated metaphors as least effective among the three metaphoric response conditions.

Thirdly, subjects in the Trained group rate the use of metaphors, particularly client-generated ones, more positively than do the subjects in the Untrained group.

Exploratory aims of the study include:

- comparing the efficacy of metaphor use in therapy with a more literal therapeutic approach;
- examining the differences, if any, between male and female subjects' attitudes towards metaphor; and
- considering instances in which any kind of metaphoric communication might be deemed ineffective.

2. THE STUDY

Introduction

The method used in this study is presented in three sections. In section 2.1.1 the sample is described. In section 2.1.2 the procedure and experimental conditions are explained. The research design and analysis of the data are presented in section 2.1.3.

2.1 Method

2.1.1 Sample

Two samples, comprised of 36 subjects each were used in this study.

(1) The first sample was made up of therapeutically sophisticated subjects (the Trained group). These subjects had acquired counselling/therapeutic skills at a community-based crisis centre and were, at the time of research, all involved in face-to-face and telephonic counselling at the crisis centre. The majority of these subjects (80%) had, at some point in their lives, sought counselling/ psychotherapy either in times of stress or to facilitate self-actualization. The sample had a mean age of 28 years and consisted of 69% females and 31% males.

(2) The second sample was made up of therapeutically

unsophisticated subjects (the Untrained group). These subjects, who were acquaintances of the researcher, volunteered to take part in the study. They were screened to ensure that they had undergone no psychological training and had never experienced a counselling/therapeutic intervention. The sample had a mean age of 32 years and consisted of 64% females and 36% males.

2.1.2 Procedure and experimental conditions

The procedure can be divided into three main parts: the creation and taping of the role-plays; the subjects' exposure to the tapes; and the ratings of the role-plays by the subjects.

2.1.2.2 The Role-plays

[The present writer opted for a role-play situation as opposed to an 'in vivo' experiment (ie, using the responses of actual clients in actual therapy sessions). This decision was made as part of an attempt to impose tight-enough controls on the design (for a discussion on pros and cons of such a design, see section 4.1.5 in the DISCUSSION)].

Subjects were asked to listen to three audio-taped role-plays and then to rate them on a number of measures. These role-plays were developed by audio-taping first-

session psychotherapeutic interventions by a number of clinical psychologists who agreed to take part in the study. The author then transcribed these sessions and extracted from them the core statements and metaphors used by the clients. Three scripts were written, each consisting of a summary of the client's presenting problem, and each script was followed by three possible responses made by the therapist (ie. nine response combinations altogether) [see Appendix A]. These scripts, and the three sets of responses, were constructed using a Latin square design. In each case, the client's presenting problem concluded with a metaphoric statement reflecting the core of the presenting problem (for example, "I feel like a tennis ball whacked from all sides of the court"). The responses attached to each script were divided into three conditions;

- a) the condition in which the therapist reflects what the client said using, primarily, the metaphor initiated by the client;
- b) the condition in which the therapist responds using a self-generated metaphor; and
- c) the condition in which the therapist responds literally, ie. without the use of metaphor.

All of the therapist responses conclude with the therapist inviting the client to explore the problem further [see Appendix A].

The three scripts were role-played by two psychology

honours students, one playing the role of the client in all three scripts; the other playing the therapist's role. The role-players were asked to keep to the wording of the script but were allowed to substitute certain words or phrases that did not feel congruent with their personal style of communication. Four versions of each role-play were audio-taped from which the author selected one definitive version to be heard by the subjects in the study.

The audio-taped role-plays were presented to two independent clinical psychologists/psychotherapists who were asked to listen to the tapes and then to rate the role-plays for equivalence. The three factors to be rated were:

- a) the degree to which all three presenting problems were of comparable complexity;
- b) the degree to which the emotional tone used by the client was of a comparable quality across all three role-plays; and
- c) the degree to which all three therapist response groups were of a similar nature and complexity, (ie. did they each respond to the presenting problems in comparable ways?).

These factors were rated on a 5-point Likert-type scale, from 1 = very similar, to 5 = not at all similar [See Appendix B]. The three tapes were consistently rated

'very similar' by the two psychologists on the nature of the presenting problem, and the nature of the therapist's response. When asked to compare the tones of the clients, the raters rated these 'similar' or 'very similar'. Based on these results, the role-plays were deemed to be equivalent.

2.1.2.3 Subjects' exposure to role-plays

Subjects were asked to listen to three audio-taped role-plays, each one having one of the three scripts paired with one of the three response conditions, and then to fill in a rating form for each one. They were told that the research was aimed at identifying effective therapeutic strategies. All 72 subjects completed the rating forms in individual sessions of 20-25 minutes duration. Each sample was sub-divided into three groups of 12 subjects (G1, G2, G3 each comprising 12 subjects). Each of the three groups of 12 subjects heard a different combination of one of the three presenting problems and one of the three therapist responses. Thus, G1 would hear the three role-plays: presenting problem 1 (pp1), response 1 (r1); presenting problem 2, response 2; and presenting problem 3, response 3. Group 2 (G2) would hear: pp1, r2; pp2, r3; and pp3, r1. Finally, G3 would hear: pp1, r3; pp2, r1; and pp3, r2. This information has been summarized below in Table 2.1.

Table 2.1 Combinations of Presenting Problem and Response Sets Heard by the Three Groups

<u>Groups (n=12)</u>	<u>Presenting Problem/Response Sets</u>		
G1	pp1; r1	pp2; r2	pp3; r3
G2	pp1; r2	pp2; r3	pp3; r1
G3	pp1; r3	pp2; r1	pp3; r2

To counter-balance order effects, all three groups were further sub-divided into three sets of 4 subjects each. Each set would then hear their group's particular presenting problem/response combination in a different order, as summarized in Table 2.2 below:

Table 2.2 Exposure of Sub-divided Groups to Differing Orders of Play

<u>Groups (n=12)</u>	<u>Order of play</u>
G1	n=4 (pp1, r1; pp2, r2; pp3, r3) n=4 (pp2, r2; pp3, r3; pp1, r1) n=4 (pp3, r3; pp1, r1; pp2, r2)
G2	n=4 (pp1, r2; pp2, r3; pp3, r1) n=4 (pp2, r3; pp3, r1; pp1, r2) n=4 (pp3, r1; pp1, r2; pp2, r3)
G3	n=4 (pp1, r3; pp2, r1; pp3, r2) n=4 (pp2, r1; pp3, r2; pp1, r3) n=4 (pp3, r2; pp1, r3; pp2, r1)

Each subject was randomly assigned to one of the Group conditions, as well as to one of the three sets within the Groups. This process was done by drawing a set-combination from a hat at the start of every new session.

