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The Use of Metaphors in Cognitive Therapy

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Recently, cognitive approaches to therapy have been facing an increasingly constructivist orientation, in which persons are viewed as actively constructing their own reality from their deep/tacit/unconscious knowledge representation. This paper begins with the presentation of the main assumptions of the constructive movement in cognitive therapy on the nature and change of cognitive representations. It is asserted that at the deep/tacit/unconscious levels, knowledge is represented in analogical and metaphorical ways. The use of metaphors is suggested as a therapeutic tool to access and change tacit/unconscious levels of cognitive representation. A cognitive adaptation of the multiple-embedded-metaphor strategy is presented and illustrated.

In the early '70s, cognitivism was promising a paradigmatic revolution in the scientific/practitioner establishment of psychology. Tired of the limitations of behavior reductionism, psychologists had already been rehearsing for some time the introduction of cognitive dimensions in their equations (Tolman, 1932). Following their colleagues in academia and the laboratory, the cognitive revolution spread within the therapeutic community (Mahoney, 1977). Cognitivists were beginning to elaborate on the assertion that individuals do not react only to things, but to our idea of things. Therefore, the way to produce effective therapeutic change was thought to be through direct transformation of cognitive mediational processes. The popularity of this movement was such that, in fewer than ten years, it went from being an almost clandestine heresy within the behaviorist enclave to becoming a principal trend in clinical practice (Mahoney, 1984).

Unfortunately, the paradigmatic revolution promised by the cognitivism was more a vision than a reality. As in nearly all revolutions, the promised utopia never

materialized despite the militants' expectations. To a large extent, the "cognitization" of behaviorism left intact the epistemological assumptions which inspired the advent and evolution of behavior therapy.

While psychotherapy was becoming more cognitive, cognitive psychology was already moving away from the information-processing paradigm toward a more constructivist and unconscious process outlook (Guidano, 1987; Mahoney, 1985, in press; Van Den Bergh & Eelen, 1984).

The absence of a theoretical framework able to integrate the most recent contributions from several areas of psychology left cognitive-behavioral therapy in a situation of epistemological confusion (Guidano & Liotti, 1985). The important dilemma faced by cognitive-behavioral therapy during the '80s was how to reconcile the associationism of behavioral approaches with the emerging constructivism in the cognitive sciences.

According to this emerging constructivist approach, the individual is no longer seen as a passive recipient of external information or even a mere processor of external stimuli. Instead, humans and living organisms are seen as active participants in the construction of perceived reality, including sensory information itself. Mahoney (1988) has recently referred to this constructivist movement as "the revolution within the cognitive revolution" (p. 363). Briefly summarized, for the constructivists the nature of knowledge and cognitive representations is radically different from the one advanced in the informational processing paradigm.

First, knowledge is seen as being organized in two different levels that differ according to the primacy and the nature of the cognitive representation—the deep/tacit/unconscious level and surface/explicit/conscious level. Deep/tacit/unconscious processes refer to the individual's central and underlying assumptions about self and reality. These are abstract rules mapped through analogical/analytical representations (i.e., prelogical, immediate, global, and imagistic representations). They contrast with surface/explicit/conscious processes which are constituted of explicit descriptions of the self and the world as well as information-concerning plans for action, expectancies, attributions, beliefs, inner dialogues, automatic thoughts, and problem-solving strategies. This information is represented in a propositional logical way (i.e., inductive and deductive reasoning processes).

Second, the deep/tacit/unconscious levels of knowledge are developed through early experiences of attachment and separation with the primary caregivers, long before the child is able to logically and verbally operate on them, and are therefore mapped without the contribution of any logical-conscious processes.

Finally, a feed-forward self-confirmatory mechanism (i.e., search for and construction of validating information of one's tacit constructions) seems to be the main regulator of the interface between tacit and explicit levels of knowledge.

In sum, for the constructivists, cognition and knowledge follow a morphogenic structural organization: "humans are organized with central/peripheral structure such that their central ("core, nuclear") processes constrain the range of the experience at the peripheral ("surface") level" (Mahoney, Miller, & Arciero, in press).

