

***The Therapeutic Use of Metaphor:
A Heuristic Study***

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Acknowledgements

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The following poem is dedicated to Bob:

Ends and Beginnings

*Life is a fragile thing
Like the pink flowers in my garden
One minute they shine with grace and glow
The next day they wither and are gone*

*Our loved ones wander into the darkness which is light in disguise
One after the next
And leave little holes in our hearts*

*We too then lose ourselves in the silence
And can hover over the dark cliff
Listening for some answers
How can we fill those empty spaces?*

*The answer is....
We can't*

*Life grows green around the dark empty space
It needs to stay the same size
Because that's the size of your love
That cannot be diminished*

*There will be a day
A moment in the sun or the snow
When you start the long letting go
It may be when you empty the bin or wash the pot
And in that silent golden moment
You may smile
When you remember that time with them*

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Abstract:

Background: This research was designed to explore the experience and understanding of counsellors' and psychotherapists' engagement with metaphors in the therapeutic process. The aim is to reflect on the experience of therapists involved in therapeutic metaphors from differing perspectives.

Methodology: In a heuristic study a group of seven therapists (counsellors and psychotherapists) shared their use of metaphors in their therapy practice. Data were collected through an informal conversational interview that supported the participants to share their experiences in a natural dialogue. Their reflections augment the understanding of the phenomenon and the resultant integrated knowledge informed a composite depiction and creative synthesis in the form of poetry and art.

Findings: The experience of using metaphor in therapy appears to involve a multi-faceted web of generation, construction and development between the therapist and client. Various levels of depth of metaphor in therapy were identified along with links to transference and cultural issues. Metaphors of hope also appear to be potentially important.

Discussion: The findings suggest that the use of metaphors in therapy is pervasive. Metaphors that reflect an empathic connection and encounter between therapist and client were identified. Dualistic thinking around the origination of metaphors in therapy is challenged and the concept of co-creation and the mutual development of moving metaphors is discussed. Environmental and cultural influences are considered alongside transference aspects.

Conclusion: It appears that the use of metaphor in therapy is pervasive and offers an opportunity for therapeutic change. The consideration of the construction of metaphors and their mutual development may be useful for therapists to consider. This research highlights the need for more investigation with regard to client perspectives, the environmental impacts on metaphors in therapy and who the therapist and client stand for metaphorically for each other.

Keywords: Metaphor, Therapeutic Metaphor, Deep Metaphor, Cryptophor, Mutuality, Counselling, Psychotherapy, Co-construction, Hope, Deep Encounter.

DECLARATION

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1 INTRODUCTION, BACKGROUND & OVERVIEW



1.1 Introduction

The above image was brought into my therapy room by a client who was suffering with severe anxiety, and is revealed here with his express permission. He had created this metaphorical representation to show me how he was affected by his 'inner voices'. I believe that this opened a dialogue about how he wants to be seen as the 'everyman' James Stewart. Stewart is an actor known for his portrayal of the average American Middle Class Man (Munn, 2013), which in turn, I believe, led to a meaningful and fruitful exploration. We were both able to access from a shared cultural perspective the metaphor of 'hear no evil, see no evil, do no evil' and this became part of our narrative throughout the therapeutic process. His metaphor provided rich material for our discussions, far more than simply saying 'I hear these negative voices'. Humour was also introduced to a previously bleak

topic. The metaphor seemed to become a catalyst for more creativity which helped his self-esteem and also externalised what was previously internal.

As a researcher who is also very much in practice my experience of working in a positive way with metaphors in therapy is reflected in this thesis. Clients '*take journeys down rivers with the spirit of their Mother cleaning and healing the water before them*', they '*meet their authentic selves in meadows and play with the rabbits*', they '*talk to the devil behind them whilst the angel looks on*', they '*blacken out faces of the girls at school who watched as they fainted at the age of 14*', and they '*face whales in the desert to get to the exciting town beyond*'. I have experienced a varied spectrum of metaphors working therapeutically for clients and the outcome has appeared positive in the majority of cases. However, occasionally nothing happens. This experience has left me with a passionate desire to investigate this phenomenon, not only what happens with me and my clients, but also, what the literature has to say about metaphors in therapy. Also, I'm interested in what other counsellors and psychotherapists experience when metaphors are engaged with in the therapy room.

