WHAT IS THE CONTENT OF A CURRICULUM FOR A TRAINING PROGRAM IN METAPHOR THERAPY?

by

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ABSTRACT

The Metaphor Therapy Seminar curriculum developed here will attempt to draw upon all the resources available, but will concentrate heavily on the guidelines provided by Richard Kopp (1995) and David Groves (1989, 1996). However, Metaphor Therapy cannot be taught as an entity in and of itself. Metaphor Therapy must be experienced. It is the guiding and refining of that exposure and experience that brings heightened awareness and access to deeper and more meaningful levels of communication.

By its very definition, the word metaphor indicates alternative states of communication. Therefore, this workshop adds basic NLP and hypnosis concepts to the experience of, and exposure to, Metaphor Therapy. This occurs in six basic units.

Basic Elements of a Metaphor Therapy Seminar

Discussion of physiology, language, delivery, and altered states of consciousness
Training in the ability to recognize and interpret client-generated metaphors
Introduction and overview of Neuro-Linguistic Programming (NLP)
Stress the need for creativity and training in therapist-generated metaphors
Stress the importance and use of mythological stories, biblical stories, and fables
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CHAPTER 1

THE PROBLEM

Introduction

The use of metaphors has existed as long as there has been verbal communication and is inherent in all languages. Metaphors are used primarily to convey symbolic images of more complex or abstract ideas and unconscious thought processes that are ingrained and automatic in all individuals from the very beginning of their development.

The Role of the Unconscious (author & date unknown) states that “Long before the invention of written language ... fairy tales, legends, and stories existed as a means to transfer knowledge from one generation to another. Transferring knowledge in this way was both entertaining and educational to children. Jesus used many metaphors and parables to teach his followers ... and believed that such stories contained symbolic messages which spoke to the unconscious of the listener.” This same source also noted that Fromm and Bettelheim believed that people adopt a favorite fairy tale, mythological, biblical, or fictional character that best reflects their conscious or unconscious interpretation of themselves and their perceived destinies. To take this concept still further, not just the individuals and their value systems and the rules they live by, but their families, their communities, their religions, their educational institutions, their social networks, their cultures, and even the very essence of their languages are actually defined, communicated, and learned metaphorically.
Technically, a metaphor is defined as: (1) a figure of speech in which a word or phrase that ordinarily designates one thing is used to designate another, thus making an implicit comparison, as "in a sea of troubles" or "All the world's a stage" (Shakespeare); and (2) one thing conceived as representing another; a symbol (The American Heritage Dictionary, 1995).

Metaphors create short cuts to mental images. The reverse is also true. Memories of events are thought to be stored as emotional images, which are actually metaphors or "frozen stills" as opposed to detailed, step-by-step recollections of the actual incidents. In the preceding sentence, "frozen stills" is used metaphorically and is a photographic term for a single frame taken from a continuous "running stream" of pictures. However, taken literally, "frozen stills" could be interpreted as a person, bird, and/or animal frozen in mid-flight by some catastrophic ice-storm or as a moon-shine operation located in an area suffering sub-zero weather conditions.

The preceding example used at least two metaphors as illustrations, such as a "running stream" which could literally mean a "babbling brook" which is still another metaphor. How does a brook babble? Another metaphor used above was "moon-shine." Literally, "moon-shine" would be interpreted as the light from the moon.

Yet another common example of a metaphor is the phrase "grave-yard shift." Taken literally, this would indicate a plot of ground set aside for the burial of the dead, that has shifted, or was moved by some natural disaster or phenomenon, perhaps an earthquake or earth slide, which has absolutely nothing to do with the time of day a person performs their job, i.e. shift work.
Most Americans believe their language to be relatively direct and unambiguous. These examples illustrate that, when taken literally, the English language is anything but linear and direct. Rather, it is so rich and resplendent with metaphors, that unless taken in context, with shared meanings, the use of such metaphors becomes extremely confusing. The emphasis of shared meanings is addressed by Muran & DiGiuseppe (1990) who recognized that there is potential for harm in the use of metaphor in therapy and reiterated the importance of explicitness and shared understanding according to communication theory.

While metaphors are most often thought of as verbal phrases, non-verbal metaphors or images are even more prolific and often are more strongly communicated. Such non-verbal cues are not restricted to the human species. It doesn’t take a great deal of mental processing to interpret some physical gestures intended to convey displeasure, pain, hunger, or the desire to mate. Without metaphors, without implied shared meanings, communication would need to be totally explicit, making it a very lengthy and difficult process.

Without metaphors, this would also be true of counseling. While both clients and therapists continue to use metaphors in great abundance, the significance of those metaphors appears to be over-looked in counseling. The goal of counseling, in today’s era of brief therapy (Nichols & Schwartz, 1995), is to achieve second-order change and to achieve this change as efficiently as possible. They distinguish first-order change as a more-or-less cosmetic change in behavior that relieves the symptoms, while second-order change indicates changes in the underlying beliefs and structures that caused the problems.
Development of the Problem

One of the most difficult problems in providing psychotherapy today is the advent of "managed care," which severely limits the number and types of sessions allowed by insurance companies. In a recent article published in The Harvard Mental Health Letter, Alan A. Stone (1995, p. 5) had this to say about managed care:

Managed health care is currently being sold to Americans in a blitzkrieg of mass media advertisements. These prime-time commercials are certainly not being presented as a public service. They are paid for by the fastest growing sector of the medical-industrial complex -- for-profit, managed health care. Groups like Harvard Community Health Plan may have been organized by idealistic physicians around communitarian principles, but they are now being forced to compete with for-profit, bottom-line stakeholders who use the same kind of approach, but play by different rules.

The major insurance companies, the major hospital and HMO chains, and the venture capitalists are all competing for a larger market share of the health care industry -- which is the third largest in America. By organizing physicians, hospitals, and all medical services into managed health care plans, entrepreneurs gain financial control of the provision of health care. They collect money by selling membership in the plan and then they control the spending of that money by managing the doctors and other providers. For-profit managed care plans expect to be able to peg their plan premiums lower than traditional fees for service and then by controlling expenditures, still be able to control costs and make a profit.

Managed care is then, a mandate for brief therapy, which makes it vitally important to identify and become proficient in a multitude of therapeutic techniques that are not only effective, but accomplish the desired results in much less time. Because Metaphor Therapy is one technique that promises to do exactly that, the use of Metaphor Therapy would benefit not only the patients and counselors, but also the insurance agencies who have such a strong-hold on the counseling profession. While others, such as educators and medical professionals might also benefit from this study and the resulting seminar
The Need for this Study

The use of metaphors is not a new, earth-shaking, scientific discovery. It’s been around as long as there has been language, camouflaged under different disguises, such as biblical tales, fables, myths, and imagery. The application of metaphors to therapy is not new either.

In his recent book *Metaphor Therapy*, Richard R. Kopp (1995) advocates the extensive use of metaphors and professes that metaphors are the single most useful tool in psychotherapy. He contends that Metaphor Therapy can be applied to almost all clients regardless of culture or symptoms, and that Metaphor Therapy can be integrated into all theoretical concepts whether they be Freudian, Behavioral, Humanistic, or Cognitively based.

Kopp (1995) also claims that Metaphor Therapy can slice right into the emotion and underlying, unconscious intent, bypassing resistance, thus making the process much more effective in much less time, which makes it ideal for brief therapy. Why then, are so few clinicians aware of or using Metaphor Therapy on a regular basis?

It is the contention of this paper that few clinicians use Metaphor Therapy due to a lack of exposure and/or training. However, it is not enough to briefly expose a therapist to Metaphor Therapy and expect them to be able to fully incorporate this technique into their practice. It takes time and a conscious effort to develop a keen ear and awareness of client-generated metaphors, and to then be able to use them effectively to clarify the
client’s (or family’s) issues.

It takes even more time, effort, and creativity to be able to construct therapist-generated metaphors that are unique and applicable to a specific individual or family situation. It is difficult to know whether the “masters” (such as Erickson, Whitaker, Minuchin, Satir, Haley, Mandanes, et al.) have built-in, innate abilities to create such fantasies, myths, and stories, or whether they acquired their abilities by lengthy study and/or with experience over time. In all likelihood, their expertise is probably a combination of all the above.

While graduate academic programs provide future master’s level counselors with the bare essentials, specialties such as Metaphor Therapy are more often than not sadly overlooked. This is understandable in that Metaphor Therapy, by its very nature, is an advanced subject. Also, textbook approaches to Metaphor Therapy such as that provided by Richard Kopp (1995) imply that the most effective application of Metaphor Therapy is enhanced by the previous acquisition of other advanced skills such as proficiency in hypnotherapy and, ideally, NLP. These course offerings are usually offered only at the doctoral level, or as CEU’s.

There are other characteristics or skills (both stated and implied) needed by the therapist who intends to construct therapist-generated metaphors. Those other characteristics and/or skills include a certain degree of creativity and familiarity with fables, fairy tales, biblical stories, and mythology. There are even references that indicate the study of psycho-neuro-immunology would be beneficial.

While no individual therapist can be a master of all those skills, the more exposure
they acquire in those areas, the more effectively they will be able to apply Metaphor Therapy in family counseling sessions.

**Purpose of the Study**

The purpose of this paper is to develop an introductory seminar curriculum of Metaphor Therapy suitable for master’s level students.

