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Psychoanalysis with adults inspired by parent–infant psychotherapy: The analyst's metaphoric function

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ABSTRACT

This paper investigates a phenomenon observed in parent–infant psychotherapy (PIP). Metaphors emerge in the analyst and, once voiced, they can become tools for understanding the present predicament of mother and/or child. The article contains vignettes from work with a mother and her son, four weeks old when PIP started. They are followed by a vignette of an adult analysand. In both settings, the analyst found himself in an impasse, until he came up with a metaphor expressed to the mother and the analysand, respectively. The paper investigates why PIP experiences might inspire an analyst to suggest metaphors to adult patients as well and thence to understand their suffering better. Aspects of linguistic theory underlining the infantile roots of metaphors are submitted as well as other analysts' views of using metaphors at work. It describes how the validity of a metaphor – whether it expresses something essential about the patient's internal world – should be assessed by following up his/her response to it. It defends the position that metaphor, if used with parsimony and sobriety, is a valuable tool in enabling the patient to map their internal world.

KEYWORDS

Parent–infant psychotherapy; psychoanalysis; metaphor; technique

This paper is the second in a series of studies of how a clinician's experiences of parent–infant psychotherapy (PIP; Baradon et al. 2016; Norman 2001; Paul and Thomson Salo 2014; Salomonsson 2014) can affect their psychoanalytic technique with adult patients. The first paper (Salomonsson 2020) discussed how I, by reconstructing a female analysand's relationship during infancy with her postnatally depressed mother, came to understand my patient's present depression. It suggested that PIP experiences of disturbed mother–baby interactions can inspire the analyst to discern infantile germs of adult patients' present suffering – and make them more convinced of the clinical value of suggesting these reconstructions to the patient. That paper suggested further facets of PIP technique that may stimulate the analyst: (a) exposure to embodied communication of mother and baby, (b) experiences of the container–contained couple as impersonated by the dyad in PIP, and (c) the ability to assume a third position or a "helicopter view" on the transference–countertransference interchange.

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The stimulus for the present paper is a recurrent personal experience in PIP. When I experience a therapeutic impasse, for example, a rupture in the contact with mother and/or baby, *metaphors* – conventional or idiomatic – or *metaphorical images* sometimes occur, which I then verbalize to the mother to describe the dyad's distress or the impasse. They are often non-verbal, multimodal, dramatic and embodied, which places them in group (a) above. The observations lead to the following questions:

- Are there components in the *setting* or the *emotional situations* of PIP that stimulate the analyst's metaphoric inventiveness?
- Do PIP experiences activate the analyst's metaphoric function in adult therapy as well?
- Are there specific *emotional situations* in adult treatment when the analyst's metaphoric inventiveness is aroused?
- What are *the benefits and the hazards*, with PIP and adult work, if the analyst brings up personal metaphors with the patient?
- What is the clinical validity of such metaphors, that is, to what extent do they uncover relevant traits of the patient's – rather than the analyst's – internal world?

I will discuss a metaphor in PIP with a mother and her baby son; I suggested both were *cramping*. I will also submit my image of *a girl cowering by a huge wall* that emerged as I witnessed the mother's struggle to get in contact with her sadness, as well as our struggle to reach each other. From my adult analytic cases, I have chosen a depressed and withdrawn man, who made me think of a *snail balking at exiting his shell*.

Leonard and his mother Edna: The cramp metaphor

At the Child Health Center where I work as a consultant psychoanalyst, a nurse reports about Edna, a first-time mother of three-week-old Leonard. Breastfeeding is troublesome and "there is little enjoyment in her ways of being with him," the nurse reports. I see the mother a few days later.

Edna arrives alone. She speaks of motherhood as a job, like her office duties. She had felt this way already during pregnancy when she had fantasized very little about her future child. She conveys much duty and little pleasure. When Leonard was born she could hardly sleep; she had to be there for him constantly, please him and stand attention. "I didn't have that relaxed relationship with him. Sometimes I think Leonard feels that I do *not* feel confident with him. Then I get stressed and tense." Some years ago, she had been approaching a burnout condition and had had cognitive behavioural therapy. Now she is married and describes her husband fondly. I ask her to bring her son to the next consultation.

The second session, she arrives with her son, who peers at her from her lap or moves his head towards her breast in a calm rhythm. In contrast to this calm scene, Edna exclaims, "I worry constantly. I'm responsible for Leonard's survival! I search the internet all the time."

We start PIP twice a week with mother and son. For a review of this method, see Salomonsson (2014, 2018). In brief, I observe and communicate with mother and child while I acknowledge the baby's incapacity to understand lexical levels of language as well as his

ability to pick up and react to emotional signs within the relationship. Therapy aims to liberate affects and behavioural patterns that are forestalling positive development in both parties.

The father participates in the fourth session. He seems supportive and reflecting and is not worried about the boy. From the fifth session and onwards, sessions are video recorded upon the parents' consent. That session begins with the now five-week-old boy whining and crumbling up towards mother's chin. Edna feels guilty about his distress, though she thinks this is illogical.

(*2.30, that is, 2½ minutes into the session*): Analyst: "That's really troublesome, Leonard, you're pressing hard. Mum is someone who wants control, so she thinks your distress is her fault. Oh my, you are really pushing it." (*the boy is flailing, groaning, and cramping*)

The boy calms down a little. Mum places him on her chest.

Edna adds that Leonard began to grunt and look unhappy and "accusatory" at home before the session. She felt stressed coming here (*4.39*) because she feared he would be like he is right now.

The boy yawns and soon falls asleep.

