

Use of Metaphors in Cognitive Behavioral Therapy: A Systematic Review

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ABSTRACT

Cognitive behavioral therapy (CBT) is a well-established psychotherapeutic approach aimed at modifying maladaptive cognitive and behavioral patterns. In CBT, metaphors play a particularly important role in explaining core techniques, such as psychoeducation, cognitive restructuring, and exposure. Because psychotherapy is predominantly language-driven, examining the role and effectiveness of metaphors in CBT is essential for understanding therapeutic processes and their potential contribution to patient engagement and treatment outcomes. This study aimed to investigate the role of metaphors in the therapeutic process of CBT by focusing on studies published between 2000 and 2025. Nine studies (n=267; M=39.5 years; 69.3% female) that met the inclusion criteria were analyzed. Following the PRISMA guidelines, a comprehensive search was conducted in December 2025 across multiple databases, such as Web of Science and PubMed, with the keyword "metaphors in CBT" and related terms. The review included randomized and non-randomized studies employing CBT-based interventions incorporating metaphors, and reviews and studies with insufficient data were excluded. Methodological quality and risk of bias were assessed using design-appropriate criteria. The findings suggest that metaphors function as effective therapeutic tools by aiding patients in expressing complex emotions, understanding cognitive processes, facilitating cognitive restructuring, enhancing motivation, and fostering the therapeutic alliance across diverse clinical populations, including individuals with autism spectrum conditions, obsessive-compulsive disorder (OCD), and chronic pain, as well as those participating in group therapy settings. However, their effective use requires careful attention to timing, cultural context, and cognitive levels, and therapists need training to apply them intentionally and prevent misinterpretation. The limitations of this study include small sample sizes, heterogeneous participants, lack of control groups, short follow-up periods, and challenges in defining metaphors, which limit the generalizability and clinical applicability of the findings.

Keywords: CBT, cognitive behavioral therapy interventions, metaphors in psychotherapy.

ÖZ

Bilişsel Davranışçı Terapide Metaforların Kullanımı: Sistematik Bir İnceleme

Bilişsel davranışçı terapi (BDT), uyum bozucu bilişsel ve davranışsal örüntülerin değiştirilmesini amaçlayan, iyi yapılandırılmış ve yaygın olarak kullanılan bir psikoterapi yaklaşımıdır. Bu yaklaşımda metaforlar; psikoeğitim, bilişsel yeniden yapılandırma ve maruz bırakma gibi temel tekniklerin açıklanmasında özellikle önemli bir rol oynamaktadır. Psikoterapinin büyük ölçüde dile dayalı bir süreç olması nedeniyle BDT'de metaforların rolünün ve etkililiğinin incelenmesi; terapötik süreçlerin anlaşılması ve metaforların danışan



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katılımı ile tedavi çıktıları üzerindeki olası katkılarının değerlendirilmesi açısından önem taşımaktadır. Bu çalışmanın amacı, 2000-2025 yılları arasında yayımlanan ve dahil edilme ölçütlerini karşılayan 9 çalışmayı (n=267; yaş ortalaması=39,5; %69,3'ü kadın) inceleyerek, BDT'nin terapötik sürecinde metaforların rolünü araştırmaktır. PRISMA rehberi doğrultusunda, Aralık 2025'te Web of Science ve PubMed gibi birden fazla veri tabanında "BDT'de metaforlar" anahtar sözcüğü ve ilişkili terimler kullanılarak kapsamlı bir literatür taraması yapıldı. İncelemeye, metaforları içeren BDT temelli müdahaleleri kullanan randomize ve randomize olmayan çalışmalar dahil edildi; derleme makaleler ve yeterli veri içermeyen çalışmalar dışlandı. Metodolojik kalite ve yanlılık riski, araştırma desenine uygun ölçütler kullanılarak değerlendirildi. Bulgular, metaforların; danışanların karmaşık duyguları ifade etmelerine yardımcı olma, bilişsel süreçleri anlamayı kolaylaştırma, bilişsel yeniden yapılandırılmayı destekleme, motivasyonu artırma ve terapötik ittifakı güçlendirme gibi işlevler aracılığıyla etkili terapötik araçlar olarak kullanıldığını göstermektedir. Bu etkiler; otizm spektrum özellikleri olan bireyler, obsesif kompulsif bozukluk ve kronik ağrı yaşayan bireyler ile grup terapisi uygulamaları dahil olmak üzere çeşitli klinik örneklerde gözlemlendi. Bununla birlikte, metaforların etkili biçimde kullanılabilmesi; zamanlama, kültürel bağlam ve danışanların bilişsel düzeyleri gibi unsurlara dikkat edilmesini gerektirmekte; terapistlerin metaforları bilinçli biçimde uygulayabilmeleri ve yanlış yorumlamaları önleyebilmeleri için özel bir eğitim almaları önem arz etmektedir. Çalışmaların sınırlılıkları arasında küçük örneklem büyüklükleri, heterojen katılımcı grupları, kontrol gruplarının bulunmaması, kısa izlem süreleri ve metafor kavramının tanımlanmasına ilişkin güçlükler yer almakta olup, bu durum bulguların genellenebilirliğini ve klinik uygulanabilirliğini sınırlamaktadır.

