Juicy Conceptualizations: Increasing Alliance Through Attending to Client Metaphoric Language

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Background: There is increasing interest in the use of metaphor in cognitive behaviour therapy. Experts advocate bringing client metaphors into case conceptualizations, but there is little empirical research to support this. **Aims:** This study evaluated the effect of training 12 therapists to attend to client metaphors and bring them into case conceptualizations. **Method:** Pre- and post-training role-played therapy sessions were conducted and video-recorded. Alliance was rated by role play 'clients' and an external expert rated the quality of the sessions and of the shared conceptualizations. **Results:** There were significant increases in some ratings of alliance, based on role play 'client' ratings and external ratings of role plays of therapy sessions before and after training. The greater the difference between therapist and 'client' on a measure of preference for producing metaphor, the lower the rating of the session by the 'client' on the *Bond* factor score of an alliance measure, the Working Alliance Inventory. This result suggests that working metaphorically may be most effective when the therapist and client have a similar degree of preference for speaking metaphorically. **Conclusion:** This study provides preliminary support for the idea that attending to client metaphors during conceptualization can be beneficial for alliance.

Keywords: Metaphor, cognitive behaviour therapy, conceptualization, alliance

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Introduction

Metaphors create a deliberate resemblance between two different things or concepts. The word 'metaphor' comes from the Greek *metapherein*, meaning 'to carry over' (Kopp and Craw, 1998). The sharing or transfer of meaning is from one domain of experience to another, often drawing on our knowledge of objects or experiences in the physical world.

Metaphoric language is common in psychotherapy (Ferrara, 1994), including in cognitive behaviour therapy (CBT) (Mathieson et al., 2016). Past studies have demonstrated the extensive degree to which metaphors convey complex cognitive, affective and social messages, along with capturing knowledge of bodily experience. For example, '*I was a bowl of quivering Jell-O*' provides a vivid, embodied description of the speaker's emotional state. Metaphorical language may convey greater emotional intensity. For example the statement '*My job is a jail*' arguably communicates a wider range of meanings and images about one's job than does a non-metaphorical expression such as '*my job is terrible*' (Gibbs and Colston, 2012, p. 230).

Recently, there has been increased interest in metaphor use in CBT, with experts advocating its use. In the only book to date on metaphors in CBT, Stott et al. (2010) provide examples of therapist use of metaphors. They argue that CBT's primary focus is on transforming meaning and belief, and that working with metaphor may help achieve this through providing a conceptual 'bridge' from a problematic perspective to a new perspective that can cast experiences in a new light.

Appropriate and well-designed metaphors have been suggested as a particularly effective way of changing clients' distorted views (Elliott et al., 1992), and as potentially offering a route to access structures of meaning that remain resistant to our traditional therapeutic efforts in CBT (Goncalves and Craine, 1990).

Metaphors are further described by Butler et al. (2008) as a way of understanding a client's overall perspective, which can be brought into conceptualizations. Similarly, client metaphors have been described as offering rich sources of meaning about how people conceptualize themselves, the world, and other people. They make valuable contributions to case conceptualizations because they are personalized, easy to remember and often offer sources of creative information to facilitate change and as an effective way to distil complex conceptualizations into much simpler ones (Kuyken et al., 2009, p. 90 and 317).

Additionally, metaphor has been described as one way of going 'beyond' competence in CBT by Newman (2015) [1]. He described 'virtuoso' CBT, likening evidence-based treatment protocols to musical scores in which we must learn to play the notes faithfully, but also use techniques such as metaphor to make the 'performance' more emotionally meaningful and memorable (thus assisting retention of learning). He added that the 'performer' (the therapist) has to connect and communicate with the 'audience' (the client) via a good sense of timing, and an individualized case conceptualization, crafted in words that best suit the client.

Where metaphors are explored and developed, these may become an important shared reference point, allowing client and therapist to 'speak the same language'. This may enhance the feeling of being understood for the client, thus strengthening the therapeutic bond (Stott et al., 2010). Acceptance and commitment therapy (ACT) has developed a relational networks theory of metaphor, describing metaphors as promoting the deliteralization of psychological content in a way that allows clients to step out of existing language systems, and thus be

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[1] This is a paraphrase, confirmed by personal communication on 5 October 2016.

less susceptible to 'cognitive fusion' (Foody et al., 2014). ACT proponents Hayes, Strosahl and Wilson (1999) also emphasize the benefits of metaphor use for developing rapport and empathy, suggesting the development of 'juicy' metaphors that are rich in associations.