That is, knowledge is represented in a multidimensional heterarchical way (i.e., different levels with parallel representational systems). The tacit unconscious level seems to be the main regulator of the system. Due to the early nature of its development, this tacit level is structured in an analogical or metaphorical manner and therefore resists most attempts for logical/rational retrieval and modification. The claim that most of our conscious decisions and actions are unconsciously and tacitly informed is indeed consistent with data from several programs of research in the cognitive sciences (Bowers, 1987a, 1987b; Gonçalves, 1988a; Gonçalves & Ivey, 1987).

These recent developments in the cognitive sciences suggest two important implications for the practice of cognitive therapy. First, cognitive assessment needs to move beyond clients' conscious verbal report of their cognitive processes. There are limits to our ability to self-report on the nature and content of our thinking (Nisbett & Wilson, 1977). Thus, we need to begin to acknowledge the necessity of searching for alternative methods which allow therapists to work with the tacit and analogical levels of human experiencing. In this paper we suggest that because these tacit processes are analogically represented, they are ideally expressed in the content and process of clients' metaphors as revealed through imagery, fantasies, stories, dreams, and the use of figurative language. If the tacit level is seen as structured in a metaphorical way, change must also be conducted through metaphors. The therapeutic objective is to reorient and reorganize the client's metaphorical representations through the introduction of new alternative metaphors. Development is a process by which a person constructs and deconstructs the metaphorical representations that allow her/him to selectively assimilate and accommodate to environmental variations. Our function as therapist is to help the client in the formation of alternative, more adaptive, and viable metaphors.

This paper suggests the use of a strategy first developed in the context of Ericksonian therapy—multiple-embedded-metaphor—as a useful tool to introduce change at the deep/tacit/unconscious level of cognitive representations. Although relying on the description of the technique presented by Lankton and Lankton (1983), the multiple-embedded-metaphor as outlined here is substantially modified and adapted to the philosophy and objectives of a constructivist approach to cognitive therapy (Gonçalves & Santos, 1987).

Before beginning with the description of the use of multiple-embedded-metaphor in cognitive therapy, a word of caution is warranted to emphasize that we do not understand tacit change as being separated from the change taking place at more explicit levels of knowledge. Even though this paper is focused on the strategies to introduce change at core levels, we think that no change is effective without modifications at the more superficial level of clients' cognitions and actions. We concur with Piaget's (1970) statement that to know an object is to act upon it. There is no change at the deep level independent from the embodiment of active behavioral (i.e., motor, physiological) and propositional (i.e., rational, cognitive) change. All the techniques suggested in the following pages should be regarded as part of a more

holistic therapeutic process including behavioral (e.g., social skills training, in vivo exposure) as well as cognitive strategies (e.g., cognitive restructuring, rational disputation, self-statements modification).

METAPHOR AND COGNITION

The term *metaphor* has its etymological root in the Greek *metaphora*, which means *transport* — transport from the *real* to the *figurative* meaning. Metaphors are analogical representations of reality in which the concreteness of reality is transformed to the abstraction of figurative constructions. In emphasizing idiosyncratic figurative constructions rather than concrete reality, metaphor represents a necessary element of constructivist metatheory.

Clients motorically construct reality through their tacit metaphors. As Lakoff and Johnson (1980) point out, “metaphor is pervasive in everyday life, not just in language but in thought and action. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature” (p.3).

All knowledge implies an objectivation (i.e., separation) of the known and thus requires the development of metaphors and systems of metaphors. Three groups of metaphors are prevalent in our constructions of self and reality: (a) *structural metaphors*—in which one concept is metaphorically structured in terms of another (e.g., conceptualizing “love relationships” as wars); (b) *orientation metaphors*—a whole system of concepts is organized in a spatial relationship to one another (e.g., happy is up; sad is down); (c) *physical metaphors*—understanding our experience in terms of physical objects (including our bodies) and substances (e.g., conceptualizing people as food) (Lakoff & Johnson, 1980).

Through the idiosyncratic nature of their narrative (language, dreams, and fantasies) our clients reveal the structural, orientation, and physical metaphors characteristic of their representational systems. Cognition becomes then an act of speech and clients’ representations are embodied in the very act of their communication.