Anahtar Kelimeler: Bilişsel davranışçı terapi, bilişsel davranışçı terapi müdahaleleri, psikoterapide metafor.

INTRODUCTION

Cognitive behavioral therapy (CBT) is a widely used psychotherapeutic approach aimed at identifying and modifying maladaptive cognitions that contribute to emotional distress and dysfunctional behavior. In this regard, it addresses avoidance behaviors and enhances coping strategies to manage stress and improve emotional regulation (Nakao et al., 2021). Since psychotherapy approaches, including CBT, are largely language-based, the therapeutic relationship between the client and therapist, which relies on verbal communication, plays a critical role in the process. In fact, strengthening verbal communication has been shown to positively influence the therapeutic relationship (Bryant et al., 1998; Yu et al., 2022). In this context, metaphorical language has been increasingly recognized as an effective means of enhancing verbal communication and facilitating clients' understanding of the therapeutic process (Karaimak & Güloğlu, 2012; Malkomsen et al., 2022). Additionally, metaphors have been found to support the development of the therapeutic relationship, symbolize experiences addressed in psychotherapy, facilitate emotional engagement, clarify ambiguous issues in therapy, enable confrontation and concrete action, identify areas of client resistance, and contribute to problem-solving and coping processes (Lyddon et al., 2001). However, despite their growing use, the systematic examination of metaphors in CBT, especially their link to clinical outcomes, such as symptom reduction and treatment adherence, remains underexplored.

Existing studies are fragmented, and a comprehensive synthesis that evaluates their effectiveness across various clinical populations is lacking. This review aims to clarify the role of metaphors in CBT and provide guidance for therapists on how to use metaphors more intentionally and effectively in clinical practice by addressing these gaps.

Metaphors can serve as useful tools in CBT sessions for providing a therapeutic framework, introducing the cognitive model, explaining biased interpretations, and illustrating concepts such as automatic thoughts, intermediate beliefs, and core beliefs (Piştof & Şanlı, 2013). By concretizing abstract concepts, they help patients better understand their conditions and treatment strategies, particularly during psychoeducation (Malkomsen et al., 2021; Nagaoka et al., 2015). As a result, metaphors may increase CBT adherence, in which the restructuring of distorted cognition constitutes one of the primary aims (Dures et al., 2012). By offering new perspectives and reducing cognitive rigidity, metaphors can facilitate both cognitive restructuring and behavioral change. Metaphorical content integrated into CBT may provide an alternative or supplementary approach in conditions such as OCD (Madaan et al., 2023).

The early 2000s corresponded to a period during which CBT reached greater technical maturity, characterized by the widespread use of structured treatment protocols and the expansion of therapeutic techniques (Beck, 2011). During

this period, metaphors, imagery, and experiential techniques began to be addressed more systematically as therapeutic tools that facilitate clients' understanding and internalization of cognitive concepts. Accordingly, this review focuses on studies published between 2000 and 2025.

Given their potential to strengthen the therapeutic relationship, enhance treatment effectiveness, and support clients' understanding of complex psychological processes, examining the use of metaphors in CBT is of considerable importance. Despite the recognized clinical relevance of metaphors in CBT, no systematic review has comprehensively synthesized empirical studies on their use and effectiveness within CBT frameworks. Therefore, this study aims to investigate the role of metaphors in the therapeutic process of CBT, focusing on studies published between 2000 and 2025. Specifically, the review seeks to synthesize evidence on how metaphors contribute to clinical outcomes, such as symptom reduction, patient engagement, treatment adherence, and cognitive restructuring, and to clarify how these functions can enhance the effectiveness of CBT across various clinical populations.

METHODS

Research Design

This systematic review examines empirical research on the use of metaphors within the CBT process. The review was conducted in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, which provide a comprehensive and structured framework for conducting and reporting systematic reviews and meta-analyses (Page et al., 2021). Given the heterogeneity of study designs, outcome measures, and research aims across the included studies, a narrative synthesis approach was adopted to integrate and interpret the findings (Popay et al., 2006). The Web of Science, ScienceDirect, Scopus, PubMed, Cochrane Library, and TR Dizin databases were systematically searched for this review. A literature search was conducted in December 2025. Eligibility was determined based on the predefined inclusion and exclusion criteria described in the following section.