**Research Question**

What is the content of the curriculum for a training program in Metaphor Therapy?
CHAPTER 2

LITERATURE REVIEW

Introduction

The need for brief therapy requires the study of all available tools to accomplish that goal. Since Metaphor Therapy appears to be one of the most promising tools to facilitate brief therapy, Metaphor Therapy will be the primary focus of study in this paper.

The first major section in this chapter will deal with existing literature about the training of counseling clinicians in the use of Metaphor Therapy. The second major section is a compilation of existing literature describing the effective integration of Metaphor Therapy with other modalities which are divided into sub-topics, such as psychoanalytic therapy; Jungian analytic psychology; Ericksonian and hypnotherapy; cognitive-behavior therapy; Adler’s individual psychology; family systems therapy; the integrating of individual and family therapy; children and adolescents; neuropsychology; neuro-linguistic programming, grief work; medical issues; cultural issues; and religious issues.

The training of therapists.

Hallock (1989) suggests that metaphors are used by masters (e.g., Dr. William Glasser) in counseling theory and practice, and that all therapists can heighten their
awareness of metaphors by listening for them in their own use of the language, in their clients' stories, and by observing mentors.

The memorability, clinical impact, and possible epistemic and motivational functions of therapists' intentional use of therapeutic metaphor were examined by Martin, Cummings & Hallberg (1992). They concluded that clients tended to recall therapists' intentional metaphors approximately two-thirds of the time, especially when these metaphors were developed collaboratively and repetitively. Clients rated therapy sessions in which they recalled therapists' intentional use of metaphors as more helpful than sessions in which they recalled therapeutic events other than therapists' intentional metaphors.

Kopp (1995) offers an excellent textbook approach in his book entitled, *Metaphor Therapy: Using Client-generated Metaphors in Psychotherapy*. This book is written as a training manual for professionals. While it does address therapist-generated metaphors, the main focus is to provide a step-by-step process for learning two specific approaches to client-generated metaphoric intervention. The first approach involves exploring and transforming the client's metaphoric language. The second approach focuses on exploring and transforming the client's early memory metaphors. Numerous case studies help illustrate these methods. The book also examines specific skills that will help the therapist become more successful in these interventions and provides a new framework for integrating a variety of psychotherapeutic theories and techniques to explain how therapeutic change occurs.

In his book *Metaphors and Client Change in Counseling*, Strong (1989) discusses
ways in which counselors can better understand clients' metaphors, use the clients' metaphors for change, and construct and present their own therapeutic metaphors. He further states that the right-brain activity of constructing explanations for experience that cannot be otherwise understood is the process that counselors want to evoke in using metaphors for client change. He teaches that listening for client metaphors involves such tactics as reflecting back to clients what has been heard, listening for sensory-based words, and identifying patterns in both topics that are presented and issues that are avoided. He defines the three strategies that can be employed in using metaphors in counseling as:

- Explicating what is implicit
- Therapeutically extending or modifying the metaphor
- Creating and delivering therapeutic metaphors.

*Imagery and Metaphor in Counseling: A Humanistic Course* by S. T. Gladding (1986) outlines a brief course on the use of imagery and metaphor as tools in the counseling process. It is based on the premise that counselors approach their clients from one of three main theoretical positions -- affective, behavioral, or cognitive. Those who are primarily oriented toward one of these three areas usually incorporate aspects of the other two as well. Thus, although the use of imagery and metaphor may not be dominant in initial counseling sessions, these tools may be incorporated in subsequent sessions when the goal-setting and action stages are reached.

Matthews & Dardeck (1985) discuss the value and contributions of therapeutic metaphor to the change process. They provide illustrations of the uses and outline the
construction of metaphor in counseling. They state that the essence of metaphorical creation and use is seen as helping the client develop an unconscious search for meaning that is not limited by the client's conscious frame of reference.

In a unique study, Stone & Amundson (1989) defined metaphoric case drawing (MCD) as a much more effective method for counselor trainees to conceptualize their prior sessions during the process of debriefing under supervision. This method includes metaphoric thinking and visual imagery as opposed to the traditional verbal case debriefing. They state that, using the MCD method, supervisors and trainees reported a substantial increase in understanding. The MCD method was particularly effective for case presentations with themes of depression, suicide, relationship problems, and manipulative clients.

Gladding (1984) explores the use of metaphors and similes to facilitate intra-personal and interpersonal development in group counseling, specifically the borrowed metaphor, which is a metaphor that a person has taken from another setting, and the original metaphor, which is spontaneous and originates within the person. It is suggested that if group leaders can conceptualize metaphors as tools in group counseling, they can use them when it is appropriate to bring about maximum growth and development of group members.

Group therapy was again addressed further by Abell & Sommers (1991) who use Metaphor Therapy as a conceptual framework representing women's experiences using the metaphor of voice to structure a group therapy process. The purpose of the group, formation of collaborative relationships among members and therapists, plus procedures
and interventions, reveal the nature of the group process.

**Integrating Metaphor Therapy With Other Modalities.**

Delmonte (1991) asserts that institutions created in society [such as churches, schools, cultures and sub-cultures, county and state and federal governments] tend to solidify in-group myths, often with the help of metaphor. He argues that personal, constructivist, and eclectic approaches to psychotherapy can be envisaged as enterprises to begin the process of demythologizing clients in the safety of the therapeutic setting. Only then can clients learn to explore the meaning behind symptoms. In the American Heritage Dictionary (1995) the definition of the term demythologizing is ... “To rid of mythological elements in order to discover the underlying meaning: demythologize biblical legends or; to remove the mysterious or mythical aspects from: providing an antiheroic age with heroes suitably demythologized, yet also grand.”

Wampold (1991) suggests that the language used should be carefully examined in order to discuss higher order change processes and that the language used should be put into practice so that research can be conducted on the concepts conveyed by the language. V. S. Tarico (1985) contends that metaphors are implicit in most, if not all theories of counseling and that, rather than being incompatible, they are complementary descriptors. The literature review tends to bear out Tarico’s claim the Metaphor Therapy can and should be applied to all modalities. The following brief (but abundant) references further support Tarico’s claim. Any one, or a combination of these references could be used as a text-book approach to tailor the use of Metaphor Therapy techniques to suit the individual
Psychoanalytic psychotherapy.

Freud's psychosexual stage conception of personality development in relationship to metaphors is explored by Garcia (1995). He placed significance on the resemblances between the oral, anal, phallic, latency, and genital stages of both Freud's conception and the counseling process. Garcia postulates that when individuals lack the skills to deal with their internally conflicted developmental impulses, they may seek out counseling. This metaphor between Freud's stages and the stages of the counseling process suggests a sequential depiction of counseling motifs and opportunities for counselors to reframe these motifs to enhance the counseling relationship.

According to Rasmussen (1995), metaphor is seen to play a significant role in psychoanalytic theory and technique. While acknowledging this view, the author examines differences in the way in which borderline and neurotic clients experience, comprehend, and use metaphor in the context of psychotherapy. Differences in the capacity to play, adaptively regress, regulate affect, maintain ego boundaries, and symbolize are found to affect capacities to employ those figures of speech in words or phrases literally denoting one type of object or idea but used in place of others by suggesting likenesses or analogies. He offers a rationale for differential use of interventions involving metaphor.

Jungian psychotherapy.

In his book The Wounded Healer, Holmes (1991) discusses the image of the dual
aspects of the wounded healer as it applies to both the patient and therapist. He contends that through the acknowledgment of wounded-ness the ability to heal is activated and that the therapist's acknowledgment of his or her psychopathology therefore constitutes a major source of cure for the patient. Holmes uses the Greek myth of Chiron, the wounded healer, as a metaphor for the duality that exists in all individuals. The fable also brings into focus the ongoing, paradoxical, and reciprocal qualities of the therapeutic relationship. The communicative approach adds weight to the cyclical nature of the therapeutic alliance and is in many ways evocative of the myth, as it emphasizes the inherent existence of dual aspects that link both patient and therapist.

Abell & Sommers (1991) use Metaphor Therapy in the counseling of incest survivors. They apply the women's experiences using the metaphor of voice to structure the therapy process and to illuminate the process of change, noting family messages, the presence of an inner and outer voice, and the integration of the two voices.

Art therapy was integrated with Metaphor Therapy and Jungian theory by Landgarten (1981) to interpret and elaborate on projects developed during individual art therapy sessions, stating that all art work is symbolic of the unconscious.

Ericksonian and hypnotherapy.

Godin & Oughourlian (1994) explain how important a story can be in affecting the human psyche and show how and in which perspective a story can be psychologically active. They focus on those effects that can be useful to a patient during the psychotherapeutic process and consider several possibilities, all of which reveal an
"essential" relationship with that which is called "hypnosis." They describe their work and research on the value of story as a basis for the hypnotherapeutic action, along the lines of Milton Erickson and his views of the direct influence of the story; the story as a basis for the psychotherapeutic action; the influence of the story itself; the value of a story told without any specific intention; and the way a therapist manages to find such stories.

