

CHALLENGING THE MYTH OF MENTAL ILLNESS

The Use of Metaphors for the Self in Systemic Therapy

By

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“The Thou is older than the I”

Frederich Nietzsche

ABSTRACT

The main aim of this paper is to explore how the use of metaphors in systemic therapy introduces change and difference in the scenario of people who identify themselves as mentally ill. In this context, the paper will try to explore a different view from the traditional medical model around mental illness, looking at how the use of metaphors for clients when trying to define themselves as mentally ill can create a shift in the way stories and myths are created about them. In the first part I will discuss some general issues related to metaphors and systemic thinking. Then in the second part I will discuss how identity is structured around the myth of mental illness and introduce some case examples that could help us to understand it. The context for this discussion will be how identity could be constructed in a different way through a systemic conversation by the use of metaphors for the self. The last part will explore a therapeutic perspective of systemic conversations by which mental illness and identity may be deconstructed by the use of different metaphors for the self in therapy. This paper gives new ideas about how metaphors for the Self in therapy may become part of the lively, unique and ever-flowing conversations with clients.

INTRODUCTION

Psychotherapy was born in the arms of Humanism. Humanism, as an attempt to have a broader awareness of mankind, has followed many different paths, some of which have allowed psychotherapy to develop down a variety of avenues and to give us the sense of an ever flowing entity by which people interrelate and create new worlds in language to understand who we are. In the context of Social Constructionism as an approach to Humanism and Psychotherapy, language is not only the scenario where all human events take place, but also the action by which an event occurs. In this paper I will focus on one of the main topics (is my hypothesis) within language studies and Psychotherapy, namely the use of metaphors for the Self, using a Systemic and Social Constructionist approach.

The study of metaphors and the Self becomes relevant in a Postmodern frame, in terms of language not merely being an entity which reproduces or represents reality, but rather constitutes it in the action of communication. Social Constructivist and Social Constructionist theories have drawn attention to the idea of language not as “an object to be employed”(e.g. as a tool) but rather as being “nothing but its use. Language is the usage of language” (Haller, 1988). In this frame, metaphors as part of language are not “things” that stand for “others” but actions, language episodes.

I suggest that the way we talk about ourselves and the metaphors we use to describe who we are, are embedded in an action of communication and are events that occur in language and in the relationships we have with others. In other words, we construct our identities in social relationships, in conversations. You will find in this paper various perspectives and stories around identity, not only from case examples, but from different philosophical and psychological paradigms or positions, which I hope will be helpful.

The starting point of this paper is the hypothesis that metaphors are constructed in language and that metaphors for the Self constitute a process by which meanings about oneself are constantly changing in the action of language. Bearing in mind that any definition of metaphor is subject to the way we approach language, then a metaphor for the Self will be in itself the action of talking about identities in the conversations we are part of in everyday life.

This paper is written from the paradigm that there is not objectivity or reality as such about the Self - the persons and the identities - which is isolated from the social dynamics. How clients

talk about themselves in the context of mental illness is one of the topics that generates various discourses around identity. In this context, the construction of a metaphorical reality around identities is the reality itself, in which one as therapist could become involved in order to develop new conversations with our clients; rather than using metaphors for the Self merely as tools, the therapist may focus his/her attention on the power they can have and their effect in the therapeutic conversations.

I. THE METAPHOR

1.1 The Metaphor: What is it?

“The word metaphor is derived from the Greek word *Metaphora* (*Meta*, meaning over, and *Pherion*, to carry) and it refers to a particular set of linguistic processes whereby aspects of one object are “carried over” to another object, so that the second object is spoken of as if it were the first” (Spellman,1994). This concept of metaphor has been retained over thousands of years mostly in the fields of literature. As we see, it is a concept attached to the dichotomy of one object (which exists by itself) that is represented by another(a signifier and a signified).

Following this idea of metaphor, one tries to think about it by grasping the object (concept, thing, person, activity, etc.) that the metaphor is going to stand for. For example we can see that a word such as “blue” can stand for the feeling or emotion of being sad, melancholic, etc. But, expanding this way of seeing metaphors, at the same time we can see that “blue” itself is part of a conversation that involves many social implications and that it can mean a different thing depending upon the context in which it is said. For some people “blue” can signify a spiritual experience of feeling in peace, for others just the feeling of being down.

In order to understand how a metaphor works as language I will make a brief reference to the logic structure that allows this to happen. This basic structure is developed thanks to Aristotelian logic and the way sentences and statements are used to acquire a “sense” and a “true” value: “A is to B as C is to D”. This traditional formula states not only a relation between two entities (A and B, C and D), but also between two relationships(AB and CD, AC and BD, etc.), and thus the perception that we have of these elements change radically, generating a new knowledge.