Inclusion and Exclusion Criteria

Studies that met the following criteria were included in the review:

- (1) were conducted within clinical or health-related disciplines, including Psychology, Psychiatry, Clinical Medicine, or Social Work,
- (2) were published between 2000 and 2025,
- (3) were available as open-access with full-text accessibility,
- (4) explicitly addressed the therapeutic use of metaphors within the CBT process,

- (5) were empirical studies that employed quantitative, qualitative, or mixed-methods designs, and
- (6) were published in either English or Turkish.

Studies were excluded from the review if they:

- (1) were focused on disciplines unrelated to clinical, behavioral, or health sciences (e.g., purely technical or industrial fields),
- (2) were published before 2000,
- (3) were not available as open-access or did not provide full-text access,
- (4) did not explicitly address the use of metaphors as a therapeutic technique within the CBT process.
- (5) were non-empirical (e.g., review articles, theoretical papers, editorials, commentaries, or conference abstracts), or
- (6) were published in languages other than English or Turkish.

Search Strategy

A literature search was conducted using Boolean operators (AND/OR). For English-language databases, the following key terms were employed: "cognitive behavioral therapy," "cognitive behavior therapy," and "CBT" in combination with "metaphor," "therapeutic metaphor," "figurative language," and "analogy." For Turkish-language publications indexed in the same databases, the corresponding Turkish equivalents were used: "bilişsel davranışçı terapi," "BDT" in combination with "metafor," "terapötik metafor," and "analoji."

Study Selection Criteria and Process

The study selection process for this systematic review focused on research addressing the use of metaphors within the CBT framework. Given the limited number of experimental studies employing random assignment and control groups in this field, the scope was broadened to include both randomized and non-randomized studies, regardless of the presence of a control group. Review articles and studies providing insufficient data or exhibiting methodological inadequacies were excluded to maintain analytical rigor.

Following initial database searches, 4,244 records were identified. The screening process was conducted in two distinct stages. In the first stage, two reviewers independently screened all retrieved records based on their titles and abstracts. Studies that were clearly unrelated to metaphor use within the CBT process were excluded at this juncture. In the second stage, the full texts of the remaining studies were retrieved and independently assessed for final eligibility by the same two reviewers. The assessment was strictly based on the predefined inclusion and exclusion criteria described in the previous section.

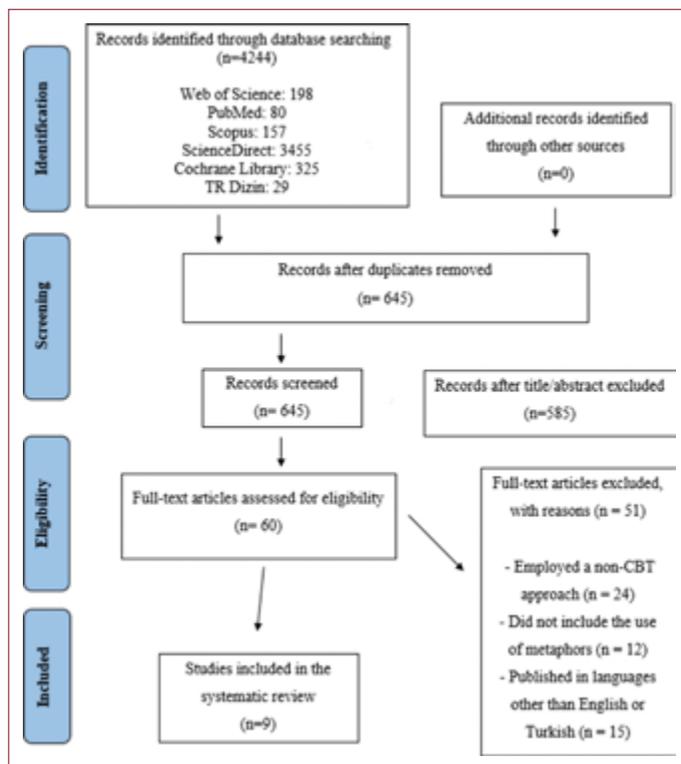


Figure 1. PRISMA flow diagram.

Disagreements at the title/abstract screening and full-text assessment stages were resolved through discussion and consensus. A third senior reviewer was consulted in cases where consensus could not be reached. Nine studies met all inclusion criteria and were incorporated into the final analysis. This selection process adhered strictly to the Preferred Reporting Items for Systematic Reviews (PRISMA) flow diagram (Fig. 1), ensuring methodological transparency and reproducibility.

Data Collection and Analysis Process

The keyword-based searches identified 198 studies in Web of Science, 3.455 in ScienceDirect, 157 in Scopus, 80 in PubMed, 325 in the Cochrane Library, and 29 in TR Dizin, totaling 4.244 studies. The remaining studies were assessed according to the inclusion criteria, and 9 studies meeting the criteria were analyzed for the final review. To maintain analytical rigor, review articles, dissertations, and conference proceedings were excluded. Data extraction was performed using a standardized form, including the following variables: author, year, country, sample characteristics, therapeutic aim, methodology, and key findings.