Our conversation is thinning out. Perhaps to keep up the flow, I ask what she thought about last session with her husband. She says, "It was good, as always, and I had some new thoughts." Then she falls silent. The atmosphere is still friendly but a bit awkward.

A: "When I asked you about the previous session, you found it hard to say what you had been thinking about afterwards. Did it feel like a homework quiz?"

E: "Maybe … " (*8.00*) … (*a slightly sad look*). "It's not that it feels annoying. I don't have anything to say … can't make my thoughts concrete! … But I feel good after sessions. I think a lot, try to be calm, not think forwards."

A: "Still it's hard for you to put words to your thoughts."

(12.00) Leonard wakes up, flailing and groaning but calming down after a while.

E: "I try to recall what my husband and I talked about after last session. But I can't!"

A: "Does it become muted?"

(*14.00*) E: "Yeah. I recognize it from my job. When one is asked to write what things *felt like*, it's hard for me. Other things I'm very good at writing about, like concrete matters, when this or that happened!"

Phenomena begin to amass indicating bodily and emotional tension or release. Words: "muted", "struggling", "pushing it". Bodily movements: the boy's pushing and my groaning voice when I speak of the boy's distressed movements. The mother's constrained smile. Countertransference: my need to ask about the previous session instead of waiting for mother to speak.

A (*turning to the boy*): "Maybe you, Leonard, begin to cry, and Mum gets this mute thing and matters get even worse?"

A (*turning to the mother*): "I guess Leonard is challenging your mute aspect. I see that you become a bit closed or stiff, Edna. When I ask you something you tend to recoil or … mute."

E: "It happens at home, too, with my husband."

Leonard has fallen asleep again in his mother's lap.

A: "Where is this mute thing located in you?"

E: "In my head, that's how I experience it!"

A: "So when Leonard is whining you get this … cramp in your head" (*20.33*)

Leonard, still asleep, moves his hands and smiles furtively. Edna calls it his "reflexes".

A: "When you call Leonard's smiles reflexes, is that part of your muteness? They wouldn't have anything to do with feelings?"

E: "Precisely." (*her upper lip quivering, sadness increasing*)

A: "Do you feel locked inside this cramp? I just thought you're looking sad now."

I thus continue transforming the word "cramp" from denoting the boy's distressed motions to also covering the mother's cognition (cramp in the head) and emotions (locked in her sadness and loneliness).

We move to talking about her burnout condition followed by the pregnancy. After delivery, she was overwhelmed by a sense of responsibility for Leonard and felt it was her duty to fix anything that made him distressed.

A: "You didn't imagine that he could signal his needs that you'd respond to." (*28.35*)

E: "I thought I would feel much more secure with him! Now I think he sometimes feels that I do NOT feel secure and then I get tense."

The boy wakes up, slightly distressed.

E: "Now, as I hold him, I wonder how to cure this, fix it, 'cause it's hard for him."

A: "Why this cramp now, no improvising? … You like dancing, by the way?

E: "No, I've no sense of rhythm!"

A: "No hobbies, or secret talents … or passions?"

Leonard is cramping again, and Edna cannot reflect on my question when he is distressed.

A: "Leonard, now you are tense. Mum's got a nice comforting voice and she's stroking you, but she gets tense when you're distressed … Do you like being massaged, Edna?"

E: "No!! I would never visit a massage clinic!"

"Cramp": Psychodynamics of a metaphor

Edna is low-keyed, cautious and not easy to reach emotionally. She looks at me eagerly but feels awkward talking about her feelings. This numbness has rendered her a reputation of trustworthiness and efficiency at work. Pregnancy was a work project and Leonard's arrival struck like a bolt from the blue. What to do with someone she is responsible for but who cannot express his wishes clearly? Their interaction shows that he has awakened her tenderness and the infantile sexuality in both (Salomonsson 2012). Yet these shifts now clash with her efficient and massage-detesting persona. This threatens her psychic equilibrium and, as is clear in the session, his equilibrium, too.

At first, my conscious aim with using the word "cramp" was merely to concretely describe Leonard's muscular tension and crying. Its metaphorical aspect was born only when I linked his movements with the mother's difficulties with thinking and, later, with feeling. This led to a dialogue about her awkwardness with rhythm, dancing, and massage. Suddenly we were into deep strata of her personality that dampened her spontaneity with Leonard and created emotional and cognitive tensions in her.

The impetus for extending "cramp" to a metaphor that carried emotional significance was thus a countertransference frustration that could be translated into, "Come on, let's relax, loosening up one's mind and one's muscles can be pleasant." I moved, from merely observing Leonard's muscular motions to also noting his mother's emotional blockage and its effect on me. This unleashed a creative act: to link *his* cramping muscles with *her*

padlocked and anguished mind set. The following could be tentatively said: mother and baby communicated in an embodied way – Leonard with his muscles, and Edna with her voice and quivering lips. This propelled my metaphor, which linked bodily phenomena with emotional ones. We will see how these ideas stand up to further testing, for example, if the cramp metaphor merely reflects my internal world, or if it also says something important about Edna's interior and thus could be of interest and help to her.

Leonard and his mother Edna: The imagery of a girl cowering by the wall

During the 11th session, Edna mentioned her distress about a thrush infection in Leonard's oral cavity. During the weekend, everyday life had become boring and stressful, and their contact had impoverished. She had to give Leonard a bitter-tasting medication and wash her breasts with an anti-mycotic solution before breastfeeding. This, she said, uncoupled her "intuition and spontaneity" with him even more, and the boy disliked the drug. She began this session by telling me that today, their contact was much better again. Yet I was struck by a sad look in her eyes.