To understand clients’ representations is to understand the deep structure of their semantics. We concur with semantic therapists such as Beck (Beck & Emery, 1985), Ellis (1987), and Meichenbaum (1985) in the idea that the change process should be intended at a semantic level. However, we believe with Chomsky (1957) that it is the deep rather than the surface level of the semantic structure that should be the major focus of analysis. Additionally we suggest that at the deep level our semantic structure is organized in terms of structuring, organizing, and physical metaphors (Lakoff, 1987). Those metaphors are revealed through speech acts by the client and read as such by the therapist.

If it is true that different types of psychological dysfunctions are characterized by a different level of tacit/unconscious organization, it should be possible to identify characteristic groups of metaphors in different nosological categories

(Guidano, 1987; Guidano & Liotti, 1983). Beck and colleagues noted long ago that for the depressive client, loss appears as the central metaphorical construct underlying negative automatic thoughts about themselves, the world, and the future. While the metaphors of anxious clients represent the world as threatening and dangerous (Beck & Emery, 1985; Beck, Rush, Shaw, & Emery, 1979).

Ellis is also right in his assertion that these constructs are of an illogical and irrational nature and that human beings seem to be genetically determined to think in an illogical way (Ellis, 1987). However, we prefer to dismiss the negative connotation of Ellis’ language by stressing instead that these metaphoric constructs are *alogical, prelogical, and nonrational*, independent of their level of functionality/dysfunctionality. Alogical, prelogical, and nonrational are not synonymous with dysfunctional.

Deep tacit constructs exist as metaphors apart from the rules of propositional logic. This is perhaps the reason why we often face clients’ plaintive replies like: “I know it is irrational, but that is the way I feel”; “It makes sense what you say but...” Wessler (1987) has recently presented anecdotal evidence from his experience as a rational-emotive therapist, illustrating this dilemma which is familiar to most cognitive therapists.

Unless we recognize the nonlogical nature of the cognitive organization and the need to develop corresponding therapeutic strategies, it will be difficult to contact and change the deep levels of cognitive organization. Cognitive therapy opened the door for analysis and change of the client’s semantics. It is time for us to venture beyond the entrance hall.

METAPHOR IN COGNITIVE THERAPY

Metaphors have been used in psychotherapy with the most varied objectives, ranging from the illustrative presentation of models (Bandura, 1977) to the attempt to overcome barriers to access the unconscious (Freud, 1966). All these objectives can be of an undeniable therapeutic interest. However, from the constructivist position outlined above, the objective of metaphor is to create an opportunity to restructure the client’s deep conceptualizations and tacit paradigms. That is, *the therapist uses the therapeutic metaphor in order to redirect and restructure the client’s metaphors.*

In the process of cognitive change through the use of metaphors there are two important dimensions. The first and most central objective of the therapist is to understand clients’ knowledge organization by identifying the metaphors as revealed in the act of speech. The next step is to build on the clients’ metaphors, to introduce a therapeutic metaphor that facilitates new, alternative, and hopefully more functional constructions (i.e., metaphors which are more flexible or loose, integrated and ecological).

Identifying Clients' Metaphors

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Three different types of strategies can be used in the identification of clients' metaphors: (a) *vertical exploration* (Safran, Vallis, Segal, & Shaw, 1986); (b) *stream of consciousness* (Mahoney, 1986; Martin, 1985); and (c) *fantasy and dream work* (Gonçalves & Machado, 1987).

Vertical exploration "involves a detailed assessment of the individual's idiosyncratic way of construing events and his/her perception of the self" (Safran et al., 1986, p. 515). This is accomplished mainly through (a) analysis of self-referent cognitions (i.e., those cognitions that have the self as the main subject of the action); (b) common themes (i.e., major themes in the client's discourse); (c) cross-situational consistency (i.e., regularities across different situations); and (d) process markers (i.e., the process rather than the content of client's communication). According to Safran et al., the "abstracted dysfunctional attitudes thus take on their full meaning only in context of the whole core cognitive constellation in which they are embedded" (p. 518).

