

THE USE OF METAPHORS IN SYSTEMIC THERAPY: A BRIDGE BETWEEN MIND AND BODY LANGUAGES

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"Metaphors represent the logic upon which the biological world was built. It is the main characteristic of the organization of mental processes"

G. Bateson (1979)

I think that this Bateson's phrase is a meaningful introduction to put in evidence the importance of metaphors and their multiple functions, particularly the one to create a link between biological world and mental processes.

The metaphor has always exercised a strong fascination in those who, in philosophical, linguistic and psychological field, tried to define this concept and to explain its function.

The etymology of the word itself, coming from the Greek "*meta-foreign*" = "*to bring beyond*", seems to express something that is "*beyond*" an immediate logical understanding and produces new openings on the imaginative and emotional dimension.

FUNCTIONS OF METAPHOR IN PSYCHOTHERAPY

But how does the metaphor work in psychotherapy?

Paul Ricoeur (1986), the French philosopher and psychologist, introduces, in the metaphor functioning, an essential psychological component: the imagination and the emotional involvement. He emphasizes that the metaphor works as an intermediary element between two languages: the logic language of the rational thinking and the analogical language of the emotions, imagination and affections.

Just because of its characteristic of "*interface*", of "*bridge*" between these two languages, the metaphor tends to create between the patient and the therapist communications open to affections and let emotions and feelings circulate through the therapeutic relationship.

But in order to give to the metaphor a therapeutic function it is necessary, to use a meaningful expression of Paul Ricoeur (1986), that "*the metaphor is alive*", that it is isomorphic to the problem, the story and the situation of the patient himself so that the patient can recognize himself in it and find out new ways to perceive his difficulties.

There is a further reason for a therapeutic use of the metaphor.

Catching more directly the emotional level, it reaches the affective field, largely unconscious, and allows to avoid the defensive mechanisms and elude the resistance.

The psychoanalytic tradition, from *“The interpretation of Dreams”* (and the dreams are extraordinary metaphors) is based on similar concepts.

The last indicated function is one of the most important in the therapeutic use of the metaphor. The metaphor, because of its “evocative” and not explicative power has the advantage to allude to the pre-verbal and unconscious level, without pretending to make it explicit; in this way on the one side it can elude some defensive mechanism, on the other side it opens spaces for a more free and “creative” translation by whom receives it.

THE USE OF METAPHOR IN FAMILY THERAPY

The use of metaphor has a long tradition in family therapy. (Great clinicians, as Whitaker and Minuchin have often made of the metaphor a basic part of their therapeutic work). In fact the symptom itself presented by the identified patient, often expresses metaphorically an individual and family difficulty, that can't be expressed in other way.

And it is just in its metaphorical dimension that the symptom often proposes the double and paradoxical need *“to say”* and, in the same time, *“not to say”*, *“to change”* and, in the same time, *“not to change”*.

The family therapist, giving to the symptom the meaning of “metaphor of the family difficulty”, defines a new possible vision of the problem, respecting, however, in the common metaphoric framework, the characteristic of allusion and possibility. But sometimes it is the same patient that teaches the use of metaphors to the family therapist.

The bulimic patient, with self provoked vomiting, who says about herself to be “the family’s emotional discharge”, could not define with a more telling description, the metaphoric meaning of her symptom and the implicit correlations with the family dynamics.

METAPHOR IN THE EPISTEMOLOGICAL RENEWAL OF SYSTEMIC PSYCHOTHERAPY

Even if the utilization of the metaphor has been usual in family therapy, it is sure that it has found a specific function and a particular importance within the epistemological development presented by the systemic psychotherapy in the last twenty-five years. (v. Onnis 1993)

As known, the systemic thought, in its theoretical principles as well as in its therapeutic applications, has been influenced by many conceptual paradigms that, as happened in many other fields of psychotherapy and of scientific knowledge, have produced a deep epistemological renewal.

Two essential changes:

- 1) **The change from the pragmatics of observable interactions to the semantics of behaviors**
 - Influence of the evolutionary and constructivistic paradigms.
- 2) **The change from the “first cybernetics” to the “second order cybernetics”** (Von Foester, 1981)
 - The therapist loses his neutrality and external position and is reintroduced in the therapeutic reality.

