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Use of metaphors in Chinese family therapy: a qualitative study

Liang Liu[a], Xudong Zhao[b] and John K. Miller[c]

The use of metaphors in family therapy has been extensively written about in western literature, yet very few studies on this subject have been conducted in China. The goal of this study was to summarize the metaphors used by Chinese family therapists. Transcriptions from 36 hours of video-recorded family and couple therapy sessions from eighteen Chinese family patients were qualitatively analysed to identify categories of therapist-produced metaphors that are applicable to the Chinese context. Two major categories emerged: verbal and non-verbal metaphors. Verbal metaphors included four subgroups: story, object comparison, sayings and age. Nonverbal metaphors involved two subgroups: gesture and spatialization. The influence of the Chinese culture on the use of metaphor is discussed. This study adds to the greater understanding of how to integrate metaphors in therapy in the Chinese context.

Keywords: metaphors; China; family therapy; cross cultural; qualitative

Chinese family therapy in context

Naturally occurring forms of therapy have arguably existed in China for centuries. Yet in the last decade what is commonly considered as western psychotherapy has grown dramatically in China. Since the founding of the Peoples' Republic of China in 1949 there have been four main stages in the development of psychotherapy in China. In the first stage from 1949 to 1966, Chinese psychiatry was largely influenced by Russian neuro-psychiatric models, focusing on political

[a] MD, Tongji University Medical School, Shanghai, China.
[b] MD, Professor, Department of Psychosomatic Medicine, Shanghai East Hospital Affiliated to Tongji University and Tongji University Medical School, Shanghai, China. PB 244 1239 Siping Road, Yangpu District, Shanghai, 200092, China. E-mail: zhaoxd59@gmail.com.
[c] PhD, Fulbright Senior Research Scholar (Beijing, China 2009–2010), Director, Sino-American Family Therapy Institute and Associate Professor, Department of Family Therapy, Graduate School of Humanities and Social Sciences, Nova Southeastern University, Fort Lauderdale, FL, USA.

priorities designed to maintain public order (Qian *et al*., 2001). The second stage is marked by the era of the Cultural Revolution (1966–1978). During this time the government closed the nation's psychology departments and research institutes and dismissed psychology itself as a bourgeois pseudo-science (Phillips, 1998; Qian *et al*., 2001). During this period mental illness (or anything considered deviant) was cast as a problem of wrong political thinking to be addressed through re-education (Yip, 2005). The third stage (1978–1986) is marked by the end of the Cultural Revolution, when China's attitude toward psychology changed dramatically. Economic and political reforms revitalized Chinese psychiatry and promoted a re-engagement with western scientific communities (Li *et al*., 1994). During our current stage (1986 to the present) Chinese psychotherapy has witnessed tremendous growth, fuelled by the government's recognition of the social burden created by mental health issues. A variety of state-sponsored initiatives to improve access to therapy services in hospitals, prisons and schools has spurred on the development of Chinese therapy (Miller, 2010).

Of all the models and modes of treatment possible in the developing context of Chinese therapy, family therapy has emerged as one of the leaders. Some contend this is due to the Chinese cultural value of family, tradition and community (Miller, 2010). China is an eastern country with a tradition of collectivism. In Markus and Kitayama's opinion (1998), collectivistic people remain dependent on their family or tribe. Their needs, drives, judgments, attitudes, emotions, thoughts and values are closely tied to those of their families. Chinese culture values Confucian ethics of filial piety and the subjugation of self-interest to the welfare of the family; human malleability and the restraint of personal emotion (Chao, 1994; Chen and Uttal, 1988; Ho, 1987; Hsu, 1985, 1995). In the centre of Chinese culture is the value of the family as the basic psychic unit of society (Wu and Tseng, 1985). Many old Chinese idioms and proverbs, such as 'family regulation first, state order second, then the land great governed' and 'filial piety is the most important of all virtues' both reflect how important 'Xue Mai' (blood, which means family relations and loyalty in Chinese) is to Chinese people. This differs greatly from western culture, where self-actualization, personal autonomy and individualism are valued (Dwairy, 1997). Family therapy, with its emphasis on family issues, intergenerational focus and interpersonal process has a special appeal in the Chinese context (Miller, 2010) because it seems congruent with the Chinese 'Jia tian xia' (family is the world) culture. Prior research in

China has also shown the positive effect of family therapy in helping Chinese families (Xiong *et al*., 1994; Zhang *et al*., 2006; Zhao *et al*., 2000). Yet while the Chinese have had some exposure to western psychotherapy since the 1950s, the practice of any form of western-based psychotherapy is still largely a new phenomenon. And while family therapy is popular, the practice is still in its infancy in China (Meers, 2007).

Use of metaphors in family therapy in Chinese culture

Metaphor is one of the most commonly used and studied therapeutic techniques in psychotherapy. Long and Lepper (2008) define metaphor as a figure of speech in which a term is transferred from the object it ordinarily designates to another one it may designate by implicit comparison or analogy. Non-literalness and indirectness are also considered aspects of metaphor (Hill and Regan, 1991; Strong, 1989).