Cognitive-Behavior therapy

In their book *Towards a cognitive formulation of metaphor use in psychotherapy*, Muran & DiGiuseppe (1990) examine linguistic and psychological conceptualizations of metaphor and argue against popular psychotherapeutic applications that regard metaphor as the language of the unconscious and use it as an indirect method of communication. They present a cognitive psychotherapeutic model that adopts a constructivist and interactive view of metaphor. This active and directive model considers literal and metaphorical language as continuous phenomena in terms of comprehension and accurately acknowledges the nature of metaphor as a heuristic and epistemic device.

The use of the contrasting metaphors of discovery and creation are alternative ways of understanding the nature of identity formation. These two metaphors are related to the philosophies of eudaimonism and existentialism, respectively. The processes of discovery and creation are shown to have distinctive theoretical implications regarding the sources of identity elements in the individual's latent abilities, personal experience, role models, and feedback from others; the methods used in the evaluation of competing identity alternatives; and the decision-making level on which a resolution of an identity
crisis is most likely to be reached (Waterman, 1984).

**Adler’s individual psychology.**

The humanistic approach to using metaphors in counseling is explored by S. T. Gladding (1986), who outlines a brief course on the use of imagery and metaphor as tools in the counseling process. His theory is based on the premise that counselors approach their clients from one of three main theoretical positions -- affective, behavioral, or cognitive. Those who are primarily oriented toward one of these three areas usually incorporate aspects of the other two as well. Thus, although the use of imagery and metaphor may not be dominant in initial counseling sessions, these tools may be incorporated in subsequent sessions when the goal-setting and action stages are reached.

The subject of overcoming resistance using Metaphor Therapy is probably best illustrated by Romig & Gruenke (1991). They contend that the use of metaphors, stories, and analogies can engage resistant clients in the therapy process by offering a less threatening way of making significant points during the counseling.

**Family Systems Therapy**

In his book *Metaphor Therapy: Using Client-Generated Metaphors in Psychotherapy* Richard Kopp (1995) discusses selected concepts and methods of Structural and Strategic Family Therapy from the perspective of Metaphor Therapy. He cites several case studies as examples on how to implement Metaphor Therapy in Family Systems Therapy. He states that:
Both Structural and Strategic approaches offer models of the family system that support Metaphor Therapy’s view that the family reality is structured metaphorically. In addition, Strategic and Structural Family Therapies extend the repertoire of metaphor methods available to the therapist by offering intervention strategies that identify and transform family structure and communication/interaction patterns (p. 143).

Kopp (1995) also suggests that the metaphoric structure of family reality, while differing from the metaphoric structure of individual reality in some important respects, shares many basic constructs and approaches.

Structural Family Therapy, according to Kopp (1995), appears consistent with the three premises of Metaphor Therapy: (1) the family constructs its reality; (2) “family structure” is metaphoric in nature; and (3) the therapist uses metaphor in therapy to suggest directions for change. Kopp also states that:

The family constructs its present reality, and it is the therapist’s task to select “from the family’s own culture the metaphors that symbolize their narrowed reality,” and use them “as a label that points up the family reality and suggests the direction for change” (p. 143).

In regards to Strategic Family Therapy Kopp (1995) writes:

Strategic Family Therapy holds that the essence of an interchange between family members lies in the metaphoric, in contrast to logical, characteristics of the communication (p. 146).

Haley (1978) makes a distinction between digital (logical) and metaphoric communication. He defines digital communication as “that class of messages where each statement has a specific referent and only one referent. Something happens or does not happen -- there is one stimulus and one response” (p. 83). Haley maintains that the
metaphoric communication is analogic in contrast to digital. In analogic communication, each message has multiple referents and deals with resemblances of other messages, "framing" the meaning of these other messages.

Haley (1978) illustrates the distinction between digital and analog communication by using the example of a halftone newspaper photograph, noting that, although composed of a series of dots or "bits" of information, the newspaper picture is more than the sum total of the dots that make up the picture. "If we build such a picture by adding dots, they continue to be dots until a certain point at which the picture becomes recognizable as a representation of something" (pp. 84,85). The change from digital to analogic communication occurs at the moment when the shift is made from dots (bits) to scene. Note that the shift from digital to analogic communication involves a shift from dot to picture, from part to pattern. What is represented (re-presented) is an image of something else.


Strategic Family Therapy and Metaphor Therapy approaches agree that communication has many metaphoric contexts. In Metaphor Therapy, however, some of these metaphoric contexts are intra personal, such as the metaphorms that make up the metaphoric structure of individual reality of each family member, expressed in metaphoric language and early memory metaphors. Other metaphoric contexts may be interpersonal, such as (1) the current and past family patterns of interaction and communication emphasized by Structural Family Therapy and Strategic Family Therapy, (2) the socio-cultural metaphoric contexts described by Lackoff and Johnson (1980), or (3) the transcultural metaphoric contexts represented in archetypes and myth. Any of these contexts may exert a causal influence on subjective meaning, behavior, or interpersonal communication.

Metaphor Therapy is an integrative approach in which changing the interpersonal family context is an important and effective way to change behavior and communication, and stimulating changes in intra personal (or, potentially, social
and transcultural) metaphoric contexts can also produce these changes.

Ironically, to suggest that changing the interactive family context is the only way to change behavior of a family member would be reductionistic because it implies that the only (or primary) causal variables (metaphoric context) affecting a person's behavior exist at the level of the family system. This view is often found in the family therapy literature. For example, Haley (1978) states that "It would seem evident that insofar as the patient's communication is adaptive to his context, then the context must be changed for his communication to change" (p. 89), and adds that the patient's style can be changed only by "making organizational changes in the situation to which he is adapting" (p. 90).

In contrast, Metaphor Therapy maintains that the behavior and communication of each family member are adaptive to both intra personal and interpersonal contexts simultaneously. Thus, a therapist might change a family member's behavior (and, potentially the interactive patterns of that person's family) in individual therapy aimed at stimulating change in the family member's intra personal metaphoric context (metaphoric structure of individual reality).

Kopp (1995, p. 148-149) has the following to say about Behavior as Metaphor in the Family Systems:

Mandames (1981) suggests that all human behavior can be either analogical or metaphoric. A behavior is analogical to another behavior when one resembles the other in some way, even though they may be different in other respects. In contrast, "A behavior is metaphorical for another behavior when it symbolizes or is used in place of another behavior" (p. 225).

Recall that in Metaphor Therapy metaphoric structure refers to a "nonlinear" or "analogical" correspondence of pattern and organization between two things that are different when considered as discrete entities belonging to two different classes. Thus, spoken metaphors express metaphoric structure in language, and cognitive metaphors represent metaphoric structure in thought. Strategic Family Therapy adds a third dimension: behavioral metaphors, which express metaphoric structure in interpersonal family systems (p. 149).

According to Strategic Family Therapy, symptoms can be understood as metaphors about family life. For example, a wife with a physical pain in the neck that has no organic cause can be expressing metaphorically her opinion of some family members, e.g., "My husband's a pain in the neck." This view is similar to
the psychodynamic concept of "organ jargon" (Adler, 1956). Organ jargon is illustrated in the case of a woman with a skin rash that improved after the psychoanalytic therapist offered the interpretive metaphor, "She really gets under your skin, doesn't she," referring to the "irritation" and anger the client felt toward her sister and toward her mother (149).

In The Family Crucible (Napier & Whitaker, 1978), Carl Whitaker's whole countenance is rich with metaphors. His prolific use of metaphors is a major part of his unique charm and disarming nature. One of his favorites is; "May I share a fantasy with you?" Every time he employs this phrase, he is constructing a therapist-generated metaphor for the family's situation or an individual's role within that family. The sharing of that fantasy poses a suggestion for the client(s) to ruminate on and follow through with their own version(s) or perceptions.

Augustus Napier (1978), speaking for himself and Carl Whitaker, states that "Both Carl and I like the metaphor of the team, since it vividly conveys the need of a group to function in synchrony, though each member obviously has an individual role." While Napier identified the word "team" as a metaphor, it should also be noted that each role assigned to a family member is also a metaphor, whether it be scapegoat, caregiver, lost-child, surrogate parent, or surrogate spouse (the list goes on).

Nichols & Schwartz (1995) to further clarify thes ideology of family roles:

The healthy family maintains a separation of the generations. Mother and father are not children and the children are not parents. The two generations function in these two separate role categories. Members of the same generation have equal rank. However, there is a massive freedom of choice in periodic role selection and each role is available to any member. Father can be a five-year-old, mother can be a three-year-old, the three-year-old can be a father, the father can be a mother, depending upon the situation, with each family member protected by an implicit "as if" clause. (p. 294)
In their book, *Family Therapy: Concepts and Methods*, Nichols & Schwartz (1995) discuss Roy Schafer’s version of narrative metaphor as “… the power of language and the stories people hold about themselves” and that, rather than trying to manipulate language, instead “… hold empathic conversations out of which emerge new meanings.” (p. 452) They stated the following about narrative metaphor:

In this concept of therapy, the therapist is not a narrative editor of the client’s story, someone who uses language as a rhetoric-like editing tool. Rather, the therapist is in language with the client . . . [which implies] a therapy that is less hierarchical, more egalitarian, mutual, respectful, and human, a therapy which allows a therapist to be aware of the depth, existence, and experiences of the individual. (p. 452).