For a better understanding I will introduce a clinical example: Peter came to a Counseling Service I worked in some years ago. He was referred from a General Hospital by the General Practitioner who said this was a “case of alcoholism”. At the first session he came saying the

problem was his drinking, but he was reluctant to describe it. Then he said he was being managed by a monster and that monster was going to kill him. Then he said something about alcoholics being villains who deserve to die, but found this idea fearful to talk about. The way we describe the use of metaphor in this case is as follow:

Statement A: I am an alcoholic (according to GP's opinion)

Statement B: Alcoholics die

Statement C: I am being managed by a monster

Statement D: This monster is going to kill me

My hypothesis was that the client, instead of using the statements A and B, uses C and D, and by using this relationship between C and D allows himself to talk about something he wishes to talk about but in another way. The parallel relationship between statements AB and CD allow him to talk about the fear of dying as a result of being an alcoholic. I believe that statements C and D were metaphors, while A and B were not referred-to in the conversation. If we look through a broader lens, we will find all the social issues that affect the construction of such statements (e.g. some medical discourses which suggest that alcoholics die), but this is just a simple example to show how a metaphor functions in a logical structure in which a conversation around identity is constructed.

1.2. Metaphors and Systemic Conversations

For some philosophers such as Derrida, Foucault, Bernstein, Habermas, Wittgenstein and Vigotsky, among others, the exploration of metaphors in language and communication becomes the apogee of social sciences. These authors in many different ways affirmed that reality (now not only the physical world, but also social events) is made in conversations. Conversations are any forms or events in which human beings communicate amongst themselves and with others. These conversations are frequently constituted of metaphors.¹ Instead of the dichotomy between knowledge (how we come to know or to represent reality) and the reality of the world itself, the experience of knowing and the experience of being (objectivity and subjectivity) come together in the action of language. Therefore, "language orders our perceptions and makes things happen" (Pearce, 1993). So metaphors are more than merely channels by which one is able to express ideas: they are the

¹ Of course this language is not limited to what we know as verbal communication but all the sorts of expressions that human beings use to create a social reality, a social world.

actions themselves of expressing, and there is nothing to be expressed rather than the action of expressing. For Vigotsky (1986), the role that language plays in its referential or representational function, is secondary. This means that what matters is the social environment in which language takes place. For Wittgenstein (1922) this idea could be viewed as follows: “The world is *my* world; this is manifest in the fact that the limit of my *language* (of that language which alone I understand) mean the limits of my world.” And following this idea Mauthner (1901-2) adds: “ language is the usage of language”. How we use language, then, is part of a social network and interaction where different metaphors can be constructed. “We do not see nature or intelligence or human motivation or ideology as “it” is but only as our languages are. And our languages are our media. Our media are our metaphors. Our metaphors create the content of culture” (Pearce,1994).

In this sense a metaphor is rooted to language and becomes an action in itself. “In everyday life, words do not in themselves have a meaning, but a use, and furthermore, a use only in context. They are best thought of, not as having already determined meanings, but as means, as tools or as instruments for the use in the “making” meanings”(Pearce,1993).

Behind these paradigms, every metaphor derives from the action of language, but not every language act is a metaphor.

1.3 Some Social Constructionist ideas about the metaphors

In Lang and Cronen’s paper on Language and Action (Cronen and Lang,1994), they state: “communication is the very process by which we co-create what we are. Language is part of an emergent process whereby social realities are created by persons in joint action...” This concept of language and communication introduces the idea of relationship, as any conversation takes place between two or more people and is a conjoint action. Metaphors, therefore, become like a piece of art that two or more people are sculpting in communication.

For Lakoff and Johnson (1980), the metaphor can be understood superficially as a displacement of words, which tries to make a shift of meanings from one context to another only. But my belief is that it should be understood broadly in terms of its emergence within particular social dynamics. They state: “metaphor is pervasive in everyday life. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature” (Lakoff and Johnson, 1980).

In the context of a conversation metaphor plays a significant role. It is a use of language in which the possibility of new meanings emerge. “In fact, metaphor may be centrally valued in terms of its capacity to contribute new insights and promote social critique. It suggests the inevitability of reasoning from ones background toward new and unknown fields, of applying metaphorical language to expanding views of the world”(Hesse, 1966).

Sometimes clients bring fixed stories around their lives and sometimes metaphors become good *partners* of their task in finding new perspectives on their situation. When this happens between the client and the therapist it is called the process of “reframing” (Watzlavick,1981): when we put an idea or an action into a new context, the meaning changes.² Metaphors allow a story to change from one context to other. This can be clearly seen in the case examples I will refer to later.

II. THE SELF AND THE MYTH OF MENTAL ILLNESS

2.1. What is the Self? (Historical Review)

Perhaps one of the clearest defining characteristics human beings is our concern about who we are, where we come from and what our destiny may be. If we look at the history of Philosophy, we may find, surprisingly, that rather than the answers it is the construction of the questions themselves that informs us about the history of mankind. Thus, we can see how the action of language assumes a very important role, as it is in language that the questions are elaborated.

In Ancient Greece the question about the Self was mostly related to how human beings were part of that jigsaw that was Nature. In the Middle Ages, after the rise of Christianity, most of the questions about the Self were related to God and the after-death life. In the sixteenth century the apogee of Rationalism put ideas about who we are into the frame of the concept that we are if we think: “Cogito ergo sum”, “I think, therefore, I am”, and thus identity is constructed within the question of “what it is that I think that allows me to be”.