I have found that the following poem is also well received by clients who refer to the 'internal critical voice'. The poem has a strong metaphorical element that appears to help normalise their negative thought processes. I will introduce this poem to them in the therapy room if I feel it is appropriate:

The Black Parrot

By Dorothy Nimmo

*Kill the black parrot. Choke the sodding bird,
it never said a kind thing or a true word,*

*or if it did that wasn't what I heard.
I only heard it squawking in my ear
things no-one in their right mind wants to hear
that made me cold with shame and white with fear.
Behave yourself. Control yourself. You know
you don't think that, you only think you do.
You can't just please yourself, I told you so.
You're being selfish. It's for your own good.
You must. You must not. But you know you should.
If you try harder, I am sure you could.
I'm disappointed in you. Never say I didn't tell you.
But you had your own way, you'd not be told. There'll be a price to pay.
Where was it polly learned that canting word?
It's time to wring its neck, the stupid bird.
What made us think that was the voice of God?*

Nimmo (1993, 3-4)

This thesis represents a discrete phase in my personal and professional journey that spans many years of profound interest in the therapeutic power of metaphors. Using metaphors to illuminate and develop understanding of my clients' processes characterises the nature of my professional work and is indicative of my pluralistic approach (McLeod & Cooper, 2011). Pluralism is defined as "a theorised preference for multiplicity over unicity, and for diversity over uniformity" (McLennan, 1995, p.25). What I take from pluralism is an openness to persuasion from a principled range of alternatives, including cultural and linguistic influences (Kvale, 1992).

As a trained counsellor and hypnotherapist I am fascinated by the ‘common ground’ that metaphors occupy as I will engage with metaphors during both counselling and hypnotherapy sessions. Kincheloe (2001, p.687) suggests that “the frontiers of knowledge work best in the liminal zones where disciplines collide”. This research, I believe, has implications for the fields of counselling and psychotherapy as well as other areas of humanities including education. Due to the reflexive and subjective nature of this study, which is underpinned by a social constructionist epistemology, the rhetoric will be in the first person.

In this chapter I will introduce myself in more detail, provide definitions of key terms, overview the methodology and clarify the aims and objectives of the research.

1.2 Aims and objectives

This research project was designed to gain some understanding of the processes and effects of the use of metaphors in counselling and psychotherapy. As a therapist I have witnessed the changes in the moment that metaphors were introduced and developed. Something was happening, a change in the energy, a phenomenon that was difficult to describe. It appeared that metaphors offered an opportunity to see things differently, and an opportunity for positive change.

The research aims to understand this process in a way that acknowledges the perspective and experience of the participants, all of whom are experienced counsellors or psychotherapists.

The study uses heuristic methodology (Moustakas, 1990) which valorises the subjective knowing of the researcher. Moustakas (1990, p.15) encapsulates the basic elements of the methodology:

“Heuristics is a way of engaging in scientific search through methods and processes aimed at discovery; a way of self-inquiry and dialogue with others aimed at finding the underlying meanings of important human experiences.”

The voice of the researcher as a facilitator, analyser, and participant is heard throughout the whole process. The approach focuses on the experience of the transformation of the researcher (Hiles, 2001). However, as Sela Smith (2002) highlights, Moustakas (1990) shifts from the self’s experience to the focusing on the idea of the experience, thus requiring the collection of data from self and others. The research participants “remain visible in the examination of the data and continue to be portrayed as whole persons” (Douglass & Moustakas, 1985, p.43). Heuristic methodology encourages the researcher to pursue the ‘creative journey’ that begins inside one’s being (Djuraskovic & Arthur, 2010). I will be reviewing the chosen methodology (including my reasons for choosing this approach) in more detail in the Methodology Chapter.

1.3 Research Questions

Research is guided by questions, as McLeod (2003, p.26) highlights: “The aim of research is to be able to answer questions and to generate new questions that open up previously taken-for-granted areas of experience”. McLeod (2003) argues that counselling research is aimed at five audiences which include other

counsellors, the person doing the research, managers and policy makers, and that the researcher should be mindful of the expected audience when thinking of the question. This research is certainly aimed at the audience of myself and other counsellors. I would also add other academics to that list, as methodological issues are important in the field of research as a whole (Denzin & Lincoln, 1994) and also other ‘talking therapists’ and educationalists may also be interested in counsellor research (Harris, 2014).

My ‘burning question’ (Whittaker & Archer, 1989) which arise from both a personal and professional interest is: What are the researcher’s and participants’ reflections on their experience of working with clients when using metaphors? As this is a heuristic study (Moustakas, 1990) the use of and changes of the ‘self’ of the researcher will be an important aspect.

The questions are deliberately open and loosely boundaried in line with the choice of a qualitative methodology (McLeod, 2003) and begin with an “internal search to discover, with an encompassing puzzlement” (Moustakas, 1990, p.40).

