



The use of imagery and metaphor when working cross-culturally

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Abstract

This paper advocates that in most therapeutic relationships, there will be aspects of significant cultural or sub-cultural misalignment, which will impact on both the content of the therapy and the process by which such material is addressed.

Imagery and metaphor are considered to provide a universal language that can bridge across cultural divides, and bypass many of the constraints of cognitive and talking therapies.

As the client progresses in their therapeutic process, the different stages or levels of work can be marked not just by changes in the content and focus, but also by changes in the process cues that they unconsciously manifest. These process cues provide a means for therapeutic interaction that is less dependent on common language or cultural knowledge.

Introduction

Interactive Drawing Therapy (IDT) (Withers 2006) uses pages to reveal and work with the client's content. By alternating imagery and metaphor (right brain tools) with writing and contextual detail (left brain tools) a process of insight, resourcefulness and therapeutic gain becomes activated, allowing the client to change their perceptions about themselves, disidentify from hurt and conflict, and gain a more enlivened sense of self and possibility.

Of particular interest is the observation that imagery and metaphor appear universal in their accessibility, workability and therapeutic impact, providing a powerful means for reaching across cultural divides. This paper briefly outlines the nature and benefits of working with imagery and metaphor, and complements the power-point presentation and experiential workshop presented at conference.

Working cross-culturally

This paper uses the term 'culture' in its widest sense, (beyond differences of ethnicity, social custom, common belief, language or collective identity) to include all other significant sub-cultural differences (such as age, gender, education levels, health, wealth, community status, cultural capital, personality type, environmental resources).



The IDT practice of combining imagery and metaphor with writing and contextual detail provides the client with psychological tools that appear, in session, to steadfastly remain politically and ethically neutral - in contrast to the attempt by some professional and governmental institutions that seek to use counselling practices as a political device for collectively redressing issues of social injustice. Working with allegory and symbol provides a powerful means for expressing things at one level whilst a quite different matter is being addressed at another level. (For example, a drawing showing the client psychologically killing off their 'bad father' can also be a drawing of them ending the own history of suffering). It is important not to take metaphors literally.

The potential for misunderstanding, misalignment and alienation can occur not just when two parties (such as client and counsellor) are from different cultures (eg. speaking different languages) or sub-cultures (eg. where the counsellor may be in her early thirties and the client in his sixties), but even within the client's familiar cultural milieu if they are unexpectedly exposed to sudden environmental collapse (such as a violent attack, severe accident, or unexpected job loss). In these times of serious upset and disenfranchisement the client can become not only traumatised but culturally displaced, unable to continue in their assumptions about life or with their cultivated sense of self.

In addition to the differences of personal projection and expectation that client and counsellor will enact, are the professionally significant differences in the theory and practice of different therapeutic modalities, some of which may be well-suited to the interests, training or capacity of the counsellor, but which may not be suitable for a particular client. For example, a new client (with a little child and an advanced pregnancy) advised she was unhappy with the psychotherapist she had been seeing for last few months (regarding recurring bouts of depression triggered by an invasive relative) because she would go home after each session upset, tearful and unable to attend to her family as fully as she would like. The psychotherapist had been age-regressing her back to early childhood upsets, and although we all have therapeutic material pertaining to our childhoods, this was not the time (in mid-pregnancy) to be using such a model. Better to work, for now, on strengthening her 'adult' sense of self, practice some straightforward assertiveness responses to deal with unwanted visitor dynamics, and build a celebratory culture to welcome the next baby into. In this case, regressive therapy can be looked at in later years if it was still warranted.

This paper advocates that in most therapeutic relationships, there will be aspects of significant cultural or sub-cultural misalignment, which will impact on both the content of the therapeutic intentions and the process by which such material is addressed. In our increasingly global world of mobile citizens, it is important that our profession develops more tools for working cross-culturally, in ways that step over the limitations of having to employ language interpreters or special advocates.

The talking therapies

Quite apart from bridging over cultural and language differences, working with pages and with imagery creates an expressive therapy that can bypass many other constraints of the talking therapies.