Clearly, assertions have been made about the benefits of metaphor in CBT, including in case conceptualization. However, while there is some empirical literature on metaphor use in psychotherapy (McMullen, 2008; Tay, 2013), there is a paucity of empirical research on this topic specific to CBT, probably because it is challenging methodologically. Explicit and rigorous procedures for the identification and analysis of metaphors have been lacking, especially when it comes to authentic conversational data rather than de-contextualized sentences or made-up examples (Semino et al., 2004).

Our earlier studies found a frequency of 31.5 metaphoric words or phrases per thousand words in CBT sessions, using a recently developed metaphor identification method which we found to have adequate reliability (Mathieson et al., 2016). Potential therapist responses that occurred during bursts of metaphor exchange were: repetition; rephrasing; agreeing/praising; and clarifying and elaborating client metaphors (Mathieson et al., 2015).

Aims

This study aims to evaluate the effect of training therapists to enhance CBT with intentional responses to client metaphor use. It tests assertions in the literature that intentionally working to develop shared metaphoric language during case conceptualization is beneficial, looking specifically at the impact on therapeutic alliance. It explores whether working metaphorically suits some client–therapist pairs better than others. More broadly, it aims to add to the literature on process variables in cognitive behaviour therapy.

Research questions:

(1) Does intentional use of metaphoric language by CBT therapists in case conceptualization sessions increase client ratings of alliance and external ratings of the quality of therapy?
(2) Does working metaphorically suit some therapists and clients better than others? i.e. are therapy sessions that include intentional use of metaphor rated differently by clients on alliance measures depending on (a) therapist or client preference for metaphoric language?; or (b) the degree of congruence in preference for metaphoric language between the clients and therapists?

Method

Methods and procedures

Therapist participants were clinical psychologists, recruited via professional networks. They were included if they had experience of working with adults with depression and a minimum of three years experience of using CBT in secondary mental health, primary care, or private practice settings. Twelve therapists attended two half-day workshops, a fortnight apart, on metaphor-enhanced CBT. The training was delivered by an experienced clinical psychologist and postgraduate CBT trainer (F.M.). The workshops were delivered in April 2015 to eight therapists, and repeated in November 2015 with a further cohort of four therapists.

'Client' participants were eleven graduate psychology students recruited from local training programmes. Nine 'clients' participated in role plays at the April workshops and five participated in the November workshops. Three of the April workshop 'clients' also participated in the November workshop role plays.

During the first workshop, the therapists practised identifying metaphoric language and were asked to attend to their actual clients' use of metaphoric language and the impact of different responses to this during the fortnight between workshops. At the second workshop they learnt to elicit client metaphors and practised a range of responses to client metaphors, based on the existing psychotherapy literature (Butler et al., 2008; Kopp and Craw, 1998; Ronen, 2011; Sims and Whynot, 1997; Tay, 2013), and on the responses identified in our previous study (Mathieson et al., 2015). Further details of the training are available from F.M. on request.

The therapists role-played a full therapy session with a 'client' at the start of the first workshop (before training commenced) and at the end of the second workshop. The role play was of a second therapy session based on a depressed client scenario, which was sent to the therapists and role play 'clients' before the workshop. The therapists were instructed to develop a shared conceptualization during the session. At the second workshop, a different depressed client scenario (second therapy session) was provided and the therapists were asked to elicit and develop client metaphors in the shared conceptualization. The therapists also provided demographic data and completed a measure of preference for metaphoric language.

The 'clients' participated in the role plays, completed alliance ratings based on this experience, and completed a measure of their preference for metaphoric language. The therapists were paired with different 'clients' for each role play.

The role plays were videoed and subsequently rated by an external rater, who was blind as to when the recordings were made (pre- or post-training). The external rater was a clinical psychologist with a PhD and 20 years of CBT experience, and was familiar with the measures. The external rater assessed the therapists' competence in CBT, along with rating the quality of the case conceptualization.

Ethical approval

Therapists and 'clients' provided written, informed consent. Ethical approval was granted by the University of Otago Ethics Committee, category A, no. 15/017.

