2023

Metaphor and Intersubjectivity: The Use of Metaphor Within A Metaphor

Sara Jalbert
Antioch University of New England

METAPHOR AND INTERSUBJECTIVITY: THE USE OF METAPHOR WITHIN A
METAPHOR

A Dissertation

Presented to the Faculty of

Antioch University New England

In partial fulfillment for the degree of

DOCTOR OF PSYCHOLOGY

by

Sara Jalbert

ORCID Scholar No. 0009-0006-6182-657X

June 2023

METAPHOR AND INTERSUBJECTIVITY: THE USE OF METAPHOR WITHIN A
METAPHOR

This dissertation, by Sara Jalbert, has
been approved by the committee members signed below
who recommend that it be accepted by the faculty of
Antioch University New England
in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

Dissertation Committee:

Theodore Ellenhorn, PhD, ABPP

Barbara Belcher-Timme, PsyD

Lisa Akel, PsyD

ABSTRACT

METAPHOR AND INTERSUBJECTIVITY: THE USE OF METAPHOR WITHIN A
METAPHOR

Sara Jalbert

Antioch University New England

Keene, NH

Psychotherapists experience encounters in psychotherapy that present the opportunity for

metaphor and imagery to be utilized as methods of intervention that enhance attunement in the

therapeutic dyad. Working within imagery, tropes, and metaphor may facilitate experiential

processing and integration of information. Metaphor has been used across cultures for many

years to describe abstract concepts and to apply deeper meaning to the confines of logical

thought. This paper discusses the literature on metaphor as an object of shared language,

enhancing the space which minds share in the therapeutic dyad, and posits that metaphor has the

ability to enhance intrapsychic levels of processing toward creating neurobiological and

cognitive change. I will conduct a comparative analysis of the literature proposed here, resulting

in a synthesis of various theories (including cognitive, interpersonal neurobiology, and

psychoanalytic) on the use of metaphor and its connection to the intersubjective space. There is a

focus on psychoanalytic, psychodynamic, and neurocognitive theories as they apply to metaphor,

imagery, and intersubjectivity. This dissertation is available in open access at AURA

(https://aura.antioch.edu) and OhioLINK ETD Center (https://etd.ohiolink.edu).

Keywords: metaphor, intersubjectivity, psychodynamic, psychoanalytic, cognitive, interpersonal

neurobiology, derivative communication

Dedication

In Memoriam

Boy Jalbert-Downey
28 May 2020–9 April 2023

when I spoke for many hours on end about the latest news, challenges, and upsets) have carried

me through these last five years, and most importantly, through the last year of my journey on

internship while completing this dissertation. I am most deeply grateful to you and could not

have done this without you.

Table of Contents

CHAPTER I: INTRODUCTION

Psychotherapy has long been referred to as the "talking cure," a term coined by Anna O, patient of Dr. Josef Breuer, and first discussed in *Studies on Hysteria* published in 1895 (Launer, 2005; Vivona, 2003). Although a patient coined this term, she had done so after her first stage of treatment during which she felt relief from distress through free association, or "making up and telling fairy tales" (Launer, 2005, p. 465). If talking does indeed cure, common therapeutic factors taught to psychotherapists in training and in core reading materials should address how to work within patient-generated imagery and metaphoric speech or teach how therapists generate figurative speech to facilitate the "talking cure." In other words, while therapeutic healing factors across domains include active listening, rapport building, unconditional positive regard, and listening skills including reflection, verbal tracking, and summarizing, the words behind these interventions do not appear to be discussed in training programs as a core part of the curriculum (e.g., in therapy/intervention skills courses). Figurative language may be defined as "words and phrases that are meaningful, but not literally true," and includes types of language such as metaphor, simile, analogy, metonymy, and so forth (Merriam-Webster, n.d.). In this dissertation, I investigate the use of figurative speech, and specifically metaphor, by both the patient and therapist and posit that some forms of speech may be more likely to facilitate and reflect connection between people. Further, I posit that it may benefit psychologists in training to learn the types of figures of speech as methods of therapeutic intervention, included in core curriculum.

Metaphor may be defined as "a word or phrase to describe an object or action in terms of another" (Pignatiello, 2013, p. 13). Further, metaphor facilitates "linking concepts together to convey meaning in a manner that extends beyond literal language." Metaphor is not metonymy,

"the process of substituting an attribute of something to serve in the place of that thing." It is not an analogy, "a comparison between two constructs based on structure, and utilize for clarification." Metaphor is also not a simile, "a figure of speech that relies on making a comparison more vivid by utilizing conjunctions such as like or as" (Pignatiello, 2013, p. 14). To be precise, a metaphor is unlike other forms of figurative speech.

Despite exclusion from this dissertation, other experiences that may be interpreted metaphorically within psychotherapy may also be essential to healing, including but not limited to humor, dreams, sand tray, reverie, and more. Metaphors discussed in this dissertation, however, are those that are shared between two people and include (a) metaphors within theory, (b) those developed in the course of treatment (e.g., patient-generated or co-constructed), and (c) cross-cultural/universal metaphors. Metaphors within theory will include metaphoric language that is utilized to describe a phenomenon. Metaphors developed in the course of treatment will include patient-generated or co-constructed and put imagistic words to internal or external experience. Metaphors that are cross-cultural/universal will include pre-constructed metaphors (e.g., emotions as waves or musical harmony).

Theorists who utilize metaphor in theory and practice (e.g., psychodynamic, psychoanalytic, narrative psychotherapists, and more) still do not teach how to work within figures of speech as a common therapeutic factor in psychotherapy; and overall, neuroscientific studies of the impact of figurative language on psychotherapy and brain functioning are rarely discussed within the psychoanalytic literature, contributing to ongoing separation of theories of psychotherapy (Vivona, 2009). Moreover, despite the "coevolving" nature of cognition and language (Modell, 2009, p. 6), it is difficult to locate literature within the cognitive domain of

psychology exploring the impact of language on cognitive capacities and therapeutic change, suggesting that research may be sparse.

Metaphoric speech may be derivative, or in other words, a conscious manifestation of an unconscious repression which is often consciously represented as something (e.g., symptoms, fantasies, etc.) other than the original form. Metaphoric or derivative speech may influence the therapeutic encounter or affect the individual differently than nonfigurative speech (Langs, 1978). For example, if an individual states, "my house is like an oven," and the speech is not derivative, although the therapist may understand this as a metaphor for the individual's family emotional functioning, the person may be dissociated from or repressed from the underlying meaning, changing the influence of the communication in the therapeutic encounter. If, on the other hand, an individual states "my house is like an oven" to convey that they must be careful around family members or they will get burned, this type of metaphoric speech (explored in section "Derivative Communication" in Chapter III) may be utilized for therapeutic advantage and understanding.

If we are to investigate and teach common therapeutic factors toward the goal of improving brain function, therapeutic alliance, and relationship building, I posit that certain forms of speech, and specifically metaphor, are more facilitating of therapeutic change than are others. Below I identify certain kinds of speech, focusing on types of derivative speech that are useful in the therapeutic encounter. Further, I explore how neural activation of metaphor is similar to neural activation of attachment relationships. Lastly, I integrate findings within the literature supporting metaphor's place in psychological theories toward facilitating growth, connection, integration, and healing across practitioner "homes."

Rationale

Figurative language allows for the bridging and cocreation of separate things. Language allows us to reconcile different modes of experience (e.g., verbal, sensorimotor) and to transform intrapsychic elements (Vivona, 2003). Vivona suggested:

The actions and bodily states of adult patients are not merely experiences in need of conversion to verbalization or linkage to words; such experiences embody words that have not yet been spoken, but can be, when one knows to listen for them. (p. 64)

In other words, a goal of psychotherapy should include acknowledgement that physiological experiences are the embodiment of language. Cornell (editor's preface in Bucci, 2021b) stated, "symptoms may operate as symbols, have symbolic functions, and enable entry into a symbolic mode, providing pathways to symbolize emotional experience that has been dissociated" (p. xiii). One mode of figurative language that can be listened for and utilized in intervention to access these symbolic functions of symptoms is metaphor. Metaphor is prevalent in literature, thought, action, clinical theories, and linguistics, accounting for most of human conceptual systems, as metaphors structure how we perceive, think, and what we do (Lakoff & Johnson, 1981, 2003). Lived experiences influence the interpretation of metaphor (Lakoff & Johnson, 2003). As such, lived experiences within the therapeutic relationship, where intersubjectivity dominates the experience, may also influence the interpretation of metaphor. Intersubjectivity and its influence on interpretation of metaphor will be explored in a later chapter, which addresses the intersubjective experience of analyst and analysand and the impact on therapeutic experience.

Early theorists utilized language that remains heavily influential on new and existing theories of psychotherapy, influencing a psychologist's understanding of the human experience and their interventions (Pignatiello, 2013). For example, "holding" is a popular term used by D.

W. Winnicott to describe the dynamics in the mother-infant dyad, concerned with "emotional holding-the-baby-in-mind" while providing for their child as a "separate human being" (Abram & Hjulmand, 2007, p. 194). The holding, or facilitating, environment provides the infant with the capacity for integration (i.e., individual personality) and to develop a sense of separateness (Winnicott, 1965). In other words, holding one in mind encompasses one's recognition of the other, independent of what characterizes the relationship (i.e., the essence of mentalization, the ability to know one's own and other's thoughts, represent one's and other's minds; Newirth, 2018; Siegel, 2020). Holding in mind also includes one's ability to account for another, even in their absence (similar to object constancy). This process is one that has been found to involve complex higher-level cortical networks (Burns, 2021). One might also view the therapeutic dyad as a mirror to this dynamic. If within neural networks "new experiences blur the outlines of older ones," our new experiences may support neural rewiring (Lewis et al., 2007). Therefore, the therapeutic dyad may lead the patient to integrate a more whole sense of a separate self as the patient is over time, recognized by the psychotherapist, and the individual's identity independent of others, is held. Theorists across theories of psychotherapy have supported this notion of the holding space, however, research regarding methods of facilitating therapeutic change remains divided across theories of psychotherapy. In addition to conversational partition, there is still little psychological understanding of how "language connects to emotion and bodily systems, what kind of language works best, when and how, or even whether it is the words or other components of the therapeutic interaction that are causing the change" (Bucci, 2021b, p. xxxiii).

  The following is an exploration of the use of metaphor across theories of psychotherapy, positing that metaphor may be used as a method of creating and enhancing intersubjective coordination between patient and psychotherapist. Upon investigating core literature for theories

of psychotherapy including cognitive, neurobiological, psychoanalytic, and more, I found that there is little to no mention of the use of figurative language as a common therapeutic factor in the change process, outside of arguments made by psychoanalytic researchers (e.g., Bucci and Vivona) or those writing articles with individual interests. Although there are researchers across theories of psychotherapy with interest in the type and impact of figurative speech on integration and healing, whose research can be found, these materials, are to my knowledge, not represented in many training programs. As such, I have compiled literature that addresses the use and study of figurative speech and metaphor within several theories of psychotherapy. Drawing from each of these theories of psychotherapy, I then explore how metaphor is an activity within the intersubjective field that allows for intrapsychic construction of ones understanding of the other, informed by symbolism and imagery, and impacting cognitive and neurobiological realms of development. I then expound on the intersubjective space as one for holding co-constructed metaphors that may enhance the therapeutic process and connection.

Methods

Researcher's Perspectives and Assumptions

Researcher perspectives, assumptions, biases, and values influence analysis and interpretation (Mertens, 2014). As a psychotherapist who practices primarily utilizing psychodynamic theories, I am strongly influenced by psychoanalytic thought and lean heavily toward experiential, developmental, and maturational methods of intervention in psychotherapy. To that end, my hypothesis and approach to analysis are informed by my theoretical perspective and appreciation for metaphor and similar methods of intervention. Moreover, sections addressing psychodynamic and psychoanalytic theories will be more robust, as my findings support the notion that these theories of psychotherapy talk about and utilize metaphor more

extensively. However, I have attended to the ways in which my biases influence my approach to different theories. For example, in the first step of reviewing sources, I do so in a standardized manner, identifying and exploring two to three textbooks within each theory of psychotherapy that discuss basic concepts of theory and methods of intervention for each form of psychotherapy.