Cognitive models of professional intervention tend to presume that clients have (or can acquire) a fair degree of understanding, are verbally articulate, and able to participate in a process of sensible discussion and decision-making. However, as we all know, the client's left-brain capacity for self-



reflection, rationality and objectivity typically collapses when they are highly stressed, age regressed, emotionally upset, overly tired or unwell, feeling threatened or fearful, shut down by trauma or shock, dissociating or psychotically fragmenting, over-loaded with information or responsibility, socially disempowered, over- or under-focussed, distracted by other issues, neurotically obsessed, drugged or taken over by an altered state of consciousness, in high negative (or positive) transference, psychologically overwhelmed by unconscious material, when our language is not their first language. At these times of natural difficulty, clients can lose their 'adult' functionality and become irrational, unrealistic, uncooperative, self-sabotaging, and often at risk. Fight or flight commonly prevails on their part, and frustrated counter-transference commonly prevails on our part. These are the times when talking is not necessarily helpful and we need a different set of tools ! Working with imagery on a page modifies perceptual reality, and changes the practice and theory of counselling.

Right-brain and Left-brain

Simple images and key words can carry vast amounts of encoded information that can be worked up to provide a significant therapeutic encounter. Contemporary research compiled by Alan Schore (Schore 2001) identifies that alternating between right and left brain functions makes counselling and psychotherapy practices more effective and the results more enduring. This right-left, right-left neurological transaction enables the client to link historically unconscious but socially-emotional material with conscious cognitive insight, resulting in a reduction of imprinted trauma and an increase in wellbeing. Whereas facts, information and hard data activate left-brain functions, emotion, experience and imagery activate right-brain functions. Right and left-brain functions provide different ways for processing perception. The left-brain rationalises detail and pre-defined purpose, whereas the right-brain can sum up issues of safety or potential in a glance.

Working with pages and with imagery

Working with pages and jointly-constructed imagery provides a visual language that expands the client's representational system, enabling them to see their situation differently, transform projections, modify dominant schema, increase therapeutic involvement, and generate significant self-reflection and insight. As successive pages are developed, a process of preferred direction, psychological momentum, therapeutic gain, and observable steps and stages becomes evident.

The page becomes a 'transitional object' (Winnicott 1971) mediating between practitioner and client, between subjective experience and objective event, between self and other. Seeing the bigger picture provokes a change in the client's perception, enabling them to intuitively find a wiser next step toward a more authentic future. By using pages to give concrete shape and presence to their words and feelings, the client is able to dis-identify from old material, allowing their 'mentalising' (Fonagy & Target 1996) to shift from giving out information and opinion to taking in implication.

Working with imagery and metaphor provides a means to access both personal and archetypal material, and address both secular and spiritual interests in a manner that, although inherently difficult to talk about, can be meaningfully experienced when illustrated and represented on a page. Visual metaphors provide a language that bypasses the constraints of logic. Anything is possible and permissible on a page.



The individual and the collective

Although the prevailing developmental, educational and therapeutic paradigm of the 'west' has been the encouragement of individual initiative, a strong ego, self-assertiveness, personal responsibility, and a competitive work ethic, many cultures hold to a more collective sense of identity, duty and development. Clients with a strong immersion in a collective culture of belonging and identification, will often not portray themselves as individually differentiated from their family or community environment, and will often use icons and imagery that are sourced from the mythology and ancestry of their particular culture. In addition to drawing 'themselves' as a group of people, symbolic projection can be widely used (eg. drawing 'themselves' as a tree). By following the client's process cues, it is possible to develop these pages without having to know or understand about the particular cultural content that such imagery portrays.

Working with the literal or the metaphoric

Irrespective of the content of the presenting issues, as clients layer their talk down from surface-level matters to deeper-level issues, they will naturally and spontaneously move their perception from literal and pragmatic explanatory talk (about their external-world life events) to symbolic and metaphor image-description (about their internal-world sense of self). (Withers 2006). This appears to be a universal phenomenon that can occur for all clients and cultures, and IDT embraces this phenomenon into its way of working. Each level produces a different set of psychological phenomena, providing the counsellor with process cues for shaping interventions that best meet the client's current state of readiness.

Content and Process

Whereas 'content' typically refers to *what* the client's psychological issues are about, 'process' is generally used to refer to *how* that content emerges and is addressed. Both content cues and process cues serve as sources of information and opportunity for therapeutic intervention.