Measures

Working Alliance Inventory (WAI-SR). The WAI-SR (Hatcher and Gillaspy, 2006) is a 12-item self-report measure of therapeutic alliance based on the Working Alliance Inventory (Horvath and Greenberg, 1986, 1989). It assesses the extent to which the client feels emotionally connected to the therapist in terms of mutual trust, liking and appreciation; and the extent to which the client believes there is a mutual and purposeful agreement on what the tasks and goals are in the therapy (Munder et al., 2010). Clients rate the alliance in response to 12 statements, from 1 to 5 (*seldom* to *always*). The WAI-SR has three factor scores: *tasks* (agreement on the tasks of therapy); *goals* (agreement on the goals of therapy) and *bond* (development of an affective bond). The WAI-SR has demonstrated good psychometric properties in psychotherapy patients in the USA (Hatcher and Gillaspy, 2006) and good reliability ($\alpha > .80$) and convergent

validity with another alliance measure ($r > 0.64$) in German out-patients and in-patients (Munder et al., 2010). The WAI-SR was completed by the 'clients' immediately after each role play.

The Session Rating Scale (SRS).   The SRS (Duncan et al., 2003) is a brief alliance measure comprising four 10-cm visual analogue scales. The *Relationship* scale rates the session from: '*I did not feel heard, understood, and respected*' to '*I felt heard, understood, and respected*'. The *Goals and Topics* scale rates the session from '*We did not work on or talk about what I wanted to work on or talk about*' to '*We worked on or talked about what I wanted to work on or talk about.*' The *Approach or Method* scale (an indication of a match with the client's theory of change) asks the client to rate the session from '*The approach is not a good fit for me*' to '*The approach is a good fit for me.*' The fourth scale asks the client to rate the session 'Overall': from '*There was something missing in the session today*' to '*Overall, today's session was right for me.*'

The SRS is scored by measuring the distance from the left-hand end of the line to the client's score. The *Total* score is the sum of the client's marks on the four 10-cm lines (i.e. with a maximum score of 40). Scores between 0 and 34 reflect a poor alliance; 35–38 reflects a fair alliance and 39–40 reflects a good alliance. The SRS is usually completed in session and discussed with the therapist, but in this study it was completed by the 'clients' immediately after each role play.

The Language Preference Report (LPR).   The LPR is a 50-item measure in which statements are rated on a Likert scale from 1 (strongly disagree) to 7 (strongly agree). It has three factors: Liking to *Produce* figurative language, *Dislike* of figurative language, and Liking to *Study* texts with figurative language. The LPR was found to have internal consistency estimates of .92 to .84 and test–retest reliability estimates ranging from .86 to .69 (Yarbrough, 1991). It was administered at the end of the second workshop to both therapists and 'clients'.

The Revised Cognitive Therapy Scale (CTS-R).   The CTS-R (Blackburn et al., 2001) is designed to measure therapist competence in CBT across a range of skill areas. Items are rated on a seven point Likert scale ranging from incompetent (0) to expert (6). The CTS-R has 13 items and a total score. It has high internal consistency and adequate average inter-rater reliability. Validity was demonstrated by improved ratings of competence for trainees who saw patients early and later on during the course of training (Blackburn et al., 2001).

The Collaborative Case Conceptualization Rating Scale (CCC-RS). The CCC-RS (Padesky et al., 2011) measures therapist competence in CBT case conceptualization. It has 14 items, rated 0 (incompetent) to 3 (proficient/expert), with a maximum overall score of 42. Item scores contribute to five main scores: (1) levels of conceptualization; (2) collaboration; (3) empiricism; (4) strengths/resilience focus; and (5) overall. The CCC-RS has excellent internal consistency ($\alpha = 0.94$), split-half (0.82) and inter-rater reliabilities (ICC $= .84$). Total scores on the CCC-RS were significantly correlated with scores on the CTS-R ($r = .54$) and the collaboration subscale of the CCC-RS significantly correlated ($r = .44$) with the collaboration subscale of the CTS-R. This suggests that the CCC-RS is a reliable measure with adequate face, content and convergent validity (Kuyken et al., 2016).