Comparative Analysis

Comparative analysis was conducted, focusing on encompassing comparison, which "places difference instances at various locations within the same system, on the way to explaining their characteristics as a function of varying relationships to the system as a whole" (Adiyia & Ashton, 2017, p. 3). In other words, I discuss the use and study of metaphor across psychological theories of psychotherapy (i.e., cognitive, interpersonal neurobiology, psychoanalytic theories) as they have been researched and included in theory and intervention, while emphasizing the influence of metaphor as useful across theories of psychotherapy toward the outcome of deepened connectedness in the intersubjective space created between psychotherapist and patient. In this analysis, I have chosen two to three works of literature within each theory of psychotherapy, specifically textbooks that explore theory, practice, and clinical application. I have, as often as available, chosen textbooks published by the American Psychological Association. Once I have explored metaphor across theories of psychotherapy, I refer to literature within each psychological theory of psychotherapy, highlighting ways in which metaphor and shared language within the intersubjective space lead to cognitive and neurobiological change.

Selection of Literature

Literature included within psychological domains and supporting my position will be written by individuals within their respective theories of psychotherapy (i.e., cognitive, neurobiological, etc.) and by those whose work is influenced by psychoanalytic theories (e.g., Bucci), and will emphasize areas in which these theories of psychotherapy cross paths (e.g., analytic researchers addressing language and cognitive capacity). Selected works primarily focused on theory and case studies, but included some research in cognitive psychology, interpersonal neurobiology, Gestalt, and Eriksonian psychologies, and as often as possible were published by the American Psychological Association.

Trustworthiness

Issues of trustworthiness are addressed through peer debriefing (i.e., seeking an external check by an outside individual "who is familiar with the research and phenomenon explored;" Creswell & Poth, 2018, p. 574). Because this is largely a review of literature and theoretical hypothesis, methods of validation, reliability, and generalizability are not emphasized in an effort to justifiably interpret and convey the meaning identified as salient. Thus, it is the responsibility of the researcher to explore the phenomenon through peer debriefing and exploration in the consulting room. The following chapters will explore the definition of metaphor and its place in historical and cultural contexts, demonstrating that metaphor holds a place in history, human development, and relationships. What follows is an exploration of metaphor as it occurs across theories of psychotherapy with an in-depth exploration of Winnicott's use of metaphorical speech and of intersubjectivity in the therapeutic relationship. This in-depth exploration serves as an example of metaphorical concepts as they are represented within theory. Finally, I discuss

types of metaphor in psychotherapy and an integration of reviewed literature toward a new

theory of change in the therapeutic dyad.

CHAPTER II: METAPHOR

Metaphor may be defined in numerous ways. Metaphor can be defined linguistically as a "form of language" meant to "carry something across" or "to transfer" (Burns, 2007), utilizing a "word or phrase to describe an object or action in terms of another" (Pignatiello, 2013, p. 13). In other words, it can be understood as a linguistic tool meant to transport the content or meaning of a topic (Pignatiello, 2013). Metaphor may be viewed as a vehicle to access and utilize mental images for representation of experiential meaning (Boe, 2005; Lakoff & Johnson, 1981, 2003). Metaphor is a term used by philosophers and rhetoricians to explain the process of projection, or the "entering into relationship with a new person or idea through language" (Boe, 2005, p. 72). Metaphor is "an archetypal image, a vehicle" to explain abstract concepts, not unlike a variety of figurative forms of language, including metonymy, analogy, and simile (Boe, 2005, p. 75; Pignatiello, 2013). For this dissertation, I will investigate the use of metaphor, specifically, across literature, defined as "a word or phrase to describe an object or action in terms of another" (Pignatiello, 2013, p. 13).

Historical and Cultural Use of Metaphor

Metaphors are used in writing by historians, religious scholars, archaeologists, physicians, psychologists, and philosophers, and are collective within cultures and across cultures, such that many share them regardless of differences in culture or beliefs (Boe, 2005; Samuels & Samuels, 1975; Semino & Demjén, 2017). In many cultures, metaphor is regarded as a primary method of thought and communication (Samuels & Samuels, 1975). Metaphors are also found in the "parables of the Old and New Testaments, the holy writing of the Kabbalah, the koans of Zen Buddhism, the allegories of literature, the images of poetry, and the fairy tales of storytellers" (Crowley & Mills, 1986, p. 7). Carl Jung's writing, which investigated metaphor

and symbolism, links ancient and modern thought, the Eastern Masters and modern-day psychologists, and Western religions and modern-day seekers with the use of metaphor to identify commonalities in human experience and the human psyche (Boe, 2005; Mills & Crowley, 2014). This is an example of how symbolism can be viewed as "impersonal metaphor" or "cultural artifacts" of which the meaning is shared (Modell, 2009, p. 7).

Metaphor may be found in poetry, literature and language, works of art, dreams, and in conversation to describe the indescribable, yet what is understood and felt by many, acting as a symbolic representation elucidating private experience and public knowledge (Ellenhorn, 1989). This form of "knowing" may be shared across humans as an emotion schema constructed from sensory and somatic components (Bucci, 2021a). Information may also be stored in long term memory in images through emotion schemata, allowing us to form representations for objects that are passed down and communicated between people and across cultures (Bucci, 2021a, 2021b). Further, mental imagery is a "core process" of many therapeutic interventions, showing efficacy in treating affective and anxiety disorders (Skottnik & Linden, 2019). An image or metaphor, representative of something else, may become essential to the therapeutic encounter, strengthening the patient's capacity to mentalize, as it involves symbols that represent emotional reality (Wallin, 2007).

Philosophers have posited that mental images have characteristics similar to those of the physical and tangible (i.e., topographical organization) and as such can impact and change the physical world (e.g., our neurobiology; Kosslyn et al., 2006; Malhotra & Sahoo, 2017; Samuels & Samuels, 1975). This suggests that metaphoric processes are experienced across cultures, along with common lingual metaphors: for example, life is a journey, death is a departure, and so forth. Metaphors allow for understanding the individual through their belief system and for

adoption of non-Western interventions that address a non-dualistic view of reality (Burns, 2007).

Metaphor opens the door to additional pathways of intervention and understanding that are less

restrictive than the White and patriarchal origin of many Western therapies.

CHAPTER III: METAPHOR ACROSS THEORIES OF PSYCHOTHERAPY

Metaphor is considered to operate as a major function of our conceptual systems, including interpersonal, neurobiological, and cognitive development (Lakoff & Johnson, 2003). Further, metaphor utilizes the mental imagery of sensorimotor domains to express subjective experience (Bucci, 2021a). In other words, metaphor allows one to convey a message about internally and externally felt experiences by utilizing words that evoke imagery. Perceptual and cognitive representations are formed of unconscious sensorimotor experience, while consciousness bestows meaning on representations of the sensorimotor (Solms, 2015). Thus, as individuals seek to make the unconscious conscious, I argue that symbolic internal representations (e.g., metaphors) may assist therapeutically in moving through a new way of consciously understanding self-object relations and object relating. The following chapter will explore texts across psychological theories and treatment approaches theories of psychotherapy and discussions regarding metaphor in theory and practice (i.e., intervention) to support this notion of metaphor as therapeutic.

Cognitive Psychotherapies

Through a review of texts on theory, method of change, and intervention in cognitive behavioral therapy (CBT), I found that discussion around the use of metaphor in psychotherapy is minimal. In an additional search of articles regarding metaphor use in CBT, results were also minimal, including few articles within the last two decades (Abbatiello, 2006; Friedberg & Wilt, 2010). Additionally, I found a CBT text specific to the study of metaphor (Stott, 2010). These results are likely attributable to individual research interest, but discussions regarding use of metaphor appeared sparse within general theory/intervention texts, which may be more likely to be utilized in training programs. For example, there is brief mention of metaphor and its use,

including searching for or finding metaphor that patients provide, and use of "metaphoric therapeutic cards" (Lee & Edget, 2012, p. 79). These cards are described as "symbolic and associative cards which enable access to deep feelings and assist in narrating the experience by distancing from it" (Lee & Edget, 2012, p. 79). Further, the use of metaphoric cards is presented as a means to distance one from the experience, as opposed to deepen it, which I am proposing is the purpose of metaphor as a therapeutic intervention. Use of metaphoric therapeutic cards was not found to be discussed across reviewed cognitive texts.

Metaphor was also found to be briefly noted as useful in cognitive restructuring; however, discussion regarding application of metaphor in cognitive restructuring appears absent in the reviewed text (Wenzel et al., 2016). Additionally, I found that metaphor is discussed in cognitive texts when addressing culturally responsive CBT, but not as a core component of treatment. Metaphor is discussed in conjunction with use of storytelling and sayings, which one CBT text states are used within certain cultures to teach and reinforce messages without explicitly stating the message (Wenzel et al., 2016). In another CBT text, metaphor is not considered beyond the author's use of a metaphor in explanation of a theoretical concept (Misciagna, 2020).

In a search of literature on acceptance and commitment therapy (ACT) there is more prominent use of metaphor. ACT texts suggest utilizing specific metaphors for similar patient issues (e.g., "the Hook metaphor, the Passengers on a Bus metaphor, the Tar Baby metaphor," etc.), as opposed to use of co-constructed metaphor or patient-generated metaphors (Blackledge et al., 2009). Although ACT appears to highlight metaphor use, the metaphors are most often pre-constructed rather than co-constructed, which may also be found in some CBT texts (O'Donohue & Fisher, 2012).

In a search of several texts on dialectical behavior therapy (DBT), there is brief mention (in one–two paragraphs) in some texts regarding psychotherapist use of metaphor or stories to illustrate alternative points of view (McKay et al., 2007; Pederson, 2015). For example, McKay and colleagues (2007) state, "feel free to be creative and use metaphors if you need to" (p. 231), and provide one example of a metaphor (e.g., an ocean to illustrate wholeness versus smaller parts). Further, DBT texts often describe emotions utilizing pre-constructed metaphors evoking water imagery, such as riding the "wave" of emotions/urges, or urge "surfing" (Boritz et al., 2023; Chapman & Dixon-Gordon, 2020; McKay et al., 2007). These metaphors are passed down through DBT theory as universal metaphors and used primarily when teaching distress tolerance skills or affect regulation.

Overall, however, attendance to figures of speech, and specifically patient and co-constructed metaphor, appears to be sparse across CBT texts and subtheories of psychotherapy of CBT (e.g., ACT and DBT). While the use of metaphor is alluded to, there is little to no expansion on how to utilize the organic co-construction of metaphor or what to do once patient generated metaphors have been "found." Across the texts reviewed above, one consistency is the use of metaphor within the text to convey a theoretical concept to the reader. Thus, there is mention of the value of metaphor and figurative speech, but not an overt discussion. This absence of research in texts (which encompass theory and practice) may reflect the degree to which figures of speech and metaphor are included in doctoral training programs as methods of intervention in the therapeutic context, aside from discussion of personal case examples, pre-constructed metaphors as used in ACT, or inclusion of metaphor-specific literature.

Psychoanalytic Cognitive Psychology

Although cognitive psychologists have often separated emotion and cognition from one another, recent research suggests that emotion and cognition are inseparable from one another and from bodily and sensory functions (Bucci, 2021c; Moore & Oaksford, 2002; Nelson & Collins, 2008; Thagard & Kroon, 2006). According to Bucci and colleagues (2015), imagery systems (i.e., the constructs that allow for the human capacity to build imagery in human minds) are present from birth, as infants build images of their mother using their sensory experiences. In other words, these "images" are not created through literal images, but by underlying modes of experience (e.g., sensory, bodily experiences). Further, representational images are largely formatted through unconscious processes, as opposed to conscious, however, can be made conscious through the therapeutic process.