Risk of Bias and Quality Assessment

The methodological quality of the included studies was assessed using design-appropriate critical appraisal tools.

The Cochrane Risk of Bias Tool 2 (RoB 2) was applied to the randomized controlled trial (Sterne et al., 2019). Quasi-experimental studies, including single-group pre–post intervention designs, were evaluated using the Joanna Briggs Institute Critical Appraisal Checklist for Quasi-Experimental Studies (Aromataris et al., 2024). The JBI Critical Appraisal Checklist for Qualitative Research was used to assess qualitative studies, and the JBI Critical Appraisal Checklist for Case Reports was used to evaluate the case report (Aromataris et al., 2024). Two reviewers independently assessed all included studies, and any disagreements were resolved through discussion to reach a consensus. The results of the quality assessment are presented in Table 1.

Ethical Considerations

This study is based solely on open-access and publicly available publications; therefore, ethics committee approval was not required. Ethical principles were rigorously observed throughout the research process.

RESULTS

Study Characteristics

Nine research articles meeting the inclusion criteria were selected and examined in detail. The included studies were summarized according to author, year, country, sample characteristics, research aim, methodological design, and main findings. An overview of the study characteristics is presented in Table 2.

The included studies employed qualitative, quantitative, and mixed-methods designs to examine the use and impact of metaphors in psychotherapy. Most studies adopted qualitative or mixed-methods approaches (De Nicola et al., 2024; Dures et al., 2012; Malkomsen et al., 2021; Mathieson et al., 2016; Mathieson et al., 2018; Rigby & Waite, 2006), primarily using semi-structured interviews and content or thematic analyses to explore therapists' and patients' experiences with metaphor use in depth.

The studies demonstrated substantial diversity in sample characteristics and clinical focus areas. Patients included individuals experiencing chronic pain (De Nicola et al., 2024), rheumatoid arthritis–related fatigue (Dures et al., 2012), OCD (Madaan et al., 2023; Samantaray et al., 2019), and depression (Malkomsen et al., 2021; Nagaoka et al., 2015). Metaphors were reported as central elements through which patients described their symptoms, therapeutic experiences, and perceived processes of change across these studies. For example, individuals with chronic pain frequently used metaphors to describe the nature and persistence of pain (De Nicola et al., 2024), whereas patients with depression used metaphors related to depth, clarity, and movement (e.g., “journeying from darkness to light”) to articulate their therapeutic experiences (Malkomsen

Table 1. Studies on the use of CBT metaphors

Author and year	Country	Design type	Sample	Aim	Method	Results
Rigby & Waite (2006)	United Kingdom	Quasi-experimental (single-group pre-test/post-test)	n=72 (70% female)	To examine the effectiveness of metaphor-based and other creative techniques in cognitive behavioral therapy (CBT) group therapy for low self-esteem.	Quantitative self-esteem, anxiety, and depression assessments were conducted.	Metaphors and other creative approaches were used to support clients' understanding of cognitive processes.
Dures et al. (2012)	England	Qualitative study (FGD)	n=38 (30 females and 8 males)	To evaluate CBT group interventions incorporating metaphors for RA-associated fatigue.	Focus group interviews were conducted, and data were thematically analyzed.	The findings suggested that metaphors increased client awareness and supported behavior change during the CBT program.
Nagaoka et al. (2015)	Japan	Randomized controlled trial	n=146 (72% female; M age=19.45)	To evaluate metaphor use in cognitive behavioral therapy psychoeducation for depression in autistic traits.	Participants received psychoeducation programs, and their experiences were evaluated using standardized measures.	The use of metaphors was associated with increased client awareness, positive impressions, and support engagement with the therapeutic material.
Mathieson et al. (2018)	New Zealand	Quasi-experimental (single-group pre-test) (post-test)	n=12 (91% female; age range 36–40; M age=45)	To examine whether metaphor use training therapists influences their application in CBT case formulations.	The therapists completed self-report assessments before and after training.	After training, the therapists reported that they used metaphors more consciously in case conceptualization.
Samantaray et al. (2019)	India	Clinical case report (single case design)	n=1 (male, 25 years)	To describe the use of metaphors in CBT in a single case study.	A single case underwent a 4-week CBT intervention incorporating metaphors.	Symptoms of OCD decreased at post-treatment and follow-up, while quality-of-life scores increased.
Malkomsen et al. (2021)	Norway	Qualitative interview study using metaphor-led discourse analysis	n=22 (68% female; age range, 22–48 years)	To examine metaphor use in patients with major depressive disorder undergoing PDT or CBT.	Clients participated in the semi-structured interviews.	Metaphors allowed clients to convey nuances of therapeutic experiences that were difficult to express literally.
Malkomsen et al. (2022)	Norway	Qualitative thematic analysis (therapist perspectives)	n=10 (90% female; age range, 40–60 years)	To examine therapists' use of metaphors and their responses to patient metaphors in the treatment of MDD.	Semi-structured interviews were conducted with psychodynamic and CBT therapists.	PDT therapists focused more on client-generated metaphors, whereas CBT therapists emphasized therapist-generated metaphors.
Madaan et al. (2023)	India	Quasi-experimental (pilot single-group pre-test) (post-test)	n=10	To describe a treatment method integrating cognitive behavioral therapy, neuropsychosocial education, intrinsic motivation, and metaphoric content for patients with OCD.	Ten individuals with OCD participated in a 12-week metaphor-integrated treatment program.	The integrated treatment was found to be effective in treating OCD.
De Nicola et al. (2024)	England	Qualitative study (exploratory interviews)	n=10 (8 females, 2 males; age range, 25–71 years)	To examine how individuals with chronic pain describe their experiences using metaphors.	A qualitative study was conducted using semi-structured online interviews.	The participants used metaphorical imagery to describe their experiences of chronic pain.