2.1.2.4 Rating forms

Initially, subjects were asked to read through a rating form in order to familiarize themselves with its contents [see Appendix C]. They were then asked to state any difficulties they might have understanding the concepts on the rating form, and these queries were subsequently addressed. Following this, they were instructed to listen to three tapes, each one containing a different role-play. They were informed that the role-players, although remaining constant throughout, were in fact playing different couples on each tape. Each subject was then asked to imagine him/herself in the role of the client while he/she listened to the tapes. A practice tape, consisting of a role-play in which no metaphoric communication was used, was played to each subject who then rated it in the manner described below. This practice round gave each subject the opportunity to acquaint him/herself with the procedure, and also served to clarify any further problems in the subject's

understanding of the task.

Each subject filled in three rating forms; one after each tape had been heard. Using a 7-point Likert-type scale subjects were required to respond to the six statements on the form by selecting a marker on the scale which ranged from STRONGLY AGREE (1) to STRONGLY DISAGREE (7). The six statements each reflected a factor considered to be crucial in the formation of a client-therapist alliance:

- a) the subject's perception of the degree to which the therapist understood the client's problem (UNDERSTANDING);
- b) how encouraged the client would feel by the therapist's response, in terms of wanting to explore the problem further (ENCOURAGEMENT);
- c) the amount of empathy demonstrated by the therapist (EMPATHY);
- d) the extent to which the therapist listened attentively to the client's problem (ATTENTION);
- e) the degree to which the therapist and the client worked collaboratively (COLLABORATION); and
- f) how accurately the therapist interpreted the client's problem (INTERPRETATION).

A seventh factor to be rated, GUIDANCE, which assessed the therapist's ability to guide the client by means of a response, was excluded from the final form as a brief pilot study indicated that subjects did not feel that

enough had been said in the role-plays to evaluate this construct.

Having completed the three rating forms, subjects were then asked to listen once more to the three tapes and then to rank them in order of overall therapeutic effectiveness. Thereafter, subjects were given the opportunity to comment on each of their chosen order rankings and on any other aspects of the role-plays and rating procedure. These comments were noted by the instructor to be used as part of a content analysis (see Results).

2.1.3 Analysis of data

In this study, quantitative and qualitative analyses were performed on the data.

2.1.3.1 Quantitative analysis

The descriptive statistics in this study comprised means and standard deviations, skewness and kurtosis. The internal consistency reliability estimates were calculated using Kuder-Richardson Formula 20. For comparing the Trained and Untrained groups, Analyses of Variance were computed. The Pearson Product Moment Correlation Coefficient was used to assess the intercorrelations between rating scales.

2.1.3.2 Qualitative analysis.

A content analysis was performed on the qualitative data. Once subjects' comments had been categorized into themes, simple percentages were calculated and used for graphical representation in the form of column charts.

3. Results

Introduction

The results of the present study are presented in three sections. In section 3.1 the results of the quantitative analyses are given. Qualitative findings are given in section 3.2. The qualitative and quantitative findings are summarized in section 3.3.

3.1 Quantitative analyses

The quantitative results are presented in five parts: descriptive statistics at the sub-scale level (3.1.1 and 3.1.2); descriptive statistics at the scale level (3.1.3); intercorrelations of the scales (3.1.4) and comparison of the attitudes of the Trained and Untrained groups (3.1.5).

3.1.1 Descriptive statistics of the sub-scales

As seen from the item means of Table 3.1 below, the majority of attitude means of the two groups are equal to or greater than 5 (14 out of 18, ie.78% for the Trained group and 15 out of 18, ie. 83% for the Untrained group, where 5 represents some degree of positive attitude to the scale statement. The possible maximum and minimum

scores on each sub-scale are 7 and 1 respectively, where a high score indicates a positive attitude.

Table 3.1 Means and Standard Deviations of the Subscales of the Metaphoric Response Conditions for the Trained and Untrained Groups (n1=n2=36)

<u>Subscale</u>		<u>Mean</u>		<u>Standard deviation</u>	
		<u>Trained</u>	<u>Untrained</u>	<u>Trained</u>	<u>Untrained</u>
1. Understanding	T	5.19	5.39	1.53	1.38
	C	5.91	5.36	1.20	1.71
	L	5.14	6.03	2.00	1.11
2. Encouragement	T	5.22	4.89	1.77	1.77
	C	6.14	5.64	1.27	1.57
	L	5.36	5.92	1.74	1.27
3. Empathy	T	5.14	5.78	1.68	1.73
	C	5.72	5.47	1.49	1.48
	L	4.89	5.72	1.92	1.56
4. Collaboration	T	4.67	4.83	1.59	1.66
	C	5.58	4.31	1.40	1.49
	L	4.99	6.81	1.92	1.24
5. Attention	T	5.00	5.25	1.72	1.73
	C	6.19	5.42	1.01	1.84
	L	5.19	5.67	1.85	1.76
6. Interpretation	T	4.64	5.03	1.71	1.72
	C	5.83	5.47	1.34	1.68
	L	5.32	5.89	2.03	1.53

3.1.2 Ranking the mean preferences of the three metaphoric response conditions at the sub-scale level

In addition to completing the sub-scale items, subjects were requested to rank the three response conditions from

most to least effective. These preferences towards each sub-scale in the three response conditions were examined by ordering the mean preferences for each group. In Table 3.2 these means (see Table 3.1) have been ranked where '1' indicates the most preferred condition and '3' the least preferred condition.

Table 3.2 Rank Order of Mean Preferences of the Three Metaphoric Response Conditions for Each Group at the Sub-scale Level

<u>Subscale</u>	<u>Trained Group</u>			<u>Untrained Group</u>		
	T	C	L	T	C	L
1. Understanding	2	1	3	2	3	1
2. Encouragement	3	1	2	3	2	1
3. Empathy	2	1	3	3	2	1
4. Collaboration	3	1	2	3	2	1
5. Attention	3	1	2	3	2	1
6. Interpretation	3	1	2	3	2	1

For both trained and untrained subjects, attitudes towards the Therapist's metaphor response condition (T) received the least positive rating for the majority of the sub-scales and for the total scale. Attitudes towards the Client's metaphor response condition (C) were clearly rated the most positive for the Trained group while attitudes towards the Literal response condition (L) were the most positive for the Untrained group.

3.1.3 Descriptive statistics of the scales

In order to investigate whether the six sub-scales could be combined into a total scale score, the internal consistency reliability of each scale for the three conditions was estimated using Kuder-Richardson 20 coefficient (K-R 20). In Table 3.3, these K-R 20 statistics are supplied together with the scale means, standard deviations, skewness and kurtosis.

