

REVIEW

## The use of metaphor for understanding and managing psychotic experiences: A systematic review

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### Abstract

**Background:** Subjective experiences of psychotic disorders are often not communicated because of the difficulty in articulating them. Metaphor is a valuable way of describing these experiences to others. Recovery in psychotic disorders involves consolidation and transitioning processes. The ontological and orientational types of metaphor seem to form the linguistic basis of these processes.

**Aims:** The aim of this paper is to review and describe how metaphor may be used both as a strategy for people with psychotic disorders to articulate their subjective experiences of self, and also as an approach to support recovery.

**Method:** A systematic review of 28 studies was conducted, to examine the nature and function of metaphor used in studies involving an intervention or therapeutic method for psychosis.

**Results:** Sixteen studies contained first-person experiences, 24 studies used metaphor to consolidate the self of the person with psychotic disorder, and 19 studies used metaphor to transition the self of the person, although applied use of metaphor in this way was limited.

**Conclusions:** The use of metaphor as a strategy is a potentially valuable way for both people with psychotic disorders to express their experiences, and for promotion of recovery within this population.

**Keywords:** *Psychotic disorders, self experiences, metaphor*

### Introduction

It is widely known that altered experiences of self, such as fragmentation (Davidson, Sells, Sangster, & O'Connell, 2004), are inherent in schizophrenia spectrum and other psychotic disorders (Parnas & Handest, 2003) and that rebuilding one's sense of self is an important part of the recovery process (Andresen, Oades, & Caputi, 2003). Psychotic experiences are often disturbing to the individual, such that they struggle to reach a stable state (Casey & Long, 2003), where they have a clearer sense of who they are and how they relate to the world.

The experiences of people with psychotic disorders, and recovery from it, are often unusual and not easily described using everyday language (Sayce, 2000). When a person is trying to explain their experiences they tend to either rely on the use of metaphor to form

descriptions other people may relate to, or more commonly they avoid relating the experience to others at all (Walton, 2001).

The treatment of people with psychotic disorders is also hampered by not knowing how the person experiences and attributes meaning to the disorder (Estroff, 1989). However, being able to put a name to an experience is associated with better coping (Peters, Stanley, Rose, & Salmon, 1998).

Metaphors can provide a bridge between subjective experience and clinical descriptions. For example, if a person says s/he is “trying to find a way in life”. This may be interpreted by medically-oriented clinicians as the person having less avolition. Alternatively, a consumer recovery perspective may interpret this as the person being more motivated and seeking direction. However, if interpreted metaphorically, this description might be seen as the person trying to find a “path” in life, whereby a path is defined as a physical entity with boundaries, on which people walk in a forward direction. The ontological nature of this metaphor provides a link between what is experienced physically and its abstract meaning, and may provide an avenue for others to support the person’s recovery journey.

#### *Phenomenological assessment*

Standard diagnostic assessment relies on the description of symptom clusters often devoid of personal meaning and experiences, which is fundamental to the languaging of recovery. Andreasen (2007) suggests this has “dehumanised” psychiatry, with clinicians using the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 2000) as an impersonal symptom checklist, often failing to engage the person in a discussion of his/her personal experiences. Furthermore, when people with psychotic disorders disagree with the labels given to them for experiences they have, it is common for clinicians to perceive this as a lack of insight (Roe, Hasson-Ohayon, Kravetz, Yanos, & Lysaker, 2008). Consequently personal experiences and meanings are de-emphasized in relation to symptom descriptions (Casey & Long, 2003). Sayce (2000, p. 111) however, argues that:

The DSM is open to considerable question as a reliable and acceptable categorization system, but we do need a language, a set of categories, to describe different experiences. The most promising are those rooted in user/survivors’ own articulations of their experiences.

Although there are relatively few first-person accounts based on the experience of psychotic disorders and recovery from it, published accounts provide valuable insights into the experiences people with psychotic disorders undergo. For example, both Deegan (1988, 1997) and Frese (1993) published a list of elements or themes of coping and recovery for people with psychotic disorders based on their personal experiences of what has been helpful and harmful in their recovery journeys.