Data analysis

A within-subjects analysis was conducted. Parametric assumptions were checked using Kolmogorov–Smirnov and Shapiro–Wilk tests. As normality assumptions were not met, a

Wilcoxon signed ranks test was conducted to assess whether there were any significant differences between pre- and post-training scores on the CCC-RS, CTS-R, WAI-SR and SRS. Total scores were examined, along with hypothesis-relevant subscales.

Effect sizes were calculated using the approach taken by Cohen (1988) i.e. ($z/\sqrt{N}$, where N is the number of observations across both time points, $N = 24$). Effect sizes were based on Pallant (2010, p. 232): small 0.1, medium 0.3 and large 0.5 for non-parametric data when Wilcoxon signed ranks tests have been used.

Brinley plots were used to visually display only the significant changes as a result of training. Such plots have the benefit over group mean data of displaying both systematic effects and the full range and variability of individual responses (Blampied, 2007; Brinley, 1965); Brinley plots are a form of scatter plot where each participant's pre- and post-training scores are plotted together as co-ordinate pairs. Where the pre- and post-scores are identical or very similar, the resulting data lies on or close to the diagonal line of no change. When pre- and post-scores differ, positive changes show above the line, while negative changes show below the line.

We calculated the following LPR Spearman's correlations: (1) therapist scores on LPR factors *Produce* and *Dislike* and their correlations with the other post-training measures (for hypothesis-relevant scales and subscales); (2) 'client' scores on LPR factors *Produce* and *Dislike* and their correlations with the other post-training measures (for hypothesis-relevant scales and subscales); and (3) the size of the difference between therapist and 'client' LPR *Produce* and *Dislike* scores and the correlations of these variables with other post-training measures (for hypothesis-relevant subscales).

Internal consistency estimates of the reliability of test scores (Cronbach coefficient alphas) were calculated for two of the three LPR factors previously identified by Yarbrough (1991), using the scores from all therapists and 'clients'. These are: *Produce* (Like to produce figurative language); and *Dislike* (Dislike using figurative language). A third factor, *Study* (Like to study texts using figurative language), was omitted from the analysis as it was not relevant to the study hypothesis. For three participants with one or more missing item scores, we used the mean score, rather than trying to interpolate the value for the missing item.

Results

Participants

Of the 12 participating therapists, 11 were female and one was male. All therapists had at least Masters level qualifications in clinical psychology. The mean therapist age was 45 years (range 36–60 years). The mean number of years of clinical experience was 13.1 (range 6–24 years).

Role play 'clients' included nine postgraduate clinical psychology students who were paid to participate, and two academic colleagues who volunteered, one with a graduate diploma in psychology and one with a PhD in sociolinguistics. Of the total of 11 participating 'clients', ten were female and one was male. The mean age of the 'clients' was 34 years (range 22–59 years). The mean rating by the 'clients' of their knowledge of CBT was 3.3 (range 2–4), rated on a 6-point Likert scale (0: *none at all* to 5: *a great deal*).

Although the pre–post change following the training programme was in the expected direction for all hypothesis-relevant variables, only three results reached statistical significance (SRS *Goals and Topics* subscale, SRS *Total*, CCC-RS *Collaboration* subscale and CTS-R

Table 1. Pre- and post-training means, *p*-values, *z* scores, standard deviations and effect sizes for hypothesis-relevant total scores and subscales

Variable	Mean time 1	Mean time 2	Wilcoxon *p*-value (exact, two-tail)	*z* scores (based on negative ranks)	SD time 1	SD time 2	Effect size
Working Alliance Inventory (WAI-SR)							
Bond	17.08	18.00	.543	−.67	2.3	1.7	0.14
Total	48.08	52.25	.273	−1.1	7.5	4.6	0.23
Session Rating Scale (SRS)							
Relationship	8.99	9.27	.458	−.79	.81	.56	0.16
Approach or Method	8.46	8.92	.622	−.53	1.8	.88	0.11
Goals and Topics	8.23	9.51	0.006**	−2.7	1.2	.29	0.56
Overall	8.57	9.14	.250	−1.2	.17	.92	0.25
Total	34.24	36.83	.045*	−2.0	4.7	2.4	0.41
Collaborative Case Conceptualization Rating Scale (CCC-RS)							
Collaboration	6.92	8.83	.002**	−2.8	1.6	.39	0.58
Strengths and Resilience	7.83	9.83	.198	−1.3	3.5	2.5	0.27
Total	33.92	39.00	.078	−1.8	6.8	3.0	0.36
Cognitive Therapy Scale-Revised (CTS-R)							
Collaboration	4.75	4.92	.586	−.64	.75	.36	0.13
Interpersonal effectiveness	4.62	4.83	.375	−.95	.71	.58	0.19
Facilitation of emotional expression	4.37	4.67	.375	−1.1	.64	.49	0.21
Charisma and Flair	4.29	4.62	.304	−1.1	.11	.57	0.23
Guided discovery	4.58	4.96	.203	−1.5	.79	.40	0.30
Conceptualization	4.79	4.96	.469	−.86	.54	.45	0.18
Focus on Key Cognitions and Emotions	4.54	4.71	.516	−.88	.69	.54	0.18
Application of Cognitive Techniques	3.33	4.33	.023*	−2.3	1.15	1.01	0.47
Total	52.86	56.37	.147	−1.5	10.92	8.12	0.31