Table 3.3 Descriptive Statistics (Means and Standard Deviations, Skewness, Kurtosis and Kuder Richardson - 20) on Scale Scores for the Trained and Untrained Groups (n1 = n2 = 36).

<u>Response condition</u>	<u>Mean</u>		<u>Std. deviation</u>		<u>Skewness</u>	<u>Kurtosis</u>	<u>K-R20</u>	
	<u>Tr.</u>	<u>Untr.</u>	<u>Tr.</u>	<u>Untr.</u>			<u>Tr.</u>	<u>Untr.</u>
T	29.86	30.17	8.35	8.62	-0.59	-0.32	0.91	0.93
C	35.39	32.67	6.72	8.98	-1.36	1.31	0.93	0.96
L	30.69	35.03	10.41	7.53	-1.39	1.32	0.96	0.94

As expected, the rank order of the mean attitudes of the two groups on the T C L scales is consistent with the chosen order of preference of the response conditions at the sub-scale level. In view of the very high internal consistency reliabilities of the scales (at least 0.91) for all response conditions (Table 3.3), it was decided

to use the total scores for further analyses as the sub-scales appear to be tapping highly correlated constructs. A degree of negative skewness is indicated for the scales. This finding is expected as the majority of the responses at the sub-scale level tended to be positive, with only a few negative responses (see section 3.1.1).

3.1.4 Intercorrelations of attitudes towards the three metaphoric response conditions at the scale level

Intercorrelations of the attitudes towards the three metaphoric response conditions for each group are presented in Table 3.4. Significant correlations would indicate a possible response set or degree of consistency in the patterns of responses of subjects to the three conditions.

Table 3.4 Intercorrelations of Attitudes towards the Three Metaphoric Response Conditions at the Scale Level for the Trained and Untrained Groups

	<u>Trained Group</u>			<u>Untrained Group</u>		
	T	C	L	T	C	L
T	1			1		
C	-0.02	1		0.32	1	
L	-0.03	-0.07	1	0.14	-0.05	1

As seen from Table 3.4, the attitudes of the Trained and Untrained groups towards the three response conditions are uncorrelated, indicating a lack of dependence in the responses of the subjects to the three response conditions.

3.1.5 Comparison of attitudes of the Trained and Untrained groups towards the metaphoric response conditions

In order to investigate a possible difference between the attitudes of male and female respondents, and a possible interaction of sex and training on attitudes towards the response conditions, a second independent variable, sex of subject, was included in an Analysis of Variance of the scale data.

As the Anova technique is considered to be robust with regard to deviations from normality, the degree of negative skewness of the three scales was not considered serious. Particularly, as the sample sizes are relatively large, inferences made about means that are valid in the case of normal populations are also valid even when the forms of the population distributions depart considerably from normal (Hays, 1974).

The results of a repeated measures Multivariate Analyses of Variance (MANOVA) with sex and training as main

factors are presented in Table 3.5.

Table 3.5 Summary Results of Repeated Measures Analysis of Variance on the Attitudes towards the Three Metaphoric Response Conditions, with Main Factors Sex and Training (df = 2; 136)

<u>Source</u>	<u>Mean Square (effect)</u>	<u>F Value</u>
Training	0.02	0.00
Sex	107.98	1.99
Training * Sex	96.64	1.78
Response condition	114.37	2.37
Resp. cond. * Training	160.06	3.31 *
Resp. cond. * Sex	70.79	1.47
Resp. cond. * Training * Sex	26.82	0.56

* $p < 0.05$

[Note: Mean Square Error = 54.23 for main factors of Training and Sex, and their interaction.

M S E = 48.30 for repeated measures tests of hypotheses on response conditions.]

It can be seen from Table 3.5 that the pattern of attitude scores to the three metaphoric response conditions is different for the Trained and Untrained groups ($F = 3.31$; $p < 0.05$). This result is expected as the rank order of the mean attitude scores of the two groups were found to differ (see Table 3.3). The factor of sex was not significant, neither as a main factor, nor in interaction. It was thus decided to remove sex as a factor and recompute the Multivariate Analysis. In addition, Univariate Analyses were computed on each response condition separately to isolate significant differences between the Trained and Untrained groups. The results of the Multivariate and Univariate Analyses are presented in Tables 3.6 and 3.7 respectively.

Table 3.6 Summary Results of Repeated Measures MANOVA on the Metaphoric Response Conditions with Main Factor Training ($df = 2;140$)

<u>Source</u>	<u>Mean Square</u>	<u>F Value</u>
Response Condition	206.70	4.28 *
Response Condition * Training	155.31	3.22 *
Error	48.30	

* $p < 0.05$

Table 3.7 Summary Results of Univariate ANOVAS on Each Metaphoric Response Condition with Main Factor Training (df = 1;70)

<u>Source</u>	<u>Mean Square (effect)</u>	<u>Mean Square (error)</u>	<u>F Value</u>
T	0.35	50.02	0.01
C	107.56	44.71	2.41
L	210.13	57.60	3.65 (p < 0.06)

From Table 3.6 it can be seen that the pattern of attitude scores towards the three response conditions depends on Training.

Inspection of the mean attitudes of both groups towards the three response conditions reveals a difference in the rank orders within the two groups. Consistent with the pattern of scores at the sub-scale level, C condition is most positive; L the second choice; and T least positive for the Trained group; while L condition is most positive; C is second choice; and T is least positive for the Untrained group. It is this difference in the pattern of the attitudes towards the response conditions from group to group that is reflected in the significant interaction of response condition and training. The

magnitude of the mean difference in attitudes of the two groups towards any one response condition is not significant, only approaching significance in the case of the Literal response condition ($F = 3.65$; $p < 0.06$).

3.2 Qualitative analysis

The results of a content analysis of the open ended responses are presented in Table 3.8. The analysis was performed by recording the subjects' verbal impressions of the role plays once they had heard and rated all three tapes. Comments were then categorized in terms of themes other than those covered by the sub-scales, and the themes of the sub-scales in the quantitative questionnaires. [The raw data of this analysis may be found in Appendix D].