- 1) **From pragmatics to semantics**

This first change consists in the fact that family therapists abandoned a study of the family exclusively focused on the observable interactions and, on one side, re-introduced in the system the dimension of time and story (influence of evolutionary paradigms), on the other side, started to put in evidence the individuals, their motivations and intentionality and all the subjective attributions of meaning that characterize and guide the human acting (influence of constructivist paradigms). In this shifting of the attention from the pragmatics of observable interactions to the semantics of behaviors, family therapists find themselves in front of that “black box”, that the “first cybernetics” had considered irrelevant or impossible to be explored;

so they find themselves to deal with a deeper and more hidden level compared to the one of the interactive models, a family “inner world”, to which the individuals strongly participate: we may define it the “mythical level”.

Now, this mythical level, that is the deep “emotional cement” of families, made of shared beliefs and affects, is mostly pre-verbal and frequently pre-conscious.

It cannot be expressed through the only dimensions of the logic thought, and therefore the words, nor it can be explored by the verbal language.

The metaphor, laying in a space of mediation between conscious and unconscious, evokes the myth without making it explicit.

2) The integration of the therapist within the therapeutic system

This second epistemological change consists in the failure of the position of the therapist as a neutral and external observer (as the first cybernetics had collocated him) in favour of a conception that introduces again the therapist in the therapeutic system, and gives him co-responsibility in the function of “co-creating” the therapeutic reality (this conception is called following the Von Foester’s definition (1981) “second order cybernetics”).

This shifting from the first to the second cybernetics or, more specifically, from an epistemology of description to an epistemology of construction, has a particular importance because it invests directly the therapeutic relationship.

In fact the therapist renounces to control the therapeutic process in favour to a “co-construction” of it, shared with the family system. This explains why today, in systemic therapy, directive or prescriptive therapeutic attitudes leave the place to dialogical attitudes.

In the frame of this tendency too, the use of **metaphorical language** has a particular importance. The “**metaphorical object**” (“*Sculptures*” f.i.) taking place in an “**intermediary space**” between the therapist and the family, introduces between them a code, around which a dialogue process is developed by both of them.

THE USEFULNESS OF METAPHORICAL AND ANALOGICAL LANGUAGE WHEN SUFFERING IS EXPRESSED THROUGH THE BODY

This epistemological renewal of systemic therapy is one of the most important reasons for which the use of the metaphor is becoming so relevant in the therapeutic models.

But the usefulness of metaphorical and analogical language is particularly evident and specific in those situations in which suffering is expressed through the body.

In a systemic perspective, the somatic expression of suffering is not referred only to the patient’s intrapsychic problems, but also to the dynamics of the family context (relational and mythical)

The **analogical language** is, therefore homogeneous and isomorphic with the language of the symptom, which is not only the language of the patient’s body, but of the whole “**family body**”

But how do we use the metaphorical and analogical language in our clinical practice?

In many ways, obviously!

But particularly using a method that we have elaborated in our clinical research group and that is called the method of “Sculptures of Family Time” (S.F.T.) (Onnis et al. 1994 ; Onnis, 1986, 1997, 2004)

I would like, now, to describe this method.

I think that all of you know what is a “family sculpture”!

Anyway the technique of “family sculpture” was introduced in family therapy by Virginia Satir and used, in different ways, by various authors as Peggy Popp in U.S.A., or Philippe Caillè, in Europe.

It consists in the request to the family members to give a visual and spatial representation of the image that each one has of the family, through the position of the bodies in the space, their postures, the interplay of closeness and distances, the direction of the eyes.

But the originality of our sculpting method, that we have elaborated in our research group, during the last 15 years of clinical work, consists in **exploring the dimension of time**.

THE METHOD OF THE “SCULPTURES OF FAMILY TIME” (S.F.T.)