Imagery, metaphor and symbol can be used to consciously depict content that is culturally specific, (eg. unique rituals of marriage, funeral ceremonies or dispute-resolution). Imagery can also unconsciously reflect universal or archetypal content (Jung 1927) such as war, grief, starvation, caring – events and experiences we can all recognise irrespective of culture. However because the client's content keeps changing according to which 'level' they are at (see above), the counsellor can benefit by using a more process-oriented framework that is not so content-dependent. This is particularly the case when counsellor and client are speaking different languages, coming from significantly different world views, or holding to significantly different values.

Interactive Drawing Therapy

Simple images and key words carry vast amounts of encoded information that can be worked up to provide a significant therapeutic encounter. IDT is quite different to traditional art therapy practices, in that it has no interest in aesthetics, making art objects, creativity, artistic talent or drawing ability, – stick figures are fine!



IDT is essentially a process-oriented practice that allows the counsellor and client to use imagery and affect to address significant content.

The IDT method of working with pages can be used in both individual and group applications, and is suited to both short-term crisis work and long-term developmental work. It can be used in simple reflective ways or more intensively at greater depth, and can be used alone or in conjunction with other modalities. Strong and often deeply-buried feelings can be accessed, yet be safely contained and transformed within the tangible and anchoring focus of the page. It provides a potent way for the client to connect inner resources and capabilities with outer opportunities for change and development, and is particularly useful with clients who are not verbally or conceptually fluent. IDT has broad applicability and is widely used in New Zealand and Australia by Maori and Aboriginal service providers, addiction services, mental health teams, specialist education services, family support and social workers, school counsellors and youth workers, corrections officers, refugee and immigrant support services, sexual abuse and women's refuge centres, stopping violence agencies, hospice workers and spiritual directors, mediators and community advocates, armed services chaplains.

Working with Children and Adolescents

Working with children and adolescents is in a very real sense, working cross-culturally - the counsellor and young client live quite literally in different worlds.

Children and adolescents (of all cultures) develop in stages, reflecting different levels of awareness and capability. It is important that we (as counsellors) modify our interventions to match the readiness of the young person. Although the familiar human development models (Erickson, Newman, Bruner, Fowler, Kohlberg, Levinson, Lowenfield, Havighurst, Piaget et al) have been criticised for their cultural, class and gender bias, they do reflect the contemporary institutionalised philosophical values and norms that our global society, clients, and profession operate within.

In simple terms, these stages can be indicated as follows:

AGE	FOCUS
0-2	Sensory mark-making
3-6	Fantasy and imaginative play
7-11	Facts, rules and boundaries
12-15	Abstraction, ideas, ideals
16-18	Pragmatism, peers, intimate relationships
18-23	Career confusion, existential conflicts

The evolution of the ego and the early structuring of the psyche are reflected in the developmental stages from infancy to adulthood, and helps us distinguish whether the client is facing the challenges of 'normal' developmental adaptation, or if their presenting and underlying issues belong to an earlier frustrated chapter in their ego development, or if they are facing a more disruptive imbalance in the structure of their psyche. It gives us some useful clues when working with clients in the first quarter of their lives, and helps us match our interventions to the developmental readiness and capability of the client. Specific stage-related practices are best suited when working with young clients, or when we are dealing with a client of any age whose process of development and individuation has been chronically



disrupted or arrested, resulting in an ingrained set of earlier (now immature), maladaptive, inappropriate or incompetent life responses. (In contrast, clients who are suffering acute emotional upset, traumatic shock, or who have temporarily age regressed, need additional approaches.)

The adolescent is no longer a child but not yet adult, with all the confusion, risk, resourcefulness and angst that clients at this age have. They are full of power and potential, but generally don't yet have sufficient direction, values clarity or 'adult' capacity. With young children, it is often enough to simply get things externalised (symbolically drawn, named and enlivened) without a lot of conscious left-brain adult 'problem-solving', leaving the very capable unconscious of the child to continue the work.

Closing comment

Imagery and metaphor are useful tools to add to our professional repertoire, particularly when working cross-culturally. In addition to assisting clients who are not verbally or conceptually articulate, imagery helps us work indirectly and symbolically in order to bypass ordinary defences, and helps the client work without getting bogged down in factual history.

Counsellors need to modify their use of imagery and metaphor to match the age and capacity of the client, and working with process cues enables the counsellor to respond with accuracy, even when they may be working cross-culturally.

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