Table 3.8 Examples of Positive and Negative Comments Made on Each of the Themes Isolated in the Content Analysis

<u>THEMES</u>	<u>Examples of positive comments</u>	<u>Examples of Negative comments</u>
UNDERSTANDING	Accurate reflection; identified the problem; hit the nail on the head.	Misunderstood; did not fully grasp the problem.
ENCOURAGEMENT	Opened up the problem; extended an invitation.	Closed off the possibility of further discussion.
EMPATHY	Containing; Compassionate; put me at ease.	Uncontaining; unmotivated; not genuine; cold.
COLLABORATION	Good starting point; therapist was "with" the client; joined with client.	I would have clammed up; did not join with the client.
ATTENTION	Was listening; he heard her problem.	Did not listen or pay attention; did not focus.
INTERPRETATION	Image was correct; use of image made therapist enter clients frame of reference.	Focused on wrong image; metaphor too abstract.
<u>OTHER THEMES</u>		
VAGUENESS		Too abstract; unclear.
COERCIVENESS		Judgmental; response self-serving; too forceful.
CONCRETE		'Too literal; parroting; repetitive.
NEGATIVE EMOTIONAL REACTION		Made me angry; I felt like resisting; he irritated me.
UNSURE		Indifferent; feelings could go either way.

3.2.1 Themes other than those tapped by the scale

The majority of the open-ended responses conformed to the categories according to which the scales were devised, namely Understanding, Encouragement, Empathy, Collaboration, Attention and Interpretation. The remaining responses were categorized into four themes: subjects who thought the responses VAGUE; those who thought the therapist acted in a COERCIVE manner; those who found the responses TOO CONCRETE; and subjects who had a NEGATIVE EMOTIONAL REACTION to the therapist's responses.

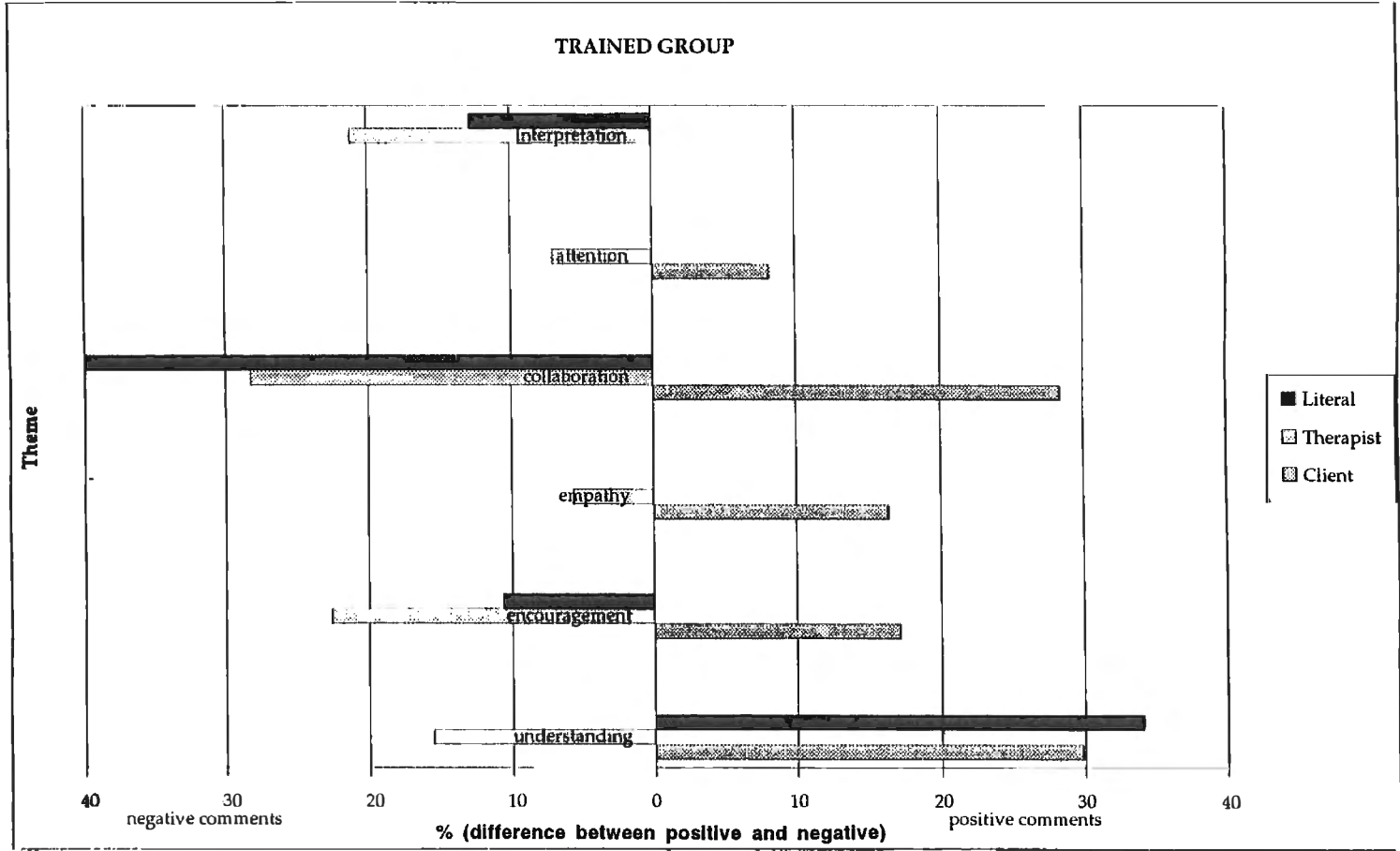
A further analysis of the four extra themes was carried out (small frequencies did not allow for the computation of the chi-square statistic). It was found that 12% of the comments in the Trained group as compared to 3% of the Untrained group revealed that the Literal response condition was too concrete. In the case of the Therapist's response condition, 3% of the comments in the Trained group reflected the subjects' perceptions that the therapist was being coercive or too judgemental, compared to 9% of the Untrained group's comments on the same condition. Three percent of the Trained group's comments showed that the Therapist's response condition sparked a negative emotional reaction in the subjects, compared to 10% of the comments in the Untrained group. The fourth category, vagueness of response, was cited in

response to the Literal condition (5% of the comments in the Trained group; and 3% of the comments in the Untrained group).

3.2.2 The scale categories

Comments of both groups to the six scale categories were both positive and negative. This means that on any given scale, successful and unsuccessful uses of the scale concept were commented on. For example, on the sub-scale Understanding, some respondents commented that the therapist appeared not to understand the client's situation, whereas others thought the therapist very understanding. In order to arrive at an overall score for each category, the percentage of negative comments on a category was subtracted from the percentage of positive comments on that category, and the difference taken as indicative of the attitude on the category to the response condition. The resulting number of comments for the categories were then re-scaled as percentages for each group and each response condition, and formed the data according to which the bar graphs were plotted (see Figures 3.1 and 3.2).