Conversational questions come from a position of not knowing and are the therapists primary tool. They involve responsive or active listening, which requires attending to the clients’ stories in a distinct way, immersing oneself in clients’ conversations, talking with them about their concerns, and trying to grasp their current story and what gives it shape . . . the questions are not formed by the therapist’s preconceived theories of what the story should be . . . Conversational questions are, therefore, not generated by technique, method, or a preset template of questions . . . Each question . . . comes from an honest, continuous therapeutic posture of not understanding too quickly, of not knowing. (p. 453).

Richard Kopp (1995) takes a somewhat different stance. While his focus is on listening for client-generated metaphors, he also teaches how to construct therapist-generated metaphors, much in the same way Carl Whitaker does when he asks “Can I share my fantasy with you?”

Carl Whitaker had a unique penchant for “craziness” and perpetuated that craziness by introducing humor and a variety of funny (and often frightening) metaphors into his therapeutic sessions as illustrated in *The Family Crucible* (Napier & Whitaker, 1978). Lusterman (1992) is another strong advocate of humor in therapy and depicts
methods of using humor and Metaphor Therapy as a way of establishing better marital communications in marital therapy. He illustrates the effectiveness of humor and metaphor to facilitate the independence in young adults still living off their parents. Lushterman (1992) also depicts methods of using humor and Metaphor Therapy as a way of establishing better marital communications in marital therapy.

Children & Adolescents

Butz (1993) created a vampire metaphor in understanding the cycle of childhood abuse. He contends that the vampire metaphor may illuminate the tragic interchange between abuser and abused so as to lead to a deeper psychological understanding of abusive situations. He believes that the type of metaphorical conceptualization suggested and explored in terms of its archetypal and intrapsychic dynamics can be helpful in explaining the abuse cycle and in encouraging reflection on the abuser as a victim.

On a similar note, Ballester (1995) used what he called “Monster therapy” in which he addresses issues and approaches related to the treatment of abusive reactive children seen in a program designed especially for this population. Using his terminology, "abuse reactive" refers to children under the age of 13, most of whom have been sexually abused and who are now molesting other children. He discusses the use of a "monster" metaphor in addressing specific treatment issues and offers a step-by-step description of an effective strategy that includes stages of treatment, aspects of the target population, and various treatment techniques and approaches used to engage these children. His focus is primarily on 6- to 8-yr-olds, who have been the subject of this treatment approach for the
past 6 years.

Neuropsychology

Kopp (1995) draws the following conclusions about Metaphor Therapy as it relates to the field of neuropsychology:

It appears that the creation of spontaneous spoken metaphors and early memory metaphors evokes sensory images that may engage neurological holographic processes that are distributed over large areas of the brain. A metaphoric image may create a resemblance, not merely between the image and the external referent situation, but between neural holographically encoded representations and the external situation (as perceived by the individual). These representations, in turn, may relate to primary memory patterns holographically encoded early in life. The power of metaphorical interventions may lie in the fact that metaphorical images are distributed throughout the brain in a holographic manner. If so, then exploring linguistic metaphors and early memory metaphors may activate this expansive network, and transforming metaphors may reverberate throughout the entire range of distribution of the image and/or memory. (p.169).

Grief work

Schwartz-Borden (1992) suggests that the use of metaphor can provide a powerful and useful framework for lowering resistance to the pain of bereavement for parental grief. The also contend that metaphor offers a graphic, nonjudgmental symbolic representation through which the mourner may freely express the sorrow, loss, anger, and guilt that is necessary to accomplish the tasks of grieving. A neutral symbol can help facilitate normalization and universalization of grief responses. Schwartz-Borden cited examples of the use of the extended metaphor in practice with a couple who experienced the loss of their 3-year-old daughter to leukemia, a 56-year-old man whose 28-year-old son died in an accident, a 42-year-old mother of a 10-year-old boy who died from an acute asthma
attack, and a woman whose lawyer son had been murdered.

Medical issues.

Bowman (1992) presents a general overview of the process of designing and using metaphors in adjustment counseling by rehabilitation teachers and other professionals who work with persons who are blind. Other medical problems are addressed by McDowell, Bills, & Eaton (1989) who employ the therapeutic use of imagery, reframing and other paradoxical techniques, and the use of metaphor in counseling people with disabilities.

According to Hendrix (1992), the treatment of psychosomatic symptoms is enhanced when those symptoms are seen as metaphors for life events. Therapists can use metaphors deliberately to motivate clients, stimulate thought processes, and deal with difficult material.

Roberts (1987) cites therapeutic metaphors as a counseling technique in rehabilitative audiology. Roberts advises that prior to constructing a metaphor, the audiologist identifies significant persons involved in the client's problem and their interpersonal relationships, and identifies the client's problem situation. The changes that the client wants to achieve are then presented in a well-formed outcome. The client's coping strategies and barriers to desired changes are noted and an anecdotal metaphor that parallels the client's problem situation is presented. The client becomes actively involved in the process of deciphering the metaphor, often providing a novel perspective or an overlooked solution to the problem.

Cultural Issues
In their book *The Native American Sweat Lodge as metaphor for group work*, Garrett & Osborne (1995) proposes that the interrelationship and growth emphasized by the Native American Sweat Lodge Ceremony and the "Talking Circle" provide a rich understanding of group counseling and implications for practice based on cultural traditions. The Sweat Lodge Ceremony serves the important function of purification and healing, not only of the body but of the mind and spirit. The Talking Circle serves as a forum for the expression of thoughts and feelings in a context of complete acceptance by group members, thereby cultivating their personal growth.

It is suggested by Pedersen (1983) that language defines the boundaries of culturally appropriate behavior and he points out the importance of implicit metaphors within the pictographic characters of written Chinese. He also cites examples of implicit metaphorical meaning within the written Chinese language as it relates to the words and concepts frequently used in counseling.

**Religious Issues**

The biblical basis for strategic approaches and the use of Metaphor Therapy in pastoral counseling was advanced by Boghosian (1983) who examines the relationship between biblical and clinical wisdom concerning change. He strongly believes that people change through experiencing therapeutic communications that block dysfunctional ones and foster healthier interpersonal interaction. He also contends that strategic wisdom can be identified in Jesus' use of paradox, metaphor, and parables to help people change.
Literature Summary

The literature appears to support the hypothesis proposed by Kopp (1995) and Groves (1996), that with proper training, Metaphor Therapy can be successfully applied to almost any situation regardless of issue, cause, condition, gender, or culture.
CHAPTER 3

METHODOLOGY

Introduction

The purpose of this paper was to develop a seminar curriculum and define the course content to introduce advanced graduate students to the use of Metaphor Therapy.

Research Design

This project is presented in the format of a descriptive design as designated by Merriam & Simpson (1995), who state that in a descriptive design, "The central focus of descriptive research is to examine facts about people, their opinions and attitudes. ... In descriptive research, the researcher does not manipulate variables or control the environment in which the study takes place. Its purpose is to systematically describe the facts and characteristics of a given phenomenon, population, or area of interest." (p. 61).

Source of Data

Post-graduate and elective courses were attended by this author to observe and analyze the most current methods and technical materials used in teaching Metaphor Therapy, Neuro Linguistic Programming, and hypnosis.
Assumptions and Limitations

The courses attended and this author's ability to assimilate all the material offered at those courses do not necessarily constitute all the knowledge available on the subjects.

Procedure

♦ Attended a 3 day hypnosis seminar/workshop conducted by Dr. A.M. Krasner of the American Institute of Hypnotherapy of Irvine, CA, held in Albuquerque, NM in March, 1996 which will culminate with this author becoming certified in clinical hypnotherapy.

♦ Attended a 3 day NLP Core Transformation seminar/workshop conducted by Tamara Andreas of NLP Comprehensive of Boulder CO, held in Tucson, AZ at the NLP Wellness Center in March, 1996. This is followed by an in-depth self-study of the book; Core Transformation: Reaching the Wellspring Within (Andreas, 1994).

♦ Attended a 10 day Metaphor Therapy/Metaphor Mapping seminar/workshop conducted by David Groves of David Groves Seminars, held at My Elusive Dream (a retreat location) in Eldon, MO in June, 1996. This includes experiential training along with personal interviews with David Groves and several other clients in attendance.

♦ Course study of a Metaphor Therapy seminar entitled Resolving Feelings of Anger, Guilt and Shame: A seminar for mental health professionals
conducted by David Groves of David Groves Seminars, home study consisting of 1 manual, 4 audio tapes, and 1 video tape.

In-depth study of two NLP workshops as presented in the books *Frogs into Princes* (Bandler & Grinder, 1979) and *Reframing* (Bandler & Grinder, 1982), culminating in a demonstration and presentation delivered in a “Brief Therapy” class at Ottawa University in the spring semester, 1996.

Attended a 4 week NLP seminar/workshop conducted by Robert Dilts and Judith DeLozier of NLP University, held at the University of California, Santa Cruz in August, 1996, culminating in NLP certification.

**Method of Analysis**

Review training manuals, video tapes, audio-tapes, books, and notes of the workshops and interviews and construct concepts regarding key items, recurring themes, and differing opinions. Organize and continually review all the material in order to refine the proposed curriculum presented in Chapter 5.
History has illustrated that Metaphor Therapy is valid. As presented in Chapter 2, the literature review, there is ample support indicating that Metaphor Therapy is effective, particularly as a brief therapeutic tool or as a technique to be integrated with other primary modalities when brief therapy is a requirement.