In the western world, the use of metaphor in psychotherapy has long occupied the interests of theorists and practitioners from different therapy models, including psychoanalysis, cognitive-behavioural, family and group therapy (Abbatiello, 2006; Bruhn *et al*., 2006; Gans, 1991; Long and Lepper, 2008). The most commonly used metaphors were those generated through the analogical, symbolical and figurative oral language of therapists and clients. Metaphors can be used via a word, sentence, memory, story or poem (Angus, 1996; Cederborg, 2000; Chesley *et al*., 2008; Hill and Regan, 1991; Holmes, 2008; Kopp and Eckstein, 2004; Lichtenberg, 2009; Rose, 1996; Williams, 1995). Metaphors can also be expressed non-verbally through art, family sculptures, games, sand play, toys, psychodrama, dance and rituals. These nonverbal metaphors serve to access information and feelings otherwise inhibited by verbalization (Bruhn *et al*., 2006; Chesley *et al*., 2008; Dayton, 2005; Drucker, 1994; Gillis and Gass, 1993; Hanes, 1995; Manicom and Boronska, 2003; Samaritter, 2009).

There exists a plethora of literature on the psychotherapeutic use of metaphor in western contexts. However, studies on the integration of metaphors from non-western countries, especially those with collectivistic cultures, are limited. Dwairy (1997, 2006, 2009) emphasized the importance of integrating cultural analysis and metaphor into psychotherapy with his report on therapy with Arab Muslim patients using culture-related metaphors. In China, people generally value family harmony and solidarity. Mostly, Chinese prefer to stay at home

and deal with conflicts by themselves rather than asking outsiders for help when confronted with problems (Hsu, 1995). There is an old Chinese saying, 'Jia chou bu ke wai yang' (domestic shame should not be published). With an emphasis on preserving their 'face', many Chinese families are not willing to disclose their family conflicts to 'outsiders' (Ma, 2005). Furthermore, the Chinese tend to hide their problems in their house to maintain an outward image of harmony. For these reasons many Chinese families choose to keep silent about their conflicts, even in front of helping professionals. The one exception is in a small part of larger cities such as Hong Kong, Shenzhen and Shanghai, where the families are more influenced by westernized values and are more open to airing their conflicts (Lee, 2002; Ma, 2005). Eliciting family conflicts and problems directly may be too stressful for Chinese clients to accept and may lead to family members facing a harsh struggle with the family if they open up about a family problem (Dwairy, 2009). Thus, the use of metaphor, which offers an indirect and less threatening way to facilitate the clients' awareness and expressions of their problems, presents a logical approach for therapy with Chinese families (Angus, 1996; Dwairy, 2009; Periyakoil, 2008).

In western culture the integration of metaphor with family therapy has been utilised since family therapy was recognized as a specific approach. Many metaphor-based techniques have been created and used, such as family sculpture, games, family constellations, role play, stories, ceremony, ritual art and music (Blanton, 2007; Cederborg, 2000; Chesley *et al*., 2008; Cohen, 2006; Combs and Freeman, 1990; Constantine, 1978; Gillis and Gass, 1993; Gladding and Heape, 1987; Ito, 1985; Manicom and Boronska, 2003; Satir, 1972). However, little is known about the use of metaphors as an intervention in Chinese family therapy. Thus, two questions arise. What kinds of metaphors emerge in family therapy in the Chinese context? What influence does Chinese culture have on the use of these metaphors? The authors of this study attempted to explore the answers to these questions through a qualitative study of eighteen Chinese family therapy patients.

Method

Participants

Twenty-six video-recorded family and couple therapy sessions, for a total of 36 hours of therapy time, completed by five Chinese

therapists, served as the data for this study. The abbreviation FI is used to identify family therapy groups. The sample was generated from eighteen family therapy patients using three criteria: (i) it was representative of the Chinese culture and family, (ii) it included typical family therapy sessions and (iii) its therapeutic outcome was indicated as 'good' at follow up. Each session took an equal length of time (12 hours each) from different stages of the therapy process (that is, the beginning, middle and late stages of the total therapy). Among the eighteen family patients, 14 accepted therapy services in the psychiatry departments of three general hospitals located in three big or medium-sized cities of China mainland and four were treated in smaller psychological counselling organizations. The mean age of the identified patient (IP) at referral was 21.7 years of age (SD = 8.9). Seven were male and eleven were female (see Table 1 for the families' characteristics). Institutional Review Board approval was obtained from the Ethics Committee of Tongji University Medical School. Videos of the therapy sessions were transcribed verbatim by the research team and all identifying client information was removed from the transcripts.

The five therapists in this study were identified as some of the first family therapists in mainland China. Each had experience of over 20 years in couples and family therapy and were all accredited by the Chinese Psychological Society. At the same time, they also served as trainers for many other family therapists in China. Their mean age was 48.4 years of age (SD = 4.8). Three male psychiatrists and one female psychologist were working in the psychiatry departments of comprehensive hospitals. The final therapist in the study was a female psychologist who served mostly in the psycho-counselling department of a university. Therapist A undertook his family therapy training in Germany from 1989 to 1992 and all five therapists have been trained in the systemic family therapy training course conducted by the German Heidelberg Group in China since 1989 (Sim and Hu, 2009). The three psychiatrists took systemic family therapy as their main therapeutic model and the two psychologists applied an integrated therapy model of systemic and structural family therapy (Minuchin and Fishman, 1981).