Analyst to Edna: "As we're talking about intuition, my intuition tells me you look sad."

Edna: "I don't know why. I saw parents in the waiting-room who don't need to see a therapist to get a good contact with their baby. I *know* all parents aren't happy with their babies, and yet … Now that the thrush is getting better, I can relax. But yesterday, my only focus was on fixing it. I got so active and busy, and I didn't talk to him much."

A: "You've become more aware that both Leonard and you take part in an interaction. And you note that your feelings affect how it develops."

While saying this, I am getting concerned about our interaction; we are stuck in an intellectual and strained dialogue. Meanwhile, I notice her sad eyes, so I bring in her affects again.

A: "You look sad now."

E (*speedy and anxious*): "It's sad that it's not self-evident for me to seek out a relationship with him. I'm not relaxed, I don't talk with him enough. Well, now I do talk, but it's not self-evident for me that … When he's not, well he *is* communicating to me in his way, but when he doesn't do it via speech, then it doesn't become self-evident for me to stay in contact, though I know it's important to do so. On the other hand, it's natural that one isn't as communicative when there is no two-way communication … via words, that is."

A: "Why are words so important to you? You don't communicate only by words. Had I only listened to your words, we wouldn't get in contact. Like now, I think you look sad … . Perhaps, words function like a brick wall, they block your feelings."

E: "How do you mean?"

A: "Like a wall with red bricks. Behind it, a girl is sitting crying."

E: "Well, I don't know … "

A: "You look quite sad … . I guess you are afraid of that little girl behind the wall."

E: "I don't think of myself as a sad person. But I do feel little sometimes. I've always needed to feel secure, and I worry about things that *might* happen. And I do tend to diminish myself."

A: "That little girl of yours is anxious, diminishing herself, looking for safety. In contrast, the big girl is appreciated at work for her trustworthy, competent and cheerful achievements. I guess words have become essential to maintain that wall, they're like bricks."

More and more tearful, Edna listens carefully.

A: "That little rabbit (*pointing at the boy*) enters and leaps over the wall without problems. He whines and cries, and you get staggered and don't know what to do. Little girl has been pushed back by Big girl for many years, so you can't ask her for help. Instead, Big girl tells you to look on the internet to still all your worries about Leonard."

E: "No no, Google is only helpful for me!"

A: "I have another idea: Little girl is very clever and can be of help to you. Big girl taught you to suppress her but I'm saying, 'Come forward Little girl, *you* can understand this baby boy, *you* can feel your way into how he's feeling when he's sad … ' And Leonard, the little rabbit, is perhaps saying: 'Mum, couldn't we bring down that wall a bit? You don't need it anymore.'"

E: "But that little girl is no good! She makes me worry about everything!"

A: "I'd say *the wall* is no good because it separates Big and Little girl."

E: "But I need that wall! Otherwise, Little girl triggers my worries and I waste energy on stuff that didn't even happen!"

A: "Maybe the wall could be movable. Sometimes, Big girl must act swiftly to take care of Leonard. But things are rarely as dangerous as she imagines. In such situations, Little girl would be of help. For example, Big girl is reproaching you: 'All mothers worry about their babies but they don't need a therapist.' Little girl could tell you, 'I don't care if they need a psychotherapist or not. I need help, and I think it's good seeing the therapist!'"

Edna becomes more pensive and tearful. She says that, at the end of the day, she is proud that, despite her initial embarrassment, she decided to be honest with the paediatric nurse and tell her about how anxious she was. This led her and Leonard to PIP with me.

"The girl by the wall": Psychodynamics of a metaphorical image

Why did the wall imagery emerge just then? Once again, countertransference provides the key explanation. Edna and I were under pressure. She spoke of a stressful weekend and looked sad, but she could not say why. I expressed my empathy about the thrush and tried to alleviate her harsh ego ideal. Yet our contact was muffled, and my countertransference despair waxed. When Edna began her anguished stream of words, "It's sad that it's not self-evident for me … ", I felt even more estranged from her – but I also noticed that Edna began to panic. While she was defending her view that communication consists of words only, she seemed to lose touch with herself. I was moved by the emotions seeping through her homily, as it were. This yielded the wall image, which represented Edna's painful inability to reach her son as well as herself. From a countertransference perspective, it also represented me as crouching behind a wall, unable to reach Edna.

At this point, I remind the reader of my previous caveat; stating that the metaphor was rooted in my countertransference does not clarify if it says anything essential about Edna's internal world. It might even be viewed as an evacuation of my personal malaise, and thus be of no help to her. I will enter this crucial topic in the section on validity. We first need to understand more about metaphor theory.

Metaphor theory

To understand the genesis of metaphor in general and its role in psychotherapy, we need to summarize aspects of linguistic metaphor theory, especially the ones that link the

genesis of metaphor with infant development. Linguist George Lakoff and philosopher Mark Johnson (Lakoff and Johnson 1980/2003, 1999) have extended the meaning of metaphor from denoting a mere figure of speech or literary embellishment to an overarching mode of concept-making that permeates almost every human thought and sentence. The classical view, in contrast, saw metaphor as "'detachable' from language, a device that may be imported into language in order to achieve specific, prejudged effects" (Arlow 1979, 368). Lakoff and Johnson (1980/2003) regard language as metaphorical in itself and "metaphorically structured" (12). Their theory has had a deep impact on philosophy and linguistics, although criticism has also been voiced (Kövecses 2008; Wilson and Golonka 2013).