Some progress has been made in deriving a language to describe consumer experiences by interviewing people with psychotic disorders about their recovery journeys. Piat, Sabetti, and Couture (2009) completed an inductive analysis of semi-structured interviews with 54 mental health service consumers, concluding that recovery should be defined in terms of both: (i) being connected to illness, and (ii) being self-determined and responsible for one’s life. Davidson (2003) reviewed personal accounts of people living with schizophrenia identifying several aspects of recovery including: accepting the illness, redefining the self,

gaining a sense of hope, and taking responsibility. Further, Wisdom, Bruce, Saedi, Weis, and Green's (2008) thematic analysis of accounts of individuals with severe mental illness highlighted the difficulty these individuals reported with personal identity issues related to living with mental illness.

Andresen et al. (2003) also examined first-person accounts of people with schizophrenia, establishing a pertinent definition of recovery. The authors' stage model identified four recovery processes (finding: hope, self/identity, meaning in life, and responsibility), and five stages of recovery (moratorium, awareness, preparation, rebuilding, and growth). As this model is based on personal meanings of recovery it serves as a useful definition of recovery for the purposes of this paper. However, the model itself does not provide a "language of recovery" that captures the unique experiences of each person, nor a method to develop such a language for each person that may help clarify their experiences for themselves and share them with others, which may have therapeutic benefits.

Phenomenological methods which help explore the subjective experiences of people with psychotic disorders are important to the furthering of our knowledge and comprehension of such experiences (Judge, Estroff, Perkins, & Penn, 2008). Uhlhaas and Mishara (2007) make the important point that the two types of method (i.e., the descriptive psychopathological and phenomenological) can co-exist and positively influence one another, also noting the need for further research regarding the value of integrating these differing perspectives in assessment.

A phenomenological method which may be useful for the researching of subjective experiences of people with psychotic disorders is known as Empirical Phenomenological Research. According to Moustakas (1994) empirical phenomenological research seeks "... to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it. From the individual descriptions general or universal meanings are derived, in other words the essences or structures of the experience" (p. 13).

According to von Eckartsberg (1986), there are three main steps in this type of phenomenological research: (i) the phenomenon to be investigated is put into the form of a question, (ii) the data is generated by participants who, through engaging in dialogue with the researcher, who uses open ended questions and querying, produce a descriptive account of their experience, and (iii) the data is analysed to reveal the meaning of the experience, as well as how the meaning is structured and created. This method would be uniquely valuable as it would allow the researcher to determine the structure and formation of the metaphorical meanings behind experiences.

Lysaker and Lysaker (2008) suggest that personal narratives of schizophrenia should be used in order to review the value of the varied perspectives of what constitutes "self-experience". Further, these authors argue that some "self" theories provide a dialogical view of "self" (i.e., dialogical relations we have with ourselves and with others) which may inform research into the subjective experience of schizophrenia (Lysaker & Lysaker, 2005). They also suggest that a person's sense of self and the symptoms people with schizophrenia experience are directly related to how well they can hold dialogues among different self-positions (e.g., self-as-student, self-as-daughter, self-as-friend).

### *Self-experiences in psychoses*

Parnas and Handest (2003) presented phenomenological self-experiences from vignettes and statements of people with schizophrenia in the prodromal phases. Anomalies of self-experience included such metaphoric statements from individuals as: "I am losing contact

with myself” (p. 125); “. . . I am no longer in my body, it is someone else” (p. 126), and “something in me has become inhuman” (p. 131).