Research indicating effectiveness and success

Angus (1990) describes his experiment with metaphor and the structure of meaning. He used five client-generated and six therapist-generated metaphors that were selected across four therapy dyads. Metaphor sequences were identified during a single therapy session of each dyad. Each client's and therapist's recollections of the metaphoric events were stimulated by audiotape playback within 24 hours of the session. Each metaphoric expression was embedded in an associated context of meaning that operated like a gestalt in which a network of related visual images, memories, and emotional responses were evoked by the spoken metaphor. He concluded that three organizing principles structured the relationship between a metaphor and the underlying meaning context; metaphor served as an associative link to other elements of the meaning context;
represented aspects of self-identity; and represented dialogical role-relationship patterns characteristic of the client.

Stiles & Shapiro (1994) call metaphor a drug and suggest that if a process component (e.g., interpretation) is an active ingredient of successful psychotherapy, then administering a relatively high level of it should yield a relatively positive outcome, and levels of the process component and the outcome should be correlated across the client population. Measures of five theoretically relevant, reliably measured verbal process components were compared with the rate of change in three standard symptom intensity measures across the brief treatments of 39 (mainly depressed) psychotherapy clients. The expected significant process-outcome correlations were not found. However, Silerschutz (1994) disagrees with the findings of Stiles & Shapiro, arguing that trivial correlations between process variables and treatment outcome point to inherent methodological limitations of correlational designs in process-outcome research. Silerschutz contends that Stiles and Shapiro have arrived at far-reaching (erroneous) conclusions tantamount to throwing out the baby with the bath and that correlational designs are perfectly appropriate for testing process-outcome correlations if process measures are adequately conceptualized. Silerschutz further used examples of case-specific measures of therapist responsiveness to illustrate the power of correlational designs.

In a research study performed in 1985 by Suit & Paradise, they compared the effects of three types of counselor-offered metaphors, varying in levels of complexity, to facilitative responses on tests of perceived empathy, regard, expertness, attractiveness, and trustworthiness. Results indicated that narrative analogy (NA) and level three facilitative
response (L3) each produced more positive client ratings of empathy, regard, and expertise than cliche (CLIENT:) and that cognitive complexity did not affect client ratings except for complex metaphor (CM) conditions.

What is meant by Metaphor Therapy?

After surveying the plethora of literature available, it is this author’s opinion, that succinctly put, Metaphor Therapy is the conscious therapeutic application and interpretation of metaphors in the counseling process to more rapidly achieve second-order change.

Richard Kopp (1995, p. xvi) provides the following definition:

Metaphor Therapy is not a new “school” of therapy. Rather, Metaphor Therapy is a perspective that offers a new way of looking at current theories and methods of psychotherapy. Viewing current approaches to individual and family therapies through the eyes of Metaphor Therapy highlights their shared metaphoric properties. Metaphor Therapy emerges as a framework within which several models of psychotherapy may be integrated.

Metaphor Therapy also identifies metaphor as a specific class of therapeutic interventions that emphasize metaphoric communication between client and therapist. Specific types of metaphoric interventions found in various schools of therapy are included as members of the class. Two broad categories are identified: (A) client-generated metaphors [further divided into (1) exploring and transforming the client’s metaphoric language, and (2) exploring and transforming the client’s early memory metaphors] and (B) therapist-generated metaphors.

Metaphor therapy maintains that all theories, including theories of psychotherapy, are themselves metaphoric structures of reality ... Thus, theory-based interpretations are avoided because they lead away from the client’s metaphoric structure of reality.

In his book Humor as Metaphor, D. Lusterman (1992) draws parallels between
the use of humor and of metaphor in therapy. Besides having a disarming quality, humor (or laughter) can have a beneficial effect on the therapeutic relationship by indicating a positive shift in the patient's perspective and by strengthening the patient-therapist bond.

Berlin, et al. (1991) describes the role of metaphor in the theory and practice of psychotherapy, emphasizing the perspective of the therapist. He states that metaphors are viewed as fundamental elements of the worlds of language and concepts rather than only as figures of speech, poetic devices, or creative ways to make interpretations. Berlin further states that metaphors shape the process of therapy by structuring the therapist's perceptions, stance, and attitude and organize the way problems are discussed as well as the solutions that are seen as effective.

A philosophical framework of root metaphor theory is presented by W. J. Lyddon (1989). He offers a heuristic framework for (1) organizing various counseling approaches along meta-theoretical lines and (2) delineating some of the tacit philosophical assumptions that may differentiate such approaches. M. J. Patton (1989) asserts that Lyddon's work provided no illustrations as to how the counselor proceeds from theory to specific intervention.

Classification of the types of Metaphors

While Richard Kopp (1996) breaks metaphors down into two simple categories (Therapist- or client-generated), David Groves (1989, 1996) identifies three specific types of metaphors in his earlier work and adds Metaphor Mapping in his later work. They are as follows:
1. Ericksonian type metaphors take place at an interpersonal level and are most often generated by the therapist. Groves does not address or instruct in the use of this type of metaphor.

2. Jungian type metaphors are metaphors that take place at a cultural level and are archetype symbols from the social milieu. Groves does not address this type of metaphor directly in his earlier work. His later work with Metaphor Mapping almost always culminates with the client accessing this level of metaphors.

3. Epistemological metaphors that take place at an intrapersonal level and supplied by the client. He states that “Epistemological metaphors provide a facilitory language in which a therapist can access other than conscious information.” He lists the following benefits in working with epistemological metaphors:

   - Metaphors more closely approximate the physiological properties of feelings than semantic words do.
   - Many feelings cannot be put into words and metaphors provide a medium in which the full resonancy of a feeling remains intact.
   - A therapist’s questions may have little effect in changing a client’s feelings directly, but a therapist’s questions can change the physical and dynamic properties of a metaphor because the metaphor is directly related to the physiological affect. In changing the metaphor, you change the feelings.
   - Metaphors are an excellent means of handling dissociation and
fragmentation, common characteristics of trauma victims.

- Therapeutic resistance can be circumvented by the use of metaphors. Resistance is a new metaphor’s attempt to be born.

Groves’ Metaphor Mapping incorporates all of his previous techniques, but cuts the time spent with a client dramatically. In this method, the therapist spends just enough time with the patient (sometimes as little as five minutes) until the patient exhibits, by some spoken metaphor or NLP-like identifiable response (such as specific eye movements or physiological changes) that an internal image has been accessed.

Once an image has been accessed, the client usually wants to discuss it. In Groves’ mapping model, rather than listening to all the details, he instructs the patient to go off by themselves, contemplate the image and then create a physical and detailed representation of that image. This can be accomplished in crude drawings or by using any combination of artistic mediums they desire. The initial reaction of the client is confusion about exactly how to create this physical manifestation, but when encouraged and told that they can find a way, then left to their own devices, they almost always succeed in creating something meaningful.

It is interesting to note that clients take anywhere from minutes, to days, to weeks to contemplate and create their physical representations, but they almost always devote their entire selves to their assignment until it is accomplished. Even after the physical representation is complete, the client continues to contemplate and refine their work until their next visit with the therapist.
At this point the therapist induces the client to discuss their drawings or other type of physical manifestations of their metaphoric image(s). During this discussion, the therapist rarely even looks at the project, but instead, listens to the client, waiting for additional physical clues or spoken metaphors that again, send the client away to create yet another physical manifestation of the newest or latest metaphoric image.

This process can go on indefinitely, or at least until the client feels relief. When this point is reached, the therapist asks the client to review all the projects and discuss the process. The end result almost always accesses what Groves refers to as the Jungian Metaphors and universal level of consciousness. This final session is usually the longest, and most rewarding.

The most striking element of the Metaphor Mapping technique is the incredibly small amount of time the therapist actually spends with the client in session (in most cases, under 10 minutes per session). It is also impressing to observe the extensive amount of time and energy invested by the client outside the therapeutic session.

In this era of brief therapy and managed care, this method presents all kinds of alternatives. While it may, or may not cut down on the number of sessions, it definitely cuts down on the amount of time spent with the patient. This model would appear to be best suited to, but not limited to, a residential setting where the therapist could see the client soon after the completion of each separate project or assignment.

Richard Kopp (1995) sums up the requirements for the effective use of therapist-generated metaphoric intervention as; the therapist’s accurate empathy, clinical sensitivity
and intuition; creative imagination; as well as extensive training and experience. Other theories and teachers have added the use of biblical stories, fairy tales, and mythological stories as the basis for therapist-generated metaphors.

**Kopp’s Guide to Accessing and Identifying Client-Generated Metaphors**

Richard Kopp (1995) identifies the following details to look for in client-generated metaphors:

1. **Client Characteristics**
   - Client Issues
   - Client diagnosis
   - Bypassing client resistance.

2. **Counselor Characteristics and skills**
   - The ability to “hear” (see Appendix A - Critical listening)
   - Client’s sensory-based expressions.
   - Client-generated metaphors for current/presenting problems.
   - Types of Client memories.
     1. Early memories, also known as Early Recollections (ERs) are the only type that meets the criteria for exploration and/or transformation.
     2. Autobiographical facts.
     3. Generic personal memories.
   - Eight steps for utilizing early personal memories.
Kopp's 4-phase, 6-step guide to the use of Client's Metaphors in Therapy.

Phase 1 - Entering the client's metaphoric imagination

Step 1 - Notice metaphors!