² “this perspective should not be confused with what which proposes that stories function as a reflection of life or as a mirror of life. Instead, the narrative metaphor proposes that persons live their lives by stories, that these stories are shaping of life, and that they have real, not imagined effects, and that these theories provide the structure of life.”(Pearce, 1994)

“...(one’s I or ego, whatever else it may be called) exists somewhere “inside” one, as something unique and distinct from all else that there is - and it is *that*, its substantial existence, which guarantees one’s personal identity (rather than it being a social or discursive construction). In this Cartesian sense, it is *the Self* as a “thing” which becomes the ultimate, unconditioned source of thought, meaning and, strangely of language and speech also...” (Shotter, 1993)

The Industrial Revolution and the rise of capitalism (Modernism) brought to Western societies new questions about who we are, and most of them related to how we develop in a social context where being productive is essential to our being recognized. “The modernist vocabulary for the self is produced from experience” (Pearce, 1994)

Psychology and other social sciences inherited some of these stances and adapted them for their own aims; various perspectives around the human being and identity have created a wide range of questions about the Self. One may say that people from the XX Century and from the forthcoming new millennium can choose from an enormous range of questions to describe themselves or to choose a language to talk about themselves. In this sense, social sciences - and in a special way mental health - perspectives have helped to develop these languages and these conversations around identities and around how personality “should be” in order to fit the descriptions acceptable within any given social context. Let us look for some of the traditional contemporary descriptions of the Self.

In the Collins Cobuild English Language Dictionary(1987), “Self” is defined as follows:

“Your self is your basic personality or nature, considered especially in terms of what you are really like as a person or what you really like at a particular time in your life.”

This description may give the impression that the Self is “something” one possesses, the “reality” that is inside of us and, moreover, that it may be viewed objectively. This concept of Self has been held for hundreds of years by Western societies; the way we recognize someone else's reality is searching for that real entity that differentiates him or her from the rest of us. One of the most powerful discourses is the psychoanalytic one. I would suggest that Freud used magnificently and beautifully the metaphors of the unconscious and the psychological apparatus, as theoretical instruments to describe the Self, and his ideas have prevailed up to our time. This Freudian approach is of course a way of asking questions about ourselves, and, in

terms of language, these questions may be seen as metaphors for what we believe ourselves to be.

Dor George Herbert Mead (1934) introduced the idea that the development of the Self is a product of interaction with others. This idea is followed by Jung whose concept of “persona” is attached to the public and conscious way we present ourselves to others. As we see, these later theories give a more pluralistic view of the Self rather than seeking only a monotheistic psyche or rational Ego.

Some feminist perspectives on the Self argue that metaphors for the Self attached to ideas of logic, rationality and assertiveness belong to a more masculine metaphorical position, while metaphors such as relatedness, intuition and receptivity belong to a more feminine perspective. This shows how recent metaphorical ideas about the Self are opening space to the feminine discourse and its models. (Olds, 1992).

Thus post-modern stances begin to situate in a historical context the Self and its metaphors. For example, Social Constructionism’s metaphors for the Self are created in the context of a narrative or story-telling. This opens up the possibility of a more relational-based metaphor for the Self in a systemic framework (Gergen, 1988).

“Systems metaphors of the Self emerge at a time in history when cross-cultural awareness not only highlights the limitations of individual models of Self, but when models of reality in both science and religion are opening up increased appreciation for inter-relatedness as a fundamental quality of the way the universe works” (Olds, 1992).

In this context, the metaphors for the Self are becoming active processes: the Self is not apart from a universal process, but constitutes it.

We may examine how this process in which metaphors for the Self have been differently used by considering the statement: “I am a schizophrenic”, which creates a whole identity around illness and performs a way of talking about the Ego as “something”. This may be compared to the statement: “People call me schizophrenic”, which widens the perspective to a more social description of how people are described.

As we see from this brief summary, various positions and metaphorical questions to answer who we are have been born in a historical and social context in which language created different

perspectives around the Self. I propose that one of the social spaces in which we can easily play with the wide range of metaphors about the Self is, that of mental health, which will be explored later.

2.2. The Myth of Mental Illness (Self and Identity in Mental Illness)

Mental Illness has for many years an immense field in which metaphors about the Self have been created. My hypothesis is that the idea of mental illness as an objective entity that exists independently of human relationships and language, is a myth. In using the word “myth” it is not my intention to devalue this concept but rather to give it a social context and, moreover, a linguistic context in which metaphors about people who are labeled as mentally ill are part of a social construction around stories of the Self.

In Ancient Greece people considered “mad” were said to be governed by unknown natural forces in order to achieve a task from any god. Early Christianity explained madness as being the possession of a person’s body by the Devil. Some South American peoples believe that madness is just a state of “trance” in which the person is communicating with the dead. From the 15th to the 18th century madness was associated with physical illness and the mad were taken to the same places as the sick. It was of this time that some historians have proclaimed the birth of the asylum and of Psychiatry as a “natural science” (Foucault, 1955). In the modern world those labeled insane seem to have been the ones who have lacked “self consciousness” or “common sense” and thus could be considered to put in danger the equilibrium of the rest of the society.