To exemplify metaphor in clinical language, an analyst might say to the patient, "After the summer break, you feel there's a wall between us. Nothing comes to your mind, it's like a big cramp." "Wall" and "cramp" are embodied metaphors for what the analyst assumes is the patient's experience of lack of contact. The metaphor extends sensorimotor experiences of physical restraint to an emotional experience. "Break" is also such a metaphor in that it compares separation to a fracture. We thus use metaphor "effortlessly, and mostly unremarked, in ordinary language … It is … an inevitable, intrinsic aspect of human thought, reasoning, and speech" (Wallerstein 2011, 90).

Lakoff and Johnson claim that many so-called *primary metaphors* emerge from basic bodily infantile experiences. For example, infants strive for physical proximity with the primary object and get anguished if they are separated from it. In a concrete sense, a wall and a cramp imply blocked access, confinement, or blockage in general. The metaphors arise when the *source's* factual meaning (here, blocked motion) is coupled or conflated (Johnson 1997) with a *target* domain (here, a faltering emotional contact). The cramp metaphor's source was a muscular tension that I observed in Leonard and, to speculate, perhaps emerged concomitantly in minuscule format in Edna's and my muscles. This spasm source was conflated with the target of emotional tension. Similarly, the wall image's source was a posture of immobile crouching, which was conflated with my feeling of inability to reach Edna emotionally.

Situations that engender such conflations are called *primary scenes* (Grady 1997). Grady lists some hundred primary metaphors. For example, "cramp" as metaphor exemplifies "difficulty is hardness" (291) – as when we say that life is hard. And, "difficulties are opponents" (291) – as when we state that we have run into a problem. These primary metaphors are "minimal (temporally-delimited) episodes of subjective experience, characterized by tight correlations between physical circumstance and cognitive response" (24). To specifically understand the metaphorical meaning of a word or imagery, one must also have acquired an ability to de-conflate source and target (Lakoff and Johnson 1999, 49). In other words, one must understand that a tight muscle and a muffled contact are not identical.

Primary scenes can only yield metaphors once we have become able to form concepts of what we perceive. Mandler (2004), a cognitive scientist, assumes that the "conceptual interpretation of what one perceives happens at least crudely from birth. This assumption does not imply an innate conceptual repertoire. Rather, what is innate is a mechanism that operates on perceptual information" (66). Mandler calls this device *perceptual meaning analysis.* Infants thus ascribe "meaning to what they perceive, and those meanings form concepts" (67). To illustrate, a wealth of hugs give rise, not to the concept "hug"

as verbal children use it, but to a specific experience of bodily contact. Perceptual meaning analysis is a "concept-making engine, transforming perceptual information into another form" (70). Before the advent of language, it is the only way we can form concepts.

Mandler (2004) illustrates the process by way of a primary scene: the baby "sees an object nearby, she cries, the object begins to move, approaches, looms, and she is picked up" (72). The fact that such scenes can be accompanied by strong emotions seems rarely emphasized by linguist authors – in contrast to psychoanalytic writers who have underlined this link. One early example is Freud's (1895/1950) description of a screaming baby fed by the mother who is "simultaneously the [baby's] first satisfying object and further his first hostile object, as well as his sole helping power. For this reason it is in relation to a fellow human-being that a human-being learns to cognize" (331). The baby's meaning analysis creates a concept of a mother, or of part-object mothers, and this process is accompanied by strong affects, as can be seen in any screaming or smiling baby.

Mandler (2004) suggests that the infant abstracts sensory information through *image-schemas*. These spatial, dynamic, and fluid – but not necessarily visual – representations derive from the baby's perceptual meaning analysis. To Mandler, "they are not conscious and can neither be attended to nor ignored" (81). Clausner and Croft (1999) add that they are "are more than elements of linguistic theory: they have psychological reality" (13). Their paper shows an increasing interest among linguists to also consider emotional components in these meaning-making processes. To exemplify, think of the image schema UP–DOWN, which Martínez, Español, and Pérez (2018) exemplify with a mother playfully lifting and sinking a pillow above her baby's head while his arms move up and down. Mother's voice ascends and descends, which supports the idea that image-schemas are not mere images but are often multimodal; in this example vision, proprioception and hearing operate in unison. It also shows that long before the child learns to link the word "up" to things above, they form an up-concept, which can be formulated as "up is where Mum's pillow is" or "where the clouds are". This process coexists with strong affects, in this case, joy, thrill and affection in baby and mother.

Returning to our PIP case, the schema beneath the cramp metaphor could be named TENSION–RELEASE. For the girl-beneath-the-wall metaphor TOGETHER–APART seems apt. Alessandroni (2017), philosopher and linguist, states that metaphors result "from a long process of construction of *intersubjective* meanings that multiply, juxtapose, overlap and substitute" (634, emphasis added). It will take many years until the child understands that one may cramp in one's muscles and, metaphorically, in one's mind. Martínez, Español, and Pérez (2018) emphasize that "primary metaphors add an affective dimension to the construction of meaning in adult–infant interactions" (667). Thus, cognition and affects are not "two separate psychological domains in competition and conflict, but are instead intertwined with attunement, to form our conceptual scheme, and to provide meaning to experience" (669). To summarize, these researchers build on the concept of primary metaphors, adding that they emerge on an intersubjective arena. They do not merely teach the child about the meaning of "up" or "down", but are also laden with emotions in the interactions with mother, father and others. Years later, they can be expanded into, for example, "up" also denoting power, knowledge, and societal position.