The experience of losing contact with oneself, by people experiencing a psychotic disorder, is further defined by Schwartz, Wiggins, Naudin, and Spitzer (2005) who noted that reality loses its foundations in subjective experiences of schizophrenia. Changes in the ontological nature of the world for this population, resonates with Laing’s (1965) notion of “ontological insecurity” in persons with schizophrenia, ontology being “the science or study of being” (Oxford English Dictionary, 2009). In other words, psychotic disorders have the potential to unhinge the person’s experience of his/her place in the world at the most fundamental level of her/his experience of “self”. Consequently, finding a way of grounding one’s experience of self seems at least as important as finding a way ahead in recovery from psychotic disorder. By grounding one’s sense of self we refer here to the person undergoing a process in which they find themselves becoming more integrated, more “together”, more secure or solid in how they feel about themselves, more consolidated. The person develops a more stable sense of who she/he is, and with this improvement in sense of self comes improvement in their recovery, as they experience a more empowered self.

Within the reviewed studies, metaphorical descriptions of first-person experiences varied in content, and included examples of individuals using grounding metaphors. For example, an obvious common grounding metaphor of an “island” is used in the studies by Caruth and Ekstein (1966) and Siegel (1988). Although identical metaphors across studies were rare, various themes do arise. For example, individuals commonly saw themselves as being dependent, and needing structure and safety. Safety can be seen to be an issue in the examples given in the following studies. In Katz (1983, p. 55), a patient speaking of the ward as a metaphorical fish tank, says: “I’m worried about the fish. Who will feed them and take care of them after I have left? How will he know what to do?” In Cavallo and Robbins (1980, p. 117), a child in need of interpersonal distance has a section of a cabinet as his “hiding” place. In Siegel (1988, p. 50), a patient discussing whether to go to the city says: “Well, I guess it’s alright, as long as we will be together and as long as we can come back”. Other main themes were the need for connection with others, whilst experiencing inter-personal anxiety, and clients seeming to need consolidation before they could take steps forward in their recovery i.e. appearing in need of ego development.

### *Metaphor and narrative*

Metaphors are commonly used in everyday language and allow us to express concepts, enabling us to link the abstract to what is already known. Lakoff and Johnson (1980) found that metaphors pervade our lives everyday, in language, thought and action. They maintain that our concepts determine our perceptions and our relations with other people, and that concepts define our realities. Use of metaphor is therefore a very valuable way to describe our experiences to others, and also to form concepts for ourselves.

Communicating our experiences is often done through storying. Pang (2006) notes that one’s sense of self is realized via narratives of experiences, while Zahavi (2005) suggests that our identities are dependent on the stories we tell of ourselves. As metaphor forms a large part of everyday language it seems that one cannot tell a story about oneself without using metaphor.

Previous studies have elicited metaphors of self or identity (Knudson, Adame, & Finocan, 2006; McLeod, 2000), others metaphors of illness (Gibbs & Franks, 2002). The few existing studies that examine metaphors of recovery utilise either a grounded theory approach (Boylstein, Rittamn, & Hinojosa, 2007) or a phenomenological method (Donnelly, 2005).

Schoeneman and colleagues (2004) used a content analytic methodology, based on work by Lakoff and Johnson (1980), to identify metaphors within William Styron's memoir of depression called *Darkness Visible*. Their method enables the researcher to capture the contextual meaning of both words and phrases. Other methods such as the Linguistic Inquiry and Word Count (LIWC; Pennebaker, Francis, & Booth, 2001), a computerized word count, fail to capture the contextual meaning behind words, and in others such as the manual Metaphor Identification Procedure (MIP; Pragglejaz Group, 2007) the contextual meaning is captured, but analysed at the individual word level which overlooks important metaphorical phrases.

Metaphors of self in particular convey information about the constructs people use to perceive, experience and portray their world. A useful interview schedule which elicits experiences of self in disorders such as schizophrenia is the Examination of Anomalous Self-Experience (EASE - Parnas et al., 2005). This semi-structured interview is in effect a phenomenological checklist of disorders of "self" experience. It is useful in that it focuses on the experiences of the person, rather than exclusively using a "reality" or "disease" approach. The person is encouraged to use metaphorical speech to portray these experiences.