The originality of this sculpting method consist in ***exploring the dimension of time***

Each family member is asked to represent the family in three temporal phases:

- **Sculptures of the present**: each member represents the family how he/she sees it in the present time of family life.
- **Sculpture of the future**: each member represents the family how he/she imagines it in the future (after 10 years)
- **Sculpture of the past**: each member represents the family through the reconstruction of an event of the past, particularly impressed in the memory.

AIMS OF THE “SCULPTURES OF FAMILY TIME”

We try to explore and re-introduce the dimension of time in a system that seems to have lose it.

Comparing, f.i., the sculpture of the future to the present one, we can see two types of scenarios:

- In the first type, interactions, roles, relationships remain the same, as the evolutionary capacity of these families was suspended, in a kind of ***“frozen time”***
- In the second type, the representation of a more dynamic scene, with more development possibilities is accompanied, in the emotions evoked by the sculptures, by ***fears of loss***, as if the possible evolution of the family was felt as a threat of dissolution of family unity.

Through the sequence of these sculpture, therefore, the mythical level of the family can emerge and can be explored.

MITHICAL LEVEL EXPLORED TROUGH THE S.F.T.

Myths of Unity

The family cohesion is felt as a supreme value to be defended at all costs.

They are rigid myths, that usually have been constructed through trans generational stories. (v. Onnis et al., 1995)

- **Phantoms of break-up**

Shared fears that every individuation attempt or every autonomy movement could represent a catastrophic disintegration of the family unity, rather than an evolutionary transformation of family relationships.

Discovering with the family this mythical level, the therapist enters in a field full of allusions and emotions, analogically expressed through the sculptures, that involves them in the common research of new visions of the problem and new possible solutions.

A CASE EXAMPLE: FRANCESCA'S FAMILY

Father: Giorgio, 58 years old, printer

Mother: Rosa, 56 years old, housewife

Francesca: 26 years old, university student

Alberto: 23 years old, university student

The problem

The symptoms began when she was 17/18 years old. After an initial phase in which she suffered from restrictive anorexia, that present a temporary remission, when she is 23, after a sentimental pain, a bulimic disorder begin with frequent binge eating and dramatic conducts of elimination (self-induced vomiting) associated to an increasing of the physical activity (daily running with obsessive modalities). The weight loss become evident and amenorrhea appears. Furthermore, Francesca. preparing her final exam at the university, can't manage it, nor she can prepare the thesis. The medical nutritional interventions don't have success. The intent of an individual psychotherapy interrupts after 3 months. So, it is suggested a family therapy and the family arriver to our University Department.

The family

The family is formed by the father, Giorgio (58), entrepreneur; the mother, Anna (56), housewife; Francesca (26), and a younger brother, Alberto (23), university student.

The interaction modalities are the typically frequent in these families: confusion of functions and roles, reciprocal involvement and invasive behaviours, not clear boundaries between individuals and generational subsystems.

The conflictual tension between parents is diverged on the problem of the daughter, and every disappoint is diverged on the dealing modalities of Francesca behaviours, not only for what concerns her alimentary conduct, but also for the frequent manifestations of verbal aggressiveness toward the mother that alternate regressive attitudes: continuous requests to the mother of support, of delegation of every decision, even the most simple, or impositions to let her sleep with her in the bed, separating her from the husband.

What emerge from these behaviours of Francesca, are the reactions of the parents in contrast; while the mother tried to oppose, protest, contain the aggressiveness, or Francesca requests, the father, instead,

seemed to support them, with verbal messages of support and especially with nonverbal attitudes extremely ambivalent and fascinating, of closeness, of approval; during the arguments between Francesca and the mother the father always supported the daughter, accusing his wife for not being enough patient and for not being a secure base.

Two trans- generational and dysfunctional alliances configured, so, in the family: Francesca was the princess of the father and Alberto, the knight of the mother. But it was especially Francesca to be in the most painful position: close in the intense coalition with the father from which the mother was excluded; prisoner of that triangulation that, in the systemic language, is indicated as “perverse triangle”.

But these relational configurations enrich of meaning at the light of the families of origin of the parents.