*$p < .05$; **$p < .01$; SD, standard deviation.

Application of Cognitive Techniques subscale). There was a trend for improvement on the CCC-RS *Total*, but this did not reach significance. The non-significant findings could be simply due to the small sample size, especially given that all the hypothesis-relevant measures improved post-training. However, this would need to be investigated in a larger study.

Table 1 shows the means and significance tests for all hypothesis- relevant total scores and subscales, along with the effect sizes. The effect size was large for SRS *Goals and Topics*
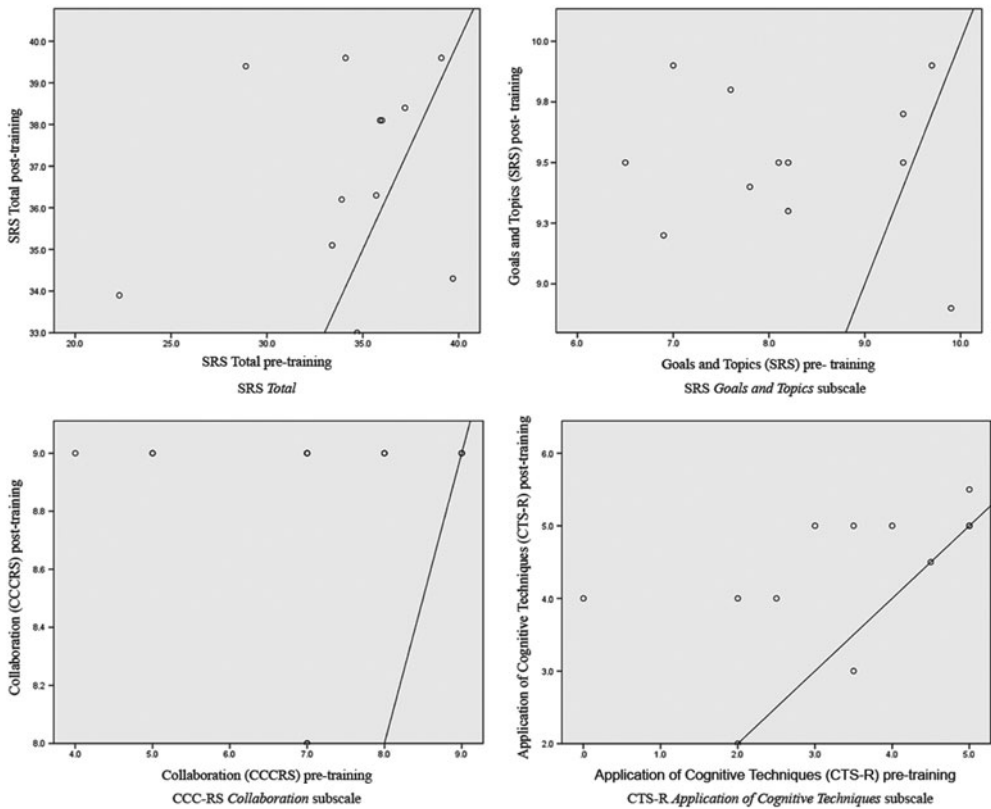
Figure 1. Brinley plots showing pre- *vs* post-training scores for the Session Rating Scale *Total*, Session Rating Scale *Goals and Topics* subscale, Collaborative Case Conceptualization Rating Scale *Collaboration* subscale and Revised Cognitive Therapy Scale *Application of Cognitive Techniques* subscale.

and CCC-RS *Collaboration*, and medium for CCC-RS *Total*, CTS-R *Guided Discovery* and CTS-R *Application of Cognitive Techniques*.