Mental illness has in recent years been a topic of intense discussion. Foucault (Foucault,1967) states that “ill” and “mad” people represent the only path in which the norms and rules of an institution can be defeated. According to this view, madness is just a mirror (perhaps a metaphor?) of what happens in a society controlled by powerful institutions that manipulate society.

Laing, Cooper and Szaz (Laing,1967; Cooper,1975; Szaz,1974) affirmed that mental illness does not exist as itself, and that the persons who “suffer” from it are just scapegoats, not only of a family pathology but also of a society that does not allow the person to think or act beyond the narrow limits assigned by the agencies of social repression. Their ideas became powerful in the sixties when people identified these postures as “Anti-psychiatry”.

These various views may help us to approach various social situations such as “mental illness” as metaphors, and to see how the social development of language allows us to have a wide lens through which one can not only understand - as therapists - the stories and descriptions that clients bring about themselves, but also to live them in the never-ending process of communication through metaphors.

Perhaps we should not forget that these metaphors for the Self, are not isolated from a social context in which race, gender, religion, disability, become language agencies in which the events in which we are involved occur. Indeed, some metaphors can turn out to be far from useful, in terms of creating fixed stories about people. One can think that many metaphors constructed around minorities are excluding them from having a voice in a political and social context.³

The myth of mental illness may be seen as a construction of metaphors for the Self that give identity to people whose stories and descriptions are different from the majority. In this context, diagnoses may help to give these people structured and fixed identities that respond to a categorization of symptoms and that in social conversations are recognized as such. In other cases diagnoses may give a voice to people in a community who are experiencing difficulties that without a name become more intolerable than with it. Diagnoses as labels can become a way of giving people the chance of getting support from the resources of several social institutions.

In this context, then, metaphors for the Self in mental illness become an action in language by which descriptions about an event in a person's life give him/her a name or label. The labels may be assumed to be objective realities rather than constructions made in communication.

III. SELF, METAPHORS AND MENTAL ILLNESS

³ One can see how many metaphors that tend to describe the Self, make reference to a sense of belonging and group's identities. My idea is that these descriptions are embedded in powerful political discourses about people. Sometimes, these metaphors are framed in descriptions that exclude or cut off voices of people in different contexts. Monica Mc. Goldrick (1994) says: “The sense of belonging is very important to our identity, but when the boundaries are overly enforced and the exclusion of outsiders becomes a primary definer of our group identity, it reflects something dysfunctional in the social system. It means that difference from outsiders rather than affiliation with group members is given prominence in our definition of our own identity. It means we are defining ourselves in the negative rather than in the positive”. I am here making reference to discourses around gender, class, race, disability, religion, culture, etc., which create metaphors for groups and individuals, excluding them from having a voice in a social system. In this sense, metaphors can be seen as pitfalls in language that may not be useful in the therapeutic encounter (or elsewhere). We can notice from powerful descriptions about madness, how people become slaves of their own fixed and labelled identity. Diagnoses, I suggest can create a way of manipulating a social context rather than understanding the difference.

3.1. Social Constructionist ideas about the Self and Mental Illness:

If we follow the hypothesis that all ideas about the Self are metaphors that are constructed in different sorts of conversations among people, and that those metaphors appear in a social context where the conversations take place, then we can think about the Self not as an objective reality, or an entity apart from us, but rather as a result of the act of language, created by people describing various stories about themselves.

That is what we experience in everyday life and is what also becomes alive in therapy. Clients come with stories about who they are and descriptions of their identities. People come to see therapists as “experts” that can gather the “objective” information about them and about their “illness”. The development of mental health has created many ways to describe people’s stories.

For example, many clients come to see therapists with Self stories (or metaphors) such as “I am a depressive”, “I am a schizophrenic”, “I have been a neurotic for ten years”, “I will always be an anorexic”. My proposal is that those are descriptions about the Self that emerge in a social inter-relatedness that happens in communication. In other words, language creates those entities as a result of human relationships and connections.

“In fact, the self-like episodes and relationships both *shape and are shaped* by conversations in which we make our social worlds” (Pearce, 1994).

Following these social constructionist ideas, one can say that each conversation in which people describe themselves takes place in a particular cultural context. A person who is nowadays diagnosed as schizophrenic in the Western World could have appeared as a prophet in other times, or as a healer in another community. In this sense, how conversations take place is a matter of how our identities, as Pearce(1993) says, were and are *shaped*. This means that we develop continuously in the scenario of the culture we are part of. And this that we call “culture” is embedded in a network of never-ending conversations among people. But who is talking about whom? To answer this question, Social Constructionism has been tremendously curious about how we use grammar in language, and especially how we use pronouns to talk about ourselves. In English Language we can talk about “me”, “I”, “myself”; in French deep philosophical debates have been centred around the grammatical difference between the “Je” and the “Moi”(Lacan, 1962). In Spanish the difference is between the “Yo” and the “Mi”.