Figure 3.1 Percentage Difference Between Positive and Negative Comments of the Trained Group Categorized by Theme on Each Metaphoric Response Condition



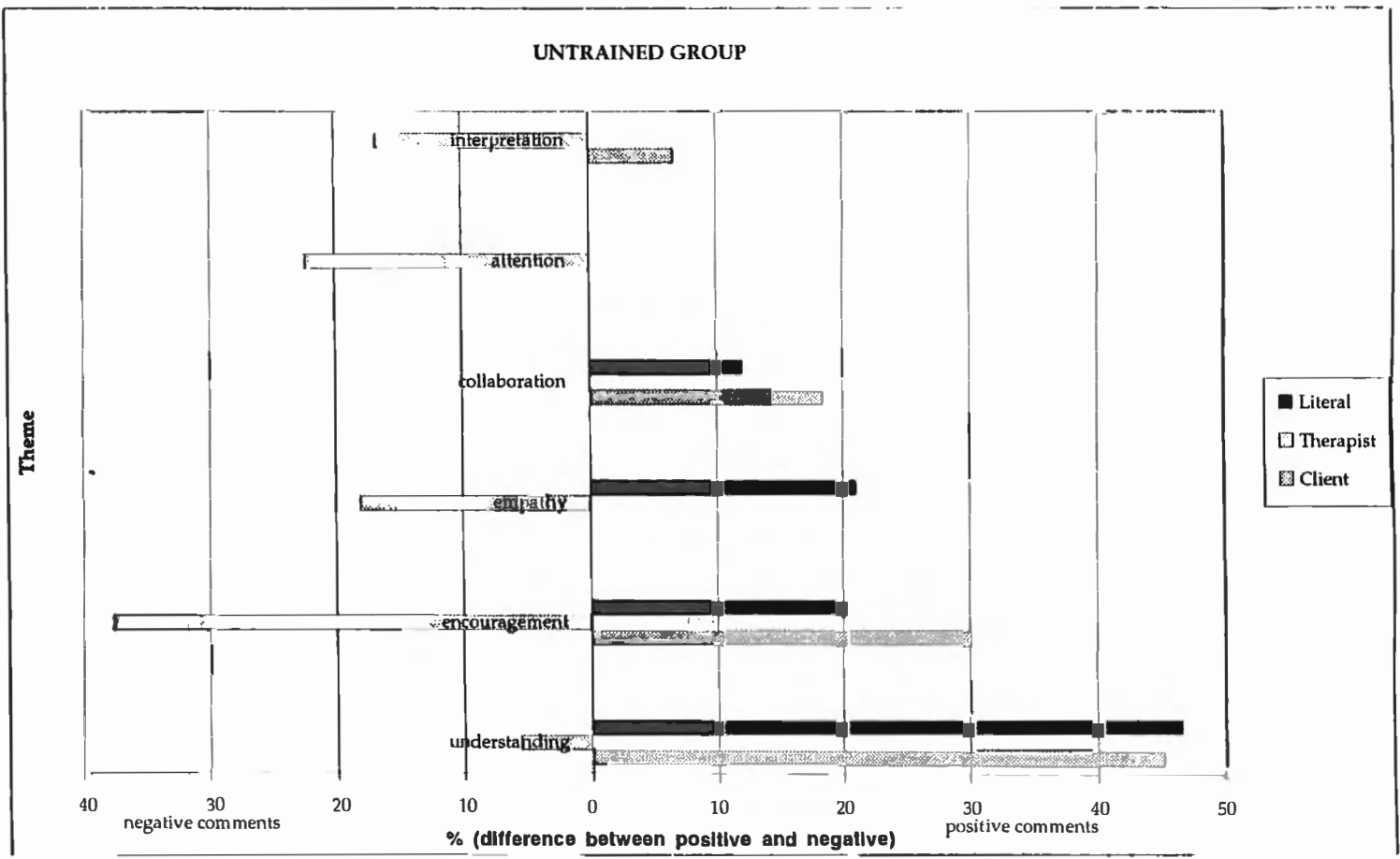


Figure 3.2 Percentage Difference Between Positive and Negative Comments of the Untrained Group Categorized by Theme on each Metaphoric Response Condition

Analysis of the results show that the comments of both the Trained and Untrained groups towards the Client's response condition were generally positive or neutral on each of the six themes, whereas the comments on the Therapist's response condition were either negative or neutral in both groups. The comments by the Trained group to the Literal response condition were positive on Understanding, negative on Encouragement, Collaboration, and Interpretation, and otherwise neutral. Comments by the Untrained group to the Literal condition were either positive or neutral. These trends are reflected in the quantitative analysis.

3.3 Conclusion

As the results have shown, the Trained and Untrained groups differ on their preferences for the three response conditions. Based both on the mean attitude scores and on the order of preferred conditions chosen by the subjects, it is clear that the Trained group preferred the Client's metaphor response condition, and the Untrained group preferred the Literal response condition. The content analysis supported this trend. In addition, this analysis also illustrated some less commonly mentioned themes, such as Vagueness, Negative Emotional Response, Coerciveness and Concreteness. On these themes, the comments of the Untrained group were less favourable than

those of the Trained group in the Therapist's response condition, and more favourable in the case of the Literal response condition.

4. DISCUSSION

4.1 Interpretation of the findings

Discussion of the findings is divided into a general appraisal of subjects' attitudes towards the response conditions (section 4.1.1); a specific focus on certain trends that emerged from the data (section 4.1.2); an investigation of the possible effects of sex in the study (section 4.1.3); and a consideration of the limits of the study and suggestions for future research (section 4.1.4).

4.1.1 General attitudes expressed in both groups

As can be seen from the results, the majority of subjects' attitudes towards all three response conditions were fairly favourable for all the sub-scales on the rating form. Ratings ranged from slightly positive responses to highly favourable ones. This was so across both the Trained and Untrained groups. From this finding it can be interpreted that client-generated metaphors, therapist-generated ones, as well as literal responses to metaphors offered by the client are all to some extent perceived as fairly useful tools in the psychotherapeutic process. The literature linking metaphor to psychotherapy, albeit largely of an anecdotal nature, supports the finding that both client-generated metaphors

and therapist-generated ones can be helpful (Fox, 1989; Angus and Rennie, 1989). In one empirical study, Suit and Paradise (1985) found that facilitative or literal responses were as effective as moderately complex metaphors in a psychotherapeutic setting.

These findings also strongly suggest that clients tend not to discriminate between therapeutic-properties when presented with metaphoric or literal conditions, as once a subject had decided on an overall 'gut response' to a certain response condition, all six sub-scales on the rating form were rated similarly. Thus, Understanding, Encouragement, Empathy, Collaboration, Attention and Interpretation were more or less deemed to be of similar quality once a particular role-play had been heard. It is possible that a Halo-type effect is at work here (Bailey, 1987). According to this principle, a positive or negative first impression of the role-plays may have influenced subjects' evaluations of the six therapeutic conditions. Subjects would have failed to discriminate between sub-scales as their initial impressions would have collapsed the boundaries between the categories.

