



# MEMBERSHIP SPOTLIGHT

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## TITLE

**Metaphors in Therapy: Mindfully Infusing Meaningful Messages**

One of my favorite parts of being a therapist is the opportunity to utilize creativity, optimism and individualism in working with clients. Recovery from an ED allows application of these skills within the context of a host of important interventions which are all part of the healing journey, but the judicious use of metaphors within treatment is one particularly powerful and playful way of allowing both therapist and client to explore a new concept using imagination and mindful attention to meta-meanings. We each come to engaging in the important ED therapeutic work with different theoretical orientations, diverse training experiences and varied treatment settings; however, the use of metaphors -- much like forming a good alliance -- has pantheoretical application potential.

Those who work in the field of Eating Disorders are quite familiar with the use of metaphors. We may have become initially familiar with Milton Erickson's and Carl Jung's use of metaphor while in graduate school, and we have since appreciated the many metaphors specific to the Eating Disorder field, such as author Jenni Schaefer's use the bad boyfriend metaphor in fighting her ED, a creative arts therapist using a symbolic representation of disorder stuckness, Dr. Anita Johnson's use of the log metaphor as a means of explaining the adaptive function of the ED, an equine-assisted therapy program's use of metaphor through horses' sensitive interrelatedness, or the parental self-care reminder often used for families caring for an ED child related to putting on their oxygen mask first. But really, our initial introduction to metaphor for each of us likely came from earlier teachers who first taught us about the power of metaphor.

Back in grade school when we were first learning to comprehend more complex poetry or learning to write more sophisticated sentences, our teachers likely spoke passionately of how the use of metaphors allows authors a distinctive way of illustrating a point without coming right out and saying it. From a literary perspective, metaphors enliven ordinary language and help to bring a flash of color to a more ordinary narrative. Your third grade teacher may have spoken about metaphor as a tool which can be used to get you to really think about something at a deeper level, to find new meaning, or to see it from a different angle. By illustrating a point in more common or vernacular language, we can connect with a reader at a more immediate yet also more emotional level. Metaphors also engage the reader, forcing the listener to ponder, interpret and link rather than simply be spoon-fed the information. Metaphors also allow an economical use of language, as the use of a powerful image can allow maximum meaning with a minimum of words. And finally, something which may have been especially appealing as a young student, metaphors can help you sound smart. As Aristotle is reported to have professed, "the use of metaphor is a sign of genius, since a good metaphor implies an intuitive perception of the similarity in dissimilars."

Metaphors have much utility in a clinical realm in a myriad of ways as well. Clients seeking treatment often have been entrenched in ED thinking for quite some time, and the idea of

approaching eating, the body or the hope for recovery can be intimidating and overwhelming. Guardedness and defenses often diminish, however, when a clinician approaches an issue from a different angle and with completely new concepts. By connecting something unfamiliar with something more familiar, mental pathways are established to help us understand and potentially accept the unfamiliar. Our brains pay better attention to that which is novel. Using a commonplace experience, a connection in nature or a reference to a universal struggle can be somewhat enchanting and disarming. Kinder, gentler reframes allow the door to be cracked open slightly – or, at the very least, may get the client to curiously come peek out of the peephole. Metaphors also provide an expedient method of bringing home a point powerfully yet with fewer words than a more verbose or jargon-filled explanation might provide. Clients seem to remember metaphor much more readily than they might a paragraph worth of information – and referencing back to the image at some future time often takes no more than a quick reference for all the previously established connection and meaning to come rushing back. Metaphors also have the added benefit of tapping into other senses, especially visual imagery, which is often so welcome amid the necessary but often over-used verbal techniques. Visual metaphors are especially important for people who process information in different mediums, as not all of our clients prefer the verbal processing mode which is a huge part of most traditional psychotherapy. Metaphors can trigger emotions and new insights, allowing a client to look differently at the symbolism of a symptom or to create space for more hopefulness in the midst of a storm. Deeper connection tends to result in deeper level shifts, many of which are occurring at the unconscious level – all without even talking about the specific food, eating, body, worry, dangers or recovery directly. Another interesting aspect of metaphors is that they can influence people’s actions. Metaphors can be very engaging and actionable because we intuitively know what to do with the familiar concepts and can then potentially apply solutions to the less familiar. From deeper level understanding can come this deeper level shift, allowing our minds to consider alternative solutions with a renewed sense of energy and enthusiasm.

We each likely have some favorite metaphors we use with clients. Metaphors about preparing for a trip or packing for a journey to a foreign country allow some clients to be more curious and open to the recovery path. Two-year-olds and puppies play prominently in some of my metaphors, whether for illustration about listening to hunger signals, for emphasis about developmental readiness or for systems perspective about impact on caregivers. With clients who reference needing to abide by cultural standards or who are resisting their bodies settling at set point weight, I may use a “peeing metaphor” and playfully discuss how different our world would be if individuals were judged on how often they empty their bladders. Beloved stories or characters can serve a source of metaphors representing parts of the ED, such as the Wizard in *Wizard of Oz* who initially presented as menacing and powerful, but actually was himself scared or the Wolf in *Red Riding Hood* who appears to be kind, old Grammy but is suspiciously narrow-

minded in his questions. Water metaphors have much utility, including the notions of shifting from being a vulnerable puddle to be more of a stable lake, of standing on shore until the high tides pass, and of pointing the boat towards the desired pier. Metaphors in nature have the added bonus of suggesting more peaceful, relaxing surrounding; one of my favorites to use involves discussion about hiking paths and how creating new routes takes patience, time and repeated journeys. When discussing the possibility of considering the add-in of medications, for instance, I often use the “get new hiking boots for the challenging climb” or “put on the floaties when you’re a new swimmer” metaphors.