In these debates we can see how we can talk about our Self as the person who is speaking (I, Je, Yo) or as the object about whom others talk (Me, Moi, Mi). Furthermore, in talking about ourselves, many times we become like the object *somebody else* is talking about. Thus metaphors of the Self may find their origin in another person's conversation.⁴

To expand on this idea, I will give a clinical example. Elizabeth is a 38-year-old woman. She referred herself to KCC because of a "deep depression" she has been suffering for the last few months. In the fifth session, my curiosity as a therapist was focused upon how she came to name herself as a "depressive". I was curious about which conversations she had and with whom, which had led her to develop this metaphorical description of herself. I decided then to ask some circular questions⁵ which might allow me to gather information from her and to enhance her own curiosity about her "Self".

Transcript:

THERAPIST: "I am now curious about your depression. When did you first know you were suffering from depression?"

ELIZABETH: "I wasn't happy with my life. I was sleeping all day and during the night crying a lot ...was then when by chance I read an article in a magazine where someone had given my symptoms a name. I felt quite peaceful to know I wasn't the only one who was experiencing that..."

THERAPIST: Did you talk to anyone about it?

ELIZABETH: Yes! I decided to call my sister in law immediately. She is a psychiatrist. She said it wasn't that serious, I was a depressive, but not a serious case.

⁴ "Dialogue requires a different language of self than monologue, it occurs in languages that take a first person perspective and treat the selves of both or all conversants as moral agents, not entities...there are many different languages of the Self that coexist in doubtful harmony...we have taken on board the postmodern sensibility if we understand that ourselves are constructed in conversations, and once constructed, those selves are contexts for conversations in which we participate" (Pearce, 1994).

⁵ The concept of circularity has been discussed in the field of Family Therapy since Bateson (1972,1979) when he introduced the idea of cybernetic epistemology in family systems. Authors such as Hoffman (1981) and Penn(1982) and other Milan Associates such as Palazzoli, Boscolo Cecchi and Pratta (1978-1980), used circular questioning as a tool in the investigation of changes and differences in family relationships. This tool was thought to provide a systemic view to see the interrelatedness of behavior between family members. This tool is now used by Social Constructionists as a way of enhancing curiosity and neutrality towards the stories clients bring.

THERAPIST: What effect had in you that answer?

ELIZABETH: I was shocked. She knew what she was talking about. I needed then to talk with other professionals to see if they agreed with her.

THERAPIST: And what happened?

ELIZABETH: I went to the Psychiatry Unit from the XX Hospital, and talked with the Consultant Psychiatrist there. He agreed. From that moment I knew I had a name. That gave peace in a way, I was not the only one. I was a depressive, and I decided to encouraged my self to fight against it, that's how I came to KCC, to look for help, by the way, all the waiting lists in the hospital were huge and I wasn't going to wait.

THERAPIST: What would have happened if you didn't read this article, nor have the opportunity of talking to these people - would you still describe yourself as a depressive?

ELIZABETH: ..I don't think so. Perhaps I would have found other ways of coping with my life. Perhaps I would have looked for help in friends, social support, you know.

THERAPIST: And would they say to you that what you were experiencing was depression?

ELIZABETH: Yes. Everybody does. No, wait, my sister ...she would have said something quite different, she would say I must be like one of her paintings ...you know she is an artist. She will say I am like a black dot in the middle of colored spirals, because I am locked in and I am not able to express my feelings.

THERAPIST: And following that description, which would be the way you would introduce change to that black dot?

ELIZABETH: My sister is not the only one who knows about art and color. I am quite aware that black are all the colors put together. Perhaps, what I need is to separate those colors and enjoy them.

THERAPIST: Is this a way you like to talk about yourself?

ELIZABETH: At least it gives me more chances than having a neurosis.

End of transcript

From this transcription I tend to believe that descriptions about the Self come from social interaction in conversations, and that dialogue with different people not only allows stories about identities such as “depressive” to change but also creates new ways of talking about ourselves.

Thus a Social Constructionist point of view supports the idea that identity is not only constructed in language but is language itself.

How people talk about themselves as mentally ill is an orderly form created in relationships, a form in which “intralinguistic relations” (Shotter, 1993) occur. We may think that different metaphors for the Self are ways in which experience becomes comprehensible in a social encounter. But as we see, that reality behind a Social Constructionist point of view does not exist as itself but rather is rooted to language and conversations. In this sense there is not the “correct” model, metaphor or description for the Self: there are social encounters that happen in conversations and continually flowing meanings-in-language.

“We cannot avoid using narratives, metaphors or theories, but what we can avoid is becoming entrapped within their confines by claiming any of them to be the single correct narrative, metaphor or theory. They are instruments, not depictions.” (Shotter, 1993).