1.4 Introducing the Researcher

As the son of an artist and an architect I have always struggled to express my innate creative nature. The need to be creative continues to be evident in my work and play. Creativity is of great importance to me, which is reflected in this thesis in terms of the research question, the chosen methodology and the presentation of the findings. Research in the field of counselling and psychotherapy is currently viewed as a creative activity (Hanley, West & Lennie, 2013).

I left school at 16 due to financial issues and metaphorically fell into the career of insurance broking; this wasn't a place to be too creative. However, I was relatively successful and was running my own business by my early thirties; I didn't enjoy the job and found it extremely stressful. When my parents separated in 1996 I found visiting a counsellor to be extremely cathartic. In 2002 I suffered what might be regarded as an '*annus horribilis*'; my best friend died, I discovered my youngest child was autistic and in the Autumn I lost my Father. This, as you might imagine, had a profound effect on me. I struggled, and in my search for some peace discovered Buddhism, meditation and a new way of seeing the world. In 2004 I started an introductory counselling course, which I found fascinating and world changing and that fascination has not waned since. In 2006 as I was completing my diploma in integrative counselling I also commenced hypnotherapy training. At this time I was introduced to the concept of therapeutic metaphors and the work of Grove (Grove & Panzer, 1989). I will explore Grove's work in more detail in the following Literature Review and Discussion chapters.

I have been in private practice since 2006, earning my living in a way that also feeds my soul. I would describe myself as a pluralistic counsellor with a natural preference towards a person-centred approach in which the ethos is to provide a non-judgmental environment with a commitment to the growth of others (Rogers, 1980). I have also lectured at a local Further Education College, teaching on levels 2, 3 and 4 Counselling Studies courses and a Diploma in Supervision programme. I have also contributed to a hospital-based hypnotherapy diploma programme.

I recognise that I am a white, middle class, British, middle aged man working as a therapist and as such the metaphors that I introduce in this thesis provide

information about myself and my cultural identity. One of reasons I propose that the ‘three monkeys metaphor’ appeared to work well was that both myself and my client understood the metaphor culturally in a similar way. This may not have worked so well (or at all) if my client had not understood the metaphor, or their culture held a different meaning for this metaphor. Metaphors, I believe, are culturally specific (Lakoff & Johnson, 1980). I will be discussing the cultural influence on metaphors in the Literature Review Chapter and periodically throughout this thesis. My metaphors are influenced by the time and place from which I come and the people that I meet. This fits with my social constructionist epistemology which is grounded in the understanding that it is individuals and groups which participate in the construction of their perceived social reality (Burr, 2003). I will also review and contextualise my epistemological stance in the Methodology Chapter.

1.5 Practitioner/ Researcher

Throughout this thesis I will use the terms insider researcher and practitioner/researcher interchangeably (Workman, 2007). Robson (2002, p.534) describes an insider researcher as “someone who holds down a job in some particular area and is, at the same time, involved in carrying out systematic enquiry which is of relevance to the job”, and as such being an insider researcher has some distinct advantages and disadvantages. Practitioner research is located in the field of practice-based or applied research which covers all research about and into practices and is often used as an umbrella term for a large number of research-based activities undertaken in the fields of practice in education and social and health care. Oancea (2005, p.157) suggests it is like applied research “an area situated between academia-led theoretical pursuits and research-

informed practice.” Groundwater-Smith & Mockler (2007, p.107) argue that in the field of practice based research “those involved in practitioner inquiry are bound to engage with both ‘theoretical’ and ‘practical’ knowledge moving seamlessly between the two”.

I have often questioned whether I am a researcher/practitioner or a practitioner/researcher. How can I define myself, and where does my ‘teacher’s voice’ appear? The truth is that my identity shifts, although I am not sure that the movement is ‘seamless’. After six years of completing this Professional Doctorate I have moved from practitioner/researcher more towards researcher/practitioner. It feels like I have been moving along the continuum between the two through this whole period, and remain convinced that one constantly influences the other. However, my primary identity is in constant flux. When I am in therapist mode I am more practitioner and when I am off on a writing week I am more the researcher. I believe that the ‘teacher’ within me is also apparent when I endeavour to explain certain concepts within this thesis.

At one stage during a difficult and challenging part of the research process I had to discuss the merging of researcher and practitioner with my clinical supervisor. I questioned whether my practice was being affected by my research question. We decided that I should be more boundaried with my time and have defined space in my diary for both. I also confirmed that I will be undertaking 10 or 11 days per annum attending counselling training workshops that are not connected to my research. In summary, the whole research process has been influenced by my being an insider or practitioner/researcher and vice-versa.