Data analysis

Four post-graduate students in China specializing in family therapy were divided into two groups with two researchers each. Therapy

TABLE 1 *Characteristics of identified patients (IPs) and their families*

Family ID	IP's age	IP's gender	Therapist's ID	Therapy type	Issues/symptoms of concern
F1	14	M	A	FT	Conduct disorder
F2	10	F	A	FT	Conduct disorder
F3	11	F	A	FT	Anorexia nervosa
F4	15	F	A	FT	Anorexia nervosa
F5	21	F	D	FT	Anorexia nervosa
F6	28	F	A	FT	Alcohol abuse
F7	25	M	E	FT	Obsessive-compulsive disorder
F8	32	M	A	FT	Obsessive-compulsive disorder
F9	14	F	C	FT	Family interpersonal problems
F10	18	M	B	FT	Family interpersonal problems
F11	18	F	D	FT	Family interpersonal problems
F12	32	M	A	CT	Mood disorder
F13	30	F	A	CT	Mood disorder
F14	34	M	A	CT	Substance abuse
F15	35	M	B	CT	Marital and sex problems
F16	9	F	A	FT	Somatoform disorder
F17	16	F	A	FT	Dissociative disorder
F18	28	F	A	FT	Schizophrenia

Note: CT, couple therapy; FT, family therapy; F, female; M, male.

session videos of 18 hours were distributed to each group. The two researchers in each group transcribed and analysed the same transcripts of sessions independently.

Thematic analysis was adopted to identify patterns (themes) in the data (Boyatzis, 1998). Boyatzis's (1998) thematic analysis is based on the philosophy of social constructionist epistemology and overlaps with grounded theory (Braun and Clarke, 2006; Fereday and Muir-Cochrane, 2006). The analysis was a sequential process. The first step involved identifying and marking the basic elements of metaphors the therapists used. The transcripts were marked with initial codes Hill and Regan's (1991), Long and Lepper's (2008) and Strong's (1989) definitions of metaphor as a guiding framework. In the second step a comparison between the initial codes was made and the combinations of similar codes produced initial themes. Then these themes were compared with each other following Patton's (1990) dual criteria judging categories of internal homogeneity and external heterogeneity. Clusters of similar themes were merged into one superordinate theme. To ensure the themes remained grounded in the data, the transcripts were re-read and marginal themes with poor support from the data were excluded. This process was repeated until a final set of themes was identified and no new themes appeared.

In order to minimize researcher bias and get as many alternative explanations for the data as possible, the two researchers in the same group met weekly for several months to review the themes each one had obtained. Discrepancies were resolved through a joint review of the transcripts and through discussion. If the two researchers could not reach agreement, researchers from the other group joined their discussion. Only when at least three coders were in agreement was a theme identified. Discussions among the four researchers were also held every 4 weeks.

Changes in researchers' thinking could also influence the results. Thus, when an analysis on a session was completed or any changes in the themes were made, the researchers wrote memos of their personal reflections (Boyd and Gumley, 2007). Moreover, the analysis results were sent back to the five therapists for participant validation (Elliott *et al*., 1999). The identified themes were compared with the clinical recordings of the patients. These memos, therapists' feedback and clinical data were also taken into consideration in the analysis to explore the researcher's assumptions and reduce bias. Moreover, the therapists' feedback and comments were analysed to understand what their intentions were when using specific metaphors.

Results

Data analysis revealed that 105 metaphors were used in the therapies of the eighteen families. Two core themes emerged: verbal metaphors and non-verbal metaphors. Verbal metaphors contained four subthemes and non-verbal metaphors included two subthemes. The following sections describe the results of this analysis but are not meant to depict the full details of the family therapy patients involved. Extracts are provided to demonstrate the themes and metaphors discussed. All the patients in the study had 'good' outcomes as reported by the clients at follow up 2–4 months after the conclusion of treatment. Yet the authors acknowledge that as such, the metaphorical examples may seem strange to the reader, as do many such examples when taken out of context.

Verbal metaphors

The most frequently used metaphors were the ones expressed orally (100 times). The length of these oral metaphors could be a single word, phrase, sentence, or story. According to the content of these metaphors, four subthemes were grouped under verbal metaphor: story, object comparison, age-metaphor and sayings.

Stories. Therapists often told stories relating to the clients and their families (40 times). What happened in these stories was similar to what was going on in the clients' families. When confronted with a family with similar problems to some former clients the therapist had seen, the therapists told the current family some anecdotes about the former clients, especially the experience of former families in solving their problems and the reasons lying behind their problems. Confidentiality was maintained at all times and no identifying information about previous patients was shared in the stories. The therapists' feedback showed that they tried to transfer their systemic understanding of the problems to the families and promote the families' awareness of their relationships and conflicts through the telling of these stories. Meanwhile, sharing the experience of how others coped with similar problems also gave the current family courage and some implicit advice to facilitate their problem-solving. For example, in order to remind the parents in the family that was coded as F2 that interpersonal conflict might be contributing to the maintenance of their daughter's behaviour problems, the therapist told a story about a former IP:

> Two years ago, I met a boy who often made trouble in the school and was regarded as a psychiatric patient by all the other people around him, just as you all think your daughter is the origin of the problem. However, after talking with him, I found what he did was related to his anger with his father, who went abroad many years ago and had not returned.

The therapists also employed educational stories from the biographies of well-known figures in the history of China and other countries (such as Lenin, Stalin and Mao Zedong). Mostly, the therapists intended to promote changes in the families' views of each other and in their views of current problems through recounting these stories. For instance, in family F2 the parents thought it was a kind of disease that their daughter had because she often talked with someone else while she was doing her homework. The therapist, in an attempt to normalize the child's behaviour for the family system, shared the following story with the family:

> What I know is that Mao Zedong often read in the noisy street and Lenin could also do many things at the same time. However, people don't take what they did as problematic behaviour.