We can not, therefore, ignore how social contexts develop ways of talking about “Selves” and how powerful stories frequently govern the way people “should” speak about themselves, and, therefore, behave. I want to stress the point again of the first person and second person pronoun, in order to suggest that mental illness could be a way in which a “problem”, a “danger”, a “risk” for society is described.⁶ The case example stated above, in my hypothesis, shows how Elizabeth was bringing to the session an objectified metaphor of herself, with a dominant discourse from the people she had spoken to. But also I would also sustain the hypothesis that this metaphor could change in conversations, allowing her the possibility to be the subject of the description and to empower her to create different metaphors for herself. (I am proposing, then, that there can be a positive side of labeling that in the medical morals and obligations can become a new path to give people a voice in a social setting).

Mendez, Coddou and Maturana (1988) give us, in my opinion, a very useful account of how the use Constructivist ideas may allow this empowerment to occur. They argue that each social system and culture system empowers people (professionals, experts) to make definitions of normality and abnormality, which can only be understood as entities independent from the

⁶In relation to this Monica Mc. Goldrick (1994) says: “Labels can be very dangerous because they define boundaries, who is in and who is out. Our labels of self definition may be reassuring because they define a group to which we belong, thus overcoming our sense of isolation. But they define also the limits of that belonging.”

language in which they are constructed. They affirm that as biological beings we do not have access to an independent reality apart from the one that we construct in co-relation with others. For them, “psychological illness, pathology or malfunctioning constitute social (linguistic) dynamics of stabilization of contradictory patterns of interactions which are lived as sufferings of the mind and the body... ”(Mendez, Coddou and Maturana, 1988).

3.2. The Deconstruction of mental illness: A deconstruction of the Self through metaphors

In order to explain the meaning of “deconstruction” I will quote Sarup (1988): “Deconstruction questions the self- identity of a signifier and signified and the self-presence of the speaking subject and the voiced signed. There is an abandonment of all reference to a centre, to a fixed subject, to a privileged reference, to an origin, to an absolute founding and controlling first principle”.

Michael White says: “ According to my rather loose definition, deconstruction has to do with procedures that subvert taken-for-granted realities and practices; those so-called “truths” that are split off from the conditions and the context of their production...” (White, 1991)

We may say from the two statements above that deconstruction is a means by which we could see Mental Illness as a non-fixed objective reality that is derived from communication and language interactions. Following Derrida’s linguistic ideas about it (1976), one can say that Mental Illness is a text in which the grammars⁷ of some people create definitions and “sculptures” for their identities. People recognize in those definitions a way of talking about themselves in a historical construction and not as natural objects. In this sense, deconstruction can be viewed as a way of challenging the notions that suggest the primacy of a subject as an object. It may also challenge the dichotomy between the subject and the object and propose a way of talking in which what exists is the talking itself. Following Bateson’s ideas (1972) that communication and language are only differences, not things, we can say that metaphors for the Self are created among differences in communication among people and that those differences are the ones that will allow the emergence of many new models for talking about ourselves. “Differences describe relations not entities” (Sampson, 1989).

⁷ “Wittgenstein calls the rules that person use to create an episode in language, the *grammar* of that episode)” “Grammar refer to words, sentences, paragraphs. gestures, emotions and patterns of behavior.(Lang and Cronen, 1994)

Metaphors for the Self, as part of these language games, can be deconstructed and therefore may acquire a dynamic character which enables us to describe our “Selves” in conversation in many different ways. Harré (1989) would say that those metaphors are the way we talk about our actions, and therefore they are our texts of identity that we are always playing with.

My proposal is that deconstruction becomes then a theoretical (language) construction suitable to create conversations with our clients in which the models for the Self become metaphors that can be changed; the deconstruction may allow the clients to move to another perspective of their experience as mentally ill, towards a construction of a new text of identity in which a river of conversations will give them a sense of being alive among others.⁸

3.3 Metaphors for the self can make a difference in systemic therapy

Systemic Therapy, within a Social Constructionist approach, can create conversations among people who describe themselves as mentally ill, new stories and perspectives that allow clients to move towards a different way of talking about themselves. I will give two clinical examples from my experience as a therapist in which I think the deconstruction of fixed descriptions about the Self (in people who see themselves as mentally ill) by promoting new metaphors for it, allowed clients to see their “problem” in a different way and to move towards different positions and conversations.

1. JULIAN

Julian is a nine-year-old boy whom I worked with in a special school for Learning Disabilities in Bogotá, Colombia. He has a thirteen-year-old brother, Camilo. His father is a business manager aged 43 and his mother a bank secretary. Julian was excluded from seven schools before being admitted to this special school for children with behavior problems and learning difficulties. I used to work then as a Clinical and Educational psychologist together with his teacher and his occupational therapist. Julian’s parents were concerned about his behavior and the possibility of not finding a place for him. He was diagnosed by his psychiatrist as a “hyper kinetic” boy and was prescribed to take special drugs for his condition. In the school, teachers couldn’t deal with him - he was always doing the opposite from the rest of the children, running away from the classroom, hitting others and trying to cut them with a pair of scissors. Meetings

⁸ Tom Andersen (1996) suggests that there are moments in therapy where clients experience together with the therapist, a sense of being “alive” by identifying “how to go on”.

with his parents always ended up with them saying Julian was the “problem of their lives”, though Camilo was always the opposite. For the teachers he was a “disruptive and badly-behaved boy”. For his psychiatrist and for the team of psychologists, he was a hyper kinetic boy. For the rest of the children, he was The Monster. I had a session with Julian in which we tried to explore the nature of his identity, and I think is a helpful example to show how metaphors for the Self can make a difference for a person who is diagnosed as mentally ill.