Step 2A - If the client is cooperative and/or creative.

Invite the client to explore the metaphoric image.

Step 2B - If the client is resistant or doesn't understand.

Embellish how you, the therapist see the image.

Phase 2 - Exploring the client's metaphoric imagination

Step 3 - The client explores the metaphor as a sensory image

- Setting
- Action/interaction
- Other sensory modalities
- Time / relativity

Step 4 - Exploring experience associated with the metaphoric image

Phase 3 - Inviting transformation of the client's metaphoric image

Step 5A - If you could change the image ...

Step 5B - What if the [...] were a [...]?

Phase 4 - Connecting metaphoric patterns and life problems

Step 6 - Bridge back to the original situation

1. Transform feelings into a metaphor (ask six basic questions)
2. Establish Ownership (regress client to age of the feeling/metaphor)
3. Establish The Memory (establish the environment at the time of the memory outside of the ego boundary)
4. Individuation (separate the memory, feelings, and owner of the body)
5. Maturation (“grow up” immature, enmeshed feelings to the present by allowing time to move forward)
6. Solution (metaphors are foreign objects in the body and must be commissioned outside the body to create a useful and practical solution. Use solutions appropriate to the age of the person’s experience or memory.)
7. Behavioral Check (bring the past memory/experience into the here and now by transferring specific skills to the adult)

Groves’ Rules for Clean Language.

1. Ask questions answerable by the child within. If one question is not answerable, ask a different one.
2. Use the same verb form and tense as the client.
3. Use the subjunctive mood. This allows choices and solutions to come from the information source.
4. Do not use the definite article “the”.
5. Use “you” only when the client uses “I.” “You” must be contextualized so that it
goes to the child, not the adult.

6. Use “he” or “she” only if the client uses the pronoun, as it implies a dissociated observing adult ego.

7. Begin each sentence with “And ...”.

8. Use “And when ...” as a natural invitation to regress the client.

Groves’ Rules for Language Delivery Mechanisms.

Apply these rules to deliver clean language when working with a child within or metaphors. Exceptions follow the child within’s own speech patterns.

Locational:

1. Do not sit directly in front of the client.

2. Do not make eye contact.

3. Do not touch the client.

Somatic/Kinesic:

4. Do not ask the client to relax.

5. Do not ask the client to close their eyes.

Acoustical parameters:

6. Do not use an ordinary voice.

7. Avoid clarity and precision.

8. Use lower voice tone.

9. Slow speaking rate by at least 1/3.

10. Speak quietly.
11. Use smooth, rhythmic patterns.

12. Use silence (long pauses).

13. Repeat information: "And when ..."

14. Recapitulate the client's "story."

A checklist of keys to understanding this therapeutic approach.

1. A feeling word or thought word will be transformed into its metaphorical equivalent so that the feeling becomes an object.

2. Each feeling will be activated at its specific physiological location in the body. A feeling, when it is objectified into a metaphor, will have the characteristics of a foreign object which will be transformed, and expelled from the body. Feelings are resolved when this occurs.

3. A metaphor does not belong to the adult client but, rather to a younger part of themselves. It is this body, e.g., child within, that owns the metaphor.

4. Metaphors are created inside the body similarly to an immunological response as a defense against a toxic external environment such as traumatic memory.

5. To ensure that feelings stay resolved and do not rectify, the metaphor for the resolved feelings must be different from the metaphor of the original feelings.

6. Experiences are resolved by healing them at the time in which they were born.

7. When a client presents unresolved feelings that have a large memory component (exogenous), the memory has to be resolved before you can resolve the feelings inside.
8. When a client presents their information mostly in feelings (endogenous), then you can work with the feelings directly and resolve them.

Using NLP & Hypnosis in Metaphor Therapy

Both of the major models of Metaphor Therapy presented here (Kopp, 1995 & Groves, 1989, 1996) lean heavily on the concepts of NLP, which in turn, incorporate techniques that, whether implied or directly stated, utilize Ericksonian methods of hypnosis. They both require a high degree of joining and pacing, and leading the client, voice control, and a large amount of guided imagery. Language is critical to Metaphor Therapy and therefore a minimum of an introduction to NLP is necessary.

The basic four NLP PRE-SUPPOSITIONS are:

- The map is not the territory. Just as there are different types of physical maps (such as topographical, weather, logistical, etc.), individuals perception of reality depends on their different ways of viewing the world. These differences depend on the individual’s perceptual filters or representational systems (input, sensory mapping, and output) using their individual sensory sub-modalities (which are either visual, auditory, kinesthetic, olfactory, or any combination of the basic four).

- We are all operating in the same system. The difficulty in communication is the different ways we perceive our maps of the world and reality. Relationships will improve when taught how to achieve congruence and rapport. One of methods NLP teaches to achieve congruence and rapport
is called calibration. This is best accomplished by moving into the other person’s sensory modality. To do that, it is necessary to mirror verbal and body language (using the same type of sensory-based verbs, pace speech and breathing patterns, and posture).

- All behaviors have a positive intention (no matter how unacceptable a specific behavior may appear on the surface). This presupposes that there is some PART (either conscious or unconscious) of the individual that learned or acquired that behavior, at some period in time, in order to cope with the world as they perceived it at that time. The behavior may no longer be appropriate and in need of changing but needs to be taught a replacement coping behavior before the inappropriate behavior can be discarded.

- People have the capabilities needed to learn and change

One of the major concepts of NLP is the Meta-Model (see Appendix B for a more detailed description of the Meta Model and it’s application). According to Leslie Cameron-Bandler (1985, p. 223):

The meta-model is an explicit set of linguistic information gathering tools designed to reconnect a person’s language to the experience that is represented by their language.

Fundamental to the useful application of this material is the concept that language is not experience, but rather a representation of experience, like a map is a representation of a territory. While I’m sure that you are familiar with the notion that the map is not the territory, I wonder if you have fully realized that, as human beings, we will forever experience only the map and not the territory. Actually, as persons who assist people in changing, this is to our advantage. We alter maps: that is, we change people’s subjective experience of the world, not the world itself.
We make our maps out of the interaction between internal and external experience. Because we humans represent (or build) maps of our experience with language, a set of tools like those provided by the meta-model is invaluable. Essentially, the meta-model serves as an interface between language and experience.

Another major concept of NLP is reframing (see Appendix C for a more detailed outline of the six-step process). In chapter five of their book entitled “Reframing” Richard Bandler and John Grinder (1982) discuss reframing within systems, which includes couples, families, and organizations (also see Appendix D):

The heart of reframing is the recognition that behavior can become detached from the outcome it is supposed to achieve. Psychologists recognized this years ago, and invented the term “functional autonomy” to describe behaviors that continued long after they had any useful function for the person. Psychologists didn’t know what to do about this, but they did recognize it. They didn’t realize that they could directly identify outcomes, and then select or design other behaviors, which they could tie to those outcomes. (p. 143).

The other aspect of reframing that makes it work so easily is that it is explicitly ecological. We make sure that the new behaviors don’t interfere with any other aspects of the person’s functioning. Any objecting parts become allies in selecting the new behaviors, so that the new behaviors fit in harmoniously with all the person’s other needs and behaviors. (p. 143).

Integrating metaphor with other modalities.

Metaphor Therapy and Metaphor Mapping are so versatile and effective that they can be incorporated with any and all other modalities simply by becoming more aware of the language used by the client, and expounding on the images that language generates. The object is to get those images into an external frame that can be dealt with in a therapeutic manner.

Metaphors are a client’s way of structuring everyday reality and Metaphor
Therapy is a methodology that therapists can use to pursue their clients' metaphors to facilitate change. Therapists must be alert to clients' metaphors since many clients will use them unconsciously. The most liberating way of using metaphor in therapy is to use an awareness of it in the questions that are asked of clients. Often a client will use a specific type of metaphor to personify or objectify the self (Smith, 1992).
The Metaphor Therapy Seminar curriculum developed here will attempt to draw upon all the resources available, but will concentrate heavily on the guidelines provided by Richard Kopp (1995) and David Groves (1989, 1996). However, Metaphor Therapy cannot be taught as an entity in and of itself. Metaphor Therapy must be experienced. It is the guiding and refining of that exposure and experience that brings heightened awareness and access to deeper and more meaningful levels of communication.

By its very definition, the word metaphor indicates alternative states of communication. Therefore, this workshop will add basic NLP and hypnosis concepts to the experience of, and exposure to, Metaphor Therapy. This occurs in six basic units.

Basic Elements of a Metaphor Therapy Seminar

1. The discussion of physiology, language, delivery, and altered states of consciousness are critical to the understanding of not only what metaphors are, but how they occur, and why, and how to use them to our advantage. This section will provide handouts from basic texts relating to brain neurology, language acquisition/communication, and environmental and cultural settings that dictate the state of consciousness that controls communication and meanings.
2. Training in the **ability to recognize and interpret client-generated metaphors** will include heightening the awareness with in-class exercises. As with unit 1, the amount of time devoted to this unit will be dictated by the length of the seminar, but because of its importance, this unit will comprise approximately 15 percent of the entire workshop.

3. Training in **techniques used by Kopp (1995) and Groves (1996)** will be provided by using Kopp’s *Metaphor Therapy* as a text, supplemented by David Groves’ videos and handouts. While this is guided by actual textbook recipes, it will be the actual in-class experiences that make this unit work.