Modell (2003) defines metaphor as cognitive linguists do, as an unconscious neural process aimed at the "mapping or transfer of meaning between dissimilar domains (from a source domain to a target domain)" (p. 27). Metaphor may aid in memory processes, through formation of images that the patient can associate to and capture experience, as well as aid in emotional and somatic change through the therapeutic effect of language (Billow, 1977; Bucci, 2021a, 2021b; Vivona, 2006). This occurs through referential activity (RA), the process of connecting nonverbal representations and experiences to words and language (Bucci, 1984; Bucci et al., 2015; Bucci, 2021a, 2021b). Linking words back to nonverbal representations (i.e., images) allows us to interpret the language of others (Bucci, 1984). The referential process represents the language function as embedded in bodily and sensory experiences, and includes functions of construction of the entity and reconstruction (reorganization) of the entity following processing in the symbolizing phase (Bucci, 2021a). In other words, the referential process is one that links

"word-symbols and thing-representations in the mind" (Bucci, 1984, p. 152). A more "complex" example of RA is an individual "finding the words" to express an experience, while the process of *listening* decodes these words to form associations to the expressed experience (Bucci, 1984, p. 139). RA includes multiple representational systems (e.g., a verbal system, a nonverbal system, and subsymbolic; Bucci, 2021b). Further, RA utilizes the concepts of multiple code theory (i.e., the idea that human mentation involves multiple forms of thought, including sensory and bodily experience as modes of thought) and emotion schemas ("underlying the organization of life experience in memory," e.g., narratives of episodes from our past or enactments in the here and now) as referential links between verbal and nonverbal imagery systems (i.e., as organizing internal models of one's body in the world; Bucci, 2021a, 2021c, p. 5). While this dissertation specifically addresses the referential process as it occurs between two people, RA also occurs independent of another and out of psychotherapy, through songs, books, and more.

Bucci (2021b) conceived of multiple code theory as an intersection of cognitive psychology and psychoanalytic theories. Multiple code theory includes verbal symbolic, non-verbal symbolic, and subsymbolic domains, which are a means of "knowing and learning, and informing us about ourselves and others, operating consciously and unconsciously" (p. xiv). In other words, our brains are tasked with constructing concepts that unite emotion and thought, leading the body toward integration of new sensory input and memories from the past (Bucci, 2021b). The verbal symbolic includes words of language, nonverbal symbolic are memories and images, while subsymbolic domains include sensory, motoric, and visceral experiences (Bucci, 2021b). Each of these modes of thought may occur both consciously as well as unconsciously in the networks "processing outside of our awareness" (Bucci, 2021b, p. xxxiv).

Symbolic codes act as representations of outside entities, which are formed with new words or images, influencing all sensory modalities. As these domains interact in the interpersonal field in psychotherapy, the patient utilizes nonverbal symbolic and subsymbolic processing to inform verbal symbolic domains, which deepen the nonverbal experience in the therapeutic process (Bucci, 2021b). In other words, the subsymbolic is more likely to be activated by figurative speech like metaphor, allowing for somatic experiences that facilitate integration through psyche-soma (i.e., the foundation for a sense of self in the world and self in one's body; Bucci, 2021b). However, interpretation of symbolic domains requires one to recognize imagistic speech, as the verbal symbolic domains may be understood literally and concretely, as opposed to symbolically. It is posited that the subsymbolic domains inform operations of intimacy, play, and nurturance, key terms in theories posited by Winnicott and pertaining to the good enough facilitating environment and integration, making subsymbolic domains particularly relevant to the use of metaphor in psychotherapy (Bucci, 2021b).

Studies of tasks including naming speed, narrative language, and generating color names show differences in patients with high RA versus low RA (language that is abstract general, vague, and diffuse), suggesting that those with high RA ability have significantly higher recognition of information associated with metaphoric expressions and imagery systems (Bucci, 1984). Further, patients with high RA (language that is vivid, specific, evocative, full of imagery, and utilized in metaphorical processing) may be better able to understand and conceptualize affective information, or emotional experiences, as their descriptions appear to generate mental imagery, which may also be evoked in the listener (Bucci et al., 2015). Bucci's research suggests that the referential process occurs as a part of human communication, and therefore, occurs in psychotherapy regardless of theory/technique. As Stern (1927, p. 46) stated and Bucci (1984, p.

152) echoed, "the most important event in the mental life of a child is the discovery that "everything has a name." Given this information, I believe it is possible that conscious use of imagery in speech, and metaphor in particular, is both expressive of and facilitates intersubjective knowing and relating as it invokes imagery systems that access affective information. Further, it may also enhance an individual's ability to understand their affective and emotional experiences, regardless of theoretical approach.

Interpersonal Affective and Cognitive Neuroscience

In a brief search of several texts on cognitive neuroscience, there is one found mention of metaphor or figures of speech as related to psychotherapeutic intervention and change, despite discussions around language, speech, writing, aphasias, and so forth. Burns (2021) discusses the influence of a right-hemisphere disorder on semantic difficulties, and specifically with figurative language. Although metaphor and figures of speech may not be extensively discussed in texts, cognitive neuroscience researchers have investigated mental imagery, including implicated neural and psychological mechanisms and the impact on emotional experience (Skottnik & Linden, 2019). Eric Kandel, an American neuroscientist and the recipient of the 2000 Nobel Prize in physiology and medicine for physiological basis of memory storage in neurons, identified the following principles of understanding neuroscience in psychotherapy:

1. All mental processes, including psychological, are neural.

2. Experiences (including social and developmental) alter gene expression.

3. Learning changes patterns of neural connections.

4. Psychotherapy produces changes in gene expression and strength of synaptic connections, and produces structural changes that alter anatomical patterns of interconnected nerve cells in the brain (Malhotra & Sahoo, 2017).

The following section will explore neurological implications of the use of metaphor in psychotherapy, the impact of attachment on neurological change, and the idea that one might use metaphor to activate neural systems that register learning and attachment toward neurological/structural change.

Interpersonal Neurobiology: Attachment-Based Neurological Change

The "mind," as we understand it, is informed by internal neurophysiological processes and interpersonal experiences between brains (Schore, 2009). Lewis and colleagues (2007) described the capacity of "limbic resonance" as "a symphony of mutual exchange and internal adaptation whereby two mammals become attuned to each other's inner states," leading to sensory experience (p. 91). Attachment establishes a connection that allows for the "immature embodied brain" to utilize the mature functions of the parent's body and brain to organize itself (Siegel, 2020, p. 382). "Healthy" neural development depends on attunement from attachment figures who provide safety, soothing, and mirroring in early life and adulthood (Schore, 2009; Siegel, 2020; Wallin, 2007). For example, repetition of parent's emotionally sensitive responses to a child are encoded into implicit memory as schemata of attachment and allow a child to learn to self-regulate emotions and bodily arousal (Malhotra & Sahoo, 2017). These schemata of attachment may also become activated and facilitate safety/proximity seeking on the child's behalf. "True" communication of this nature requires not only the verbal, but also the nonverbal, including sensations, images, feelings, and thoughts (Siegel, 2020). When two mental states permit nonverbal communication, individuals may feel "understood" at a deeper level.

As interpersonal experiences (e.g., intersubjectivity within the therapeutic dyad) shape neural connections, neural connections are also continually changed in response to experience (Malhotra & Sahoo, 2017; Siegel, 2020). Incoming stimuli from the attachment figure aid in the

establishment of a neural network that is associated with feeling safe (Wallin, 2007).

Simultaneously, chemicals that mediate the brain's separation/attachment mechanism also have

antidepressant properties, making secure attachments and secure bonds, themselves addictive to

the brain (Solms, 2015). Solms posits, then, that the biological endophenotype that is involved in

substance use is also involved in attachment, suggesting that attachment experiences (such as the

therapeutic encounter) may potentially alter neurological processes.

Neural Activation in Processing Metaphor

The right insula has been thought to play a key role in comprehension of metaphor,

paradox, and humor (Schmidt & Seger, 2009; Siegel, 1999, 2020; Turgut et al., 2018). Further,

the reading of stories and metaphors has been found to activate both the left and right hemisphere

processes more than scientific texts (Schmidt & Seger, 2009; Siegel, 2020). Broca's area, found

in the left frontal cortex, controls expressive speech, and may also facilitate comprehension of

visceral, sensory, and motor metaphors (Cozolino, 2017). More recent studies suggest that the

left hemisphere (i.e., temporal and frontal lobes, and the basal ganglia) is also activated by

metaphor and that damage to the left hemisphere contributes to several types of language

disorders (Citron et al., 2016; Solms et al., 2004). Research has found neurophysiological

differences in processing metaphor versus nonfigurative language, including differences in parts

of the left and right hemispheres, the amygdalae, and the inferior and middle temporal gyri

(Pignatiello, 2013). Neuroimaging has found enhanced activation of the anterior left

hippocampus and left amygdala when processing metaphoric sentences, suggesting that

metaphor activates emotional engagement and memories more than literal sentences (Citron et

al., 2016). Further, the hippocampus, prefrontal cortex, amygdala, and temporal lobe are

associated with emotions and memory and have been found to be capable of neurogenesis (i.e.,

regeneration; Malhotra & Sahoo, 2017). Neurobiological studies concerned with the "talking cure" point toward the prefrontal lobes of the brain as the central station for outcome-specific changes related to psychotherapy (Solms et al., 2004). The "talking cure" is presumed to "extend the functional sphere of influence of the prefrontal lobes" using language and internalization (which may occur in the first years of life but may be reactivated by transference in psychotherapy; Solms et al., 2004).

Within the selected neuroscience literature that discusses metaphor and figures of speech, the hippocampus is mentioned as a zone that not only allows for processing of metaphor and activates emotional engagement, but also allows for formation of integrated memories, including what people say (Bucci, 2011, p. 250). The amygdala is also mentioned across selected literature as a zone that contributes to processing of emotional information, encoding and consolidation of memories through connections with the hippocampus, and use of "subsymbolic and fragmentary information about emotionally arousing events" (Bucci, 2011, p. 251).

Neural Activation in Response to Another

Modern attachment theory suggests that primary caregivers regulate the infant's affective states during attachment episodes of visual-facial, auditory-prosodic, and tactile-gestural nonverbal communication (i.e., a relational unconscious; Schore, 2014, p. 389). Neural circuits are activated by experiences and if experienced repetitively, are altered, created, and strengthened (Malhotra & Sahoo, 2017). Neuronal responses are activated by an individual's perception of an action in another that is identical to a self-initiated action, suggesting that human brains are "intrinsically relational" (Modell, 2003, p. 184). It has been established that the corticolimbic and orbitofrontal circuitry associated with self-regulation is modified through attachment bonds in infancy (Malhotra & Sahoo, 2017). Further, amygdala activation has been

associated with emotional stimuli and emotion regulation, alongside the hippocampus which is

activated particularly when one is exposed to aversive or dismissing social events (Buccheim,

2017). Attachment anxiety and dismissiveness have been found through neural imaging to

influence changes of connectivity between the hippocampus, amygdala, and parts of the

prefrontal cortex (Buchheim, 2017). Adult Attachment Inventory measures and neural imaging

have also found negative interactions with mood in the middle temporal gyrus (associated with

facial memory and facial affect processing), suggesting that attachment security was significantly

correlated with decreased activity in this part of the brain (Buchheim, 2017). In other words,

decreased activation of the middle temporal gyrus in insecurely organized individuals suggests

that securely attached individuals require less activation when processing relational information,

while heightened activity in the middle temporal gyrus may suggest less secure and more

preoccupied attachment organizations.

      Mirror neurons, involved in attachment processes, are neurons that fire both when

self-performing and observing the same action in another (Malhotra & Sahoo, 2017). The mind

holds mental images that link self and other, providing a neurological explanation for

intersubjectivity (Modell, 2003, p. 185). Attachment interactions between mother and infant are

found to contribute to formation of synaptic connections in functional brain circuits, including

the establishment and maintenance of limbic circuits (amygdala, hippocampus; Schore, 2009).