Stories from therapists' own experience were also used. In these patients, the therapist had experienced something similar to what happened in the families. The behaviour or ideas of the therapists in the stories might be adopted by the clients and their families as implicit advice. For example, in order to set free the IP in family F8 from the repetitive thinking about his obsessive compulsive disorder (OCD) symptoms, the therapist told him:

> When I was an undergraduate student, I also had some symptoms of OCD, especially at the end of every semester when I had to cope with many exams. I would check whether I had completed my homework many times every day. However, I was not anxious about my behaviour because I knew many other classmates also had similar behaviour to mine. I didn't take it as an illness.

Moreover, some short stories from well-known Chinese or western novels and history were told. For instance, in order to tell the parents from F16 that their daughter was, perhaps, using her somatic symptom to take charge in the family, the therapist told them the following story:

> Maybe you have read 'The Adventures of Tom Sawyer'. The main character in this novel, Tom, was ordered to paint the wall by his aunt because he was naughty. The other children laughed at him. However,

> without crying and shouting, Tom just pretended to enjoy the painting work as if it was the happiest thing in the world. This made other children curious. They gave Tom presents in exchange for the chance to enjoy this 'happy' task. Compared with Tom, your daughter seems even smarter. She also knows how to make you obey her will without crying. Every time her stomach hurts, you don't hesitate to give her anything she wants.

Therapy records of the family therapy groups revealed that therapists often used educational stories with families with the presenting concerns of conduct disorder or low self-differentiation. Moreover, therapists' feedback showed that when they used stories of similar patients, they always tried to keep neutral and avoided negative or positive comparison of the metaphor stories with the current patients.

Object comparison. The second most commonly used metaphor was object comparison (36 times). Here therapists used figures of speech to compare family member(s) or what was happening in the families to some real objects through the rhetorical use of simile, metaphor or metonymy. For example, anorexia could be compared to a daughter's weapon in a fight with her parents. The therapists tried to help the family obtain a vivid picture of their conflicts and interpersonal relationships through this externalization process. Further, it might facilitate changes in the clients' behaviour and cognition. The following transcript is from the therapy of F6:

> I think you are really very competent parents. You have taken care of your youngest son so well. He looks like a little swallow. I am just worried that one day when the time for this little swallow to live independently comes, it may find that it couldn't fly because it has never had any chance to learn to do this.

Age metaphor. Some theorists and practitioners may say that self-differentiation is the variable most critical to mature development and the attainment of psychological health (Skowron and Friedlander, 1998). Given this belief, therapists often used an exact number, the height or secondary characteristics of a certain member to present their degree of self-differentiation:

> Your son doesn't look like an adult. Would you please tell me how old your son is when you are taking care of him when he was 'sick'?

In another family (F8), in order to help and encourage the family to build an exact criterion or time deadline that was expected for the self-differentiation of the IP, the therapist delivered the following age metaphor to IP:

> You look like the little baby of your parents. Would you please tell me how long it will take for you to grow up to be an 18-year-old man?

Sayings. Sayings refer to the verbal expressions that set forth wisdom or a truth. Most of the sayings used have developed in the context of local language and culture. The data revealed that the sayings used in therapy included *cheng yu*, *xie hou yu*, proverbs and folk adages. The therapists intended to facilitate the families' awareness of their interactional patterns and their development of new understandings through delivering sayings.

The Chinese term *cheng yu* is akin to the word 'idiom' in English. *Cheng yu* is a kind of fixed phrase composed by four Chinese characters. Because every Chinese character has its specific meaning, a *cheng yu* has the same function as a sentence in grammar. It often comes from Chinese historical stories, fables and legends with profound ideological connotations. The following example is how one therapist used a *cheng yu* to show the parents of F16 the specific function of their daughter's symptoms:

> I am surprised that you already know how to 'xian li hou bing' [politeness first and force second. It means to take strong measures only after courteous ones fail] although you are just 10. Every time you want something, you just plead to your parents first. If they don't give you what you want, you will use your stomach-ache to force them to surrender.

Xie hou yu is a special kind of Chinese expression which is composed of two parts. The first part is just like a riddle and the second part is the answer. Because the meaning of the last part can be deduced from the first part, the speaker often just speaks the first part and lets the listeners realize the meaning of this phrase by themself. Because different people may have different understandings of the same riddle, its ambiguity provides a chance for exploring families' perspectives and elicits the birth of new ones. For example, the F15 couple had not had sex for nearly two years. In order to help them understand their current problem and create new meanings, the therapist said:

> It seems that your husband (IP of F15) is *Xu Shu jin Cao ying*. I am just wondering what you would do to keep this Xu Su's mind in your house if you are Cao Cao?

The last part of the saying; *Shen zai Cao ying xin zai Han* was omitted. It means that when Xu Shu entered Cao camp, although his body was in the Cao camp, his mind was in the Han camp. This comes from the

Chinese Han Dynasty. A loyal minister of the Han Dynasty named Xu Shu was forced to serve another hostile emperor called Cao Cao. Although he had to stay in Cao's camp every day, his mind was still with the Han Dynasty.

Proverbs and folk adages refer to old and popular sayings that illustrate some basic truth or practical precepts seen in daily life. Proverbs are often used in written language and folk adages in oral daily language. For instance, in order to remind the members in family F6 that the IP was over-protected by the parents, the therapist said to IP:

> It is often said *Huang di ai zhang zi, bai xing ai yao er* [An emperor loves his eldest son most, but a commoner loves his youngest son. The eldest son of an emperor is the one who will inherit the throne and always gets the most attention from the emperor. However, for Chinese commoners, their youngest children are always the ones who receive the most love from their parents]. As the youngest child in the family, you have got much more attention from your parents than your elder brothers. All of them have been on their own feet except you.