In stream of consciousness, the client is encouraged to share her/his memories, images, thoughts, and fantasies in a spontaneous and freely associative way. Mahoney (1986) noted that in the course of the streaming depressive persons are more likely to reveal negative, critical, and hopeless themes while anxious clients present themes of danger and loss of control. In a related technique, Martin (1985) suggests the use of certain key words for each client as a point of departure for the client's associations. Then the network of associations produced is explored in terms of content, variety, extent, and shape of the lexical structure.

Finally, clients' reports on their dreams and fantasies are also important tools in the identification of core themes of the client's cognitive organization. Basically, the client is encouraged to report and elaborate on the emotionality, illogical nature and bizarre sensation of his/her dreams and fantasies (Beck & Emery, 1985; Gonçalves & Machado, 1987; Foulkes, 1985). As with vertical exploration, the therapist looks for common themes and patterns.

Using these tactics, the therapist develops an understanding of the central metaphorical constructs that clients are using for representing their reality. Only then will the therapist be able to attempt to implant new and alternative metaphors.

Imploding New Metaphors

Once the structure and the essential dimensions of the client's metaphors are identified, the therapist introduces therapeutic metaphors as a way of moving the client into alternative ways of constructing reality. The process is strikingly similar to the one Thomas Kuhn used to describe the process of scientific revolutions (Mahoney, 1980). Existing metaphors are replaced by new, more integrative and flexible metaphors that are developmentally more viable. Scientific paradigms are metaphors allowing different constructions in the course of evolution of human

knowledge. Interestingly enough some of the important insights into scientific evolution were revealed through the metaphoric expressions of dreams or fantasies (e.g., Kelulle's dream of snakes with tails in their mouths as a dream metaphor for the structure of the benzene ring). As Holton (1986) reminds us:

Comparative linguistics have amply demonstrated that our store of metaphors and other imaginative devices determines to a large extent what we can think in any field. Further evidence comes from findings of historians of science. Their work has shown that fundamentally thematic decisions, even though usually made unconsciously, frequently map out the shape of theories within which scientists progress. (p. 230)

The restructuring of the *hard core* (Lakatos, 1970) of personal paradigms demands the emergence of new metaphors that need not only to be cognitively elaborated, but also to be acted upon.

Four aspects need to be considered in the introduction of therapeutic metaphors.

- > First, therapeutic metaphors should grow from the clients' own metaphors. Completely different metaphors do not take into account clients' level of conceptual development and therefore will be either ignored or not fully elaborated. Second the new metaphors should be loose enough and flexible enough to allow continued evolution and development and to assure their viability. For example, substituting the metaphor "reality is threatening" by "reality is friendly" will perpetuate a dichotomous orientation without allowing the opportunity to conceptualize experiences and situations that are not necessarily friendly. (More flexible is the metaphor of "reality as food"—sometimes it is good, sometimes it is not, but nevertheless always inevitable. Third, not unlike scientific paradigms, the new metaphors have to have a "gestalt" and integrative capacity. That is, the different elements need to fit and make sense as a whole (i.e., aesthetic nature). Fourth, and finally, each new metaphor has to find some validation through the viability of client's action. In other words, clients should be able to act with and upon their new metaphors.

Lankton and Lankton (1983) introduced a complex and useful strategy for the use of metaphor in psychotherapy that satisfies some of the aspects outlined above.

THE USE OF MULTIPLE-EMBEDDED METAPHOR

Based on the work of Milton Erickson, multiple-embedded metaphor is a therapeutic strategy introduced by Lankton and Lankton (1983), consisting of the successive presentation of stories and metaphors, subtly linked and coordinated with one another in order to trigger cognitive restructuring and behavior modification.

When using the multiple-embedded metaphor the cognitive therapist attempts to mobilize the client's socio-cognitive developmental resources in order to construct new developmental opportunities. These aims are obtained by leading the client through the following sequence of stages: 1. Introduction, 2. Matching metaphor, 3. Resources metaphor, 4. Direct work metaphor, 5. Integration metaphor,

We will next address each of these stages, providing illustrations and showing how they could help in the accomplishment of the objectives of a constructivist approach to cognitive therapy.