Table 2. Risk of bias assessment of included studies

Author and year	Study design	Data collection/analysis	Critical appraisal tool	Overall quality
Rigby & Waite (2006)	Quasi-experimental (one-group pre-post)	RSE & HADS Scales (quantitative)	JBI quasi-experimental	Moderate
Dures et al. (2012)	Qualitative (nested in the RCT)	Focus groups and thematic analysis	JBI qualitative	Moderate
Nagaoka et al. (2015)	Randomized controlled trial (RCT)	Survey (quantitative) / factor analysis	Cochrane RoB 2	Some concerns
Mathieson et al. (2018)	Quasi-experimental Intervention	Self-Report Scales & reflection	JBI quasi-experimental	Low
Samantaray et al. (2019)	Case report	Clinical observation & Y-BOCS	JBI case report	Low
Malkomsen et al. (2021)	Qualitative study	Semi-structured interviews / discourse analysis	JBI qualitative	Moderate
Malkomsen et al. (2022)	Qualitative study	Semi-structured interviews and thematic analysis	JBI qualitative	Moderate
Madaan et al. (2023)	Quasi-experimental study (pilot study)	One-group pre-post (Y-BOCS)	JBI quasi-experimental	Moderate
De Nicola et al. (2024)	Qualitative study	Semi-structured interviews and thematic analysis	JBI qualitative	Moderate

et al., 2021). In addition, patients experiencing rheumatoid arthritis-related fatigue reported that metaphor use supported behavioral adaptation and coping (Dures et al., 2012).

In addition to patient-focused samples, several studies explored therapists' perspectives to provide a more comprehensive understanding of metaphor use within therapeutic contexts. For instance, Malkomsen et al. (2022) interviewed 10 therapists (9 females, 1 male; aged 40–60 years) regarding their experiences with metaphor use in therapy. Similarly, Mathieson et al. (2018) examined 12 clinical psychologists (11 females, 1 male; mean age=45 years; mean clinical experience=13.1 years) who received metaphor-focused CBT training.

Methodological Quality of Included Studies

The methodological quality of the included studies was assessed using design-appropriate appraisal tools, with detailed results presented in Table 1. Overall, variability in methodological quality was observed, reflecting differences in study designs and experimental control levels.

Quantitative Studies: The quantitative evidence was limited by the small number of randomized controlled trials. The single RCT included in this review (Nagaoka et al., 2015), assessed using the Cochrane RoB 2 tool, was judged to present some concerns regarding the risk of bias. Although random assignment was reported, information on allocation concealment was limited, and participant blinding was not feasible due to the nature of the psychoeducational intervention.

The three quasi-experimental studies (Rigby & Waite, 2006; Mathieson et al., 2018; Madaan et al., 2023), evaluated using the JBI Critical Appraisal Checklist, shared a common methodological limitation in the absence of a control group, as all employed single-group pre-test/post-test designs. Rigby and Waite (2006) and Madaan et al. (2023) used standardized outcome measures, including the Rosenberg Self-Esteem Scale (RSE), the Hospital Anxiety and Depression Scale (HADS),

and the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), whereas Mathieson et al. (2018) relied on study-specific self-report ratings developed for the training context, which resulted in a lower methodological quality rating.

Qualitative and Case Studies: Qualitative studies (Dures et al., 2012; Malkomsen et al., 2021; Malkomsen et al., 2022; De Nicola et al., 2024) assessed using the JBI Qualitative Checklist were generally rated as having moderate methodological quality. These studies reported their data collection and analysis procedures (e.g., thematic or discourse analysis) in a transparent manner and described the reflexivity of researchers. The single case report (Samantaray et al., 2019) provided a detailed description of the intervention but, by design, represents evidence with limited generalizability.

