Metaphoric dialogue is an illuminating method that helps individuals identify, describe, externalize, integrate, and heal affects, behaviors, physical symptoms, and interpersonal dynamics. It begins with a description of the problem or struggle, moves to a feeling sense of the blocked emotional energy, then evolves into a visual and symbolic representation with which one can dialogue, apply insight, antidote, and release. Multimodal in nature, it integrates elements of Gestalt, Narrative, and Somatic psychotherapies. The following is a brief overview of the metaphoric dialogue model as used in my psychotherapy practice and is not intended as a practice guide or for use in all settings without in-depth study and training.

I began formulating this guided imagery model in the 1990’s while studying Gestalt therapy’s visualization and role-play techniques. The founder of Gestalt therapy (the late Frederick Perls, M.D., Ph.D.) asserts that human potential resides in behaviors and emotions that are as yet unknown and unavailable, therefore, much emphasis is placed upon ‘awareness’ (Perls, 1975). To this end, Gestalt therapy makes great use of visualization and role-play to get in touch with sensations, perceptions, emotions, and attitudes affecting our well being and interpersonal interactions. A client might be asked to visualize speaking to a significant person in his/her past as if that person were actually sitting before them, and to develop a dialogue and change seats each time the person speaking changes, enhancing empathy and creating resolution. Furthermore, one’s own voice, a gesture, a figure of speech, or an alienated part of oneself can be given voice and role-play, helping to re-own fragmented parts of oneself and to integrate lost self-support. These visualizations and role-plays are enhanced in collaboration with clients by coming up with a mutually acceptable name or title for the problem or part, and this further objectifies it so that a meaningful dialogue can ensue. Narrative therapy is extremely useful in this regard for identifying parts of a person or situation that are uncontaminated by troublesome symptoms which can be placed in the service of examining more difficult, painful parts. Freedman and Combs (1996) offer an effective model of narrative dialogue that invites clients to see their stories from different perspectives in order to discover the dominant discourses, contextual influences, and socio-cultural pressures that influence their problem. This helps to separate the person from the problem that is plaguing them and allows space for new self-narratives to emerge using details, unique outcomes, and other people’s points of view to re-author and empower one’s life.

Visualizations, role-plays, and narrative dialogue also have an accompanying somatic component. Every thought, reaction, response and emotion registers in the body at a cellular level. Neurotransmitters ensure that data transfers between brain and cells which affect the way an issue is being held, experienced, or expressed. Identifying what Eugene Gendlin calls the “felt sense” (Gendlin, 1978, p.10) of a problem or struggle helps to release and heal it during the dialogue process. “A felt sense is not a mental experience but a physical one. . . it encompasses everything you feel and know about the given subject at a given time—encompasses it and communicates it to you all at once rather than detail by detail” (Gendlin, 1978, p. 32). Since we do not perceive this in words, inquiry into the whole way that an issue feels in the body is facilitated by asking for experience-near adjectives and descriptors. I like to ask clients to describe how an issue feels using all of their senses (e.g. Does it have a location, texture, sound, smell, temperature, color, size, or quality?) Somatic description facilitates the development and externalization of a metaphoric pictogram of the problem or struggle with which one can further role-
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play, dialogue, resolve, and release. Sometimes the pictogram itself is revealing; for instance, an issue that feels very frightening might turn into an image of a super-hero from childhood, further revealing that this issue means to strengthen the internal resources of the client courageously facing it. Giving the issue metaphoric form begins to loosen its hold on the client, and dialoguing with it brings information that is very helpful for healing and growth. At the end of each session I encourage clients to imagine this image as a snapshot that they can take with them for later consultation, information, and illumination. This empowers them to creatively take charge of the discovery, integration and assimilation of their relationships and self-attributes. Sometimes, synchronistically, the image shows up as a figurine in a store, a present from someone, or a dream image, bringing in a numinous quality to this process of growth.

In conclusion, metaphoric dialogue is a valuable process for helping persons regain lost power, energy and self-support as it co-creates meaningful experience, expression, and understanding.

References


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