Metaphors can be especially meaningful if they connect with something important to the client. For someone who frequently rides her bicycle around campus, for instance, we may create stories about moving forward one pedal stroke at a time, leaning into the climb, watching out for the gravel, and carrying a spare tube. An adolescent male who has always been interested in cars can more easily absorb references to the “we can’t just ignore the *check engine light*” rather than the run down of dangers that accompany his restricted eating. A computer expert might accept the concept of finding a method of “blocking spam email” to entice new ways and considerations for coping with unhealthy urges. With someone majoring in history, we might discuss the development of an “Emaciation Emancipation Proclamation;” with someone majoring in architecture, we might discuss blueprints for a bridge over or escape tunnel from the muddy swamp. When the metaphor is meaningful to the client, they often end up being able to elaborate more personalized aspects to the metaphor, reinforcing the various levels of meaning and allowing more opportunity for conscious and unconscious incorporation.

An example of more elaborate, specialized metaphors I have been experimenting with in recent years, and will sometimes use with avid *Harry Potter* fans, is that of creating a mythical DADE training (Defense Against Disordered Eating, similar to the mandatory course at Hogwarts entitled DADA, for Defense Against the Dark Arts). Students at Hogwarts are warned that the Dark Arts are varied and ever-changing and that fighting them is like fighting a many-headed monster who sprouts a new head each time one is severed, requiring defenses to be inventive and flexible. Similarly, individuals who are in recovery from EDs may find themselves fighting against an overwhelming, duplicitous, and ever-looming ED. But unlike the Dark Creatures that are rumored to Hogwarts students to be mutating and indestructible, we can say with assurance that EDs are conquerable. We might imagine weaving a tale of how it could still be useful to receive training in “magical” incantations to assist in fighting the ED, such as Expelliarmus (to expel some of the common ED taunts relating to “what if” extremist statements), the Tongue-Tying curse (to assist in binding ED's tongue due to its own circular reasoning), the Knockback Jinx (for using loud and dramatic comeback challenges to knock back and repel a looming ED), the Riddikulus Charm (to cause the ED creature to assume a form that is humorous, providing preparation for the individual to visualize the ED as something less foreboding and further

decreasing ED's ability to terrorize), and the Stupefying Charm (for rendering the ED temporarily unconscious and allowing the individual time to step back to gather rational thoughts). We might further fantasize about training in Lumos charms (used to help to shed light on the original intentions of ED and help uncover underlying functions of ED urgings) and Flying Lessons (for learning ways to fly above the ED at a moment's notice, while assisting students to be reasonable in their expectations for slow and steady improvements over time while also providing greater perspective of the overall environment). There may be a Counterintelligence Tactics course (providing truthful facts about body functioning and nutritional needs) and a Herbology unit (for instruction about ways of using herbs and spices to once again allow individuals to enjoy food and to make meals which are varied, interesting, and delicious) with lab work dedicated to mindful eating, embracing of hunger signals, and celebrations of satiation. Additional coursework required prior to graduation might also include learning the Tickling Charm (to explore methods of increasing humor in the recovery process, usually used as a diversionary tactic but also for increasing general fun), the Care of Magical Creatures (to teach students to find kind, helpful, and healthy beings with whom they can have meaningful, positive, and genuine relationships, including special units on strategies for balancing self-care, as well as assertiveness within the context of an interpersonal affiliation), and, of course, Muggle Studies (which will include information about the way in which ordinary humans spend their leisure time, have fun, and develop hobbies, all of which serve as valuable life skills and joyful distractions in the process of recovery). Living with an ED can feel like living with a menacing Dark Lord Voldemort, with the accompanying Death Eaters periodically swooping in unexpectedly and wreaking havoc in their wake. We may not be able to attend the imaginary Hogwarts School, but any individual - particularly those individuals who have already expressed an adoration of this popular literary series - can partake in a DADE training of sorts.

Recovery from an ED is naturally multifaceted, complex, serious, and often difficult, but pulling forth some light-hearted and creative methods of getting ahead of the ED can be empowering and effective. Fortunately, options with metaphors abound, allowing both therapist and client to remain mindful to life experiences in our world that may be applied creatively to the important therapeutic work. Not all metaphors should or can be used with all clients, and not all clients may benefit from metaphor work. There are clearly some individuals who are more receptive to these sort of imaginative parallels than others, though sometimes the ones we least expect to be touched by a metaphor sometimes end up benefitting the most. Sometimes we may not have the benefit of knowing if or how a metaphor worked, but we simply know that something has shifted.

So, let's all toast (metaphorically speaking!) to the mission of continuing to look for metaphors in our complex, ever-changing world, to the continued therapist-client growth which comes from tapping into deeper level connections offered through use of metaphor and to the rich linking of

the interconnected tapestries of ED-specialized clinicians which comes from sharing our metaphors with each other.



**Author Bio:**

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