Main Findings on Metaphor Use in Therapy

The use of metaphors was reported in relation to several therapeutic processes across the included studies. Metaphor use was associated with the concretization of abstract concepts, increased emotional engagement, and support for patients' understanding of cognitive and behavioral processes. Metaphors also appeared within the therapeutic relationship, particularly in relation to communication and shared understanding between therapists and patients (Malkomsen et al., 2022).

Metaphors were most frequently reported in the context of psychoeducation and the explanation of therapeutic concepts within studies focusing on CBT. The findings indicated that metaphors were used to represent complex ideas in more concrete forms, which patients reported as helpful for understanding and remembering the therapeutic material. Several studies documented associations between metaphor use and patients' reports of applying therapeutic strategies outside therapy sessions. Some studies also reported links between metaphor use and outcomes such as self-efficacy, emotional regulation, and problem-solving abilities (Dures et al., 2012; Rigby & Waite, 2006).

In clinical populations with OCD, metaphor-based explanations were used to support engagement with treatment components. Metaphors were incorporated into psychoeducational explanations and treatment rationales and were reported alongside increased motivation and participation in therapy sessions (Madaan et al., 2023). Therapists described the use of metaphors as contributing to the development of a shared language within therapy, which was reported to facilitate communication and mutual understanding (Malkomsen et al., 2022; Mathieson et al., 2018).

At the same time, several studies reported challenges related to metaphor use in therapy. Therapists described differences in their level of awareness regarding metaphors and variability in whether metaphors were used intentionally or spontaneously (Malkomsen et al., 2022). In addition, some studies noted that patients sometimes interpret metaphors in different ways and that the therapist and patient do not always share the meanings attributed to metaphors. These findings highlight the variability in metaphor interpretation and use across therapeutic contexts (Malkomsen et al., 2021).

DISCUSSION

This systematic review, which synthesized nine empirical studies examining the use of metaphors in CBT, indicates that metaphor use constitutes a meaningful and multifaceted component of psychotherapeutic processes across diverse clinical populations and therapeutic contexts. Metaphors have consistently emerged as tools that facilitate the concretization of abstract psychological experiences, enhance emotional engagement, and support patients' understanding of cognitive and behavioral processes across qualitative, quantitative, and mixed-methods studies. Metaphors contributed to the development of a shared therapeutic language, strengthened the therapeutic alliance, and promoted treatment engagement in both patient- and therapist-focused studies. At the same time, the findings suggest that the effectiveness of metaphor use depends on therapists' awareness and collaborative exploration of metaphorical meanings, highlighting its potential benefits and challenges within clinical practice.

To better understand the mechanisms underlying these findings, selective attention and emotional bonds can be considered as factors that shape cognitive processes. Capturing clients' interests by using metaphors that are closely aligned with their personal experiences and current life contexts may enhance therapeutic effectiveness. However, while metaphors offer valuable insights into clients' perspectives, their interpretation may vary depending on the cultural context and cognitive processes (Karairmak & Güloğlu, 2012). Thus, the effectiveness of metaphors is closely associated with clients' cognitive levels, which are influenced by factors

such as educational background, living conditions, and pre-existing psychological conditions. Therefore, metaphors must be introduced safely and in a controlled manner to avoid increased threat perception or resistance, thereby supporting problem-solving and cognitive restructuring (Çam & Topçu, 2021; Lakoff & Johnson, 2015).

Given that the fundamental aim of CBT is to transform "meaning," metaphors have the potential to achieve this by providing a conceptual bridge from problematic interpretations to a new perspective on experiences (Stott et al., 2010). They stand out as powerful tools in the psychotherapeutic process because of their ability to concretize complex inner experiences and abstract concepts, enrich communication, and facilitate therapeutic change. The nine studies highlighted the multifaceted presence of metaphors across diverse clinical contexts and patient populations.

Metaphors Across Clinical Contexts

Perspectives of Therapists and Clinical Implications

It can be asserted that metaphors have a strong potential to help patients understand and express their own experiences. Metaphors can be seen as useful tools that enable individuals to articulate issues they cannot fully express in everyday language. This situation paves the way for therapists to access the inner worlds of their patients (Malkomsen et al., 2021). Using metaphors as mediating tools to describe difficult issues is a method used not only by patients but also by therapists. Thus, it has been observed that metaphors are employed by therapists at twice the rate of clients (Mathieson et al., 2016). In the context of therapeutic processes, the use of metaphors by therapists to explain difficult phenomena or establish and strengthen the therapeutic relationship seems plausible. Considering that most clients are unfamiliar with psychological terminology, therapists may occasionally rely on metaphors to verbalize clients' experiences and create resonance in their minds. Moreover, it has been affirmed that utilizing creative methods, such as metaphors, in therapy plays a significant role in helping clients make sense of cognitive processes and remember therapeutic material in ways that facilitate its application (Rigby & Waite, 2006). Although research has shown that metaphors are also effective in the process of cognitive restructuring (Hu et al., 2018; Rigby & Waite, 2006), it is vital to be attentive when generalizing these results, as many findings are limited to small samples and specific cultural contexts.