Metaphor in PIP and infant research

Now that we have clarified that the roots of metaphors can be traced to infants' concept-making in their primary relationships, it is time to investigate if PIP therapists have reported about metaphors in their clinical work. This touches on our introductory question: are there components in the PIP setting and its emotional climate that stimulate the analyst's metaphoric inventiveness? Indeed, psychoanalyst Serge Lebovici and coworkers (Lebovici, Barriguete, and Salinas 2002; Lebovici and Stoléru 2003) often used "metaphorizing interventions" in parent–infant work. Lebovici suggested they sprang from his "hysterical identification" with mother and baby. He believed such interventions might reveal unconscious layers in the dyad's interaction. Once voiced in the session, they could help improve the mother's symbolic capacities and liberate such dawning capacities in the baby.

Lebovici realized that metaphorizing interventions sprang from both his own creativity and the patient's unconscious efforts at affecting him. Sometimes, he did not become aware of these influences but intuited a *mise en acte*, an *enaction* (enactment) or an "empathic response" in his body (2002, 181). This response sometimes found its way into a metaphor, often with a embodied connotation. Its value lay in helping him understand, contain and interpret what the dyad was enacting. To illustrate, my "cramp" metaphor trickled from registering Leonard's tense muscles – perhaps I also intuited some change in my body – up to calling it a cramp and then extending it to Edna's difficulties with thinking and feeling. The psychoanalyst Norman (1989) described "visual images" in analyses with adults and children. Some derived from his personal experiences and, according to him, they were clinically useful because they revealed aspects of the patient's unconscious dilemmas and increased their empathy. He considered them to be part of the analytic instrument (Norman 1994) and preferred the term "visual image". I prefer terms like "mental imagery" (Lakoff and Johnson 1999, 67) or "*metaphorical image*" to denote an internal image or scene used as metaphor.

Stern's (1985) term *attunement* also relates to metaphor. It comprises "behaviors that express the quality of feeling of a shared affect state without imitating the exact behavioral expression of the inner state" (141). Stern asks how you can get "'inside of' other people's subjective experience and then let them know that you have arrived there, without using words" (138). He provides an everyday portrait of a mother exclaiming "YES, thatta girl" to her exuberant baby waving her arms (141). This mother has entered an "intersubjective domain" with her baby. In contrast, Edna could *not* attune to her baby, and my metaphoric activity aimed to remedy this deadlock. Stern says attunement recasts "the experience of emotional resonance" into "another form of expression" (145). One form of such recasting is metaphor, and Stern suggests that, in clinical work, "the primary task is to find the narrative point of origin—invariably, the key metaphor(s)" (262).

In the section "Cramp: Psychodynamics of a Metaphor", I indicated that countertransference in PIP is often burdensome, which may push the analyst to come up with metaphors. Sessions include verbal dialogues but also theatrical ingredients like diaper changes, breastfeeding, crying, belching, farting, etc. Especially if the baby is in distress, this may unleash a mixture in the analyst of commitment, care and impotence. It can also dissolve the border between the analyst's implicit and explicit functioning,

between an "instantaneous, intuitive, nonconscious knowing that affects physiological responses and behaviors" and a "more explicit awareness, usually verbal, of … the analysand's current emotions, intentions, values, and goals, past influences, and present context" (Lichtenberg 2016, 6). This makes the analyst criss-cross between imagery and words, and between concrete and abstract thinking. Creating a metaphor can be an alternative that promotes insight and change in the mother and thereby also the baby. This was Lebovici's idea with the concept of *enaction*, that is, when the analyst transforms such impulses into, for example, a metaphor. He referred to parent–infant consultations. Since a basic aim of this paper is to find out if experiences with babies in therapy pave the way for such a technique with adult patients as well, we will now turn to an adult case of psychoanalysis.

Thomas in analysis: The snail

Thomas is in his mid-forties when he seeks psychoanalysis. Earlier, he had lived with Irene for some years, but now he is a bachelor. When he spoke with her recently, she suggested that his father's suicide when he was 11 years old must have affected him deeper than he realizes. He did not dismiss Irene's idea but does not understand *how* it would affect him today. An office employee, he dreams of a future as an artist. In the interviews he keeps feelings in check. He suffers from a paralysing sadness and lack of intimate contact. He has many friends and is something of a womanizer but never manages to stay in a relationship for long. They usually end with Thomas feeling bitter and resentful and with a sentiment that something is wrong with him.

Analysis starts with four sessions a week. They often tend to be monotonous, intellectual and dull. He has an ironic touch, as when I say it is difficult for me to hear his comments and he responds, "'That's your problem." He is aloof and haughty – and extremely sensitive to rejection. If he sends an SMS without receiving a quick answer, he conjures up scenarios proving that the receiver does not care about him. This sensitivity almost reaches paranoid levels.

Sometimes, the question of becoming a father emerges. If I show any interest in that issue, he withdraws. A similar reaction occurs when a colleague greets him humorously at work with, "Here comes the artist." Thomas knows she is friendly and appreciative but interprets her as mocking. When dating a woman, they soon end up in bed, but it does not take long until he interprets "her lack of response" as the forthcoming end of their relationship. To avoid this slight, he breaks up in advance. I discover that I try to stay close to him while he repeatedly pulls away. I recognize the similarity between my position and that of Nellie, another previous lover. At times, when he has withdrawn from her, she has nonetheless remained friends with him, for which he is very thankful. She and I seem to share the experience of being fobbed off by Thomas. At this point, I share a metaphorical image that comes to my mind.

Analyst: "I'm thinking of a snail. It's inside the shell but cautiously sticking out its antennae. As soon as it senses danger or rejection from outside, it quickly retreats. Maybe something similar is going on between you and me, and between you and Nellie."