A few proverbs from western countries were also used to promote changes in the families' behaviour. The following transcript is from the therapy of F3:

> There is a German proverb 'hunger is the best cook'. So I suggest your parents give you the right to experience the feeling of hunger. I will advise them not to force you to eat any more.

Nonverbal metaphor

Nonverbal metaphors consisted of the therapists' using space, behaviour and postures to make a point to the families. Two subthemes under this theme emerged: spatialization and gesture metaphor.

Spatialization. Therapists used the physical space to map a simple interpersonal construct, akin to constructing a graph on a therapy room scale with people as markers. This could rapidly reveal the interpersonal relationships in the family. For example, the fact that son and mother sat close together but left the father alone in the corner of the room may resemble the coalition between these two members and the exclusion of the father from the family system. The therapists' feedback implied that they purposely changed the distance between different members to promote changes in the family relation-

ship. For example, in the therapy of F7, the IP who was identified as having low self-differentiation was asked to sit beside the therapist instead of sitting between his parents. This showed the therapist's support of the boy's independence from his parental sub-system.

Gesture metaphor. Another nonverbal metaphor was gesture. This was seen when the therapists asked the families to perform some specific gesture or action, such as standing, sitting or hugging to help the families to externalize and change their invisible interpersonal maps and relationships. In this study, therapists used this metaphor mainly to empower the family to make changes. The following transcripts were from the therapy for F1 with the IP who was displaying conduct disorder (behavioural problems in school). In order to activate the IP's sense of responsibility, the therapist said:

> Therapist to Mother [M]: Mum, would you do me a favour and stand up? [M stood up]
>
> Therapist to IP: I need your help. Please stand next to your mother. [IP moved next to M]
>
> Therapist to IP: Oh! You see, you are taller than your mother. You are a man who can take responsibility for your own behaviour now.

Turning to the mother the therapist said 'Congratulations!' to which the mother nods her head in approval.

Discussion

The authors have attempted to demonstrate through review of actual family therapy patients in mainland China some of the uses and forms of therapy that have emerged, with specific attention to the use of metaphor. Nearly all the literature previously published in Chinese journals relevant to family and couple therapy have been limited to theoretical introductions, case reports and outcome research. However, little emphasis has been given to analysing Chinese therapists' own daily practice (Sim and Hu, 2009), especially in therapists from mainland China. Many would argue that, comparatively speaking, research on the process of family therapy is much more developed in Hong Kong and Taiwan (Lee, 2002; Ma, 2007, 2008; Ma *et al*., 2002). Family therapy in the mainland Chinese context is newly developing and one of the outcomes of this exploration is to shed light on the forms of therapy that have more recently emerged.

The results of this investigation indicate that the type of metaphor with the highest emerging frequency was that of story. The therapists'

feedback implied they were all influenced by narrative theory in their past training (Blanton, 2007). Stories were used as a linguistic tool to transfer meanings and help the families to experience and reconstruct their realities (Schnitzer, 1993). Meanwhile, analysis of the therapy records revealed that the nonverbal metaphors used by therapists (spatialization and gesture) had their origin in family sculpture from the Satir model (Satir, 1972). This integration of techniques from different therapy models suggests that although the five family therapists declared they had a specific theoretical orientation, in their daily clinical practice they did not restrict themselves to a single model of therapy (Liu and Zhao, 2009).

Furthermore, the analysis showed that educational stories were often employed by therapists. Generally speaking, systemic family therapy philosophy encourages therapists to remain neutral and avoid pursuing purely psycho-educational interventions (Boscolo *et al*., 1987; Palazzolli *et al*., 1980). Yet the educational stories identified in our study look like psycho-educational interventions and their use seems somewhat inconsistent with the systemic philosophy. So, how should we understand this finding?

We infer that two factors may have contributed to the above findings. The first one might be related to the therapeutic styles of the therapists. As Table 1 shows, twelve of the eighteen family therapy groups were treated by therapist A. Therapy records showed that this therapist often gave his clients direct suggestions, and included educational stories in therapy. Secondly, compared with western families, Chinese families are more inclined to follow authority (Chao, 1994; Chen and Uttal, 1988). Most Chinese families expect their health professionals to be directive experts who can teach and guide them (Ma, 2000; Yang and Pearson, 2002). Accordingly, the five therapists in our study all subscribed to the stance of expert in their therapy and hence, might have been regarded by their clients as the ultimate authority. The therapy records and therapists' feedback implied that because of the clients' perception of the therapists' authority, therapists were more inclined to offer education to the families. This finding is congruent with both Ma (2007, 2008) and Yang and Pearson's (2002) practices that incorporate guidance and teaching in family therapy for Chinese clients.

Chinese culture also appears to have an influence on the metaphors used by the therapists in this study, specifically with regard to their use of object comparison and sayings. Although family therapy is now one of the main psychotherapy models in China, to most Chinese people,

family therapy and many of its concepts (such as the interaction model) are still completely new (Sim and Hu, 2009). At the same time, due to the low popularization of family therapy in mainland China, it is very difficult for Chinese families to receive a systemic therapy service as frequently as western families do (for example, at least one session each month) (Boscolo *et al*., 1987). Hence, helping clients with their understanding of their interpersonal problems in a limited therapeutic time is a challenge for Chinese therapists. Thus, object comparison which used concrete things in daily lives to present profound psychological concepts would seem more easily understood by Chinese families and may, in turn, raise therapeutic efficiency. This finding is consistent with those of prior studies that advocated the prescription of metaphor as an important cultural tool for facilitating the clients' awareness and their development of new ideas, especially for clients from non-western cultures or regions where psychotherapy is less developed, such as in Muslim (Dwairy, 2009) and African cultures (Akinyela, 2008).