Paying closer attention to the experiences of therapists, metaphors emerge as powerful communication tools and complex elements that require careful management. The results reveal that therapists' awareness of metaphor use is generally

limited, and they rarely use metaphors intentionally. They also express this deficiency with self-criticism (Malkomsen et al., 2022). Another key finding is that the use of metaphors varies by therapeutic approach: CBT therapists generally emphasize therapist-generated metaphors, whereas psychodynamic therapy (PDT) therapists tend to focus on metaphors produced by patients (Malkomsen et al., 2022). This difference is consistent with the fundamental principles of these therapeutic approaches. CBT's emphasis on psychoeducation and skills training encourages therapists to explain concepts using their own metaphors, whereas PDT's focus on exploring the inner world and unconscious processes of patients leads to a greater emphasis on patient metaphors. Moreover, therapists use metaphors for various purposes. They create conceptual bridges in the psychoeducational process by making abstract psychological concepts concrete for patients. Furthermore, metaphors can strengthen the therapeutic alliance by creating a shared language and understanding between the therapist and patient. Using patients' own metaphors allows them to feel understood (Mathieson et al., 2018). Therefore, metaphors can help patients break free from rigid thought patterns and view their problems from different perspectives. In PDT, metaphors are sometimes used as a starting point for exploring patients' defense mechanisms. Since metaphors can evoke stronger emotional responses than literal language, therapists can also use them to enhance emotional interaction (Malkomsen et al., 2022). Nevertheless, the findings also reveal that therapists experience several difficulties and conflicting feelings regarding the use of metaphors. As previously noted, metaphors are prone to misinterpretation, and some patients may be resistant to them. Moreover, it is possible that therapists have varying approaches to addressing patients' "unhelpful" or "harmful" metaphors. Some attempt to change the metaphor, while others question or reframe it (Malkomsen et al., 2022). Lastly, therapists may lack training in the deliberate use of metaphors. Mathieson et al. (2018) demonstrated that metaphor-focused CBT training could increase the awareness and confidence of therapists.

Autism

The nine studies highlight diverse methodologies and sample profiles to explore the experiences of patients with a range of clinical conditions. Regarding the contribution of metaphors to individuals with autistic traits, the findings of Nagaoka et al. (2015) challenge the traditional perception that individuals with autism struggle with understanding figurative language. The study results demonstrate that using metaphors in psychoeducation for depression can help individuals with high autistic tendencies develop a more positive perception of depression. This finding suggests that metaphors may help autistic individuals better understand abstract concepts (such

as depression) and develop feelings of hope and familiarity with the therapy process. This situation demonstrates the potential of metaphors to make psychoeducational materials more accessible and effective for individuals with autism.

Obsessive-Compulsive Disorder

The findings reveal that metaphors play a crucial role in helping patients understand their complex symptoms and treatment strategies. Given that up to 30% of patients reject exposure and response prevention therapy, Madaan et al. (2023) developed an effective integrated approach combining CBT with pharmacological therapy, neuropsychology, intrinsic motivation, and metaphorical content, resulting in a significant reduction in obsession and compulsion scores. This strategy appears to be quite functional as the use of appropriately adapted metaphors can reduce anxiety and boost motivation for continuing therapy, especially when pharmacotherapy is integrated for a more comprehensive effect. Another study by Samantaray et al. (2019) highlights the importance of metaphor use in OCD treatment. In a context where OCD is typically treated with CBT, which usually requires 10 or more sessions, this case report presents the success of a CBT approach involving only 4 sessions. Through metaphors, the clinical translation of the patient's problems, a 25-year-old male who had been experiencing obsessive thoughts and images for 12 months, the role of feared objects and feared consequences, the role of neutralizing and safety behaviors in maintaining feared consequences, and the importance of "exposure" are discussed. The results highlight that the use of metaphors, a "clear narrative for easier understanding, is a component behind the success of this process." In other words, metaphors play a facilitative role during the sessions in case conceptualization and in enhancing compliance with exposure exercises (Samantaray et al., 2019). Therefore, this integrated approach in the therapy room can enhance patients' intrinsic motivation to resist their obsessive thoughts and limit their compulsive behaviors, with the aid of metaphorical language that facilitates the understanding of complex biological and psychological processes.