#### *Challenges for therapeutic metaphor use*

Use of metaphor has long been recognized as an effective tool in psychotherapy (Pollio, 1974), particularly where narrative is the focus of change (Lysaker, Lysaker, & Lysaker, 2001). Nadeau (2006) explored how metaphors used by grieving people can be therapeutically reworked with therapists. They selected and explored four metaphors used by different clients in terms of clarity and obscurity of different aspects. For example, "the Family Life Raft Metaphor obscured the notion that the enmeshed family members on the life raft were in some ways 'sharks' themselves" (p. 217). Through elaboration and exploration the client was able to take actions enabling her "to 'swim free' yet return to the 'raft' at will" (p. 217) (i.e., provide some distance between herself and her family).

However, a barrier for strategic metaphor use with people with schizophrenia is the belief that cognitive difficulties may cause them to use metaphor literally, instead of as a bridge between their experiences and the "real" world (Kitayama, 1987). Kitayama does however go further in saying that some people with schizophrenia are very capable of composing metaphors, even if they do not share the same reality as the professional.

Impairment in perception and interpretation of reality is the hallmark of psychotic disorders (Bloch & Singh, 1997). This may present itself in a variety of ways, the extreme being a person who is fully delusional and/or hallucinating (Strauss, 1989). For example, the person may experience difficulty in defining his/her self boundaries, or may feel as if she/he is "merging" into others (Jacobs, 1995), or that his/her objective world is less solid than it used to be. The person's objective world becomes in effect destabilized (Siegel, 1988), contributing to a diminishment of what it means to have a "self".

Apart from perceptual impairment, loss of self can present itself in a variety of other ways. For example, in the person who experiences a lack of personal agency (Davidson & Strauss, 1992), or through having former perceptions of who she/he was replaced with self-images of a lesser value (Charmaz, 1983). However, Roe and Davidson (2005) suggest that the person's sense of self can be improved through "re-authoring" of his/her life story, where the person is encouraged to narrate her/his story in a more self-enhancing way. Lysaker et al. (2005a) note that narrative, undertaken in psychotherapy for people who have schizophrenia, could be an outcome in itself, due to its ability to organize the person's thoughts



and self, and that psychotherapy can “reshape” narratives by helping the person to “evolve” their stories (Long & Lepper, 2008).

Lakoff and Johnson (1980) specifically refer to all metaphors which involve entities, substances, containers, and the human body as being “ontological” in nature. They refer to person metaphors which have spatial orientation as being “orientational”, and contrast them from other types of metaphors: structural (which structure concepts), personification (object is a person), and metonymous (substitution). Therefore in terms of therapeutic metaphor use with people with disturbances to their sense of self, the ontological metaphors may have therapeutic value in terms of consolidating or grounding the person within her/his current sense of self, whereas the orientational metaphors may help move forward or transition with his/her recovery. That is, there may be clinical value in assisting people with mental illness to strengthen (consolidate) their sense of self and build a growth orientation (transitioning of self), through working with self-positions’ dialogues.

A systematic review has been conducted to examine the ways in which metaphor was used in studies, the incidence of first-person experiences, and the prevalence of consolidating and transitioning metaphors.

## Method

Searches of Ovid Medline (1950–2009), PsycINFO (1967–2009), and Cinahl (1981–2009) databases were undertaken with combinations of the following terms: metaphor, intervention, therapeutic,<sup>1</sup> qualitative, quantitative, research, psychosis, psychotic, schizophrenia, schizoaffective, schizophreniform, and delusional disorder. A further study, Barker (1985), was found through a review of the book located in the search results. Only studies in English language were included in the search.

The search output was further refined in terms of the following criteria: (i) a clear focus on metaphor use was evident; (ii) metaphor use was indicated as an intervention/therapeutic method with persons with a psychotic disorder.<sup>2</sup> Studies in which metaphor was not a main theme were not included in the analyses because of the limited role of metaphor as used in these studies. The selected studies were further assessed for their use of metaphor to provide consolidation and/or transition for people with psychotic disorders (see Table I). The studies are arranged according to the total number of metaphor use criteria they fulfilled, as indicated by checkmarks.