Brinley plots for the SRS *Total*, SRS *Goals and Topics* subscale, CCC-RS *Collaboration* subscale and the CTS-R A*pplication of Cognitive Techniques* subscale are shown in Fig. 1. In all four Brinley plots the majority of pre–post data points are above the line, indicating a positive change has occurred by the post-assessment point. The CCC-RS *Collaboration* subscale plot is notable as all therapists received the maximum score for collaboration following the intervention, as rated by the independent rater.

Language Preference Report (LPR) results

The internal consistency estimates (Cronbach's coefficient alphas) for the LPR were: *Produce* 0.93 and *Dislike* 0.79.
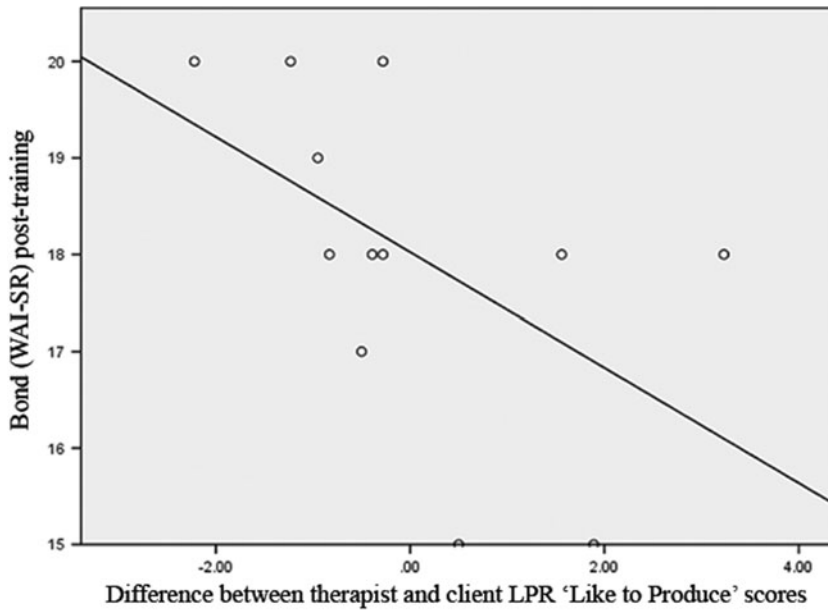
Figure 2. Brinley plot showing the relationship between the size of the difference in therapist–'client' LPR 'Like to Produce' scores and post-training scores on 'Bond' WAI-SR.

In the Spearman's correlational analysis, only one statistically significant association was found: the '*Bond*' factor score ('development of an affective bond') of the WAI-SR was significantly negatively correlated with size of difference between therapists and 'clients' on the factor '*Produce*' (liking to produce metaphors) on the LPR (Spearman's correlation -0.62; $p = 0.031$). This means as the discrepancy between therapists and client increased, the WAI-SR rating by the 'clients' on the '*Bond*' factor score decreased. A number of the other correlations, whilst not statistically significant, reached medium to large effect sizes. (For example, the correlation between 'client' LPR *Produce* and WAI-SR *Bond* was 0.53, $p = .08$; the correlation between therapist *Produce* and SRS *Overall* was $-.55$, $p = .07$; and the correlation between the size of the difference between therapists and 'clients' and SRS *Approach or Method* was $-.51$, $p = .09$.) The full correlation matrix is available from F.M. Effect sizes are based on Cohen (1988) effect sizes.

A Brinley plot of the one significant LPR correlation (between the '*Bond*' factor score of the WAI-SR and the size of difference between therapists and 'clients' on the factor '*Produce*' metaphors on the LPR) is shown in Fig. 2. The negative slant shows the negative correlation.

Discussion

Training experienced therapists to attend to and develop client metaphors in role-played CBT conceptualizations had a positive impact on the client's experience of the shared goals and topics discussed as being relevant to them. This is a key aspect of alliance that is thought to be influential on treatment outcome (e.g. Hoffart et al., 2012; Snippe et al., 2015), but

did not significantly alter the 'clients' sense of 'Bond' on the Working Alliance Inventory. Following training in using metaphors, the sessions were also rated independently as being more collaborative in arriving at a case conceptualization, although not more collaborative in a more general sense.