Introduction

The central task of the introduction is to prepare the client to cognitively and emotionally process the stories that are going to be presented. Once again, the objective is to communicate at the tacit rather than the explicit level. Three therapeutic objectives should be present at this level: (a) prepare the client for metaphoric processing—create the condition for the client to assume an experiential attitude in a relaxed mode; (b) lessen resistances—attempt to prevent the client from assuming a role of conscious and logical analyzer of the narrative (i.e., the objective is not to recall or analyze the narrative but simply to experience it); and (c) allow room for associative experiencing—allow the client to elaborate on and freely associate from the narrative. These objectives are accomplished mainly through the use of three therapeutic strategies: (a) relaxation, (b) naturalistic hypnotic induction, and (c) guided imagery.

We are going to illustrate the introduction stage with a client that will serve as an example throughout this paper (see Gonçalves, 1988b, for an extended videotape demonstration of the work with this client). Very briefly, Manuel (not his real name) was referred to us because of his disturbing and conflictual relationship with his father. At the emotional level, Manuel was characterized by a substantial amount of anger that was behaviorally expressed in his lack of social skills, impulsive behavior, and absence of problem-solving skills. Cognitively, Manuel exhibited a series of dysfunctions (e.g., overgeneralization, arbitrary inference, selective abstraction, etc.), revealing absolutist, dichotomous thoughts about himself and others, along with difficulties in assuming others' perspective.

The content and structure of Manuel's stream of consciousness to three stimuli words (i.e., self; people; relationships—self and people) revealed the following metaphors: "PEOPLE ARE OBJECTS" (e.g., "my dad is a rock." "I stepped over him"); "I AM THE CENTER OF THE WORLD" (e.g., "everybody is staring at me"), "RELATIONSHIPS AS ARGUMENTS" (e.g., "we struggle with each other"; "I fight to express my opinion"). All these metaphors were ordered by the core metaphor of "PEOPLE AS THREATENING," that had its foundations in the structure of early attachment processes which were further aggravated by the typical adolescent identity crisis.

With this client, we began the introductory stage through relaxation induction. The induction triggered feelings of apprehension and anxiety, accompanied by images of loss of control:

... I'm feeling nervous, it looks as if you are going to hypnotize me and that scares me a lot, because I may lose control...

The therapist tried to make use of the situation as a way of moving the client in the direction of a more associative functioning by using three techniques:

1. Paradoxical directives and reframing — "I don't want you to stop noticing those feelings as we proceed. I only want you to be aware of whatever you might feel, observing your images and sensations in the same way as you observe a tree . . . the sea . . . the sunset, seeing all the colors, listening to all the different sounds, sensing all the different smells . . ."
2. Dissociation conscious/unconscious — "I don't want you, at any moment, to lose control. While part of you is allowing you to go to digressions and associations, another part will be always in control . . ."
3. Use of metaphors — "Once a client told me that, in the long winter nights, while playing chess, he sometimes left the game interrupted and, during the sleep, his dreams seemed to continue moving the pawns, sometimes offering interesting new solutions for the game, which he could use when he resumed play."

Through this introductory phase, the therapist attempts to bring the client to a sensory-motor level of experiencing (Ivey & Gonçalves, 1988), which facilitates a more associative and analogical cognitive set for the processing of subsequent metaphors.

Matching Metaphor

Following the introduction, the therapist presents a metaphor that matches client's characteristics and objectives.

Through a process of cognitive decentration (i.e., observing the process in a metaphorical epistemic subject) the client develops a metacognitive perspective on his/her own epistemology. In other words, two important processes are activated by the matching metaphor. On one hand, the client is led to a process of decentration by focusing on the different characters of the story. On the other hand, by an unavoidable process of association, he/she starts to identify correspondences with his/her own experience. This is accomplished by creating a narrative that, building on client's existing metaphorical constructs, illustrates the operation of the client's metaphors. Exaggeration, humor, and paradox are sometimes helpful stylistic resources at this level.