## Results

Of the 28 studies identified it was found that 16 contained first-person experiences from people with a psychotic disorder, 24 had a consolidating use of metaphor, and 19 had a transitioning use of metaphor. Metaphors used to consolidate the self of the person with a psychotic disorder aimed to strengthen the self of the person, so that their ego could become stronger, more integrated and more functional. Five studies used ontological type metaphors to consolidate the self of the person (Caruth & Ekstein, 1966; Hardwicke, 1998; Katz, 1983; Siegel, 1988; Stokeld, 1990), and 19 studies used ontological metaphors to describe how their use of metaphor contributed to this consolidation process.

Metaphors used to transition the self of the person with a psychotic disorder aimed to help the person move forward in their recovery, to experience growth and movement. Four studies used orientational metaphors to transition the self of the person (Hardwicke, 1998; Katz, 1983; Siegel, 1988; Stokeld, 1990), and 15 studies used orientational metaphors to describe how their use of metaphor contributed to this transitioning process.

Table I. Studies with metaphor as an intervention/therapeutic method in psychosis.

	Metaphorical 1st person experiences in study	Consolidating	Transitioning
Caruth & Ekstein (1966)	√	√	
Cavallo & Robbins (1980)	√	√	√
Katz (1983)	√	√	√
Barker (1985)		√	√
Phillips (1986)	√	√	√
Kitayama (1987)	√	√	√
Siegel (1988)	√	√	√
Stokeld (1990)		√	√
Minakawa (1992)	√	√	√
Gilhooley (1995)	√	√	
Chouvardas (1996)	√	√	
Tariot (1996)			
Hardwicke (1998)		√	√
Barnes (1999)		√	√
Crowe & Alavi (1999)	√	√	√
Barker (2000)	√	√	√
Ellis (2001)	√	√	√
Barker (2002)	√	√	√
Payne (2002)		√	√
Salonen (2002)		√	
Epstein (2003)	√	√	√
Kay-Lambkin et al. (2004)			
Rhodes & Jakes (2004)	√		
Sanchez (2004)	√	√	√
Vartzopolous (2005)		√	
Brookes et al. (2008)		√	√
Carr (2008)		√	√
van Beveren & de Haan (2008)			

All studies involving transitional use of metaphor also had a consolidating use of metaphor, although the reverse did not apply. This review found that the five studies using metaphor in a consolidating way but not in a transitioning way were focused on the psychic integration of the person with a psychotic disorder, rather than the person moving forward in their recovery. These studies had their focus on consolidating the self of the person with a psychotic disorder.

Of the 24 studies which had a consolidating and/or transitioning use of metaphor, 16 had very little direct applied use of metaphor in this way. Metaphor was used more extensively in this way in the other eight studies through the following means: five of these involved the physical use of metaphor (i.e., dance – Ellis (2001); photography – Phillips (1986); mural – Siegel (1988); therapeutic environment – Stokeld (1990); and fish tank – Katz (1983); two studies involved encompassing metaphors for how therapy processes were seen (Payne, 2002; Gilhooley, 1995); and one described how the therapist used and worked with a client metaphor in therapy (Caruth & Ekstein, 1966).

Out of the four studies which did not explicitly use metaphor in either a consolidating or transitional way, three of these studies used metaphor in a model: Kay-Lambkin, Baker, and Lewin (2004) introduced the ‘co-morbidity roundabout’ metaphor as a way of looking at the experiences of people with co-morbidity issues; Tariot (1996) developed the “psycho-behavioral metaphor” which can be determined for each client and is a group of signs and symptoms which respond to particular medications; and van Beveren and de Haan (2008)

discussed a visual metaphor for a neurobiological perspective of schizophrenia. Rhodes and Jakes (2004) proposed a theoretical model of how metaphorical thinking may further the construction of delusions for people with psychotic disorders.

## Discussion

Studies containing first-person experiences from people with psychotic disorders were reviewed. The prevalence of consolidating and transitioning processes within interventions and therapeutic methods was investigated, and the reasons for non occurrence explored.