While the improvements on the Working Alliance Inventory were non-significant, there were statistically significant changes from pre- to post-training on the Session Rating Scale *Total* score and *Goals and Topics* subscale and the Collaborative Case Conceptualization Rating Scale *Collaboration* subscale, indicating improvements in alliance post-training.

The Revised Cognitive Therapy Scale *Application of Cognitive Techniques* subscale also reached significance ($p < 0.05$), with a medium effect size. It is possible that the external rater may have scored metaphor as a cognitive technique: as a bridge to unpacking different perspectives or as a technique to enhance therapeutic alliance.

The internal consistency scores for LPR Factor 1 (*Produce*) and Factor 2 (*Dislike*) were at a similar good–excellent level as those found by Yarbrough (1991).

The LPR Factor 1 (*Produce*) difference was significantly negatively correlated with session rating on post-training WAI-SR *Bond*: the greater the difference between the therapist and 'client' in terms of liking to produce metaphorical language, the lower the rating of the session by the 'clients' in terms of *Bond*. This finding provides some tentative guidance as to client (and therapist) suitability for metaphorical work, suggesting that working metaphorically may be most effective when both therapist and client like to speak metaphorically. Whilst only one of the 90 individual correlations was significant, a number had magnitudes of around .50. These may represent Type II errors due to the low power of the small sample.

The SRS *Total* scores improved from 'poor' to 'fair'. The generally low scores may have been due to self-consciousness by the therapist and 'clients' about being filmed (and having their performance rated) and because it was the first full session in which the therapists deliberately brought in metaphor, post-training. Furthermore, as it was a role play of a second therapy session, participants had not had a chance to establish the relationship in the first session before sharing the conceptualization.

The study size ($N = 12$ therapists) limits the power and generalizability of this study, although we did find some medium to large effect sizes. This study also had the limitation of being an analogue study, with role play 'clients' rather than actual therapy sessions, but was still a useful and ethical approach to use at this early investigative stage. The gender imbalance (both therapists and clients being mostly female) may also limit the generalizability of this study. It is possible that despite being instructed to 'give their honest opinion from their perspective as a client', the 'clients' gave higher ratings on the post-training sessions due to the knowledge that the study was evaluating a training session. While there were advantages to having psychology students as role play 'clients' in terms of their knowledge of depression, their knowledge of what is involved in a CBT session may have influenced their ratings, leading to higher scores than might be the case with a real client new to psychotherapy. In addition, attention to the idiosyncratic metaphors of actual clients, which are actually meaningful to the client, may have a different (or stronger) impact than the metaphor provided to the 'clients' in the role play ('the cloak of depression').

This study found promising trends regarding the impact of metaphor on alliance in an analogue situation. Future research may attempt to replicate the current findings using larger samples (in both analogue situations with non-clinical student 'clients', and in real life therapy sessions), and investigate whether attending to client metaphors benefits other parts of sessions

such as homework, and goal setting. Future research might also consider whether these findings generalize to client presentations other than depression, whether training in metaphor enhanced CBT has continued impact on alliance over time, and whether the same training effect would be found with inexperienced CBT therapists. Other aspects of metaphor in therapy that warrant further investigation include the degree of phenomenological match between the metaphor target and vehicle, the degree to which the metaphor is generated by the client or therapist, and the vividness of mental imagery. All of these may mediate the impact of metaphoric language. Future studies could also usefully explore the directionality of the mismatch in preference for producing metaphor to lower ratings of bond: is it that the lower rating of bond comes when the therapist uses too much metaphoric language, or when they use too little and the client is talking in metaphor? In other words, does this finding reflect therapists who are being too literal and concrete or too flowery in their language? Or is it that the metaphors used are just not a good fit to the situation?

This preliminary investigation provides empirical support for claims by metaphor experts that attending and responding to metaphoric language and bringing it into case conceptualizations is beneficial for alliance. Links have consistently been found between measures of alliance and therapy outcome (Horvath and Symonds, 1991; Martin et al., 2000), including CBT (Raue and Goldfried, 1994). Client metaphors are rich with personal meaning and working to develop them may prove to be beneficial for outcome, possibly through helping people feel fully understood.

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