Family stories

The father, Giorgio, has a very suffering story: at the age of two years old his father died under the bombs; his mother had to work leaving him with his grandparents, and he still remembers with tears in his eyes the pain of that daily abounding. The life of this man seems to be signed by the emotional insecurity and by remissive attitudes; “I obeyed, I did every thing they told me to do” .

And still now he proposes a deep feeling of inadequacy in his role of husband and father.

The mother, Anna, instead, comes from a very cohesive family with 5 sons: “we were enough for us, we didn’t need anyone else to be happy”.

But the family story is marked here, too, by a deep wound: a chronic disease of her mother, lasted almost 30 years, around which circled the attentions and the protection of the husband and of the sons.

And the figure of the mother has become, at the same time, symbol of courage and fragility.

As we see, both stories are signed from traumatic events and are associated inevitably to feelings of loss that, if not elaborated, represent the deep heredity that each one has in himself and that influences the meeting with the partner because each one projects on the other the unrealistic expectation that can become a reparation for the unresolved needs.

But these are illusory expectations, that in the delusions they bring, determine reciprocal dissatisfaction and open painful affective emptiness.

It is here, then, that the “cohesive myths of unity” come out as defensive and repairing constructions; it is here that, for those myths and to fill that emptiness, are acted processes of triangulation of one of the sons.

Francesca seems to be early called to occupy that role, entering in the triangle as an allied of the father, also in here in a illusion: the one to represent for the father that idealized woman that the mother couldn’t be.

But, with the arrival of the adolescence, the crisis comes-out, because near to fusion satisfactions, start to emerge subjective needs of individualization and autonomy. And, as we have seen, the symptomatic solution often become the dark and ambivalent way to escape to the choice dilemma, proposing the impossible intent to remain loyal to the “myth of family unity” (fusional need) and, at the same time, to receive an emerging need of autonomy (need of individualization).

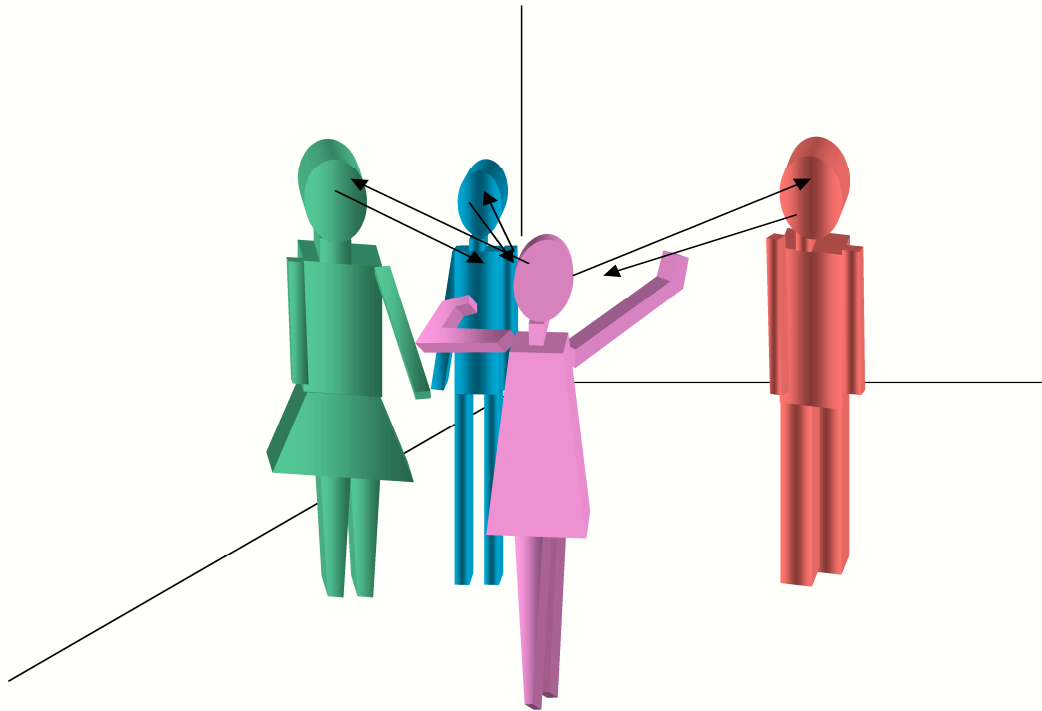
The Family Time Sculptures (F.T.S.)