1.6 Definitions

In this section I will explore the definition and brief history of metaphor in various contexts. It is important to clarify what is the key term in this research. I will also include definitions of the terms counselling and psychotherapy.

1.6.1 Metaphor

The great pedagogic value of figurative uses of language is to be found in their potential to transfer learning and understanding from what is known to what is less well-known and to do so in a very vivid manner. ... Metaphors are necessary because they allow the transfer of coherent chunks of characteristics—perceptual, cognitive, emotional, and experiential—from a vehicle which is known to a topic which is less so.

Andrew Ortony (1975, p. 53)

In this thesis I will refer to the overarching definition of metaphor: "as the phenomenon whereby we talk, and potentially think about something in terms of something else" (Semino, 2008, p.1). I will also be including various other aligned terms within a broad definition of communicating about one phenomenon in terms of something else, such as allegory, simile and metonym.

The substitution of meaning of one thing for another is a concept that has been used for millennia, indeed we have our metaphor for 'first-ness' in the term 'Big-Bang'. Metaphor has saturated our language throughout history, from Medieval Allegories to Shakespeare. The Renaissance poets often linked natural objects and words; as Alan of Lille penned 'All of the world's creatures are like a book'

(Cooper, 1986). Wordsworth in Wordsworth & Coleridge (1800) proclaimed that poetry with its metaphors is the 'first and last of all knowledge'. Modern literature, poetry and music are flooded with metaphors. We continue to express ourselves, reason and think with metaphors. For example, the 'Worldwide Web' with its 'links', 'pop-ups', and 'drop-down' menus. It appears the more complex our world becomes the more we embody our ideas and concepts in metaphors (Geary, 2011).

The term metaphor is derived from the Greek word *metapherein*, to transfer over. The etymological roots of the word are *meta* meaning beyond or over, plus *pherein* meaning to bring or bear (Sullivan & Rees, 2008). In this context a metaphor is something that is brought or carried over or beyond. Metaphor is also defined in Costello (1991, p.52) as the "application of a word or phrase to an object or concept it does not literally denote, suggesting comparison to that object or concept". Battino (2002, p.3/4) expands:

"In the context of rhetoric it is defined as the use of a word or phrase literally denoting one kind of object or idea in place of another by way of suggesting a likeness or analogy between them (the ship *plows* the sea; a *volley* of oaths.)"

Nordquest (1995) explains that metaphor expresses the tenor, (the unfamiliar) in terms of the vehicle, (the familiar). In cognitive linguistics, the terms target and source are roughly equivalent to tenor and vehicle. Metaphors are carriers of meaning (Carlsen, 1988), transporting one system of meaning to another context signalling how "patterns of meaning in the world intersect and echo one another" (Zwicky, 2003, p. 6). Metaphor is embodied, imaginative, and holistic (Mathieson &

Hodgkins, 2005). Alvesson (2010, p.63) believes that metaphors “can be seen as crucial elements in how people relate to reality” .

Metaphor enables us to process abstract or complex concepts by thinking in analogies derived from more familiar experiences. In science for example, metaphor is a means of creating and communicating new theories and discoveries: "Max Planck, a gifted pianist and cellist, conceived quantum theory in part by imagining electron orbits as the vibrating strings of a musical instrument" (Geary, 2011, p.87).

Lakoff & Johnson (1980, 2003) are generally credited with establishing a new approach to the study of metaphor (Semino & Swindlehurst, 1996). Lakoff & Johnson acknowledge the work of Michael Reddy in stimulating their work, including for example Reddy (1979), in which he introduces the ‘conduit metaphor’ model. Reddy’s model asserts that language functions like a conduit and that people insert their feelings and thoughts into the words that they use, the words accomplish a transfer of the thoughts or feelings to others and in listening people extract the thought or feeling again from the words.

Lakoff & Johnson’s (1980, 2003) point of origin is that metaphor is an ordinary part of language: “we have found...that metaphor is pervasive in everyday life, not just in language but thought and action” (p.3). They go on to suggest that humans’ conceptual system is largely metaphorical and that conceptual metaphors form a significant part of our values and belief system. For example, they quote the conceptual metaphor of argument: “ARGUMENT IS WAR” (p.104). This metaphor is reflected in everyday language, for example “his criticisms were right on target...I demolished his argument...he shot down all of my arguments...your

claims are indefensible” (Lakoff & Johnson, 1980, 2003 p. 4). They suggest that our Western culture conducts arguments in the way which we conduct wars and it is theoretically possible for a culture to conduct arguments through a different metaphor, maybe a dance? Then the structure of our discourse on this subject would be different. The conceptual metaphor ARGUMENT IS WAR is one of many examples that relate to a wide range of aspects of human life, for example, TIME IS MONEY. They suggest that they seem to be part of our conceptualisation process. As Lakoff & Johnson (2003, p.3) posit “our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature”.