With Manuel, we adapted the "Flatland" story, as cited by Watzlawick (1976), to emphasize the egocentric nature of the client's metaphors and the difficulties of decentering from subjective reality:

... One day, an inhabitant of that country, called Square, traveled in a dream to an equally strange country called Lineland. Lineland was a one-dimensional world where all the beings were either lines or points and in which people could only move back and forth in the same straight line. As can be imagined, communication between the

... square and the Linelanders was not easy at all . . . [The therapist matches with the client's difficulties in decentering into alternative roles and positions as expressed in the egocentric nature of his metaphors.] . . . The Sphere found herself annoyed by such an arrogant statement and decided to go back to her "civilized" world not without commenting that the very idea of a four dimensional world was absolutely ridiculous and inconceivable . . . [Again, the therapist illustrates the difficulty of decentration, whatever the level the individual is situated in.]

As is briefly illustrated in these two short vignettes, at this level, no suggestions for change are presented. The objective is to match the structure of the metaphor with the tacit dimension of client's operations (i.e., his own organizing metaphors). While focusing on various characters and themes of the story, the client is led to associations with his own processes, developing metacognitive skills fundamental to the understanding of his structural dilemmas. However, from a constructivist approach, insight is seldom sufficient. It is necessary to provide clients with opportunities to develop new, and hopefully, more effective constructions. We thus enter the third phase of multiple-embedded metaphor—the construction of the resources metaphor.

Resources Metaphor

The objective of the resource metaphor is to initiate the process of conceptual transformation through the identification and mobilization of the client's resources. The goal is the development of alternative metaphors. This is accomplished by: (a) identifying the clients' strengths and potentialities based in some of their other constructs; and (b) the development of a narrative that specifies those resources in the context of the problematic situation.

With Manuel we tried to activate the operation of decentration and compensation characteristics of the formal level of psychological development (Ivey & Gonçalves, 1988; Joyce-Moniz, 1985).

. . . sometimes it is interesting and amusing to try to see the world from different perspectives; as in the "Adventures of Fearless John" about which we have talked before. Remember the part where John decided to explore what was on the other side of the wall, trying to see and feel the new world . . . [activate operations of decentration necessary for the development of alternative and less egocentric structuring metaphors.] . . . but even in that "upside down" world we can try to understand its inhabitants . . . We understand the Square and its way of seeing the world, but we see it in a different way . . . [compensation through reciprocity—i.e., seeing the world of others as if it were our own, but without losing the "as if" condition.]

While the matching metaphor created conditions for the identification of metacognitive operations, the resources metaphor encouraged the mobilization of some of those operations. It is now necessary to use the resources in the context of the client's problems. This is what is accomplished through the direct-work metaphor.

Direct-Work Metaphor

In the construction of the direct-work metaphor, the therapist tries to establish a link between the mobilized resources and the client's specific problem. In the context of a constructivist approach to cognitive therapy, there are three areas on which the direct-work metaphor can be focused—cognitive, affective, and behavioral.

Cognitive restructuring. Here we attempted the construction of a metaphor with the aim of disputing irrational beliefs and cognitive distortions, thereby promoting the transformation of the internal dialogue. This was accomplished by the personification of a Socratic dialogue, in which one of the characters played the client's cognitive discourse, while the other exhibited the opposite discourse. Several Socratic dialogues were created in order to confront the irrationality of some of Manuel's cognitions concerning relationships and the self (e.g., "In order to be valuable I have to have an opinion about everything"; "In an argument I can only either win or loose").

Modification of affects. As suggested by Greenberg and Safran (1987) six categories of affective change should be addressed in therapy:

1. Acknowledging of primary emotions.
2. Creation of meaning.
3. Arousal of emotional responses.
4. Taking responsibility for actions.
5. Changing emotions.
6. Expressing emotions in the therapeutic situation.

Even though it is a very complex task to develop a metaphor able to integrate all these important aspects of emotional processing, the therapeutic metaphor should address those that are identified as central to the core of client's problems. For Manuel, at the emotional level, a story was developed demonstrating three coping strategies for his anger: (a) acceptance of feelings; (b) watching his feelings; (c) acting upon his feelings (Beck & Emery, 1985).

Behavior change. Finally, the direct-work metaphor should create conditions for actual behavior change. As stressed by Lankton and Lankton (1983), there are three central elements in the construction of the direct work metaphor for behavior change: (a) develop a story which matches the behavioral objectives of a given client, (b) detail the aspects of the characters' verbal and nonverbal behavior that are to become part of the client's behavioral repertoire, (c) develop the story in such a way that it makes as explicit as possible the behavioral dimensions that are to be developed.