Thomas: "A funny thing about snails, the contrast between their hard shell and their moist, disgusting entrails."

A: "I was thinking of the snail's withdrawal. You are underlining its disgusting interior. It's a tricky situation: reaching out for contact is risky, you withdraw as you feel fobbed off, but then you are alone with your repugnant self."

T: "Nellie is a snail, too. She says she is fond of me but doesn't want a relationship. I accept and withdraw, but I feel lousy."

The snail metaphor is already fanning out into many meanings. Consciously, I had only intended it as an image of a creature that reaches out for contact but gets scared and pulls back. In retrospect, I think it also expressed my vexation of not getting beneath what I sensed was Thomas' narcissistic shell. It was as if I were knocking on his shell and begging him to peep out. His comment about him and Nellie as two snails added an interactive meaning to the metaphor; their cautious advances and retreats, with hopes of union and fears of dismissal, could also be applied to our interaction. He often felt snubbed off by me, whereas I could feel it was hopeless to stay in contact and so I lost focus on him. Hearing him speak about the snail's disgusting entrails, which I thought represented his grim self-esteem, made me empathize with the tangled interchanges with people he yearns for.

Some weeks later, he is walking down town when a terror attack is perpetrated nearby. He keeps on walking, feeling that the commotion and noise is not his business. Listening to his hardboiled account is taxing. Once again, the snail comes to my mind, yet now from another angle. I think of its glassy, intricate and beautiful shell, which I interpret as an idealized version of his isolation. Hearing the noise of ambulances and helicopters, he prides on remaining unperturbed by the upheaval. The snail's exterior and interior thus communicate; pride and self-disgust interchange, as well as isolation and contact-seeking. For example, when a new lover calls him on the phone, he hesitates to answer, fearing that she will dismiss him in the end. It is safer to get back inside the shell and marvel at its hard and shiny surface protecting his solitude. Alone is strong, as the saying goes.

"The snail": Psychodynamics of a metaphorical image

I suggested earlier that if an analyst acknowledges the countertransference in a therapeutic impasse, they may turn it into, for example, a metaphor. This process fits the genesis and evolution of the snail image. Initially, I saw before my inner eye a snail from behind, its head warily peeping outside, on the alert if danger should strike. I was taken by the contrast between the shell and the slimy and sensitive antennae. Already at this point, the imagery illustrated the fragile to-and-fro motions between the snail and the outer world, here, between Thomas and the desired object. His comment on the disgusting entrails added his fear that the longed-for object will view his desire as repugnant.

One day as he speaks of his complicated relationship with Irene, Thomas says, "I'll give you a piece of psychoanalytic candy. My mother told me I was born with teeth, so she couldn't breastfeed me."

Analyst: "So what's the candy about it?"

Thomas: "That you'd relish this info, just like you did with my father's suicide, that you'd consider it crucial for my development. You'd be right and I'd end at the bottom-most step of the ladder."

A: "So there'd be no discussion or interchange between us, just that I'd be right and you'd be wrong, like a one-way relationship. You'd give pieces of information and I'd respond with, 'What did I say!?'"

T: "One-way relationship … I certainly recognize that with many women."

Thomas thus views our relationship not as a potentially interesting give-and-take, but as a dictate issued by me. Supported by this view, he manages to avoid the serious questions concealed in his mother's story. An infant born with teeth? What did the mother feel about her newborn and about breastfeeding? Or maybe the view of him as a "disgusting monster baby" and his mother as unyielding, evasive and incompetent are equally lopsided? The mother indicates that his precocious teething was the problem. Maybe it would be more fertile to focus on the unhappy match between a suckling infant and his mother, that is, to apply an interactive perspective. The snail could then be seen as a metaphor of how Thomas felt in her arms, with the mother feeling like an outsider unable to touch the snail's antennae and mouth. While he sees himself as disgusting, frightening and voracious, she might feel helpless in adjusting to her baby and his needs.

To sum up, the meaning of the snail metaphor evolved in at least three steps. At first, its main import was, "Thomas, you are inaccessible like a snail in its shell." It pointed to his isolation tendency but also to my unresolved countertransference vexation. Its second import was, "When you reach out for contact, you feel disgusting." Here, countertransference changed into an empathic stance towards Thomas' predicament. The third meaning was, "We are snails, both of us. I reach out for you, and you retract into your shell. This could entice me to feel rejected and to recoil. Then you'd peep out after a while, looking for contact with me, but you'd wonder if I'd peep out again or remain in bitter but splendid isolation." In this interpretation, there would not be one perpetrator and one victim, but two people locked in an unhappy relationship.

Let us now investigate if the snail imagery fits into our previous conceptual analysis of metaphors. True, it is not a succinct, conventional metaphor but rather a mental image. Lakoff and Johnson (1999) stress that "not all conceptual metaphors are manifested in the words of a language. Some are manifested in grammar, others in gesture, art, or ritual. These nonlinguistic metaphors may, however, be secondarily expressed through language and other symbolic means" (57). This makes the snail imagery qualify as such a non-linguistic metaphor, a mental image, similar to that of the girl by the wall. Is it constructed through a conflation of source and target domains? The answer is yes. It is an inversion of Grady's primary metaphor "emotional intimacy is proximity" (1997, 293) into "lack of emotional contact is distance". My source experience of not reaching desired objects inside their casings was conflated with my frustrating target experience of not reaching Thomas's "inside", that is, his suffering self. Another conflation was concealed in the image's second meaning; the snail's body now represented something disgusting. Grady mentions the primary metaphor "appealing is tasty or nice-smelling" (88). The obverse would here be "repulsive is foul". To conclude, the snail metaphor in Thomas' case – as well as the two PIP metaphors – are structured according to what Lakoff and Johnson describe as a conflation of source and target domains.