4. An **introduction and overview of Neuro-Linguistic Programming (NLP)** is considered critical by this teacher. Just as hypnosis is not a therapeutic tool unless the hypnotist uses the appropriate language, Metaphor Therapy needs the refinements offered by basic understanding of NLP. NLP also supports the major premises offered by hypnosis and Metaphor Therapy. Some handouts will be provided, along with several experiential exercises, and supplemented by a bibliography list for those interested in learning more. One source used will be a booklet prepared by J. Lynda Campbell (1993) for an introductory course in NLP at Ottawa University, Phoenix Center.

5. It is critical to stress the **need for creativity and training before using therapist-generated metaphors**. Some Ericksonian material will be presented to support the illustration of the complexity of this process, and to discourage using therapist-generated metaphors until the therapist has achieved a high degree of success and
awareness with client-generated metaphors.

6. It is also critical to stress the importance in the use of and understanding the underlying meanings of mythological stories, biblical stories, and fables, for these are the very fabric from which we weave our lives, from the cradle to the grave.

Since all six units are considered absolutely essential for a proper exposure to Metaphor Therapy, a chart has been developed, dividing the amount of time allocated to each unit, depending on the length of the workshop or seminar. The chart covers 1) a single evening seminar of approximately four hours; 2) a full day seminar of approximately eight hours; 3) a day and a half (probably Friday evening, Saturday, weekend class) of approximately twelve hours; and 4) finally with a twelve week, full semester of approximately forty hours.

The longer the seminar, the more experience, exposure, and refinement will occur through repetition and sharing exercises. The amount absorbed from shorter seminars will depend upon the motivation and interest of each student, because they will have to practice on their own, and perform follow-up reading without the benefit of structured class.

The following chart is provided as an outline only. It would be impossible to predict the level of interest and response from any given group, and it is that interest and sharing that drive the engine that creates the journey. Hopefully, the teacher will carry enough excitement, enthusiasm, and creativity into the classroom to inspire the group.
## Basic Elements (Units) of Metaphor Therapy Training

### Time Breakdown into Hours per unit

<table>
<thead>
<tr>
<th>Time (%)</th>
<th>Evening</th>
<th>Single Day</th>
<th>1 ½ days</th>
<th>12 wk Sem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocated per unit</td>
<td>4 Hours</td>
<td>8 Hours</td>
<td>12 Hours</td>
<td>40 Hours</td>
</tr>
</tbody>
</table>

*Number indicates order of*

1. Physiology, language, delivery, and altered states of consciousness  
   - 16.00%  
   - Evening: 0.64 hours  
   - Single Day: 1.28 hours  
   - 1 ½ days: 1.92 hours  
   - 12 wk Sem: 6.40 hours

2. Recognizing & interpreting client-generated metaphors  
   - 16.00%  
   - Evening: 0.64 hours  
   - Single Day: 1.28 hours  
   - 1 ½ days: 1.92 hours  
   - 12 wk Sem: 6.40 hours

   - 30.00%  
   - Evening: 1.20 hours  
   - Single Day: 2.40 hours  
   - 1 ½ days: 3.60 hours  
   - 12 wk Sem: 12.00 hours

4. Introduction and overview of Neuro-Linguistic Programming (NLP)  
   - 30.00%  
   - Evening: 1.20 hours  
   - Single Day: 2.40 hours  
   - 1 ½ days: 3.60 hours  
   - 12 wk Sem: 12.00 hours

5. The need for creativity and training in therapist-generated metaphors  
   - 4.00%  
   - Evening: 0.16 hours  
   - Single Day: 0.32 hours  
   - 1 ½ days: 0.48 hours  
   - 12 wk Sem: 1.60 hours

6. The importance and use of mythological stories, biblical stories, and fables  
   - 4.00%  
   - Evening: 0.16 hours  
   - Single Day: 0.32 hours  
   - 1 ½ days: 0.48 hours  
   - 12 wk Sem: 1.60 hours


In *The lost art of listening* Michael Nichols (1995) outlines the following secrets of successful communication that constitute the basis for his book:

- The difference between real dialogue and just taking turns talking.
- Setting aside your own agenda while someone else is speaking.
- Hearing what people mean, not just what they say.
- How to get through to someone who never seems to listen.
- How to deal with people who get defensive when you try to tell them something.
- How to ask for support without getting unwanted advice.
- How to get an uncommunicative person to open up.
- What makes some people react so violently to criticism.
- How to share a difference of opinion without making the other person feel criticized.
- How to make sure both sides get heard in heated discussions.
- How speakers undermine their own messages.
- Responding to speaker’s feelings instead of imposing your own.
- Cutting down on criticism and nagging.
- Establishing credibility so that people listen to you.
- Understanding how the nature of a relationship affects listening.
- Facing rather than avoiding conflict.
Dilts & DeLozier (1996, p. 44) present the following regarding the Meta Model:

The Meta Model (Bandler & Grinder, 1975) was initially developed by linguistic modelers John Grinder and Richard Bandler as a means of identifying and responding to problematic patterns in the speech of people in the therapeutic environment. It consists of a series of categories identifying various areas of verbal communication that are susceptible to considerable ambiguity and which may create limitations, confusion or miscommunication. It also provides a question or set of questions for each category that may be used to help specify, enrich or clarify verbal ambiguities and challenge or transform potential limitations. The identification Meta-Model patterns and the application of the corresponding questions is not confined to therapy, however, and can provide substantial insight into the structure of thought and speech when applied to any type of problem solving.

The basic principle behind the Meta-Model is the map is not the territory. That is, the models we make of the world around us with our brains and our language are not the world itself but representations of it. The Meta-Model maintains that our mental and verbal representations are subject to three basic problem areas: generalization, deletion, and distortion.

The most pervasive paradox of the human condition which we see is that the processes which allow us to survive, grow, change, and experience joy are the same processes which allow us to maintain an impoverished model of the world - our ability to manipulate symbols, that is, to create models. So the processes which allow us to accomplish the most extraordinary and unique human activities are the same processes which block our further growth if we commit the error of mistaking the model of the world for reality. We can identify three general mechanisms by which we do this: Generalization, Deletion, and Distortion.

Generalization is the process by which elements or pieces of a person’s model become detached from their original experience and come to represent the entire category of which the experience is an example. Our ability to generalize is essential to coping with the world... The same process of generalization may lead a human being to establish a rule such as ‘Don’t express any feelings.’
Deletion is a process by which we selectively pay attention to certain dimensions of our experience and exclude others. Take, for example, the ability that people have to filter out or exclude all other sound in a room full of people talking in order to listen to one particular person’s voice...Deletion reduces the world to proportions which we feel capable of handling. This reduction may be useful in some contexts and yet be the source of pain for us in others.

Distortion is the process which allows us to make shifts in our experience of sensory data. Fantasy, for example, allows us to prepare for experiences which we may have before they occur...It is the process which has made possible all the artistic creations which we, as humans, have produced...Similarly, all the great novels, all the revolutionary discoveries of the sciences involve the ability to distort and misrepresent present reality.

In language these processes occur during the translation of deep structure (the mental images, sounds, feelings and other sensory representations that are stored in our nervous systems) to surface structure (the words, signs, and symbols we choose to describe or represent our primary sensory experience). The function of the Meta-Model is to identify problematic generalizations, deletions or distortions through the analysis of the ‘syntax’ or form of the surface structure and provide an inquiry system so that more enriched representation of the deep structure may be attained.

Natural Groupings of Meta-Model Patterns
In their first book, The Structure of Magic, Vol. I, Bandler and Grinder define 12 basic ‘syntactic’ categories that represent common problem areas in verbal descriptions and communication. The various patterns are clustered into three areas: 1) information gathering, 2) setting and identifying limits, and 3) semantic ‘ill-formedness’.

The language patterns grouped under ‘information gathering’ essentially involve those relating to the recovery of missing links and key details regarding a verbal description or communication. The verbal categories defined under ‘setting and identifying limits’ have to do with words relating to where people place (or assume) boundaries and limitations on either their own behavior or the actions of others. The patterns clustered under the heading ‘semantic ill-formedness’ have to do with the processes by which people judge and give meaning to behaviors and events.