Transcript:

JULIAN: I don't want to talk to you, I want to get out of here, I am going to scratch your face.

THERAPIST: If you were to talk to someone, who would that be?

JULIAN: The Devil. He came last night and said I wasn't prepared to have my First Communion like the rest.

THERAPIST: Who else thinks you are not prepared?

JULIAN: Everyone.

THERAPIST: How would you know that you are prepared?

JULIAN: Not paying attention to the Devil.

THERAPIST: How would you notice that?

JULIAN: I won't

THERAPIST: Who will then notice that you are not paying attention to the Devil?

JULIAN: The rest of the boys.

THERAPIST: How will they notice that?

JULIAN: Because I will not longer be The Monster, I'll be other thing.

THERAPIST: And how will they let you know that you are no longer The Monster?

JULIAN: They will not have fear of me... They will not run away, the girls will not scream... They will not call me like that.

THERAPIST: How would you like them to call you?

JULIAN: I wouldn't like to stop being The Monster. I like it. But I am afraid. I notice that Doctor C (The psychiatrist) is giving me those pills to let me get rid of the Devil and so that I'll be prepared to receive the first Communion.

THERAPIST: What does the doctor call The Monster?

JULIAN: Sick, Mad boy.

THERAPIST: What do your parents call you?

JULIAN: Bad son. Camilo is the good one.

THERAPIST: What would you like them to call you?

JULIAN: The Monster.

THERAPIST: Can you draw me that monster?

-Julian draws a picture of an skeleton with a school uniform in a race car.

THERAPIST: Is this The Monster?

JULIAN: Yes

THERAPIST: What does he like doing the most.

JULIAN: Driving fast cars.

THERAPIST: Is that how he became The Monster?

JULIAN: Yes. But people think it's because he does bad things to other people.

THERAPIST: How do you think The Monster could let the others know that he got that name from the races rather than behaving badly?

JULIAN: Maybe showing them he can do different things... probably they will still call him The Monster but not with a scared face any more, but with a smile.

End of Transcript

After this session I had some meetings with teachers and with his parents in order to give The Monster the opportunity to be called in another way rather than bad boy, sick, mad, etc.

Some of these conversations were aiming to explore when, how and what events in their life with Julian produced different names for him and how different people experienced calling him "The Monster" in a different way.

After a few weeks the teachers reported a change in Julian. He began doing well at school, not needing the drugs and became the leader of the football team. Everyone cheered at him "The Monster!"

We can see in this case that within a frame of curiosity and allowing the Metaphor of The Monster to come from Julian's perspective rather than from the others, he was allowed to deconstruct his Self and to move to different descriptions of who he is. His parents began to have other conversations about Julian. They also allowed themselves to see the psychiatrist's diagnosis as a means of understanding Julian's behavior, rather than as a reality, a truth. In that time, I started exploring some of the systemic ideas on therapy and it helped me - the issue of being curious and always thinking in terms of system rather than in individuals.

Today, after two years of training as a systemic therapist, I see that what I did then was very close to what Michael White (1986) suggested around questions that are located in the context

of a process and that bring forth the descriptions of the family members and other professionals involved. It also showed me how metaphors can be a way of talking about the “problem” as something external and therefore allowing the rigidity of the descriptions to open more conversational possibilities (White, 1988).

My hypothesis around this is that in a way deconstruction allows a “difference that makes the difference” (Bateson, 1956) in the social construction of the Self in metaphors. The Self is then negotiated in a continuous reflexive questioning in which questions themselves are more relevant than factual answers.

2. VALERIE

Valerie referred herself to KCC as a result of her concern in relation to some experiences she has described as “depressive moods” in which she finds herself trapped in the idea of not wanting to do anything or to carry on working, seeing people, or living a “normal” life. She was seen by a GP who prescribed her to take an antidepressant called “Prozac” in order to deal with her “depression”. After seeing the GP, Valerie realized she was feeling very lonely and she needed “professional help” to deal with her depression. She had conversations with her flat mates about it and it seems all agreed she was “a depressive”. The following transcript is taken from the sixth and penultimate session I -as a therapist- saw Valerie.

Transcript:

VALERIE: “...I can recognize changes...as a result of coming to talk to you. I think I have been peeling away many layers...I am stronger now”.

THERAPIST: “Peeling away...hmmm, what is it that you are peeling away?”⁹

VALERIE: “Something that has many layers, is like before I wasn’t able to peel anything....you know...is like an onion, you can peel away its layers...before it was like a soup, mixed up with many things, a very confusing situation”.