Psychoanalysts writing on the clinical use of metaphors

Psychoanalytic practice is moving "from the model of an applied science of discerning and interpreting unconscious meaning to methods of promoting new products of mental activity … . Rather than deciphering or translating a disguised text, the analyst participates in a process that creates a text" (Kirshner 2015, 67). This shift regarding our

aims and the tools to achieve them in treatment can also be expressed in Bion's (1962) language; we seek to promote the patient's function of knowledge, "K", as he calls it. This shift affects how we regard interpretations. Rather than seeing them as authoritative statements about the patient, they refer to our "deconstructive strategy of clearing away the deposit of accumulated meanings to *make room for new ones*" (Kirshner, 69, emphasis added).

Otto Kernberg speaks of an "antiauthoritarian attitude" that questions "the privileged nature of the analyst's subjectivity" (1997, 299). We are less inclined today to tell the patient what went on in their childhood and to profess what their present-day issues and symptoms actually "mean". We are more engaged in a joint project whose aim is that the patient becomes more agile and variegated when reflecting on their feelings, attitudes and actions. True, the power of our interpretations still lies in revealing "the hidden, forgotten, and unformulated", which the patient may perceive as "aha moments" (Lichtenberg 2016, 5), but we are becoming more intent on *facilitating* such moments. Importantly, we hope to provide the patient with means to achieve it by themself in the future.

This digression relates to metaphors. In what Kirshner calls the analyst's authoritative position, metaphors are merely valued as arrows pointing to the patient's "real" history. In an alternative "deconstructive" position, they are used as tools for helping the patient express anxieties and reflect on them. Arlow (1979, 381) formulates this as a series of "approximate objectications of the patient's unconscious thought processes, [in which the analyst] supplies the appropriate metaphors". Other US analysts have also ascribed a significant role to metaphor; Modell (2009) suggests using it to "unconsciously interpret our affective world" and that it is "an organizing template that establishes the categories of emotional memory" (8). We note that the use of metaphors is not restricted to present-day analysts; see for example Lindén (1985) and Shengold (1981).

It is not evident if Arlow, Modell and others sanction that the analyst also *voices* their metaphor to the patient. Interventions by Ogden (1997), though, "very frequently take the form of elaborating a metaphor that the patient or I have (usually unself-consciously) introduced" (723). He sees metaphor as "an integral part of the attempt of two people to convey to one another a sense of what each is feeling (like) in the present moment and what one's past experience felt like in the past" (722). Already in the 1970s, Reider (1972) took up a similar position that a metaphor

> enables both patient and therapist to maintain sufficient discontinuity between primary and secondary process, and permits insights that can be tolerated … [It] serves the defensive function of allowing the patient to keep a necessary distance from conscious awareness, while serving the function of reducing the distance between therapist and patient. (468)

It is "the most economic condensation of understanding of many levels of experience, several fixations, symbolic connotations, and an aesthetic ambiguity" (Reider, 469). Civitarese and Ferro (2013) also propose to express metaphors to the patient. They describe them as "a reverie produced on the spot" (203) and link them with pictograms (Aulagnier 2001) that capture "proto-emotional states" and thus help the analyst in "naming something which was previously unnamed" (Ferro 2006, 999). Such states often imply a constricted clinical situation. I thus believe that it is mostly when the *therapeutic process is thwarted that the analyst tends to use metaphoric interventions*.

To sum up, the more we have come to see therapy as a continuous dialogue between patient and analyst – both with clearly defined roles – where we test different versions of truth that make the patient's suffering more comprehensible to them, the more metaphors have emerged as a useful instrument. As seen from some of the previously quoted authors, this position is not restricted to analysts rooted in the traditions of object relations or intersubjectivity.

Metaphors in psychoanalysis, their validity and clinical utility

We now need to probe if this paper has adopted an unrestricted "pro-metaphor" stance. For example, do I suggest that an analyst's metaphor can reveal as much as the dream (Freud 1900) about the patient's Unconscious? First, a qualification of this question; it is not the dream itself but *the interpretations* of it that is "the royal road to a knowledge of the unconscious activities of the mind" (608). To some extent, the analyst's subjective perspective contributes to dream interpretations. Also, although they provide pieces of knowledge about the analysand's Unconscious, they do not reveal the Truth about it. The royal road is thus not a smooth highway to the unknown.

Similarly, clinical metaphors also need to be interpreted and, of course, other analysts' subjectivities might yield divergent interpretations of "cramp" or "snail". Wallerstein (2011) is thus right that although metaphor has been "central to the fabric of psychoanalysis from its very beginning", we must also clarify its "limitations, and its possibility for obfuscation" (93). Expressed in a formula, *the usefulness of the analyst's metaphor is limited by their narcissism – in both a libidinal and an epistemological sense*. An analyst may become enchanted by their metaphor, which prevents them from probing if it is an overvalued idea about what goes on in the patient. For example, my imagery of the girl behind the wall seemed evocative to me but could appear dull or insignificant to the patient. Such risks must be chartered by scrutinizing how the patient responds to the metaphor: does it facilitate the clinical process or block it? I will soon return to this point.