Moreover, the use of many sayings from different Chinese dialects suggest the same idea. China is a united multi-ethnic country and the families in this study came from different parts of China with different regional cultures. In many therapy sessions, the therapists needed to talk with the families in their dialects, and not necessarily in Mandarin (the official language of China). Sayings delivered in the families' own dialects, such as *cheng yu*, *xie hou yu*, and folk adages gave the therapists culturally viable tools for mitigating resistance, facilitating their understanding or reframing problems using vivid means. This finding is congruent with Aviera's (1996) use of 'dichos', a kind of Spanish language proverb for helping Spanish-speaking patients develop insights in their situations. It also dovetails with Dwairy's (1997, 2006, 2009) adaptation of sayings or proverbs from Muslim tenets to help Arab Muslim clients touch their inner feelings and establish new belief systems. Further, Akinyela's (2008) used African traditional oral sayings and folk adages to facilitate the clients' understanding of their difficulties, just as Chinese therapists delivered *cheng yu* and *xie hou yu* in therapy. These overlaps between Chinese therapists' practice and those of therapists from other cultures suggest a fusion of western-imported family therapy philosophy and Chinese culture.

In addition, our findings showed that two other commonly used metaphors including stories and nonverbal metaphors from other cultures, were also adopted by Chinese family therapists by employing

them with content from the Chinese culture (Lichtenberg, 2009). This implies that the therapists in the study have integrated western therapy into their Chinese context in some significant ways. For example, results showed that Chinese therapists would adopt stories from both Chinese history (such as the story of *Xu Shu jin Cao ying* in F15) and biographies of Chinese famous figures (such as the story of Mao Zedong in F2), and foreign novels (for example, 'The Adventure of Tom Sawyer' in F16) to facilitate the families' awareness and change in beliefs. Additionally, just as Bruhn *et al*. (2006) prescribed family sculpture to reframe the families' interpersonal structures, therapists in our study also adopted spatialization and gesture similar to family sculpture to achieve reframing (see examples from F1 and F7). All the above findings reflect the integration of Chinese culture with western-imported family therapy methods and the important role that metaphor plays in Chinese family therapy.

Limitations of the study

Firstly, the data used in this study were collected from a convenience sample of therapists practicing in mainland China. There are thus several limitations to the study that naturally follow from this narrow selection of data. However, given the paucity of information available on the practices of family therapy in mainland China the authors hope that the findings will shed some light on emerging practices and stimulate future studies in this area.

Secondly, a high proportion of the eighteen families selected were treated by therapist A. This could be regarded as a bias in our sampling and more categories of metaphors might have been identified if more patients had been recruited from other therapists' video libraries. The justification is that the collection of video recordings of therapy sessions in China mainland is extremely difficult. Although the five therapists are the first family therapists on the China mainland and started family therapy at nearly the same time (around in 1990), only therapist A had established his own standard psychotherapy room with professional cameras. (Few therapists on the China mainland have their own therapy rooms with professional recording devices). Thus, only therapist A could make regular films of his practice. This provided therapist A with many more taped sessions that could reach the inclusion criteria of our study. However, the analysis of the other four clinicians' practices did not add many new themes to the final results. This implies that there is some commonality between

the five therapists' work. However, further studies with more families from other therapists' practice are suggested.

Thirdly, although the five therapists in this study could be regarded as representative, they certainly do not mirror those of all the growing numbers of family therapists on the China mainland. Thus, great caution should be taken when generalizing the results. Although the goal of our study is to show how these Chinese family therapists used metaphors in therapy, replication of the research with samples that are larger and more heterogeneous will be important (for example, the recruitment of younger therapists and families with other kinds of complaints).

Fourthly, this study concentrated only on metaphors delivered by the therapists and not ones created by the clients (Kopp and Eckstein, 2004). Notwithstanding this limitation, we suggest that further research take client-generated metaphors into consideration.

Finally, although the outcomes for all the family therapy patients in the study were reported as 'good' at follow up, we have not examined the relationship between the implementation of specific metaphors and therapeutic consequence. To reveal the impact of metaphors on Chinese families and the therapy process, further research that uses homogeneous cases with less successful therapy outcomes as a control group is suggested.

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References

Abbatiello, G. (2006) Cognitive behavioural therapy and metaphor. *Perspectives in Psychiatric Care*, **42**: 208–210.

Akinyela, M. M. (2008) Once they come: testimony therapy and healing questions for African American couples. In M. Mcgoldrick and K. V. Hardy (eds) *Re-Visioning Family Therapy: Race, Culture, and Gender in Clinical Practice* (pp. 356–366). New York: Guilford Press.

Angus, L. (1996) An intensive analysis of metaphor themes in psychotherapy. In J. S. Mio and A. N. Katz (eds) *Metaphor: Implications and Applications* (pp. 73–84). Mahwah, NJ: Lawrence Erlbaum Associates.

Aviera, A. (1996) 'Dichos' therapy group: a therapeutic use of Spanish language proverbs with hospitalized Spanish-speaking psychiatric patients. *Cultural Diversity and Mental Health*, **2**: 73–87.

Blanton, P. G. (2007) Adding silence to stories: narrative therapy and contemplation. *Contemporary Family Therapy*, **29**: 211–221.

Boscolo, L., Cecchin, G., Hoffman, L. and Penn, P. (1987) *Milan Systemic Therapy: Conversations in Theory and Practice*. New York: Basic Books.