In the present study, further analysis of the attitudes reveals that the generally positive attitudes towards the sub-scales of each response condition make it difficult to predict a subject's attitude towards one response condition by knowing another. However, in the case of the

Untrained group, the correlation between the Client's response condition and Therapist's response condition is approaching significance. This suggests that these subjects differentiate between therapists using metaphor, and therapists using literal language; that is, they prefer the latter, and do not discriminate between therapist-generated and client-generated metaphors.

4.1.2 Specific trends emerging from the groups

Although attitudes in both groups were fairly positive on the whole, certain differences between the groups were noted. This was particularly evident when subjects were asked to rank the response conditions in order of perceived therapeutic efficacy. From this data, three specific trends emerged.

4.1.2.1 The Trained group's preference for the Client's response condition

In the Trained group, the hypothesis that client-generated metaphors are more effective than therapist-generated ones and literal responses was largely supported. Although this result was not found to be fully significant, it does approach significance and is consistent with the results of the content analysis. Moreover, subjects in the Trained group ranked the

Client's response condition as most favourable on all six sub-scales on the rating form.

Based on trends in the findings of the present research, there is some indication that the Untrained group did not rank or rate the Client's response condition as highly as the Trained group did. As stated in the literature review, findings by Cooke and Bartha (1992) and McCurry and Hayes (1992) strongly suggest that individuals who have had some type of psychological training are more prone to use metaphors than are individuals who have not received this kind of instruction. Taking these findings into account, it is possible to surmise that the Trained group responded to the metaphoric condition because of a predisposing mind-set created by working in a psychotherapeutic environment. This observation is partly supported by some Trained subjects' comments gleaned as part of the content analysis. For example, one subject said in response to the Client's response condition, "the technique in this one was the best....the way he picked up her image and used it to show how he understood the situation.." (This comment was classified under the theme of UNDERSTANDING in the content analysis).

The effect of prior training in the Trained group may have impacted on that group's behaviour in another way. Because of the brevity of the role-plays, the introduction of the client's metaphor occurred in the

very early stages of the therapeutic process, and similarly, the therapist's response to that metaphor came about soon after. It is suggested that the Trained group found it easier to relate to, and accept this rather rapid way of working with metaphor than the Untrained group did. Indeed, some comments in the Untrained group testify to this. Many of those who did not choose the Client's response as the most effective response condition did so because

"he [the therapist] did not demonstrate that he understood; he just started talking about what it's like being locked in the cage [client's metaphor]. He should have waited a while..."

4.1.2.2 The Untrained group's preference for the Literal condition

In the Untrained group, the Literal response condition was ranked as the most effective condition on all six sub-scales. Although some literature does suggest that literal responses are as effective as metaphoric ones (Suit and Paradise, 1985), it is likely that other factors were responsible for the finding in this group, particularly since the same result was not found in the Trained group.

Subjects in this group stated that the Literal response

"got straight to the point", "showed clear understanding", and "hit the nail on the head". This trend of perceiving literal responses as being more useful than metaphoric ones has been noted by McCurry and Hayes (1992) who point out that certain population groups are not able to use metaphor as effectively as other groups. It has been found that metaphoric language only flourishes in settings permitting intimacy and trust (Cohen, 1979). It is possible that the Untrained group, having been newly introduced to the counselling situation, was unable to fully trust the context or to experience the situation as being intimate enough to encourage the use of metaphor. Similarly, Bateson (1976) studying the play behaviour of children, found that only when creativity is encouraged and permitted will play and other metaphoric communication be possible. This "play attitude" may have been established with the Trained group whose creativity had been encouraged during their training and in their ongoing counselling experiences. On the other hand, the "play attitude" had not been set for the Untrained group with the result that metaphoric communication may have been somewhat stifled. The nature of metaphors as 'foreign objects' introduced into a situation (Mooij, 1976) becomes pronounced in this context.

In light of the above, it must be remembered that the use of metaphor was not rated especially poorly in the

Untrained group, just not as positively as the Literal condition. This suggests that people who have never had a psychotherapeutic encounter and who have never received training in any form of counselling may favour literal thinking and communication over a metaphorical mind set when first exposed to a psychotherapeutic situation. As Bandler and Grinder (in Trad, 1993) have noted, the client first experiences the literal meaning of words, and only later the deeper levels of symbolic meaning. It is therefore important for the therapist to avoid responding with metaphor too early in the initial stages of interaction. Alternatively, it might be useful to offer the client a 'trial' interpretation or reflection composed of metaphor, and then to check for positive or negative responses to this technique.

4.1.2.3 The Trained and Untrained groups' attitudes towards the Therapist's response condition

As anticipated by the author, both the Trained and Untrained groups rated the Therapist's response condition as the least favourable one. This was evident from both the quantitative and qualitative analyses, and confirms the prediction that the therapist's use of his self-generated metaphors is often not the most effective method of working constructively with a client. This view is supported by much of the literature (Sledge, 1977; Small and Manthei, 1986; Berlin, et al., 1991; etc.).

The two groups' attitudes towards this condition can be interpreted in a number of ways. Firstly, although the quantitative analysis showed this condition to be ranked and rated as the least favourable overall, it does not necessarily point to the condition being rated especially poorly. This finding is due to the fact that several subjects in both groups expressed positive attitudes towards the Therapist's response condition. It also highlights the importance of individual or personal factors that play a role in the client's appreciation of metaphor. In some cases, the subjects felt that the therapist's response perfectly captured the essence of the presenting problem. Here, the assumption must be made that a 'hit or miss' phenomenon is at work: the therapist's use of his own metaphor is sometimes successful in joining with the client's inner world, but is often not (Eisenstadt, 1992). As Angus and Rennie (1989) point out, the therapist may incorrectly assume that the client is drawing upon a shared meaning context. Therapists should be aware that working with metaphor in such a manner carries with it an element of risk, especially when the client has offered his or her own metaphor as a starting point. Indeed, it has been found that the therapist's unwillingness to work with and extend a client-generated metaphor often results in unsuccessful therapy outcomes (Kirmayer, 1993).

The results of the content analysis show that most of the

Trained and Untrained groups' attitudes towards the Therapist's response condition were unfavourable or neutral. This was so for the themes of the six sub-scales (Understanding, Encouragement, Empathy, Collaboration, Attention, and Interpretation), as well as for the themes untapped by the rating form. Almost all of the comments falling under the themes 'Coercion' and 'Negative Emotional Reaction' were attributed to the Therapist's response condition, indicating that subjects sometimes felt alienated from the therapist when he replaced the client's metaphor with one of his own. Some subjects said that the therapist's response angered and irritated them, that his tone sounded accusatory and harsh, and that faced with the option of whether or not to continue with the therapy, they would choose to terminate it. Once again, this points to the danger of the therapist mis-connecting with the client when using his own metaphors at such an early stage in the therapeutic process.