As such, the "interpersonal regulation of biological synchronicity" between mother and infant

may also be mirrored in the therapeutic dyad, where sensorimotor coordination can be connected

to security and understanding (Boeker et al., 2018; Schore, 2014, p. 389). The development of

the self-object occurs as the self is in relation with another self (Schore, 2009). For example,

when one is socially excluded, one experiences neural activation in the same areas responsible

for physical pain (Boeker et al., 2018). Notably, assembly of neuronal activation in relation to another determines the nature of one's subjective experience of reality (Siegel, 1999, p. 160). Moreover, brain structures activated both by metaphor and by attachment bonds (e.g., insecure attachment organizations) include the amygdala, hippocampus, medial temporal gyri, and frontal lobe (Buchheim, 2017; Siegel, 2020). As the intersubjective experience occurring in psychotherapy may stimulate neural plasticity and neurogenesis, and as words change the mind, I posit that syntax of communication (e.g., stringing of specific words together in figurative speech, specifically metaphor) may change the brain and facilitate neurogenesis/neural plasticity (Malhotra & Sahoo, 2017).

Metaphor as Transformative Through Neural Activation

Individuals create mental symbols (through neural activation), which carry or transfer information, causing sensory-perceptual and conceptual-categorical experiences, eliciting emotion and memory, and allowing for integration of therapeutic experiences (Siegel, 1999). It is no coincidence that this process of neural activation utilizes the words "carry" and "transfer," as does the definition of metaphor. Further, metaphoric gestures (e.g., communication of emotional intentional states through gesture) allow humans to communicate intentional emotional experiences, which are pre-verbal, yet appear to be linked to an innate cognitive faculty for metaphor (e.g., take Bucci's subsymbolic domains; Modell, 2003). As such, the therapeutic dyad holds the potential to facilitate "intrinsic plasticity of the right brain" and facilitate the "silent reverberation between minds" (Lewis et al., 2007, p. 92; Schore, 2014, p. 390). What is communicated within a metaphor may convey essential nonconscious body and affective relational information between patient and psychotherapist (Schore, 2014). However, it is noted that while interpersonal neurobiology may explain the relational process, it has not yet fully

explained the neurological impact of the use of metaphor. Beyond this, one may conclude that

neurobiological and psychological health hinges on the context of attachment relationships

(Wallin, 2007). Overall, studies of brain function and activation show that what *is* known is that

much is unknown, as both cerebral hemispheres are responsible for different aspects of ego

functioning. However, reviewed information supports the notion that brain structure and function

may be influenced by the use of metaphor and by attachment bonds, even if influenced at

different points in time (Solms et al., 2004).

Psychoanalytic Concepts and Theories

As mentioned previously, while metaphor may not be identified as a method of

intervention across psychological theories of psychotherapy, it is often utilized to describe

theoretical concepts, and concepts may be interpreted metaphorically. A theory may function as

a metaphor if it "transfers meaning from a better-known idea or experience onto a lesser known

idea or experience in order to create meaning" (Pignatiello, 2013, p. 4). The following will

explore examples of metaphor in psychoanalytic theory, including transference and

displacement, analytic defenses (specifically projection and projective identification), derivative

communication, and Winnicott's theory, an example of metaphor-rich language that has been

used to convey ideas. These theories may tend toward using more metaphoric language, as

psychoanalytic theories were the first theories of psychotherapy, in which theorists were tasked

with conveying experiential meaning and different ways of conceptualizing concrete experiences

of signs and symptoms into symbolic experiences and narratives (Newirth, 2018).

The founder of psychoanalysis, Sigmund Freud, was a neurologist for two decades.

However, Freud did not have access to the necessary tools to formally explore neurobiological

processes in relation to psychoanalysis (Solms & Turnball, 2011). As a result, Freud did not have

the technology to identify the function of concrete brain structures or processes, focusing on the psychological and referencing what he believed was underlying (Solms & Turnball, 2011, p. 134). It would be difficult to separate the psychoanalytic from cognitive and neurobiological. Other early theorists also thought the analytic, cognitive, and neurobiological were connected. Namely, Winnicott's term "psyche-soma" addresses the idea that the body and mind (or mental and physical processes) are inseparable (Winnicott, 1954). Overall, historical figures of analysis believed that the biological and the mental were inseparable and often used metaphor in theoretical concepts to make this connection (e.g., somatization).

Metaphor, fundamentally, is "an expression of a neurophysiological process that has been secondarily coopted by language" (Modell, 2009, p. 6). As dynamic theories utilize metaphor, a cognitive concept, one can unite theories across theories of psychotherapy. Classical psychoanalytic theories include the topographical model (i.e., conscious, preconscious, and unconscious), structural model (i.e., id, ego, and superego), drive theory, and the psychosexual stages of development, all of which may be interpreted metaphorically (Huprich, 2009). In my exploration of psychoanalytic concepts, I will discuss key concepts of theories that are interpreted metaphorically (e.g., psychanalytic defenses, transference, ideas within theories). When meaning in a metaphor is identified, individuals are able to connect in new and more meaningful ways, tapping into a deeper understanding of universal experiences. Metaphor and symbolism allow for identification with objects different from oneself (Boe, 2005). This may attract many psychologists in training to the field, in that there is representation of one's own experience through metaphorical theoretical language. One can put words to experience and thought.

Transference and Displacement

The processes of condensation and displacement may act as organizational and generate deep meaning in unconscious experiences, highlighting the significance of nonlinear thought processes (Newirth, 2018). Displacement within transference may be interpreted as a type of metaphoric process, in which the patient's childhood feelings are "carried over" into the therapeutic relationship through images (Holmes, 2004). An essential mechanism in intersubjective experience of the psychotherapist and patient that utilizes these defenses is the bidirectional transference-countertransference relationship, in which the patient expresses their implicit memories (Schore, 2014). Classical psychoanalysis attempts to translate what occurs in the transference (i.e., transference interpretation) as a reflection of unconscious conflict and fantasy (Cooper, 2018). Transference interpretation is a method through which we interpret metaphor, such that the individual experiences the psychotherapist not as they are objectively, but through the client's experience (i.e., "one thing becomes a surrogate for another"; Malhotra & Sahoo, 2017, para. 47). The patient re-experiences unconscious assumptions, emotions, and desires in the therapeutic dyad through displacement (i.e., "feelings toward important early objects"; McWilliams, 2011, p. 252), allowing for the psychotherapist to identify patterns within the transference (Holmes, 2004). Their inner reality structures external reality, and people "see what they expect to see," making the transference countertransference relationship a metaphorical symbolic experience (Newirth, 2018; Samuels & Samuels, 1975). Further, within the transference experience, it is posited that mirror neurons are activated as in the mother-infant dyad (Malhotra & Sahoo, 2017).

The conscious use of speech in the therapeutic encounter to express an idea or image can facilitate the client's knowing and recognition of a relational pattern or experience, which may

also be metaphorically representative of one's relationship to earlier relationships. The individual may avoid knowledge of an emotional experience by substituting meaning (Bucci, 2021b). In other words, the psychotherapy relationship may become a symbol of the patient's relationship to early caregivers. The patient and psychotherapist become connected not only by the literal interaction, but also by an "exchange of intrapsychic states" (Elzer & Gerlach, 2014). Further, the psychotherapist's interpretation of metaphoric speech in transference processes may enhance intersubjective relating and attunement. The therapy itself takes on the qualities of a metaphor where the exchange often represents something else, and as such, one's conceptualization of their patient and the interventions utilized may also take on metaphoric qualities.

Projection and Projective Identification

Projection and projective identification are subsymbolic processes that, dependent on the dyad and progression from projection to projective identification, may be indicators of an affective and symbolic two person intersubjective experience of the mind (Bucci et al., 2015; Newirth, 2018). Projection, in its "benign form," can be defined as the symbolic insertion of part of the self into an object so that one can become more familiar with, understanding of, or knowing of the object (Malancharuvil, 2004; McWilliams, 2011). Further, malignant projection occurs when "what is inside is misunderstood as being outside" (McWilliams, 2011, p. 190). Benign projection is "the basis for empathy," as we "project our own experience in order to understand someone's subjective world" (McWilliams, 2011, p. 190). Metaphor may be considered a conduit for disowned parts of the self, suggesting similarity between projection and metaphor (Newirth, 2018). Projection may reach the other like Teflon (i.e., nonstick), which then leads projection to become metaphorical, as the object is representative of something that it is not. Projection may also be followed by the process of projective identification, which involves

parts of the personality being split off (e.g., intolerable affects) and projected onto the psychotherapist who then "takes on" the projection, or then incorporates and internalizes the projection (Bion, 1984; Klein, 1955). In other words, projection and projective identification may be interpreted metaphorically as there is no physical manifestation of the projected rejected part. To provide an example, if I were to take one of my shirts and insist that it was a friend's, and that friend agreed that it was theirs (projective identification), put it on, and wore it around, this would be a physical representation of this friend taking on my "stuff."

Projection of parts of the self into a metaphor may facilitate connection among individuals and generations through symbolic information. In other words, "collective representations" or "image schemas" may be created, with replicated forms and patterns of metaphor that are similar across cultures, societies, time, and historical context (Hunt, 2012; Lakoff & Johnson, 1999; Mills, 2019). Hunt (2012) stated that projection of meaning then becomes a process of "self-realization via the re-integration and/or metaphoric elaboration of early object relational or affective patterns" (p. 78). That is, one creates meaning based on past relational and affective experience, and projection (or insertion) of this meaning into a metaphor allows for healthier understanding and integration of past experiences with the present self-concept. For example, if a patient states, "I'm a guitar player who's been asked to play the flute," and a psychotherapist states, "yes, you feel completely out of your element, even alien," the psychotherapist can use a benign form of projection to understand the metaphor. If one considers projection broadly to mean the insertion of any part of the self into an object, then benign forms of projection allow for empathy and understanding, and malignant forms are the disowning of parts of the self. Projective identification, however, is not discussed in benign forms; as the quality of the projection is taken in by the object, it becomes malignant. For

example, a client of mine referred to themselves once as a cockroach in an effort to make meaning of their relational subjugation and to increase tolerance of the subjugation.

Metaphor as a tool of projection is a method of making the unconscious conscious, and as such can be utilized in psychotherapy as a mechanism of change (Boe, 2005, p. 78). For us to understand another's metaphor, we identify with their experience using our self-experience (Elzer & Gerlach, 2014). This mental act may be followed by introjection/projective identification, as we internalize the representation, contributing to integration of sense of self. Moreover, rather than the patient's projection onto the psychotherapist resulting in projective identification, the patient is able to project disowned or rejected parts of the self onto the metaphor, which then takes on the quality of the projection. In other words, one can discuss parts of self one has difficulty taking ownership of by projecting it into a metaphor (e.g., "I am at war" may reflect angry or conflicted parts of the self that are difficult to identify), allowing a patient to express what they are having difficulty expressing with concrete, precise language.

Derivative Communication

Derivative communication is defined as "expressions of the repressed," or communication that contains and reflects latent content including the unconscious fantasies, memories, introjects, and self-representations of a patient, and which indicate the source of symptoms (Langs, 1979, 1989a, p. 294). All derivative communication occurs through unconscious thinking and is a form of mentation. Derivative communication is almost always expressing a mixture of fantasy and perception through narratives, stories, dreams, or memories, and includes three levels of meaning (manifest, implied, and encoded meaning; Langs, 1989b). Nonderivative communication is unencoded narratives and often may be intellectualized (Langs, 1989b). Encoded meaning that is present in derivative communication is created through

displacement and symbolization, and therefore, is only understood through "undoing" of these mechanisms, or identification of relevant context other than manifest content (Langs, 1989b, p. 300). The concept of "carrying over" that occurs in displacement may also occur through condensation, when referencing manifest and latent content. Condensation is a process through which ideas become fused with images and may have more than one root cause and deeper meaning (Snowden, 2017). In other words, one thing (e.g., a baby in a dream) may represent more than one thing (e.g., rebirth, growth, childhood, innocence, etc.). With both condensation and displacement, the individual is unconsciously identifying with similarities, analogies, and parallels between what is presented (the psychotherapist, metaphor, or dream) and the past, or unconscious (Holmes, 2004).

