Analogical Listening

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CLIENTS FOR WHOM THE TECHNIQUE IS APPROPRIATE

Analogical listening is suited to adults who are experiencing an unclear sense of malaise, sadness, grief or other strong feeling, and are uncertain about its meaning or how to respond to it. For clients who resist introspection or have extreme difficulty acknowledging emotion, a more external, action-oriented approach to therapy could be indicated.

DESCRIPTION

At a deep level, we know more than we can say, so that therapists often must assist a client with the delicate process of meaning symbolization. Ironically, this is sometimes true even when we think we know what our clients are saying, as when they are using public language to refer to private feelings associated with their presenting problems. Almost always, there is more to be discovered in a simple description of an internal state like grief, fear, emptiness or tightness than meets the ear. When clients are uncertain about what they sense or feel, it is even clearer that a literal discussion of the problem is unlikely to access a novel and useful description of it, or provide direction for therapy. Simply put, we need to find a way to listen beneath the stories that clients tell us and themselves about their predicament in order to find a fresh way forward.

At such moments, it can be helpful to attend to preverbal and often somatic sensed meanings that are unique to that person, in that specific moment of experiencing. Like Gendlin’s (1996) focusing-oriented psychotherapy, my use of analogical listening is intended to assist with this process, often lowering the barriers that make problem specification and solution impossible in straightforward “rational” terms.

In my typical clinical use of this procedure, I invite my clients simply to close their eyes with me for a moment, as I do the same, giving them tacit “permission” to join me, rather than their having the sense of my staring at them as they engage in the awkward act of closing their eyes for an extended period in the presence of another. Slowing my voice to induce a more relaxed and attentive state, I encourage them to allow their attention to shift from the outer world to their body, perhaps prompting them with a question that contains the feeling word they had just used in connection with a distressing situation. For example, for a client who describes a sense of deep grief over the death of her son, I might prompt her in this quiet, inwardly attentive state to ask herself, “Where do I hold my grief?” and then allow her
body to respond, perhaps with a sense of a void in her abdomen, or constriction around her heart. This would then become the image we would “unpack” as I ask other questions slowly, opening my eyes to catch her nonverbal expressions, and listening analogically, non-literally, to her answers. My goal in this is not to “solve” the feeling or get the person beyond it, but simply to sense its meaning as fully as possible. From there, the path forward will open.

Some possible questions to guide you in this process include:

- Can you think of a recent time when you felt _____ keenly? Without describing the situation, can you close your eyes for a moment and go back there, now?
- What are you aware of when you feel _____? If you focus your attention in your body, what do you notice?
- If you can identify a bodily feeling associated with _____, where is it located? If it had a shape, form or color, what might it be?
- Is there a movement, or a clear blocking of movement, associated with ____? Can you let it move forward in this direction a bit? What happens?
- What do you find yourself doing or wanting to do when in touch with this feeling? Are other people aware of how you are responding to it? If so, what do they do?
- What do you need to do to integrate or understand this feeling more fully? What would help with it in some way? What would you need from others in this process?

CASE EXAMPLE

An illustration of analogical listening arose in a recent first session with a 50-year-old client, Darla, who was experiencing a complex grief following the death of her 22-year-old son, Kyle, some 7 months earlier from an aggressive bile-duct cancer. Gesturing with her hands, she described both an enveloping and energy-vitiating pain that surrounded her, and that led her to lay down and rest herself, as well as a void pain, signaled fleetingly by hands holding an empty sphere, situated at the level of her abdomen, at the level of her womb, where she once carried her son. As the proud story of Kyle’s achievements melded into the more tragic tale of his diagnosis and death, I queried about where she felt the pain now, in this present moment. “Deep in my abdomen, deep in my chest,” was her reply, and she confirmed my impression that this was the void pain she had spoken of earlier. This then became the starting point for analogical listening.

I began by closing my own eyes, and inviting Darla to do the same, finding a comfortable way of sitting in the chair, and just allowing her attention to enter her body, seeking where she held that pain now. Speaking slowly as I opened my eyes to track her nonverbal responses, I invited her to draw close to the pain, just off to one side of it slightly, and from that position to describe what it would look like. Darla responded that it “was something with a lot of texture . . . like a really fine sandpaper.” “A fine sandpaper,” I intoned, “And if you reached out and touched it lightly, what would it be like?” “Just kind of rough,” Darla replied. “Rough . . .” I echoed, “and how would your hand feel after touching it, that sandpapery roughness?” “Like it would burn, and want some lotion or something,” she answered, tears flowing. “A lotion, like a balm almost, something to soothe that burning sensation.” Darla nodded, noting further that the ball of sandpaper was “something with a dimension to it.” “A dimension . . .” I reflected, “as if it has other ‘somethings’ beneath it, or is it all of the ‘something’?” “I think there might be more there,” she replied with hesitation. “If you draw close to it, and look, and listen quietly, what else might you find there, wrapped in that sandpaper?” “Just all of the hopes, all of the dreams for what might have been,” she sobbed, her voice breaking, and tears flowing now heavily, “. . . the possibilities.” “The possibilities,” I whispered, “buried there, there beneath that sandpaper.” She nodded, adding that they seemed “compartmentalized.” “Do you think that you can continue to hold them in that way, or does that seem to be changing?” I asked, as Darla opened her eyes. Darla
affirmed that she couldn’t keep holding the burning pain of her grief in that way, because it hurt too much. Further processing the experience, she recognized the need to reach into the pain and through it, to contact again “all those memories, all those hopes for that young man, buried within that sandpaper.” This then became the work of the session.

CONCLUDING THOUGHTS

Because of its non-literal, highly sensory quality, analogical listening commonly evokes imagery of a figurative kind that captures a feeling: hot lava, a binding constriction, a ball of lead, a black mass, something struggling to emerge from a restrictive container. A common error in working with such images is to follow or inadvertently prompt a client’s shift to a more logical, historical, literal level—the conflict with another that engendered the feeling, the circumstances of the loss, etc. However, I would advise against such shifts during the active unfolding of the imagery and feeling, which commonly requires 10 minutes or more to be done fully and unhurriedly. Such contextual and conceptual processing of the external realities associated with the feeling is better left for subsequent, open-eyed processing, after the therapist gently ushers the client into more conventional reflection on what has arisen analogically. Alternatively, further imagistic processing of the feeling can be fostered through conjoining such listening with expressive arts media, especially free-form painting or coloring within the outline of a human body, with or without subsequent commentary or journaling about the experience.

Therapists interested in watching the use of this method with grieving clients can consult either of the video recordings of actual sessions noted below (Neimeyer, 2004, 2008). A fuller discussion of therapeutic imagery, complete with case illustrations, can be found in Neimeyer (2009), alongside many other meaning-oriented techniques.

References