The epistemological limitation concerns the validity of metaphor – and here, the comparison with the dream comes to a halt. A patient's dream is created by him/her at night, whereas the metaphors presented here were initiated by the analyst in the session. Therefore, we remain uncertain to what extent they captured the fantasy world of the patient or the analyst – or of both. Ahumada (1994) warns that if the analyst views treatment as an interchange between their own and the patient's "creationism", the two risk colluding about superficial preconscious matters rather than digging up repressed material. Thus, a focus on psychoanalysis as dialogue should not blur that it is *the analysand* who requests alternative perspectives on themself that they dare not, or cannot, perceive. After all, the analysand did not start treatment to learn about *the analyst's internal world*. We are thus left with a doubt if the clinician's metaphor illuminates – or dims – truths about the patient's internal world.

This validity problem is, however, not restricted to metaphors. As soon as we apply a hermeneutic perspective to another human being's experience, we are fettered by this problem: to what extent is our understanding governed by our personal world of ideas – and to what extent does the other person feel that it says something essential about

them? This challenge apples to the analysand's dreams, slips, questions, comments, non-verbal signals, etc. Yet the analyst's metaphors are special in two senses:

(1) They express a psychological assumption in the form of an imagery. When I discerned a parallel between the baby's locked movements and Edna's state of mind, I could have told her, "Maybe your way of thinking is locked" or "You feel you can't think." It would be presumptuous to claim that my cramp metaphor has greater heuristic value than these more conventional interventions. I believe, instead, that their value lies in enabling the patient to "play" with the analyst's new perspective more easily than if it were presented as a traditional interpretation. I also think this applies especially to patients who are hard to reach. Thomas and Edna are such patients.
(2) If the validity of a metaphor coming from the analyst is not self-evident, a sensible approach is then, as formulated by one reviewer of this paper, to take it to the next step and elaborate an interpretation, which can be tested in the analyst–patient interaction. We can also describe the process in philosophical terms as used by C. S. Peirce (Kloesel and Houser 1998; Muller and Brent 2000; Rennie 2012). Metaphor would be viewed as an inductive statement, a summarizing guess about inner reality expressed in a skewed or displaced way. I and the patient will then have to rely on abductions and deductions to establish to what extent the metaphor is credible and useful, and if we wish to further refine it – or to discard it.

In my view, if we scrutinize the interchange following the metaphors presented, we can see that it broadened and deepened our understanding of the patient's struggles. At first, Edna argued against the metaphor of the girl behind the wall: "But that little girl is no good!" Therefore, she argued, she needed the wall to protect her. Already here, she showed that the metaphor was neither dull nor insignificant but evoked palpable affects. I then suggested that the wall could be movable, whereupon she became thoughtful and tearful. My argument is not that this metaphor was exact or final, which I do not think any metaphor could ever be. But gradually, it solicited a more playful and "un-cramped" attitude between us – and in Edna. This was evidenced by her move from a demurring approach to a more accepting and reflective one. Due to our joint work with the metaphor, Edna could better understand that her reliance on words, rationality and Google was insufficient for understanding her son's distress. She also needed "Little girl", that is, her own infantile and helpless self, to comprehend how distress – in the boy and in herself – accumulated and might be dissolved.

One final point: the specificity of metaphors voiced by the analyst does not lie in their linguistic structure. In this, they are like any other metaphor or visual image that can bring about new perspectives that are more vivid, playful and conducive to further elaboration. It is rather the circumstances engendering the analyst's metaphors that are specific. They arise from a combination of the analyst's wish to convey an understanding of the patient's predicament and a frustration in not being able to transmit it through more conventional interpretative work. I suggest this emotional charge differentiates the clinical metaphor from other ones.

Conclusions on metaphors in PIP and adult therapy

I have observed that in parent–infant therapy, metaphors seem to emerge more frequently than in other settings. This seems related to (a) the countertransference, which awakens infantile strata in the analyst and pushes them to concrete thinking, (b) the rapid oscillations between verbal and non-verbal communication in PIP sessions, which makes all the participants use body language, such as gestures and facial expressions, (c) the setting's affinity to psychodrama and couple therapy, and (d) the affinity between the baby's concept-making, à la Mandler, and the adult's creation of a metaphor, à la Lakoff and Johnson. The common denominator is their embodied character, which spreads in several directions. When a frightened baby crouches under the bed cover – and when I suggested to Edna the imagery of the frightened girl by the wall – then both are embodied expressions of emotional tension.

The PIP setting thus has many ingredients that can push the therapist towards metaphorical functioning. They also create a certain laxity or proximity to primary process functioning in the therapist. The visual, audible, smelly and emotional drama before the therapist's eyes functions both as source and target, as with, for example, Leonard's blocked motility and Edna's blocked emotions. I believe that an analyst familiar with such drama with babies tends to translate more often, unwittingly and spontaneously, scenes with adult analysands in a similar manner. What goes on in the consulting room's scant interior and dampened sensorial input may be experienced in the form of more vivid scenarios. Thus, the restrained dialogue with Thomas inspired my snail metaphor.

Having suggested these answers to our main question, I end with an alternative reply. Analysts vary in temperament, cognitive style, and visual and verbal thinking. It is possible that my interest in and usage of metaphor is linked with my personal setup. Maybe such characteristics even influenced me to become interested in parent–infant psychotherapy or PIP. It would therefore be essential to compare my technique with that of other PIP therapists. A final caveat: no clinical tool is a panacea. This applies to the metaphor as well. Yet a psychoanalyst who uses them creatively and with judgement, who keeps track of frustration and narcissism in the countertransference, and who follows how the therapeutic dialogue develops after a metaphor has been suggested, may find it a valuable clinical tool. I believe this is especially the case with hard-to-reach patients.

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