The patient's communication may be organized into three levels: manifest content, type one derivatives, and type two derivatives, which the psychotherapist identifies and interprets as relevant to the patient's defenses, dynamic constellations, and intrapsychic conflict (Langs, 1979). Manifest content includes obvious, direct meaning, conscious feelings and conflicts, and conscious surface concerns; type one derivatives are inferences from manifest content; and type two derivatives are inferences from manifest content which are created as adaptive intrapsychic responses (Langs, 1979, 1989b). An example of manifest content as cited by Langs (1981) is as follows:

> Blanck & Blanck (1974, p. 305) describe an interlude in which a patient states that she is wondering if her psychotherapist is a butch, i.e., a masculine appearing lesbian. The psychotherapist asks the patient what makes her think so, and the response is that the psychotherapist is attractive and not married. The psychotherapist then asks the patient when she has these thoughts, and for a clarification of her answer to the first question.

The patient responds that she has always been attracted to girls but thought it was terrible, so she put it out of her mind. She recalls a time when she undressed with another girl and they looked at each other. The psychotherapist asks the patient what she was looking for, and the patient describes her excitement in looking at her friend's breasts. (p. 201)

The psychotherapist is described by Langs as using manifest listening and intervening, only addressing the surface of the patient's communication (e.g., conscious thoughts) and turning focus away from the therapeutic relationship.

The meaning of type one derivatives is most often inferred from the unconscious displacement, projection, or denial of the patient (i.e., intrapsychic conflicts and dynamics, repressed unconscious fantasy constellations; Langs, 1981). An example of working with type one derivatives as cited by Langs discusses a patient who is discussing their analytic bill, imagining putting their fist through the analyst's door. The patient wonders what the analyst would tell his patients about the hole and if he would have to pay for the psychotherapist's time lost if unable to see other patients. The psychotherapist identified jealousy of other patients, reminding the patient of a summer holiday in his childhood when his parents were absent and he was left with the nursemaid, who had to divide her attention among several children. Unable to express his anger with the nursemaid, the patient is interpreted to be expressing this anger with the analyst. It was also viewed as *implying* unconscious sadistic fantasy of intercourse in the image of smashing a hole in the analyst's door. Langs asserts that this type of intervening is predicated by the analyst's special interest. Further, the analyst's influence on the stimulated content is not acknowledged.

Type two derivatives are analyzed in light of the adaptive context and are given specific organization and meaning in the here and now, while genetic content (e.g., familial/childhood

inferences) is considered, but are no longer developed as isolated inferences (Langs, 1981, p. 204). As such, type two derivatives can have a metaphoric element to them. Type two derivatives are exemplified in the following, as cited in Langs (1981):

> One male patient describes feeling as though he were not participating in the analytic work, adding that though he sits down, he refuses to take part. Searles points out that it is he, Searles, who is actually sitting down, upon which the patient reveals his impression that at times Searles is depressed and that he—the patient—has to find ways of bringing him out of himself. Associations led to the patient's mother and efforts on his part to obtain an enthusiastic response from both her and Searles. (p. 205)

Langs discusses the implicit content of the adaptive context (i.e., an earlier failure by Searles to have made an appropriate intervention, a response the patient was unconsciously aware of). Further, within this vignette is reflected the projective and introjective processes, genetic allusions are not seen as distorting influences, and Searles acknowledges that there may be actual resemblances between the analyst and the parental figure (p. 205). In sum, type one derivatives only look at manifest content and genetic interpretations, while type two derivatives additionally look at the adaptive function in the here-and-now relationship of psychotherapist and patient, allowing for integration of self.

Through recognition of these fields, the patient and psychotherapist can establish symbolic communication, illusion, transitional communication, and a play space (Langs, 1979). Type one derivatives are likely to reflect defenses in the patient or psychotherapist. Type two derivatives, specifically, may act as representations of unconscious perceptions in the here-and-now of the therapeutic dyad. In other words, derivative communication may take the form of a metaphor, expressing repressed or unconscious content of the patient's psyche, allowing for

interpretation of the metaphor to highlight patient defenses, dynamic constellations, and intrapsychic conflict (i.e., the metaphor may be used to make the unconscious conscious in the here and now). Type one derivatives do not carry meaning, while type two derivatives are concerned with psychological growth in that they can carry meaning and are tied to unconscious perception. Derivative communication is a psychoanalytic concept that one may use to intervene on metaphoric content in the therapeutic encounter, reflecting other metaphoric processes such as displacement, condensation, projection, and projective identification. As emotional experience "begins as a derivative," a child understands their inner world through limbic resonance (Lewis et al., 2007, p. 213). In other words, theory, practice, and the therapeutic relationship are demonstrated as metaphoric and reflective of human development outside of the therapeutic relationship.

Winnicott

Winnicott did not explicitly explore the use of metaphor; however, his writing is rich in metaphoric language. For example, common terms meant to be interpreted metaphorically include "holding" and "play" (Winnicott & Rodman, 2005). The psychotherapist's ability to "hold" the patient and "play" within the therapeutic space is both a result of and allows for creation of the intersubjective experience. To be successful, the therapeutic relationship must mirror a "holding," or good-enough environment (e.g., mother-infant dyad), where the patient and psychotherapist can "play" together toward the goal of the patient's discovery and integration of a whole sense of self (Abram & Hjulmand, 2007; Bucci, 2021b).

Winnicott discusses a "transitional space" in which "play and illusion develops," and the child recognizes the world as separate from self (Barron, 1999). This process is one in which the child uses symbol formation and transitional objects in play. In this realization, the child is also

required to consider object relationships through creation of gratifying fantasies and mastery of

play. The child begins to traverse the inner world with the outer world within a "transitional

space" (Abram & Hjulmand, 2007, p. 246). Winnicott viewed the transitional phenomena as a

"dimension of living that belongs neither to internal nor to external reality; rather, it is a place

that both connects and separates inner and outer" (i.e., objective reality versus subjective

internal; Abram & Hjulmand, 2007, p. 337). In other words, the infant "discovers and elaborates

the self through movement through their emersion in the subsymbolic realm" (Bucci, 2021b, p.

xiv). Winnicott's statement is taken metaphorically, rather than literally, to connote the

experience of transitional phenomena. Play, similarly, may be considered a transitional

phenomenon, as the crossroads between what is inner reality and what is external reality. For

example, a child may have a fantasy to fly and embody the external (e.g., a plane). There is an

understanding that the plane is "not me," while the child creates a relationship to the external.

Winnicott's conceptualization of play also included discussion of the therapeutic encounter as a

playful, transitional experience, allowing one to explore themselves in a playful relationship with

the psychotherapist through movement, imagery, fantasy, and the nonverbal, to create meaning

(Bucci, 2021a; Newirth, 2018; Winnicott, 1971).

Barron (1999) states, "the child, during the transitional phase, is simultaneously living in

two worlds" (p. 92). Children use play as metaphor when they engage in fantasy and symbolic

play, where the object is viewed as something other than reality; in other words, when a child

plays "airplane," the self acts as an object which embodies the freedom of flying. Reality is

changed into playful fantasy, similar to what individuals accomplish through metaphor in which

reality may be changed into a playful fantasy that the analyst and analysand may share in the

understanding of (e.g., type two derivatives in which something is representing something else,

which is enacted in the therapy relationship). Winnicott considered play to be the "ultimate achievement," wherein the child can discover and strengthen their sense of self (Abram & Hjulmand, 2007). Winnicott also discussed the third area of experience as created by the interplay between the analyst and analysand, where the other exists prior to the relational engagement, however, a new intersubjective form of experiencing is created within the analyst/analysand matrix, similar to the mother-infant dyad (Ogden, 1996). Moreover, assuming that psychotherapists utilize methods of play (i.e., metaphor) in the intersubjective space, play with metaphor in the intersubjective space allows for the patient to return to the transitional stage wherein the individual is able to discover and strengthen their sense of self in relation to other. A psychotherapist and patient can create an atmosphere of play only if the psychotherapist is willing and able to "play," in which they can then engage in playful interaction together. Using play, the patient is able to access creativity and the whole personality, thereby discovering the self. In the case of adult patients, the psychotherapist and patient may play not literally, but metaphorically (e.g., through symbolization, creative language, interplay within a metaphor, free association, dreams, reverie).

As psychoanalytic theories have evolved, focus has shifted from unconscious drives and needs toward the nature of the therapeutic relationship, self-other images, and cognitive, emotional, relational, and defense development related to conflict and internalization (Elzer & Gerlach, 2014; Huprich, 2009). The terms projection, object relations, introjection, transference, and fantasy are all similar in that they describe one's relationship with external reality as experienced by their internal reality (i.e., one's experiences of the outside is largely determined by what is inside as opposed to objective reality). For example, the process of separation and individuation posits that the infant proceeds through the developmental process of recognizing

the separateness of self and other objects through their experience of individuation (Safran & Muran, 2000). This mirrors the therapeutic concept of intersubjectivity, as the patient and the analysand recognize the separate subjectivity of the other, while there is also something that is shared. An individual may utilize identification at the beginning of a therapeutic relationship and with time begin to acknowledge the separateness alongside internalization of the psychotherapist. As such, psychological theories and terms are themselves metaphors for deeper metaphoric processes that take place in the therapeutic process. In other words, theories and terms are not meant to be taken literally, but as representative of something unconscious that occurs in the relationship (e.g., transference), which also represents something else (i.e., relationship to earlier caregivers). Individuals may use these methods of understanding self in relation to other to better integrate sense of self, for example, by making the unconscious conscious such as interpretation of type two derivatives. To that end, metaphor may serve as a catalyst for understanding self-concept, others, and the world for individuals engaged in the psychotherapy process.

Other Theories of Psychotherapy: Gestalt, Ericksonian, Narrative

In a review of texts including *Handbook for Theory, Research, and Practice in Gestalt Therapy* (Brownell, 2008), *Gestalt Therapy*: *Theories of Psychotherapy Series* (Wheeler & Axelson, 2015), and *Gestalt Therapy: History, Theory, And Practice* (Woldt & Toman, 2005), discussing theory and practice of Gestalt psychotherapy, I found that metaphor is discussed comparatively more often than in CBT, DBT, and neurobiological texts. However, not more often discussed than in psychodynamic texts. In one Gestalt text, metaphor is explored as a method of psychotherapeutic intervention in group settings, where one might use metaphor for the purpose of bridging. It is also discussed in case studies in which psychotherapist-generated metaphor is explored and utilized throughout sessions (Brownell, 2008). Metaphorical concepts

utilized by Freud (e.g., oral aggression) are also revised and utilized in discussion of theory

(Wheeler & Axelsson, 2015). Although not often discussed as a method of therapeutic

intervention, facets of Gestalt theory itself, like psychoanalytic theories, may be interpreted

metaphorically (e.g., describing therapy as a "live relational lab" or "living experiment,"

discussions regarding Gestalt perspectives of psychological defenses; Wheeler & Axelsson,

2015, p. 35; Woldt & Toman, 2005). Another example of this is psychotherapy as a "field" (e.g.,

field theory), which helps to describe interrelated events and their influence on one another

(Woldt & Toman, 2005).

Texts reviewing Milton Erickson's theoretical approach to psychotherapy note his use

and emphasis of metaphors as psychotherapy interventions, working within metaphors to

facilitate change, perhaps more than other theories of psychotherapy explicitly speak about

metaphor as an intervention method (Erickson & Rosen, 1982). Erickson believed that by

utilizing metaphors, analogies, and stories, a psychotherapist may reach the unconscious with

their patients (Erickson, 2013; Erickson, 1985). Erickson and colleague Jay Haley spoke and

wrote about case examples of the use of metaphor in the therapeutic relationship, including client

and psychotherapist-generated metaphors and their utility and impact (Erickson, 2013). As a

result, others inspired by Erickon's use of metaphor have written more extensively about the use

of metaphor as a therapeutic tool (Erickson, 2013; Gordon, 1978).