We have tried to make emerge the complexity of these meanings of the symptom, and together, those mythical plots to which those meanings are tightened, through the utilization of “family time sculptures” of which we will present some sequences relative to the proposed images by the patient, Francesca.

In the sculpture of the present, Francesca gives us a suggestive image in which emerges her whole emotional ambivalence.

Francesca at the centre of the scene puts the family around her: the mother and the brother on her left, and the father on her right.

Francesca wants everybody to look at her and answers with a double gesture rich of allusions and meanings, with a half-flexed, she indicates a hug by which she seems to desire to maintain the family unity; with the other one tended in front of her she seems to desire to express the need of a distance, of a space for herself.



According to the specific dynamic of triangulations in which Francesca is involved (we have seen), it is not surely without importance that the tended arm is in particular directed toward the father, (from whom the separation is necessary).

But, in general terms, the image proposed by Francesca expresses, with the evocative power of the metaphorical language, the emotional oscillation of the patient between the adhesion to “the myth of family unity” (fusional needs represented in the hug) and the subjective need of individualization (the need of a boundary and of her own space, represented by the tended arm that requests for distance). But this subjective need is impossible to follow, if the risk is the loss of the relationship (“ghost of dissolution”). And so the oscillation remains, in the research of a difficult and unstable balance between “inside” and “outside”.

And it is suggestive that this double oscillating emotional movement finds such a perfect coincidence in the double phenomenological characteristic of the bulimic symptom: intake in the binge eating and expel in the compensatory vomiting, incoming and rejecting, putting “inside” and “outside”.

In the sculpture of the future, though it is projected 10 years further, the image of the family represented by Francesca is not very different from the present one. It is still her at the centre of the scene, and she requests the glances of the parents: the main difference is the mother position that now Francesca places near the father, as if she wanted to give her back her own place. But it is the

convergence of the glances on her, that tightens the parents, as Francesca underlines: “I was pleased to see them together while they looked at me”. So, even if Francesca underlines the major distance between her and the parents, it is still her the unity centre of the family, the top of the family triangle. And so the ambivalence between autonomy needs and bands of loyalty toward the family that stop the autonomy, proposes again itself.

And in the sculpture of the Past Francesca evokes and builds a scene in which the family meet around a centre of emotional aggregation: it is a hospital bed, in which lays the little brother, because a severe illness. The main character here is, apparently, her brother; in reality the disease and the pain seem to represent the emotional field in which the family can find unity.

But then, the meaning of the scene spreads to involve again Francesca and her more recent illness giving her back the sense of fulcrum for the family, that allows to cover the tensions and confirm the bonds.

Through the sequence of the Sculptures emerge, so, “Myths of unity” and “Ghosts of dissolution”: how can one separate from a family of which represent the point of balance?, without the risk that every thing breaks out? The symptomatic solution allows, then, to remain in the ambivalence and to send further the difficult research of possible ways out. And around the myths and the family ghosts, the time seems to be suspended, for Francesca and for the whole family (for a more detailed description of this and other cases, see Onnis, 2004).

CONCLUSIONS: A BRIDGE BETWEEN MIND AND BODY

The metaphorical and analogical language allows to give voice to the silence of the body, introducing the light of new meanings in the apparent darkness of the somatic manifestation.

Coming back to the function of the metaphor as a “*point of conjunction*” between two languages, really, in the therapeutic process, it can work as a *bridge* between body and mind.

I would like to conclude with two meaningful phrases:

“The soul breathes through the body, and the suffering, both coming from the skin and from a mental image, takes place in the flesh”

(A. Damasio: *The Descartes’ Error*)

“Nature had the wisdom to not initiate children in using verbal language before 18 months, in order to give them the time to learn how really the human world functions, without being distracted by the words, but only with the help of the music of language”

(D.Stern: *“The present moment”*)

I think that the therapist should help patients and their families to hear that music again.

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