THERAPIST: “Have you felt before in your life situations in which you have been able to peel that onion away?”¹⁰

⁹With this question I was enhancing my curiosity around the use of the metaphor of “peeling away”. Curiosity says Checcin (1987) “lead to exploration and invention of alternative views and moves”, which in my idea, is part of the process of deconstruction.

¹⁰With this question I am exploring the hypothesis of how the use of this metaphor -in time- has helped Valerie in other occasions to move on. Micahel White (1992) suggest that there are “unique outcomes” from

VALERIE: *"Yeah...well I remember going to College and realizing I had to sort out my own life. Then I began thinking about who I am and realized I am something you can peel away, someone made of thoughts that can be peeled away. That is what I am. But sometimes, is so confusing, I feel so miserable, that I am a soup, you can't peel away anything from a soup, can you?"*

THERAPIST: *"Was there anyone who helped you to peel away these layers?"*¹¹

VALERIE: *"There were some friends. Now, I can think of a friend who is a counselor and has helped me to develop a more deep thinking about myself". Now, I am realizing that thinking about me in such way, helps me to peel away the layers and put them at rest, I don't get rid of them...because the layers are what I am."*

THERAPIST: *"How would you know when this soup becomes an onion that can be peeled away?"*

VALERIE: *"Because I can talk about myself differently. I can think clearly about my relationships and I don't get stuck in my depression"*

End of transcript

The hypothesis that built up together with the team, was that Valerie has moved from the description of being a depressive, to the metaphor of being a mixed soup that can become an onion -that can be peeled away-, and therefore having the ability to move on and not to remain stuck in a description of herself as a depressive.

In this hypothesis, the metaphor of *the onion* deconstructed the fixed story of being a depressive and peeled away *new layers* to allow this *mixed soup* to move on into becoming an *onion* and retelling the story about herself. We can then add that Valerie was improving her ability to use a variety of language discourses to talk about her Self. In this sense her Self is not perpetually attached to the description of being a depressive, is not an entity apart from her speech, but rather a discourse in which she is engaged with other people. As Gergen would say:

which one can explore other times when a client has been able to undergo a "problematic situation". My hypothesis behind this question is that by using the language of the client -her metaphor-and by place it in time, she will be allowed to use it in the future to talk about herself in a different way. For Michael White, "unique outcome questions" can help to create a process of deconstruction on therapy.

¹¹With this question I am exploring the system, and placing the metaphor in a social context where significant people play an important role in developing the way Valerie talks about herself. Systemic therapy since the Early Milan days (Selvini M., Boscolo L, Cecchin G, Prata G.(1980) suggested the importance of exploring the family and social relationships of a client in order to understand what the client (s) is (are) saying as a result of communication and language relationships.

“It is not the result of acute sensitivity to the nuances of emotion, motivation, intention and the like. Rather, it is a mastery of discourse - a ‘knowing how’ rather than a ‘knowing that’.”(Gergen, 1989). We are therefore facing the idea that Valerie has got involved in a discursive process of talking about her Self. And that description, that elaboration of new metaphors, is not merely a construction of new ways of talking, but a social construction of metaphors. In this sense, the Self is no longer a “thing” which gets “real” and “fixed” names such as “anorexia”, “depression”, “guilt” etc., but a never-ending weaving process by which metaphors are created in conversation.

Thus it is my belief that in Systemic Therapy (with Social Constructionist approach) the therapist and the client engage in a navigating event on the river of language. Metaphors can be a way of knowing “how to move on and being alive”. (Andersen, 1996). The facility of a team (as we can see in Valerie’s case) can allow clients to witness different descriptions of a conversational event. These differences evolve as a “multiversa”¹².

The use of metaphors can make a difference in Systemic Therapy, if our curiosity as therapists allows us to co-create with the client different metaphors for the Self, as descriptions in conversation, rather than pathological entities.

CONCLUSION

Through the writing of this paper I have developed the strong feeling that our commitment as therapists is to play with metaphors and to develop a conversational reality (Shotter,1993) with clients in which the Self is no longer “The Self” but rather “A Self” and provide a field-in-the-system in which new descriptions of identities can change fixed stories of mental illness. As Real says (1990): “Not only are “things” not objectively knowable, but all descriptions of pattern, are seen as a creation rather than a discovery” (Real, 1990). The social constructionist treatment of stories allows us to give clients the authorship of their own lives. The therapist may use metaphors to shake off fixed beliefs so that clients can choose the stories they live, rather than being lived by them. In this sense, stories become ever-moving rivers, rather than static ponds.

¹² Multiversa is a concept used by Coddou, Maturana and Mendez, in order to describe how clients and therapists occur in a dynamic of multi-descriptions that put objectivity in parenthesis: “Yet, the fact that all domains of reality are equally valid, even if not equally desirable observers, plus the fact that everything that we human beings do takes place in the constitution of a social domain, makes every human action an ethical statement that validates a manner of coexistence” (Coddou, Mendez and Maturana, 1988)

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