Narrative texts discuss "storying" of one's experiences as well as personification, each of

which may utilize metaphor in expression (Angus & Greenberg, 2011; Brown & Augusta-Scott,

2007; Madigan, 2019, p. 44). Storying of one's experience is said to determine the meaning of

one's life through externalization, while personification may allow individuals to "speak and

write" themselves into the world (e.g., personification of anger as Mr. Temper should not be

taken literally, but metaphorically as representative of one's experience). Similar to other theories of psychotherapy, metaphor is most often discussed regarding cultural factors, described as folk cultural metaphors (e.g., seasons of life, tree of life, etc.), focusing on culture-specific experiences that can convey trauma through metaphor rather than direct recounting (Madigan, 2019, p. 122). Texts also discuss the use of metaphor to engage with others using language they are familiar with and to describe problems that may construct a reality between psychotherapist and client (Brown & Augusta-Scott, 2007). Moreover, narrative texts also identify metaphor as a therapeutic intervention that allows for deepened client experience and "shared imaginal context of understanding" in the therapeutic relationship (Angus & Greenberg, 2011, p. 53).

Infant and developmental theorists who would appear to be most likely to discuss the role of language, linguistics, and symbolization in therapeutic intervention often understate the importance of speech in infant development, while minimizing the use of figurative language, despite the verbal process's prominent influence on an infant's ability to link words with experiences (Vivona, 2003). Although brief review of texts associated with the aforementioned psychological theories of psychotherapy of treatment yielded evidence of the use and study of metaphor, as well as a greater emphasis on metaphor than other common psychological theories of psychotherapy (e.g., branches of CBT), the problem herein lies in the scarcity of training regarding these specific theories of psychotherapy.

In addition to therapeutic domains mentioned above, metaphor and figurative speech are briefly mentioned as instruments of change in texts regarding Emotion-Focused Therapy which discusses the "inner child" metaphorically, and the use of metaphors in psychotherapy to capture emotional experience (Greenberg, 2015, 2016), mindfulness-based therapies which discuss adapting language to make patients feel understood or when discussing integration of other

theories (Eisenth, 2016; Hayes et al., 2004), and Eye Movement Desensitization and Reprocessing (EMDR; EMDR International Association, 2022). Why, then, have few theorists expanded on the use of figurative speech, when most theories suggest that it may be a useful tool, particularly with individuals of different cultural backgrounds. Although research included above in exploration of historical and cultural context supports the idea that metaphor and figurative language are regarded as a salient form of communication, which aligns with theories of psychotherapy that have included use of metaphor, it does not suggest that it is only useful within these contexts.

Intersubjectivity

Intersubjectivity has been conceptualized from different lenses across different schools of psychoanalysis, including conceptualizations proposed by Jessica Benjamin, Arnold Rothstein, George Atwood, Robert Stolorow, and Thomas Ogden (Benjamin, 1990; Ogden, 1996; Rothstein, 2005; Stolorow & Atwood, 1992). Ogden defines intersubjectivity as the creation of the unconscious interplay of the analyst and analysand. Ogden viewed intersubjectivity as acting as a metaphorical substitute relationship for the patient's relationship with the mother, positing that the intersubjective experience is necessary for healing as it operates as a holding space (metaphorically speaking) in which the patient can address intense emotional conflicts. It should be noted that although there are multiple definitions of intersubjectivity within the field of psychology, I will focus on Ogden's application of intersubjectivity, which is often referred to as *the analytic third* (defined as the analyst and analysand in relation to one another, forming a new whole, which encompasses each participant and is dependent on the self-consciousness of the other, distinguishing it from other intersubjective experiences, and concerned specifically with psychoanalysis).

Ogden (1996) described the process through which the analyst and analysand create a third intersubjective experience, in which there is a "collision" of subjectivities (p. 4). Intersubjectivity is the "jointly created unconscious life of the analytic pair," which acts as an ongoing interchange of each participant's subjective experience (Ogden, 2004, p. 167). Within the intersubjective space, objectivity becomes elusive, as meaning cannot be objective without excluding subjective elements, including context, culture, and mode of understanding (Lakoff & Johnson, 2003). To that end, intersubjectivity may influence and change the interpretation of a metaphor. Although created in the experience of the analyst and analysand, intersubjectivity does not capture a consummate image of each, just as transference and countertransference do not wholly reflect one another. Rather, it is a form of subjective, sensory experience, which accesses connection to intersubjective, protosymbolic engagement (Ogden, 1996). The intersubjective experience allows for the creation of meaning that is often mutual or shared meaning; one facilitator of such is the use of metaphor, as the use of metaphor from either psychotherapist or patient increases engagement of both in the intersubjective exchange. Psychotherapists experience encounters in psychotherapy that present the opportunity for metaphor to be utilized as a method of therapeutic intervention (e.g., as discussed in work with type two derivatives: making the unconscious conscious); however, there is little research on the use of metaphor in the service of the therapeutic relationship and its role in intersubjectivity from the perspective of psychoanalytic psychotherapists. Moreover, despite the little research available, my review of literature suggests that there is more research on metaphor present in psychoanalytic material than in other psychological theories of psychotherapy.

Modell (2003) suggests that there are two phases to the analysis of intersubjectivity in adults. Phase one reflects a value-driven selection of emotion, which captures interest and

intention, followed by the interpretation in which the self is "imaginatively felt into the experience of the other" (p. 181). Modell (2009) posits that we "unconsciously interpret our affective world by means of metaphor in preparation for action. We interpret and categorize our feelings by means of metaphor and autobiographical memory" (p. 8). This allows for the analyst and analysand to engage in "mutual metaphoric stimulation," contributing to a self-reinforcing loop (i.e., self-integration). To that end, metaphor may be used in psychotherapy, across various schools of thought and technique, and to facilitate connection between others and inner self-states, alluding to the power of transference defenses in the therapeutic dyad (Vivona, 2006). This connection may lead to interpersonal attunement and sharing, which may contribute to positive change.

Modell (2009) stated, "metaphor is the interpreter of feelings, our own and that of the other" (p. 9). As such, use of metaphoric language within the intersubjective space may allow a patient to interpret how the psychotherapist perceives the patient to feel, and vice versa. If an effective metaphor is used, a patient may identify similarities between the metaphor and their felt experience, allowing them to feel understood and seen by the psychotherapist, thus, facilitating the therapeutic alliance and intersubjectivity. Further, if a metaphor sticks with a patient, the two may utilize this metaphor in an ongoing way as a point of connection and understanding. The metaphor acts as a crucible for intersubjectivity to transform in the "mutual metaphoric stimulation," in which the patient and psychotherapist can experience "imagined possibilities" (Modell, 2009, p. 10). Modell further posited that the creation of new meanings that metaphor provides when making the unconscious conscious allows for expansion of a sense of agency of the self and expanded awareness of the complexity of metaphor which can recontextualize

traumatic memories. The new meanings that metaphor facilitates lead to self-reinforcing

therapeutic change.

CHAPTER IV: METAPHORS IN PSYCHOTHERAPY

Psychotherapists may identify metaphors and use them as a powerful, language-based healing methods whereby change can occur within the patient's context and understanding of the world (Burns, 2007, p. 4). For example, individuals with diverse cultural backgrounds have utilized storytelling, personal narratives, cultural sayings or metaphors, and parables as methods of healing, teaching, and connection (Grayshield & Del Castillo, 2020; Sue et al., 2022). Three primary types of metaphor employed as mechanisms of change in psychotherapy include psychotherapist-generated metaphors, experiential metaphors (i.e., the "doing of an experiential assignment with metaphoric intent) (e.g., watching reflections in a stream, visual tasks, not discussed in this dissertation)," and patient-generated metaphors (Burns, 2007, p. 12). Research suggests that patient-generated metaphors are often more effective in facilitating change (Burns, 2007). Dwairy (2009) explores metaphor therapy, a process by which individuals can address unconscious content without bringing the content to conscious awareness. Metaphor therapy introduces the opportunity to identify and utilize creative metaphoric solutions in the psychotherapeutic process (Dwairy, 2009). Further, as part of the shared reality of the psychotherapist and the patient, the metaphor becomes an object with which one can play (Winnicott, 1971). Psychotherapists are able to engage in the process of "joining" using imagery, and as such, when patients present metaphors, there is no need to force metaphor that feels mechanical, unnatural, and is difficult to project meaning into (Boe, 2005). Experiential exercises that utilize metaphors may also facilitate clarity through the patient's unintentionally making the unconscious conscious (Burns, 2007).

In psychotherapy, patients engage in the process of "moving through" by "increasing capacity to examine the self, understand conflicts and areas of vulnerability, to interpret one's

own behaviors, and to develop more varied and flexible defenses that increase authentic interactions with others and self" (Rutan & Stone, 1993, p. 173). Contemporary examinations primarily investigate the use of metaphor in individual case studies to highlight the joining, rupture, and repair process (Burns, 2007; Newirth, 2006). Although this dissertation primarily discusses metaphor in theory and cultural/universal metaphors as metaphor occurs in selected literature, research does suggest that patient-generated metaphors may facilitate the therapeutic relationship. However, further research may shed light on *how* metaphor impacts the patient's process of moving through and on metaphor's connecting of the patient to the psychotherapist in the intersubjective space.

Winnicott: An Early Example of Metaphor

Winnicott's writings on the "good enough mother" have endured across attachment, relational, psychodynamic, and psychoanalytic theories. Winnicott considered his position on the good enough mother as the foundation for nurturing conditions and as integral to children's development (Borg, 2013). Further, Winnicott believed that psychoanalysis must consider events from childhood and infancy (2002). He directly compared the relationship between mother and baby to psychotherapist and patient. He stated:

> In a peculiar way we can actually alter the patient's past, so that a patient whose maternal environment was not good enough can change into a person who has had a good enough facilitating environment, and who personal growth has therefore been able to take place, though late. When this happens, the analyst gets a reward that is far removed from gratitude, and is very much like that which a parent gets when a child achieves autonomy. In the context of good-enough holding and handling the new individual now comes to realize some of his or her potential. Somehow, we have silently communicated reliability

and the patient has responded with growth that might have taken place in the very early

stages in the context of human care. (Winnicott, 2002, pp. 78–79)

This statement suggests that psychotherapists, like mothers, provide key experiences for achieving developmental health, including providing a good enough facilitating environment that leads to integration, holding, consistency, and reliability to support independent formation of self. Winnicott's assertion of the psychotherapeutic relationship as a metaphor for the mothering relationship is one that has endured throughout psychological literature, capturing the minds of psychoanalysts and the like, shifting psychotherapeutic view and understanding of selves and the psychotherapists' role in these sometimes-critical relationships. It should be noted that patient-generated and co-constructed metaphor may not be a superior method of intervention for all patients. For example, patients with high capacity for abstract reasoning and executive functioning may benefit more from metaphor that are developed out of and in service of intersubjectivity. Conversely, individuals with lower abstract reasoning and executive functioning may benefit more from pre-constructed metaphors found more often in manualized treatments. Therefore, more research is needed to address the use of figurative language, such as metaphor, within this metaphorical context, as methods of shifting understandings that patients hold of themselves, facilitating the shared (i.e., intersubjective) experiences, and enhancing integration, while uniting often opposed psychological theories of psychotherapy.