Boyatzis, R. E. (1998) *Transforming Qualitative Information: Thematic Analysis and Code Development*. Thousand Oaks, CA: Sage.

Boyd, T. and Gumley, A. (2007) An experiential perspective on persecutory paranoia: a grounded theory construction. *Psychology and Psychotherapy: Theory, Research and Practice*, **80**: 1–22.

Braun, V. and Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative research in psychology*, **3**: 77–101.

Bruhn, R. A., Lykke, D. B. and Duhl, B. S. (2006) Feeling the tug: creative use of ropes and felt board to promote family change. *Family Journal*, **14**: 286–289.

Cederborg, A. C. (2000) The hidden meanings of metaphors in family therapy. *Scandinavian Journal of Psychology*, **41**: 217–224.

Chao, R. K. (1994) Beyond parental control and authoritarian parenting style: understanding Chinese parenting through the cultural notion of training. *Child Development*, **65**: 1111–1119.

Chen, C. and Uttal, L. (1988) Cultural values, parents' beliefs, and children's achievement in the United States and China. *Human Development*, **31**: 351–358.

Chesley, G. L., Gillett, D. A. and Wagner, W. G. (2008) Verbal and nonverbal metaphor with children in counselling. *Journal of Counselling and Development*, **86**: 399–411.

Cohen, D. B. (2006) 'Family constellations': an innovative systemic phenomenological group process from Germany. *Family Journal*, **14**: 226–233.

Combs, G. and Freeman, J. (1990) *Story, Symbol, and Ceremony: Using Metaphor in Individual and Family Therapy*. New York: Norton.

Constantine, L. L. (1978) Family sculpture and relationship mapping techniques. *Journal of Marital and Family Therapy*, **4**: 13–23.

Dayton, T. (2005) The use of psychodrama in dealing with grief and addiction-related loss and trauma. *Journal of Group Psychotherapy, Psychodrama, and Sociometry*, **58**: 15–34.

Drucker, J. (1994) Constructing metaphors: the role of symbolization in the treatment of children. In A. Slade and D. P. Wolf (eds) *Children at Play: Clinical and Developmental Approaches to Meaning and Representation* (pp. 62–80). New York: Oxford University Press, Inc

Dwairy, M. (1997) A biopsychosocial model of metaphor therapy with holistic cultures. *Clinical Psychology Review*, **17**: 719–32.

Dwairy, M. (2006) *Counseling and Psychotherapy with Arabs and Muslims: A Culturally Sensitive Approach*. New York: Teachers College Press.

Dwairy, M. (2009) Culture analysis and metaphor psychotherapy with Arab-Muslim clients. *Journal of Clinical Psychology*, **65**: 199–209.

Elliott, R., Fischer, C. T. and Rennie, D. L. (1999) Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, **38**: 215–229.

Fereday, J. and Muir-Cochrane, E. (2006) Demonstrating rigor using thematic analysis: a hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, **5**: 1–11.

Gans, J. S. (1991) The leader's use of metaphor in group psychotherapy. *International journal of group psychotherapy*, **41**: 127–143.

Gillis, H. L. L. and Gass, M. A. (1993) Bring adventure into marriage and family therapy: an innovative experiential approach *Journal of Marital and Family Therapy*, **19**: 273–286.

Gladding, S. and Heape, S. (1987) Popular music as a poetic metaphor in family therapy. *Journal of Social Psychiatry*, **7**: 109–111.

Hanes, M. J. (1995) Utilizing road drawings as a therapeutic metaphor in art therapy. *American Journal of Art Therapy*, **34**: 19–23.

Hill, C. E. and Regan, A. M. (1991) The use of metaphors in one case of brief psychotherapy. *Journal of Integrative and Eclectic Psychotherapy*, **10**: 56–67.

Ho, D. Y. F. (1987) Fatherhood in Chinese culture. In M. E. Lamb (ed.) *The Father's Role: Cross Cultural Perspectives* (pp. 227–243). Hillsdale, NJ: Lawrence Erlbaum.

Holmes, J. (2008) Mentalisation and metaphor in poetry and psychotherapy. *Advances in Psychiatric Treatment*, **14**: 167–171.

Hsu, J. (1985) The Chinese family: relations, problems and therapy. In W. S. Tseng and D. Y. H. Wu (eds) *Chinese Culture and Mental Health* (pp. 95–112). New York: Academic Press.

Hsu, J. (1995) Family therapy for the Chinese: problems and strategies. In T. Y. Lin, W. S. Tseng and E. K. Yeh (eds) *Chinese Societies and Mental Health* (pp. 295–307). Hong Kong: Oxford University Press.

Ito, K. L. (1985) Ho'oponopono, 'to make right': Hawaiian conflict resolution and metaphor in the construction of a family therapy. *Culture, Medicine and Psychiatry*, **9**: 201–17.

Kopp, R. and Eckstein, D. (2004) Using early memory metaphors and client-generated metaphors in Adlerian therapy. *Journal of Individual Psychology*, **60**: 163–174.

Lee, W. Y. (2002) One therapist, four cultures: working with families in greater China. *Journal of Family Therapy*, **24**: 258–275.

Li, M., Duan, C., Ding, B., Yue, D., and Beitman, B. (1994) Psychotherapy integration in modern China. *Journal of Psychotherapy Practice and Research*, **3**: 277–283.

Lichtenberg, J. D. (2009) The clinical power of metaphoric experience. *Psychoanalytic Inquiry*, **29**: 48–57.