The chart on the following pages was developed by Dilts and DeLozier (1996).
<table>
<thead>
<tr>
<th>META MODEL PATTERN</th>
<th>RESPONSE</th>
<th>DIRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. DELETIONS</strong></td>
<td></td>
<td></td>
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<tr>
<td>SIMPLE DELETION</td>
<td></td>
<td></td>
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<tr>
<td>Key element left out of surface structure. e.g. &quot;I am confused.&quot;</td>
<td>Confused about what, specifically?</td>
<td>Recover missing statement in the problem state.</td>
</tr>
<tr>
<td>COMPARATIVE DELETION</td>
<td></td>
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<tr>
<td>Referent implied by a comparison is left out of surface structure. e.g. &quot;It is better not to say anything.&quot; (more/less, worse/best, most/least)</td>
<td>Better than what, specifically?&quot;</td>
<td>Identify and specify criterion of comparison.</td>
</tr>
<tr>
<td>UNSPECIFIED REFERENTIAL INDEX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noun or object is not specified. e.g. &quot;People just don't learn.&quot; (they, it, them, man, NLPers, etc.)</td>
<td>Which people, specifically?&quot;</td>
<td>Clarify to whom the statement is referring.</td>
</tr>
<tr>
<td>UNSPECIFIED VERBS</td>
<td></td>
<td></td>
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<tr>
<td>Details of action or relationship is undefined. e.g. &quot;I have difficulty communicating in words.&quot;</td>
<td>how, specifically do you have difficulty communicating?&quot;</td>
<td>Define problem state activity or relationship.</td>
</tr>
<tr>
<td>NOMINALIZATIONS</td>
<td></td>
<td></td>
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<tr>
<td>Action or process is referred to as if it were an object or thing. e.g. &quot;I broke off the relationship.&quot;</td>
<td>Who specifically is relating to whom about what and in what way?&quot;</td>
<td>Putting the activity, which has been distorted into an object, back into a process statement.</td>
</tr>
<tr>
<td>2. DISTORTIONS</td>
<td>LIMITS TO THE INDIVIDUAL'S MODEL OF THE WORLD</td>
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<td>----------------</td>
<td>--------------------------------------------</td>
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<tr>
<td>MODAL OPERATORS OF NECESSITY AND POSSIBILITY</td>
<td>Identify the consequence responsible for the rule or boundary.</td>
<td></td>
</tr>
<tr>
<td>Statements identifying rules or limits to behavior.</td>
<td>Identify the cause of the problem state symptoms.</td>
<td></td>
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<tr>
<td>NECESSITY (should, need, must, have to, necessary). e.g. &quot;Men shouldn't show emotions.&quot;</td>
<td>What would happen if they did?</td>
<td></td>
</tr>
<tr>
<td>POSSIBILITY (can't, impossible, won't) e.g. &quot;I can't learn this material.&quot;</td>
<td>What stops you?</td>
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<tr>
<td>PRESUPPOSITIONS</td>
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<tr>
<td>Something implicitly required in order to understand a statement. e.g. &quot;If he knew how much I suffered he wouldn't keep acting that way.&quot;</td>
<td>How do you know that he doesn't know?&quot; or &quot;How are you suffering?&quot; &quot;How is he acting?&quot;</td>
<td></td>
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<tr>
<td>UNIVERSAL QUANTIFIERS</td>
<td></td>
<td></td>
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<tr>
<td>A broad generalization. (always, never, all, every, no one) e.g. &quot;She is always critical of me.&quot;</td>
<td>Always? Has there ever been a time when she hasn't been critical?&quot;</td>
<td></td>
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<tr>
<td>Identify counter-examples to the limiting generalization.</td>
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<tr>
<td>3. GENERALIZATIONS</td>
<td>SEMANTIC ILL-FORMEDNESS</td>
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<td>---------------------</td>
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<tr>
<td><strong>CAUSE-EFFECT</strong></td>
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<tr>
<td>An implied causal link between a particular stimulus and a response. (make, cause, force, compel) e.g. &quot;Her tone of voice made me angry.&quot;</td>
<td>How, specifically, does it make you angry?</td>
<td>Identify the causal links presupposed in the statement.</td>
</tr>
<tr>
<td><strong>MIND READING</strong></td>
<td></td>
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<tr>
<td>Claiming to know someone's internal experience. e.g. &quot;He doesn't care about me.&quot;</td>
<td>How do you know he doesn't care about you?</td>
<td>Identify criteria used to make assumptions about the other person's internal state.</td>
</tr>
<tr>
<td><strong>COMPLEX EQUIVALENCE</strong></td>
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<tr>
<td>When two different experiences are stated as meaning the same thing. e.g. &quot;He's doing poorly in school ... he has a learning problem.&quot;</td>
<td>How, specifically, does his doing poorly in school mean that he has a learning problem? If you did poorly in school would it mean that you had a learning problem?</td>
<td>Checking the validity of the relationship implied by the complex equivalence.</td>
</tr>
<tr>
<td><strong>LOST PERFORMATIVES</strong></td>
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<td></td>
</tr>
<tr>
<td>A statement of a value judgement that leaves out who performed the judgement and how it was made. e.g. &quot;It's selfish to think of your own feelings.&quot;</td>
<td>Selfish according to whom?</td>
<td>Identify the source and the criteria used to make the judgement.</td>
</tr>
</tbody>
</table>
APPENDIX C

SIX-STEP REFRAMING

Outline (Bandler & Grinder, 1982).

1. Identify the pattern (X) to be changed. "I want to stop X'ing but I can't" or "I want to Y, but something stops me."

2. Establish communication with the part responsible for the pattern.
   A. "Will the part of me that makes me X communicate with me in consciousness?" Pay attention to any feelings, images, or sounds that occur in response to asking that question internally.
   B. Establish the "yes/no" meaning of the signal. Have it increase in brightness, volume, or intensity for "yes," and decrease for "no."

3. Separate the behavior, pattern X, from the positive intention of the part that is responsible for X. The unwanted behavior is only a way to achieve some positive function.
   A. Ask the part that runs X "Would you be willing to let me know in consciousness what you are trying to do for me by Pattern X?"
   B. If you get a "yes" response, ask the part to go ahead and communicate its intention. If you get a "no" response, proceed with unconscious reframing, presupposing positive intention.
   C. Is that intention acceptable to consciousness? Do you want to have a part of
you which fulfills that function?

D. Ask the part that runs X “If there were ways to accomplish your positive function that would work as well as, or better than X, would you be interested in trying them out?”

4. Access a creative part, and generate new behaviors to accomplish the positive function.

A. Access experiences of creativity and anchor them, or ask “Are you aware of a creative part of yourself?”

B. Have the part that runs X communicate its positive function to the creative part, allow the creative part to generate more choices to accomplish that function, and have the part that used to run X select three choices that are at least as good or better than X. Have it give a “yes” signal each time it selects such an alternative.

5. Ask the part “Are you willing to take responsibility for using the three new alternatives in the appropriate context?” This provides a future-pace. In addition you can ask the part at the unconscious level to identify the sensory cues that will trigger the new choices, and to experience fully what it’s like to have those sensory cues effortlessly and automatically bring on one of the new choices.

6. Ecological Check. “Is there any part of me that objects to any of the three new alternatives?” If there is a “yes” response, recycle to step 2 above.
APPENDIX D

REFRAMING IN SYSTEMS

Couples Outline (Bandler & Grinder, 1982).

1. Identify and interrupt a stimulus-response (X→Y) loop.

2. Ask the person responding:
   A. "Are these feelings (Y) familiar?"
   B. "What is the message you get when he/she does X?"

3. Ask the stimulus person:
   A. "Is that (Y) what you intended by doing X?"
   B. "What did you intend?"

4. Ask stimulus person, "Are you committed to getting your intended message across?"

5. Find a way to make message received equal message intended:
   A. Find it in the experience of the stimulus person. "Have you ever gotten the response you want? What did you do then?"
   B. Find it in the experience of the response person. "What behavior would work to get that response in you?"
   C. Select a model, or pretend that you know how to get that response.

6. Have the stimulus person try out the new behavior to find out if it works satisfactorily.

Agreement Frame (Bandler & Grinder, 1982).
This was designed to work in groups or as an arbitration tool.

1. Ask A and B what, specifically, they want, and then restate it to their satisfaction as a pace.

2. Ask both A and B what their specific outcome will do for them (their meta-outcome) and restate it.

3. Find a common outcome such that when you state it, both A and B agree it is what they want. “So what you both want is . . .”
Gloria Kay Vandiver, the daughter of Leon Ivan & Dorothy Mae (Caudill) Vandiver, was born in Spokane, WA where she was raised by a number of different relatives. She attended Lewis & Clark High School, Kinman Business University, and Spokane Community College in Spokane. In addition to her normal studies, Kay also studied art, voice, tap and ballet, piano, acoustical guitar, and the cello, the later leading to a two-year position as first chair with the Spokane Junior Symphony.

In her adult years Kay lived in a number of different places, including Seattle, WA, Bayonne, NJ, and Anchorage, AK where she met and married Robert “Bob” Wesley Inman in 1972. Kay has three biological children, 8 former foster children, and 6 natural grandchildren. Her civic contributions include several years as a Girl Scout & Cub Scout Leader, and is a member of the D.A.R.

In her former occupation, Kay was a computer programmer/analyst, system’s analyst, and database administrator for large main-frame computers. Her life-long hobby has been genealogy which has been very rewarding. She has become well known as a family historian, and genealogical teacher, and has been published several times over in this field. Her contributions to the field of genealogical research earned her a place in "The Directory of Distinguished Americans" (1981, p.101), and was cited in "Who's Who in Genealogy & Heraldry" (1981, p.105). She has been a participating member of over twenty different state and county historical and genealogical societies, and family associations.

In 1986 Kay and Bob took early retirement, bought a motor home and toured the continent for an exciting year and a half. They finally settled in Tempe, AZ in 1988, which is where they still reside.

Kay received her Bachelor’s degree from Ottawa University, graduating Magna Cum Laude in Phoenix, AZ in 1994. She expects to receive her Master’s degree in family counseling from Ottawa University, Phoenix, in January of 1997. Her plans include; the celebration of their 25th wedding anniversary with an extensive travel tour of Europe; additional post-graduate studies in psycho-neuro-immunology; and hopes to teach seminars in Metaphor Therapy and Neuro Linguistic Programming.