4.1.3 The effects of sex

The author's prediction that therapist and client sex would not impact on attitudes towards metaphor was largely supported. However, the results show that female subjects favour the use of client-generated metaphors in therapy more than males do. One possible explanation for this finding is the stereotypical view that males tend to

think more concretely than females do. Furthermore, Braun (1992) suggests that females appear to react more emotionally to metaphors, possibly because they are more likely to report their emotional responsiveness to such stimuli. The possibility therefore exists that male subjects tend to under-report the effectiveness of metaphor, especially when an emotional reaction accompanies the response. In light of this, therapists should be especially vigilant when assessing male clients' reactions to metaphoric communication. It may also be therapeutic to reflect to the client his tendency to under-report emotional responses, especially when communication about feelings is intricately linked to the presenting problem (Dryden, 1989).

4.1.4 Limitations of the study and suggestions for future research

The present study focused on the opening stages of psychotherapy, and the results should therefore be interpreted within this context. It is unclear whether similar results would be found further along the psychotherapeutic process, for example, in the middle of a session, or after the completion of a number of sessions. Research comparing the efficacy of metaphor use in the opening stage of therapy, and at later stages of the process would be valuable in ascertaining whether or not such timing effects the client's perception of the

therapist's use of metaphor. Wycoff, et al. (1982), for example, have suggested that the therapist's timing of his perceptions / responses is directly related to therapeutic efficacy. It should also be noted that the bulk of literature linking the therapist's use of metaphor to therapeutic efficacy focuses on the stage of therapy where therapist and client have already established a working alliance (for example, Martin, Cummings and Hallberg [1992] in which therapists' intentional use of metaphors over the period of several sessions was rated as highly effective by clients). This has implications for the present study, especially considering that the short duration of the role-plays facilitated a perhaps premature introduction of metaphor use.

The present study examined the efficacy of a therapist's responses to a client-presented metaphor. When the therapist offered his own metaphor, it was in response to one already offered by the client. This may have unduly biased the subjects against the Therapist's response condition as it may have led to the interpretation that the therapist deemed the client's metaphor to be unimportant. The present writer suggests that for future research, therapist-generated metaphors be presented in response to clients' literal language, and then compared to therapists' handling of client-generated metaphors. This would control the potential bias factor.

As a further suggestion for a revised design of the study, a more rigorous approach should be adopted when introducing the training factor. In the present research, an exploratory aim was to examine the effect that training in counselling has on subjects' abilities to use metaphor. Literature suggests that training does effect metaphor generation and usage, but stronger evidence of this might have been provided by an experiential component built into the present study. This component could have included a pre-test condition in which both Trained and Untrained groups complete tasks which ascertain individual's proclivity towards the use of figurative and metaphoric thinking. In this way, the nature of both groups' preferences for literal or metaphoric communication might have been more convincingly established.

Finally, the use of subjects as substitutes for "real" clients must be considered. As these subjects do not actually participate in the counselling situations, they can only imagine what this participation must be like. This may result in the subjects having to second-guess the thoughts and experiences of the clients in the role-plays. For this reason, the judgements made by subjects need to be regarded with some circumspection. Similarly, the use of role-plays as a replacement for 'in vivo' situations may have introduced a culture of artificiality into the research, thereby making accurate judgements

difficult.

The above difficulties attest to the problems facing researchers of psychotherapy (Barker, 1985; Small and Manthei, 1986). If one opts for an 'in vivo' design, authentic responses may be marred by the lack of tight-enough controls. However, by attempting to control extraneous variables in a manner similar to that used in the present study, rich experiential responses may be compromised. Thus, future research faces the challenge of imposing stringent controls on psychotherapy studies, while simultaneously allowing authentic material to be tapped.

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SCRIPT 1

CLIENT: Well, my problem is that I've been feeling really down lately. I'm tired the whole day and everyone just bugs me all the time, they just don't understand that I'm going through a bad time...I don't know. Sometimes I wonder if what I'm doing with my life is actually what I should be doing. Nothing makes sense any more...The whole situation's like I'm locked in a cage and I can't get out...No one understands me any more.

RESPONSE CONDITION A (CLIENT'S METAPHOR)

I can hear you've been feeling depressed and confused lately, mainly because of being locked up in this cage which makes you feel trapped. Would you like to tell me a little more about what it's like to be locked up in there?

RESPONSE CONDITION B (THERAPIST'S METAPHOR)

I can hear you've been feeling depressed and confused lately. It's as if you're living alone on a separate planet from everyone else, where no one can get to you. Perhaps we could look more closely at what it's like to be there?

RESPONSE CONDITION C (LITERAL)

I hear you've been feeling depressed and confused lately. You feel that you're not being understood by anyone and that you just can't get out of your predicament. Would you like to tell me a little more about this?

SCRIPT 2

CLIENT: My problem seems to be that I just can't take control of my life. It's very confusing for me. I suppose it starts at work...My boss is very demanding and so I land up doing lots of overtime because I can't stand up for myself and say "no". And so I spend less time at home because I'm always in the office, which is causing tension between me and my boyfriend... It's so...I feel like a tennis ball whacked from both sides of the court between my boss and my boyfriend and there's nothing I can do to stop it.

RESPONSE CONDITION A (CLIENT'S METAPHOR)

I can hear you've been feeling used and helpless lately, mainly because of being hit around the court like a tennis ball that has no say in where to land or even if it wants to be part of the game. Would you like to tell me what it's like being hit around like that?

RESPONSE CONDITION B (THERAPIST'S METAPHOR)

I can hear you've been feeling used and helpless lately. I get an image of you being manipulated like a puppet - just doing what you're told to do when your strings are pulled. Perhaps we can look a bit closer at what it's like for you to be treated like that.

RESPONSE CONDITION C (LITERAL)

I can hear you've been feeling used and helpless lately. You feel that you can't stand up for yourself; you allow others to tell you what to do, how to behave...Would you like to tell me a little more about what it's like for you to be treated like that?

SCRIPT 3

CLIENT: I've got this problem with exams. There's a lot of pressure on me to do well and I can't cope with it. I eat, sleep and think exams but when I sit down to study, I freeze up and I can't do anything. Then I get weepy and miserable and nothing can change my mood....My parents are counting on me....I feel like I'm drowning. My parents think that I'm fine, but in actual fact I'm drowning, and I don't know how I'm going to tell them this.