CHAPTER V: INTEGRATION

As the intersubjective experience may act as a metaphor for the holding environment of the mother, I believe that metaphors may be utilized to enhance the "holding experience" in the therapeutic dyad, may influence attachment bonds, and facilitate neurological change. Language can be equivocal or unequivocal and exact or inexact. It is an expression of unconscious meaning and projection of that meaning that elicits an image or emotion in the participants, linking the abstract to the concrete (Bucci et al., 2015; Holmes, 2004). Metaphor allows us to express emotional experiences that elude language through symbolic linking (e.g., Winnicott's holding environment; Vivona, 2006). Boe (2005) notes, "to understand metaphor requires seeing an object as something else" (p. 70). Metaphor, storytelling, and symbolism are available for construction of one's individual meaning and experience, creating a new relationship with the object of the projected or disowned part in which the disowned part may be contained and such, allowing this part to become more integrated. In psychotherapy, the relationship between psychotherapist and patient may be considered a metaphoric analogous representation of the relationship between the patient and their mother, allowing for construction of new experience (Billow, 1977). In other words, these two relationships are similar, yet different.

Forms of figurative language require processing beyond underlying structures of logical/concrete thought, as we may utilize symbolization to describe what can feel indescribable (e.g., emotion schema). Metaphor is a method of connecting through and within the intersubjective experience and of symbolizing or putting words to one's internal experience (sensory, motor, etc.). While integrative metaphors may be found within theories, they may also be used as therapeutic interventions that reorganize neural networks and alter human experience (Cozolino, 2017). As such, the use of metaphor remains a helpful component of the therapeutic

relationship (Mills & Crowley, 2014), which may influence neurogenesis. As neuroscientists recognize that thinking and most cognitive processes are unconscious symbolic, presymbolic, and genetic processes, one can also assert based on neuroscientific correlates of metaphor that metaphor, a symbolic cognitive process, allows for connection between observable and biological domains (Modell, 2003; Pignatiello, 2013). The affectively attuned psychotherapist can focus on global detail of the right hemispheric awareness, allowing for the process of projective identification and implicit communication between the patient and psychotherapist's unconscious systems (Schore, 2014, p. 391). The psychotherapist can then accept, contain, affectively and symbolically elaborate on the projections of the patient so that they become concrete, tolerable experiences that can be internalized (a task which parents are hoped to tolerate) toward increasing self-integration and neural change (Newirth, 2018).

The frontoparietal network is involved in self-processes including self-recognition, self-awareness, and social understanding, while right hemispheric areas such as the orbitofrontal cortex are also implicated in awareness of the self in relation to others, sense of embodied self, and subjective sense of coherence (Boeker et al., 2018). While the right hemisphere has been considered to be responsible for affective attunement, structures within the right hemisphere are essential for language competency, processing of metaphor, and psychological well-being (Ross & Monnot, 2008). Research also suggests that it may also be responsible for processing emotional words, which one might expect to find in metaphor (Schore, 2014). Further, frontal neural systems also overlap with distribution of mirror neurons, which may facilitate recognition of the other (e.g., empathy, internalization of the other; Malhotra & Sahoo, 2017; Solms et al., 2004).

The therapeutic dyad acts as a holding space in which the patient may re-experience early tasks in an effort to integrate a more whole sense of self, experiencing recognition of self and other, and activating the aforementioned neural networks. Winnicott theorized that the task of integration is when one's id impulses become controllable by the ego, leading to development of the ego and ego strength (Borg, 2013). Schore (2014) concludes that "changes mediated by affectively focused, relationally oriented psychotherapy are imprinted into the right brain, which is dominant for the nonverbal, implicit, holistic processing of emotional information and social interactions" (p. 394). As treatment progresses and leads to the development of more complex psychic structure (i.e., ego strength), patients may utilize brain connectivity more effectively for intersubjectivity, regulation, and mutual love and intimacy (Schore, 2014). Further, metaphor, as a form of affectively focus, relational "play" between the analyst and analysand, as a method of intervention has not been sufficiently researched as an important or common factor across psychological theories of psychotherapy. In my personal and professional experience, training specific to these theories of psychotherapy aside from one class within a course that has briefly reviewed "experiential" therapies, training and exposure to this work while in a program appears to be minimal, while theories of psychotherapy trainees are more exposed to include branches of CBT and psychoanalytic/psychodynamic theories of psychotherapy. However, through my clinical observations and understanding of sampled literature, I conclude that further research may support utilization of metaphor as a form of play in the therapeutic dyad, as a method of utilizing language that is shared between two people, contributing to RA and neurobiological change within the holding environment.

References

Abbatiello, G. (2006). Cognitive-behavioral therapy and metaphor. *Perspectives in Psychiatric Care*, *42*(3). https://doi.org/10.1111/j.1744-6163.2006.00074.x

Abram, J., & Hjulmand, K. (2007). *The language of Winnicott: A dictionary of Winnicott's use of words* (2nd ed.). Karnac Books.

Adiyia, M., & Ashton, W. (2017). *Comparative research*. Rural Development Institute. Brandon University.

Angus, L. E., & Greenberg, L. S. (2011). *Working with narrative in emotion-focused therapy: Changing stories, healing lives* (1st ed.). American Psychological Association. https://doi.org/10.1037/12325-000

Barron, J. W. (1999). *Humor and psyche: psychoanalytic perspectives*. Analytic Press.

Benjamin, J. (1990). An outline of intersubjectivity: The development of recognition. *Psychoanalytic Psychology*, *7*(Suppl), 33–46. https://doi.org/10.1037/h0085258

Billow, R. M. (1977). Metaphor: A review of the psychological literature. *Psychological Bulletin*, *84*(1), 81–92. https://doi.org/10.1037/0033-2909.84.1.81

Bion, W. R. (1984). *Second thoughts: Selected papers on psycho-analysis*. Maresfield Reprints.

Blackledge, J. T., Ciarrochi, J., & Deane, F. P. (2009). *Acceptance and commitment therapy: Contemporary theory research and practice*. Australian Academic Press.

Boe, J. (2005). Metaphor, thought, projection, and archetype. *Psychological Perspectives*, *48*(1), 68–83. https://doi.org/10.1080/00332920591001591

Boeker, H., Hartwich, P., & Northoff, G. (Eds.). (2018). *Neuropsychodynamic psychiatry*. Springer. https://doi.org/10.1007/978-3-319-75112-2

Borg, L. K. (2013). *Holding, attaching and relating: A theoretical perspective on good enough therapy through analysis of Winnicott's good enough mother, using Bowlby's attachment theory and relational theory: A project based upon an independent investigation* [Masters thesis, Smith College]. https://scholarworks.smith.edu/theses/588

Boritz, T., McMain, S., Vaz, A., & Rousmaniere, T. (2023). *Deliberate practice in dialectical behavior therapy* (Ser. Essentials of deliberate practice series). American Psychological Association. https://doi.org/10.1037/0000322-000

Brown, C., & Augusta-Scott, T. (2007). *Narrative therapy: Making meaning, making lives*. Sage Publications. https://doi.org/10.4135/9781452225869

Brownell, P. (2008). *Handbook for theory, research, and practice in Gestalt therapy*. Cambridge Scholars Pub.

Bucci, W. (1984). Linking words and things: Basic processes and individual variation. *Cognition*, *17*(2), 137–153. https://doi.org/10.1016/0010-0277(84)90016-7

Bucci, W. (2011). The role of subjectivity and intersubjectivity in the reconstruction of dissociated schemas; Converging perspectives from psychoanalysis, cognitive science and affective neuroscience. *Psychoanalytic Psychology*, *28*(2), 247–266. https://doi.org/10.1037/a0023170

Bucci, W. (2021a). Development and validation of measures of referential activity. *Journal of Psycholinguistic Research*, *50*(1), 17–27. https://doi.org/10.1007/s10936-021-09760-9

Bucci, W. (2021b). *Emotional communication and therapeutic change: Understanding psychotherapy through multiple code theory*. (W. F. Cornell, Ed.). Routledge. https://doi.org/10.4324/9781003125143

Bucci, W. (2021c). Overview of the referential process: The operation of language within and between people. *Journal of Psycholinguistic Research*, *50*(1), 3–15. https://doi.org/10.1007/s10936-021-09759-2

Bucci, W., Maskit, B., Murphy, S. (2015). Connecting emotions and words: The referential process. *Phenomenology and the Cognitive Sciences*, *15*(3), 359–383. https://doi.org/10.1007/s11097-015-9417-z

Buchheim, A. (2017). *Neuroscience of human attachment*. Frontiers Media SA. https://doi.org/10.3389/978-2-88945-221-7

Burns, G. (2007). *Healing with stories: Your casebook collection for using therapeutic metaphors*. J. Wiley.

Burns, M. S. (2021). *Cognitive and communication interventions: neuroscience applications for speech-language pathologists*. Plural Publishing.

Chapman, A. L., & Dixon-Gordon, K. L. (2020). *Dialectical behavior therapy* (Ser. Theories of psychotherapy series). American Psychological Association. https://doi.org/10.1037/0000188-000

Citron, F. M. M., Güsten, J., Michaelis, N., & Goldberg, A. E. (2016). Conventional metaphors in longer passages evoke affective brain response. *Neuroimage*, *139*, 218–230. https://doi.org/10.1016/j.neuroimage.2016.06.020

Cooper, S. H. (2018). Playing in the darkness: use of the object and use of the subject. *Journal of the American Psychoanalytic Association*, *66*(4), 743–765. https://doi.org/10.1177/0003065118796497

Cozolino, L. J. (2017). *The neuroscience of psychotherapy: Healing the social brain* (3rd ed., Ser. The Norton series on interpersonal neurobiology). W.W. Norton & Company.

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.

Crowley, R. J., & Mills, J. C. (1986). The nature and construction of therapeutic metaphors for children. *British Journal of Experimental & Clinical Hypnosis, 3*(2), 69–76.

Dwairy, M. (2009). Culture analysis and metaphor psychotherapy with arab-muslim clients. *Journal of Clinical Psychology*, *65*(2), 199–209. https://doi.org/10.1002/jclp.20568

Eisenth, S. J. (Ed.). (2016). *Mindfulness-based cognitive therapy: Innovative applications*. Springer.

Ellenhorn, T. J. (1989). *The symbolic transformations of subjective experience in discourse* (OCLC No. 21074244) [Doctoral dissertation, Adelphi University]. Worldcat.

Elzer, M., & Gerlach, A. (Eds.). (2014). *Psychoanalytic psychotherapy: A handbook* (Ser. The EFPP book series). Karnac.

EMDR International Association (2022). Retrieved from https://www.emdria.org/about-emdr-therapy/

Erickson, M. H. (2013). *Conversations with Milton H. Erickson md*. (J. Haley, Ed.) (Vol. i, changing individuals /). Crown House Publishing.

Erickson, Milton H. (1985). *Life Re-Framing in Hypnosis. The Seminars, Workshops and Lectures of Milton H. Erickson. Volume II.* (Ernest L. Rossi & Margaret O. Ryan, Eds.). New York: Irvington, pp. 328.

Erickson, M. H., & Rosen, S. (1982). *My voice will go with you: The teaching tales of Milton H. Erickson, m.d*. Norton.

Friedberg, R. D., & Wilt, L. H. (2010). Metaphors and stories in cognitive behavioral therapy with children. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, *28*(2), 100–113. https://doi.org/10.1007/s10942-009-0103-3

Gordon, D. (1978). *Therapeutic metaphors: Helping others through the looking glass*. Meta Publications.

Grayshield, L. & Del Castillo, R. (2020). *Indigenous ways of knowing in counseling: Theory, research, and practice* (1st ed., Ser. International and cultural psychology). Springer International Publishing. https://doi.org/10.1007/978-3-030-33178-8

Greenberg, L. S. (2015). *Emotion-focused therapy: Coaching clients to work through their feelings* (2nd ed.). American Psychological Association. https://doi.org/10.1037/14692-000

Greenberg, L. S. (2016). *Emotion-focused therapy* (Revised ed.). American Psychological Association.

Hayes, S. C., Follette, V. M., & Linehan, M. (2004). *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. Guilford Press.