Liu, L. and Zhao, X. (2009) Thematic research on the therapeutic manipulating process of 4 systemic family therapists. *Chinese mental health journal*, **23**: 852–855. (In Chinese)

Long, P. S. and Lepper, G. (2008) Metaphor in psychoanalytic psychotherapy: a comparative study of four cases by a practitioner-researcher. *British Journal of Psychotherapy*, **24**: 343–364.

Ma, J. L. C. (2000) Treatment expectations and treatment experience of Chinese families towards family therapy: appraisal of a common belief. *Journal of Family Therapy*, **22**: 296–307.

Ma, J. L. C. (2005) The diagnostic and therapeutic uses of family conflicts in a Chinese context: the case of anorexia nervosa. *Journal of Family Therapy*, **27**: 24–43.

Ma, J. L. C. (2007) Journey of acculturation: developing a therapeutic alliance with Chinese adolescents suffering from eating disorders in Shenzhen, China. *Journal of Family Therapy*, **29**: 389–402.

Ma, J. L. C. (2008) Patients' perspective on family therapy for anorexia nervosa: a qualitative inquiry in a Chinese context. *Australian and New Zealand Journal of Family Therapy*, **29**: 10–16.

Ma, J. L. C., Chow, M. Y. M., Lee, S. and Lai, K. (2002) Family meaning of self-starvation: themes discerned in family treatment in Hong Kong. *Journal of Family Therapy*, **24**: 57–71.

Manicom, H. and Boronska, T. (2003) Co-creating change within a child protection system: integrating art therapy with family therapy practice. *Journal of Family Therapy*, **25**: 217–232.

Markus, H. R. and Kitayama, S. (1998) The cultural psychology of personality. *Journal of Cross-cultural Psychology*, **29**: 63–87.

Meers, L. (2007) Opening up to family therapy in China. *Education Matters*, **12**: 1.

Miller, J. K. (2010) *Global couples and family therapy in the 21st century: Issues and challenges for the next generation*. Paper presented at the International Conference on Transcultural Psychiatry: Cultural Diversity, Social Change and Mental health. 18 April. Shanghai, China.

Minuchin, S. and Fishman, H. C. (1981) *Family Therapy Techniques*, Boston, MA: President and Fellows of Harvard College.

Palazzolli, S., Boscolo, L., Cecchin, G. and Prata, G. (1980) Hypothesizing, circularity, and neutrality: three guidelines for the conductor of the session. *Family Process*, **19**: 3–12.

Patton, M. Q. (1990) *Qualitative Evaluation and Research Methods* (2nd edn). Newbury Park, CA: Sage.

Periyakoil, V. S. (2008) Using metaphors in medicine. *Journal of Palliative Medicine*, **11**: 842–844.

Phillips, M. (1998) The transformation of China's mental health services. *China Journal*, **39**: 1–36.

Qian, M., Smith, C.W., Chen, Z., and Xia, G. (2001) Psychotherapy in China: a review of its history and contemporary directions. *International Journal of Mental Health*, **30***:* 49–68.

Rose, A. M. (1996) Metaphors in child custody mediation: utilizing symbolic language to facilitate agreements. In J. S. Mio and A. N. Katz (eds) *Metaphor: Implications and Applications* (pp. 85–90). Mahwah, NJ: Lawrence Erlbaum.

Samaritter, R. (2009) The use of metaphors in dance movement therapy. *Body, Movement and Dance in Psychotherapy*, **4**: 33–43.

Satir, V. (1972) *Peoplemaking*. Palo Alto: Science and Behaviour Books.

Schnitzer, P. K. (1993) Tales of the absent father: applying the 'story' metaphor in family therapy. *Family Process*, **32**: 441–458.

Sim, T. and Hu, C. (2009) Family therapy in the Forbidden City: a review of Chinese journals from 1978 to 2006. *Family Process*, **48**: 559–583.

Skowron, E. A. and Friedlander, M. L. (1998) The differentiation of self inventory: development and initial validation. *Journal of counselling psychology*, **45**: 235–246.

Strong, T. (1989) Metaphors and client change in counselling. *International Journal for the Advancement of Counselling*, **12**: 203–213.

Williams, J. R. (1995) Using story as metaphor, legacy, and therapy. *Contemporary Family Therapy*, **17**: 9–16.

Wu, D. Y. H. and Tseng, W. S. (1985) Introduction: the characteristics of Chinese culture. In D. Y. H. Wu and W. S. Tseng (eds) *Chinese Culture and Mental Health* (pp. 7–9). New York: Academic Press.

Xiong, W., Phillips, M. R., Hu, X. and Wang, R. (1994) Family-based intervention for schizophrenic patients in China: a randomised controlled trial. *British Journal of Psychiatry*, **165**: 239–247.

Yang, L. and Pearson, V. (2002) Understanding families in their own context: Schizophrenia and structural family therapy in Beijing. *Journal of Family Therapy*, **24**: 233–257.

Yip, K. (2005) An historical review of the mental health services in the People's Republic of China. *International Journal of Social Psychiatry*, **51**: 106–118.

Zhang, M., Yuan, G., Yao, J., Ni, S., Zhang, X., An, B., Zhiy, D. and Bao, Z. (2006) The control treat of systemic family therapy treatment for schizophrenic patients. *China Journal of Behaviour and Medicine Science*, **15**: 711–712.

Zhao, X., Xu, X., Yang, K., Xuan, X. and Xu, F. (2000) A prospective study of systemic family therapy: the relations between therapeutic outcomes and changes of family dynamics. *Chinese Journal of Psychiatry*, **33**: 81–84.