Group Therapy

Another area in which metaphors hold the potential to be powerful tools is group therapy processes. Because the group environment offers unique dynamics that can enhance interaction, the benefits of metaphors at both individual and collective levels could be observed explicitly. Members can use metaphors when they struggle to express their own internal experiences; in this way, abstract or embarrassing experiences become more concrete and shareable (De Nicola et al., 2024; Malkomsen et al., 2021). Furthermore, metaphors can

strengthen the sense of “we,” reduce feelings of loneliness, and validate members’ experiences by creating a shared language within the group (Dures et al., 2012; Rigby & Waite, 2006). Additionally, in a group environment, members can learn from each other’s metaphors and strategies, supporting their own behavioral changes. On the other hand, the use of metaphors by therapists, combined with guided discovery and Socratic questioning, helps members analyze their thoughts, develop new perspectives, and strengthen group cohesion through increased support and creativity (Dures et al., 2012; Rigby & Waite, 2006). Therefore, therapist guidance is essential for the effective use of metaphors. Because metaphors are open to interpretation, therapists must ensure a shared understanding. In some cases, they may need to adapt their approach, as some members may respond better to metaphorical language, while others may require more concrete expressions.

Chronic Pain

In other respects, metaphors are vital tools for patients with chronic pain to communicate the subjective and often elusive nature of pain, both to themselves and others. De Nicola et al. (2024) noted that patients with chronic pain describe their pain in intense terms, such as “stabbing” or “knees on fire,” and that these metaphors help them express the pain’s intensity and emotional impact. Therefore, metaphors can allow patients to conceptualize and make sense of their pain experiences while also helping therapists understand the meanings attached to their pain and intervene accordingly. Metaphorical visualizations are widely used in approaches such as acceptance and commitment therapy to help patients cope with chronic pain.

CONCLUSION

In conclusion, metaphors are indispensable tools that offer the potential to deeply connect with patients, clarify complex concepts, and foster therapeutic change within psychotherapeutic processes. Research demonstrates that when metaphors are employed at the right time and place, appropriate to the client’s cognitive level, they play an effective role in helping clients make sense of the therapeutic process. Metaphors provide therapists with a roadmap for conveying complex situations to clients. In some cases, describing events with metaphorical content allows clients to restructure their understanding, enabling them to perceive problems from a different perspective. Thus, metaphorical narratives can be used across a broad range of contexts: with clients diagnosed with specific psychological conditions (e.g., autism, OCD, and bipolar disorder), with children and adolescents, in group work, and during psychoeducation. Nevertheless, therapists’ effective use of metaphors requires a high level of awareness, flexibility, and training. The misinterpretation or inappropriate use of

metaphors can negatively impact the therapeutic process. Therefore, it is crucial for therapists to view metaphors not simply as a technique but as a door into the inner worlds of patients and to listen carefully to the messages coming from this door.

LIMITATIONS

Limitations of the Included Studies

The limitations of the included studies primarily stem from methodological issues, sample characteristics, and generalizability. Many studies, particularly qualitative ones, had small sample sizes (De Nicola et al., 2024; Madaan et al., 2023; Malkomsen et al., 2021; Mathieson et al., 2018), which restrict the ability to generalize the findings. The recruitment of participants from specific regions or clinics further restricts generalizability. Some studies also involved heterogeneous sample, such as varying pain types in De Nicola et al. (2024), which complicate cross-group comparisons. Moreover, variations in the experience of therapists (Mathieson et al., 2018) and the reliance on self-reports, which can be prone to bias, pose further challenges. Discrepancies between the reported metaphor use and the actual practice of therapists (Malkomsen et al., 2022) and the use of unvalidated Likert scales (Mathieson et al., 2018) are also concerning.

The absence of control groups in several studies (Madaan et al., 2023; Mathieson et al., 2018) makes it difficult to discern whether the observed improvements are due to the intervention or natural recovery. In addition, short or absent follow-up periods, as in Madaan et al. (2023) and De Nicola et al. (2024), limit insights into the long-term effectiveness of interventions. The lack of clear criteria for defining metaphors (Malkomsen et al., 2022) also hinders consistent analysis.

Finally, the pilot nature of some studies and their limited context (e.g., specific training programs) raise concerns about their applicability to general clinical practice. Mathieson et al. (2018) also highlighted the challenges faced by therapists in integrating new skills and managing workload.

These limitations caution against overgeneralizing the findings and suggest important directions for future research.

Limitations of the Review

Since a limited number of studies are available on the subject, more comprehensive research is needed to determine the generalizability of the findings and the effectiveness of therapeutic approaches. Furthermore, the significant heterogeneity among the included studies suggests that conducting a meta-analysis is challenging due to methodological differences and sample diversity in studies evaluating the impact of metaphor use. Therefore, future

research should strengthen knowledge in this area by using more homogeneous samples and standardized methods. Besides, because of other constraints, such as language restrictions (e.g., studies published only in certain languages), full-text access limitations (e.g., inability to access complete articles), and open-access barriers (e.g., some studies may be behind paywalls), as well as the related risks of publication bias, this study is limited by the databases accessible to the researchers and the articles for which full access was available.

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