RESPONSE CONDITION A (CLIENT'S METAPHOR)

It sounds like this pressure's really getting to you. You can't swim through it any more. Instead you're drowning because of all these expectations. Would you like to tell me more about your difficulty staying afloat through all this?

RESPONSE CONDITION B (THERAPIST'S METAPHOR)

It sounds like the pressure's really getting to you. It's as if you're giving a speech to an audience, and because of the expectations they have of your performance, you just can't seem to get your words out. Let's talk some more about what it's like facing this audience.

RESPONSE CONDITION C (LITERAL)

It sounds like the pressure's really getting to you. You try hard with your exams, but there are so many expectations placed on you to do well that you just can't get through it all. Would you like to talk a little more about this difficulty?

APPENDIX B

INSTRUCTIONS FOR RATERS

You are asked to listen to three tapes, each of which contain one presenting problem (spoken by the client) followed by three possible responses spoken by the therapist. Please rate these three role plays for equivalence using three different measures: a) Are the three presenting problems of a similar nature? ie. are they of comparable complexity?

b) Is the emotional tone used by the client in role play 1 of a comparable quality to that used by the other two clients?

c) Are all three therapist response groups of a similar nature and complexity? ie. do they each respond to the presenting problem in comparable ways?

Please rate the role plays by filling in the table on the following page. In each block fill in a number from 1 - 5, where

1 = very similar

2 = similar

3 = somewhat similar

4 = not similar

5 = not at all similar

Thank you for your participation .

APPENDIX B

	DEGREE TO WHICH 1 IS THE SAME AS 2	DEGREE TO WHICH 1 IS THE SAME AS 3	DEGREE TO WHICH 2 IS THE SAME AS 3
PRESENTING PROBLEM SIMILAR NATURE			
TOE OF CLIENT			
NATURE OF THERAPIST'S RESPONSE			

1 = very similar

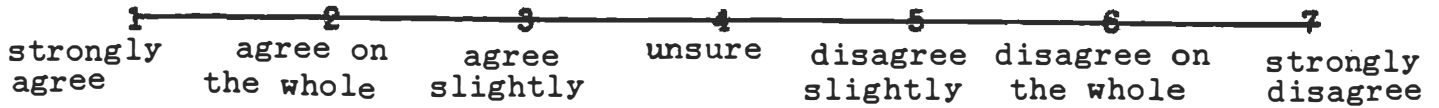
2 = similar

3 = somewhat similar

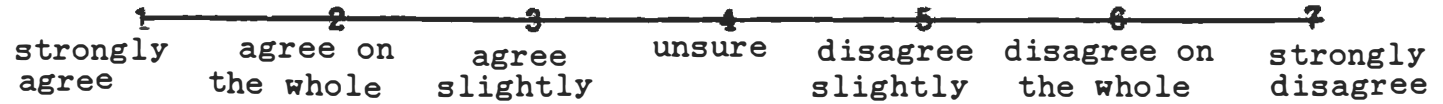
4 = not similar

5 = not at all similar

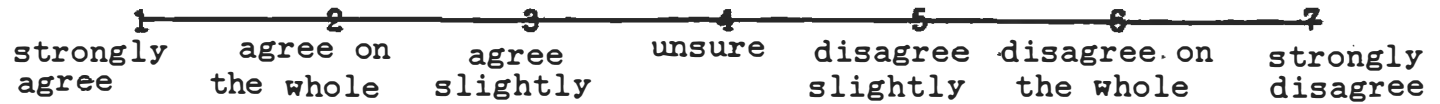
1. The therapist understands the client's situation.



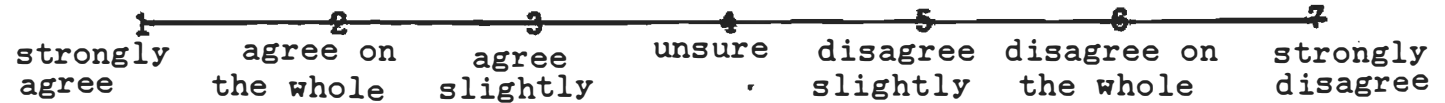
2. After hearing the therapist's response, the client would be encouraged to continue speaking to the therapist about her problem.



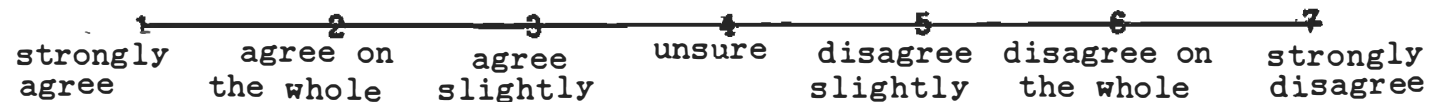
3. The therapist's response lacks empathy.



4. The therapist and client are working collaboratively, ie. with the same goals in mind.



5. The therapist is not listening attentively to the client's problem.



6. The therapist misinterprets the client's problem.

1 2 3 4 5 6 7
strongly . . . agree on agree unsure disagree disagree on strongly
agree the whole slightly slightly the whole disagree

APPENDIX D

Table Raw Data of Content Analysis

NUMBER OF TOTAL COMMENTS

Themes		<u>Trained</u>	<u>Untrained</u>	<u>Trained</u>	<u>Untrained</u>	<u>Trained</u>	<u>Untrained</u>
		Group	Group	Group	Group	Group	Group
		C	C	T	T	L	L
1. UNDERSTANDING	(+)	24	17	7	4	7	30
UNDERSTANDING	(-)	6	5	12	6	0	3
2. ENCOURAGEMENT	(+)	10	8	0	0	0	12
ENCOURAGEMENT	(-)	0	0	7	12	2	0
3. EMPATHY	(+)	13	5	5	4	11	15
EMPATHY	(-)	3	5	6	10	11	3
4. COLLABORATION	(+)	17	8	2	0	0	7
COLLABORATION	(-)	0	3	11	0	9	0
5. ATTENTION	(+)	5	0	0	0	0	0
ATTENTION	(-)	0	0	2	7	0	0
6. INTERPRETATION	(+)	0	6	6	3	0	0
INTERPRETATION	(-)	0	4	13	8	3	0
OTHER							
1. VAGUENESS	(-)	0	0	3	0	3	3
2. COERCIVENESS	(-)	3	3	2	6	0	4
3. CONCRETENESS	(-)	3	0	0	0	6	3
4. NEGATIVE REACTION	(-)	0	0	3	7	0	0
5. UNSURE		0	7	0	7	0	0
SUB TOTALS		84	71	79	74	52	80

TOTAL COMMENTS: 440