Holmes, J. (2004). The language of psychotherapy: Metaphor, ambiguity, wholeness. *British Journal of Psychotherapy*, *21*(2), 209–226. https://doi.org/10.1111/j.1752-0118.2004.tb00203.x

Hunt, H. T. (2012). A collective unconscious reconsidered: Jung's archetypal imagination in the light of contemporary psychology and social science. *The Journal of Analytical Psychology*, *57*(1), 76–98. https://doi.org/10.1111/j.1468-5922.2011.01952.x

Huprich, S. K. (2009). *Pyschodynamic therapy: Conceptual and empirical foundations*. Routledge.

Klein, M. (1955). On identification. In M. Klein, P. Heimann, & R. E. Money-Kyrle (Eds.), *New directions in psycho-analysis* (pp. 312–313). Basic Books, Inc.

Kosslyn, S. M., Thompson, W. L., & Ganis, G. (2006). Mental images and representations. In *The case for mental imagery* (pp. 2-23). Oxford University Press. https://doi.org/10.1093/acprof:oso/9780195179088.003.0001

Lakoff, G., & Johnson, M. (1981). *Metaphors we live by*. University of Chicago Press.

Lakoff, G., & Johnson, M. (1999). *Philosophy in the flesh: The embodied mind and its challenge to western thought*. Basic Books.

Lakoff, G., & Johnson, M. (2003). *Metaphors we live by*. University of Chicago Press.

Langs, R. (1978). Some communicative properties of the bipersonal field. *International Journal of Psychoanalytic Psychotherapy*, *7*, 87–135.

Langs, R. (1979). Interventions in the bipersonal field. *Contemporary Psychoanalysis*, *15*(1), 1–54. https://doi.org/10.1080/00107530.1979.10745571

Langs, R. (1981). *Classics in psychoanalytic technique* (Ser. Classical psychoanalysis and its applications). Jason Aronson.

Langs, R. (1989a). *The techniques of psychoanalytic psychotherapy: Vol. 1 Initial contact, theoretical framework, understanding the patient's communications, the psychotherapist's interventions*. Jason Aronson, Inc.

Langs, R. (1989b). The transformation function in light of a new model of the mind. *British Journal of Psychotherapy*, *5*(3), 300–311. https://doi.org/10.1111/j.1752-0118.1989.tb01086.x

Launer, J. (2005). Anna o and the "talking cure." *Qjm: Monthly Journal of the Association of Physicians*, *98*(6), 465–466. https://doi.org/10.1093/qjmed/hci068

Lee, S. A., & Edget, D. M. (Eds.). (2012). *Cognitive behavioral therapy: Applications, methods and outcomes* (Ser. Perspectives on cognitive psychology; Psychology of emotions, motivations and actions). Nova Science Publishers.

Lewis, T., Amini, F., & Lannon, R. (2007). *A general theory of love*. Vintage.

Madigan, S. (2019). *Narrative therapy* (2nd ed. Electronic, Ser. Theories of psychotherapy series). American Psychological Association.

Malancharuvil, J. M. (2004). Projection, introjection, and projective identification: A reformulation. *The American Journal of Psychoanalysis*, *64*(4), 375–382. https://doi.org/10.1007/s11231-004-4325-y

Malhotra, S., & Sahoo, S. (2017). Rebuilding the brain with psychotherapy. *Indian Journal of Psychiatry*, *59*(4)*,* 411–419. https://doi.org/10.4103/0019-5545.217299

Merriam-Webster. (n.d.) Figurative language. In *Merriam-Webster.com dictionary*. Retrieved from https://www.merriam-webster.com/words-at-play/figurative-language

Mertens, D. M. (2014). *Research and evaluation in education and psychology: integrating diversity with quantitative, qualitative, and mixed methods* (4th ed.). Sage.

McKay, M., Wood, J. C., & Brantley, J. (2007). *The dialectical behavior therapy skills workbook: Practical DBT exercises for learning mindfulness, interpersonal effectiveness, emotion regulation & distress tolerance* (Ser. A new harbinger self-help workbook). New Harbinger Publications.

McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process* (2nd ed.). Guilford Press.

Misciagna, S. (2020). *Cognitive behavioral therapy: Theories and applications*. IntechOpen. https://doi.org/10.5772/intechopen.78446

Mills, J. (2019). The myth of the collective unconscious. *Journal of the History of the Behavioral Sciences*, *55*(1), 40–53. https://doi.org/10.1002/jhbs.21945

Mills, J., & Crowley, R. (2014). *Therapeutic metaphors for children and the child within* (2nd ed.). Routledge/Taylor & Francis Group. https://doi.org/10.4324/9781315886237

Modell, A. H. (2003). *Imagination and the meaningful brain*. MIT Press. https://doi.org/10.7551/mitpress/3666.001.0001

Modell, A. H. (2009). Metaphor—The bridge between feelings and knowledge. *Psychoanalytic Inquiry*, *29*(1), 6–11. https://doi.org/10.1080/07351690802246890

Moore, S. C., & Oaksford, M. (2002). *Emotional cognition: From brain to behaviour* (Ser. Advances in consciousness research, v. 44). J. Benjamins Pub. https://doi.org/10.1075/aicr.44

Nelson, C. A., & Collins, M. L. (2008). Handbook of developmental cognitive neuroscience (2nd ed., Ser. Developmental cognitive neuroscience). MIT Press. https://doi.org/10.7551/mitpress/7437.001.0001

Newirth, J. (2006). Jokes and their relation to the unconscious: Humor as a fundamental emotional experience. *Psychoanalytic Dialogues*, *16*(5), 557–571. https://doi.org/10.2513/s10481885pd1605_6

Newirth, J. (2018). *From sign to symbol: Transformational processes in psychoanalysis, psychotherapy, and psychology* (Ser. Psychodynamic psychotherapy and assessment in the twenty-first century). Lexington Books.

O'Donohue, W. T., & Fisher, J. E. (2012). *Cognitive behavior therapy: Core principles for practice*. Wiley. https://doi.org/10.1002/9781118470886

Ogden, T. H. (1996). *Subjects of analysis*. J Aronson.

Ogden, T. H. (2004). The analytic third: Implications for psychoanalytic theory and technique. *The Psychoanalytic Quarterly*, *73*(1), 167–195. https://doi.org/10.1002/j.2167-4086.2004.tb00156.x

Pederson, L. (2015). *Dialectical behavior therapy: A contemporary guide for practitioners*. Wiley Blackwell. https://doi.org/10.1002/9781118957882

Pignatiello, V. (2013). *Meta-for: Theory as metaphor* [Doctoral dissertation, Antioch University New England]. OhioLINK.

Ross, E. D., & Monnot, M. (2008). Neurology of affective prosody and its functional-anatomic organization in right hemisphere. *Brain and Language*, *104*, 51–74. https://doi.org/10.1016/j.bandl.2007.04.007\

Rothstein, A. (2005). Compromise formation theory: An intersubjective dimension. *Psychoanalytic Dialogues*, *15*(3), 415–431. https://doi.org/10.1080/10481881509348840

Rutan, J., & Stone, W. (1993). *Psychodynamic group psychotherapy* (2nd ed.). Guilford Press.

Safran, J. D., & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide.* Guilford Press.

Samuels, M., & Samuels, N. (1975). *Seeing with the mind's eye: The history, techniques, and uses of visualization*. Random House.

Schmidt, G. L., & Seger, C. A. (2009). Neural correlates of metaphor processing: The roles of figurativeness, familiarity and difficulty. *Brain and Cognition*, *71*(3), 375–386. https://doi.org/10.1016/j.bandc.2009.06.001

Schore, A. N. (2009). Relational trauma and the developing right brain. *Annals of the New York Academy of Sciences*, *1159*. https://doi.org/10.1111/j.1749-6632.2009.04474.x

Schore, A. N. (2014). The right brain is dominant in psychotherapy. *Psychotherapy*, *51*(3), 388–397. https://doi.org/10.1037/a0037083

Semino, E., & Demjén, Z. (Eds.). (2017). *The Routledge handbook of metaphor and language* (Ser. Routledge handbooks in linguistics). Routledge. https://doi.org/10.4324/9781315672953

Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. Guilford Press.

Siegel, D. J. (2020). *The developing mind, third edition: How relationships and the brain interact to shape who we are*. Guilford Publications.

Skottnik, L., & Linden, D. E. J. (2019). Mental imagery and brain regulation: New links between psychotherapy and neuroscience. *Frontiers in Psychiatry*, *10*, 779. https://doi.org/10.3389/fpsyt.2019.00779

Snowden, R. (2017). *Freud: The key ideas: From psychoanalysis and sex to dreams, the unconscious and more*. Teach Yourself.

Solms, M. (2015). *Feeling brain*: *Selected papers on neuropsychoanalysis*. Karnac Books.

Solms, M., & Turnbull, O. H. (2011). What is neuropsychoanalysis? *Neuropsychoanalysis*, *13*(2), 133–145. https://doi.org/10.1080/15294145.2011.10773670

Solms, M., Turnbull, O., & Sacks, O. (2004). *The brain and inner world: An introduction to the neuroscience of subjective experience*. Karnac Books.

Stern, W. (1927) *The chief periods of further speech development. In A. Bar-Adon and W. Leopold* (Eds.), Child Language: A Book of readings. Englewood Cliffs, NJ, Prentice Hall, 1971.

Stolorow, R. D., & Atwood, G. E. (1992). *Contexts of being: The intersubjective foundations of psychological life* (Ser. Psychoanalytic inquiry book series, v. 12). Analytic Press.

Stott, R. (2010). *Oxford guide to metaphors in CBT: Building cognitive bridges* (Ser. Oxford guides in cognitive behavioural therapy). Oxford University Press. https://doi.org/10.1093/med:psych/9780199207497.001.0001

Sue, D. W., Sue, D., Neville, H. A., Smith, L., & John Wiley & Sons. (2022). *Counseling the culturally diverse: Theory and practice* (9th ed.). Wiley.

Thagard, P., & Kroon, F. (2006). *Hot thought: Mechanisms and applications of emotional cognition* (Ser. Bradford book). MIT Press. https://doi.org/10.7551/mitpress/3566.001.0001

Turgut, M., Yurttaş, C., & Tubbs, R. S. (Eds.). (2018). *Island of reil (insula) in the human brain: Anatomical, functional, clinical and surgical aspects*. Springer. https://doi.org/10.1007/978-3-319-75468-0

Vivona, J. M. (2003). Embracing figures of speech: the transformative potential of spoken language. *Psychoanalytic Psychology*, *20*(1), 52–66. https://doi.org/10.1037/0736-9735.20.1.52

Vivona, J. M. (2006). From developmental metaphor to developmental model: The shrinking role of language in the talking cure. *Journal of the American Psychoanalytic Association*, *54*(3), 877–902. https://doi.org/10.1177/00030651060540031501

Vivona, J. M. (2009). Embodied language in neuroscience and psychoanalysis. *Journal of the American Psychoanalytic Association*, *57*(6), 1327–1360. https://doi.org/10.1177/0003065109352903

Wallin, D. J. (2007). *Attachment in psychotherapy*. Guilford Press.

Wenzel, A., Dobson, K. S., Hays, P. A., & American Psychological Association. (2016). *Cognitive behavioral therapy techniques and strategies* (1st ed.). American Psychological Association. https://doi.org/10.1037/14936-000

Wheeler, G., & Axelsson, L. (2015). *Gestalt therapy* (1st ed., Ser. Theories of psychotherapy series). American Psychological Association. https://doi.org/10.1037/14527-000

Winnicott, D. W. (1954). Mind and its relation to the psyche–soma. *British Journal of Medical Psychology*, *27*, 201–209. https://doi.org/10.1111/j.2044-8341.1954.tb00864.x

Winnicott, D. W. (1965). *The family and individual development.* Tavistock.

Winnicott, D. W. (1971). *Playing & reality*. Tavistock.

Winnicott, D. W. (2002). *Winnicott on the child*. Perseus Books Group.

Woldt, A. L., & Toman, S. M. (2005). *Gestalt therapy: History, theory, and practice*. Sage Publications. https://doi.org/10.4135/9781452225661