Although 24 studies used metaphor to consolidate the self of the person, and 19 mentioned transitioning processes involving metaphor, there was limited direct application involving metaphors in a therapeutic manner. The studies with a more extensive use of metaphor in this way used metaphor in either a physical sense (e.g., Siegel 1988), as a way to describe the process of therapy (e.g., Ellis 2001), or as a means of working with a client metaphor (e.g., Caruth & Ekstein 1966).

The studies by Siegel (1988) and Caruth and Ekstein (1966), both had use of metaphors in a consolidating manner. Siegel (1988) described how a metaphor and drawing combination, undertaken with a group of patients diagnosed with schizophrenia, helped the patients to develop their ego boundaries, express themselves, and enable them to take meaningful actions. One patient used the metaphor "... can't even see the island yet", reflecting a felt distance she needed to travel in her recovery (p. 46). The paper by Caruth and Ekstein (1966) reviewed the case of an adolescent girl with schizophrenia, to explain how the therapist undertaking therapy with the client uses metaphors e.g. by enabling communication with the client while allowing her to have the distance needed for her ego difficulty. The patient's ego dysfunction can be seen in her description of herself as being "... in, the middle of an island, ..." (p. 37). In both of the above papers, the ontological metaphor used is the "island".

Transitional use of metaphor occurred as both movement from a semi-psychotic state with dissolution of self boundaries, "towards" a more consolidated ego, and also from this point "towards" being ready to move on and interact with life. For example, Phillips (1986) described the use of photography as a gateway for clients to "enter into" life, a safe means to explore the world. Phillips described how photographic images, as taken by a group of psychiatric patients, and reflecting the individuals' lack of ego boundaries, were discussed metaphorically within the therapeutic situation, enabling strengthening of the patient's self to take place. For example, a patient described how she was "... so frightened all the time, it's impossible for me to get close to anyone" (p. 14). This was reflected in the photographs she took, and subsequently explored therapeutically. The orientational metaphor is "getting close to".

The four studies not involving use of metaphor in a consolidating or transitioning manner also did not examine psychotherapeutic processes. Consolidation and transitioning of the person seems achievable through use of ontological and orientational metaphors. Consolidation of the person's self occurred with use of ontological type metaphors in five studies, and transitioning of the self took place with the use of orientational type metaphors in four studies. The remaining studies involving consolidation or transitioning of self had descriptions of these processes using metaphorical language which was ontological and orientational in nature. These two types of metaphor may be seen as the 'building blocks' of our concepts and language, more basic than structural metaphors (which can be quite complex and can often be broken down into these more basic types), and they are much more common than personification and metonymy. Ontological and orientational



metaphors of self are therefore most relevant to future research and practice for assisting persons with a psychotic disorder in recovery.

### *Future research*

Although the elicitation and exploration of ontological metaphors in itself may produce anchoring/consolidation effects, particular metaphors may be more helpful than others for this purpose, while others may be identified and be particularly helpful in terms of helping people progress/transition through different stages of recovery (Andresen et al., 2003). By using ontological metaphors subjective realities may become more concrete, and a positive change in self/identity may take place, potentially leading to a more concrete sense of self and self-boundaries.

The authors are currently developing an extensive list of common and unique metaphors and themes used by people in recovery from psychotic disorders, a task which was beyond the scope of the current paper. Moreover, none of the reviewed studies empirically measured the helpfulness of metaphors for people with a psychotic disorder. The authors are currently developing an intervention related to the use of ontological and orientational metaphors, to enable people with psychotic disorders to consolidate and transition their “self” in and between stages of recovery.

**Declaration of interest:** The authors report no conflict of interest. The authors alone are responsible for the content and writing of the paper.

### Notes

1. The search term for therapeutic was truncated to therap\*, to include all variations of the word, i.e., therapeutic, therapeutically, therapy, therapies, therapist.
2. Metaphor as an intervention/therapeutic method in psychosis included studies which carried out the intervention/therapeutic method, and also those which only spoke of the possible use of metaphor in this way.

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