With Manuel, we developed a story suggesting the behavioral operation of three problem-solving strategies used by the captain of a handball team. These included (a) strategies for behavioral decentration, stimulating the perspective of attentively observing and studying the reactions of others; (b) self-observation strategies as a

way of allowing a greater control over his own impulsiveness in social interactions; and (c) negotiating strategies that suggest assertive confrontation as an alternative to aggressiveness (overcentration) or passiveness (overdecentration).

Once finished with the direct-work metaphor, the therapist returns to the central themes of the matching and resources metaphor, this time to promote an integration.

Integration Metaphor

In the integration metaphor, the therapist uses the context of the matching metaphor to once again mobilize the client's resources by relating them to the strategies suggested in the direct-work metaphor. It should be stressed that the objective of this step is to provide a thematic link between the various successive stories, offering an internal logic, a tacit and implicit system of rules. In other words, at this stage all the submetaphors are integrated within a coherent metaphorical system.

With Manuel the integration metaphor was devised to challenge the most basic metaphor from which all the others seem to derive "PEOPLE ARE THREATENING" (I am the CENTER of the world FIGHTING with threatening OBJECTS):

... just like the handball player, the Square decided to make an effort to better understand others and to open himself to new worlds, new lands, that is, going beyond the wall. One fine day, he decided, for a moment, to forget everything about himself and start observing others. He went again to the Lineland to see how they behaved, how they thought and felt ...

Using the new alternative metaphors, a narrative was presented, linking all the previous metaphors and offering the opportunity for a sense of closure. At the integrative stage, the global sequence of the multiple-embedded metaphor appears with greater harmony and internal coherence. It is important, however, to leave the situation open for further constructions and deconstructions by making sure that, first, the emerging metaphor is not the metaphor, and second, that all metaphors are potentially open for transformation:

... because after all, the world is like a kaleidoscope, full of colors and dimensions and the more we know, the more we can know ...

Reorientation

Finally, the process ends with the orientation of the client to the here and now of the therapeutic relationship, either by direct suggestions or by a direct linkage between the theme of the story and the actual counseling situation. At this stage, it is possible to proceed in orienting the client to some of the physical features of the room, starting with themes from metaphors and gradually coming to an internally associative transition between those themes and client's daily reality:

... I would like you to slowly return to the here and now, noticing the various spheres, squares, and lines in this room. Notice now, how they combine to form the shelf in front of you, how the lines combine with one another to form squares and give place to cubes...

CONCLUSION

This article draws on the assertion that our constructions of reality are organized in a polysemy of hierarchical concepts. Central to the constructivist approach to therapy is the belief that it is impossible to form an objective definition of reality. Objects are not defined by themselves, instead they are defined by epistemic subjects, and as such, all definitions constitute subjective, tacit, and metaphoric constructions. Thus it makes sense to conceive the transformation of the polysemy of the clients' concepts through the introduction of new stories and metaphors in their knowledge processes.

This paper suggests that multiple-embedded metaphor could represent an additional therapeutic tool to the difficult task of introducing change at a deeper and core level.

Even though presented here at a sequential level, all possible combinations of the stages described can be tried. Additionally, different metaphors could be presented at different moments in the counseling process, matching them with other therapeutic strategies.

The research literature tends to support the assertion that metaphoric language is processed qualitatively differently from literal language (Cormac, 1985; Lakoff, 1987). This being so, perhaps metaphor offers a privileged route to access structures of meaning that remain resistant to our traditional therapeutic efforts in cognitive therapy.

Before ending, let us emphasize the idea that for the constructivists the process is the only thing we can change. Our therapeutic objective is to introduce movement and open the client to more and more change, rather than define the limits of his/her constructions. In this sense, our intervention is much more teleonomic than teleological (Mahoney, in press). The best metaphors are those that find their own way of construction and deconstruction inside our clients, like a kaleidoscope assuming new and ever growing meanings. As Julia Kristeva reminds us "Every text is absorption and transformation of a multitude of other texts" (cited in Kurtzman, 1987, p.33), and so is the text of psychotherapy.

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