Throughout this thesis I will refer to the term *Deep Metaphors* defined as:

"consistent, recurring images of a life story that give coherence to, and aid in, the interpretation of the events of that life....and are used by clients to both circumscribe and frame possible solutions to the problems in their lives" (Mallinson et al., 1996, p.2).

Andriessen & Van Den Boom (2009, p.398) describe them as "new knowledge metaphors". There is also reference to *cryptophors*, which are carriers of hidden meaning and are of particular relevance to counselling and psychotherapy (Cox & Theilgaard, 1987).

1.6.2. Analogies Similes and Metonyms

I understand that analogies, similes and metonyms are not strictly metaphors although I am including them within the broad definition of metaphors where a

term (sometimes referred to as 'modifier') is transferred from one system or level of meaning to another ('the principle subject') (Alvesson & Sandberg, 2011).

Indurkha (1992, p.1) notes that the definition of a metaphor ranges from "a specific way of using words and phrases of language" to "conceptualisation itself" .

Basic to Indurkha's conceptualisation of the metaphor is the notion that a metaphor is not merely a thought itself, but rather is a means to think when conventional ways of thinking are not feasible or possible (Indurkha, 1992, p.18).

Thus he defines the metaphor as an unconventional way of describing (or representing) an object, event, or situation (real or imagined) as another object, event, or situation. In contrast, similes make use of the same cognitive mechanism as metaphors and have a rational or logical element to them (Silverman, 1983).

For example, 'she smiled like a Cheshire Cat' refers to more direct connection between the source and the target. Simple analogies compare two objects or events and notice their similarities.

Examples of a British culturally specific metonym includes 'the Crown' meaning the monarchy. An example of a metonym perhaps with a with a more universal application would be 'plastic' meaning credit cards (Knowles & Moon, 2006). The contrast between a metaphor which at its heart is a similarity drawn between one entity and another (the entities themselves being separate and usually unrelated) and a metonym is that the metonym has a closeness or contiguity between the two elements. The metonym is an integral part of the entity that is referred to, or is closely connected by association (Knowles & Moon, 2006). Gibbs's 'is like' test is an effective method to distinguish between a metaphor and an analogy. If one thing can be said to 'be like' another, then it is a metaphor and 'stand for' is a metonym (Kovecses, 2002).

1.6.3 Counselling and Psychotherapy

There has been an ongoing debate in the world of counselling and psychotherapy regarding definitions of the titles and work carried out by counsellors and psychotherapists. Both Feltham (1995) and Truax & Carkhuff (2007) argue that the terms can be used interchangeably, and as with a number of other heuristic counselling research studies, including, for example; West (1997), Bryden (2002) and Rüsçh, Corrigan, Wassel, Michaels, Larson, Olschewski & Batia (2009), I too will interchange the terms throughout this thesis.

There is a range of definitions used to describe counselling and psychotherapy. To avoid complication I will utilise the the major British representative body's definition of counselling. The British Association of Counselling and Psychotherapy (BACP, 2008) explain that both terms are umbrella and interchangeable terms and they define counselling as:

“Counselling takes place when a counsellor sees a client in a private and confidential setting to explore a difficulty the client is having, distress they may be experiencing or dissatisfaction with life, or loss of a sense of direction and purpose. It is always at the request of the client as no one can be sent for counselling”.

This definition sits comfortably alongside McLeod (2007, p.10):

“(counselling is) an activity that takes place when someone who is troubled *invites* and allows another person to enter into a particular kind of relationship with them”.

I notice that both definitions, probably due to the complicated and changing nature of the world of counselling, are both necessarily vague and McLeod (2007) purposefully adopts a more inclusive, non-professional definition.

Turning to the term psychotherapy, I find that Norcross (1990, p.218) highlights potential differences:

“Psychotherapy is the informed and intentional application of clinical methods and interpersonal stances derived from psychological principles for the purpose of assisting people to modify their behaviours, cognitions, emotions, and/or personal characteristics in directions that the participants deem desirable.”

It appears to be an extremely difficult task to separate the two terms as many counsellors would claim that they also would work within Norcross’s definition.

1.7 Summary

The research questions I am aiming to address in this thesis are: what are the researcher’s and participants’ reflections on their experience of working with clients when using metaphors and how can these reflections augment our understanding of the processes involved in utilisation of metaphors during

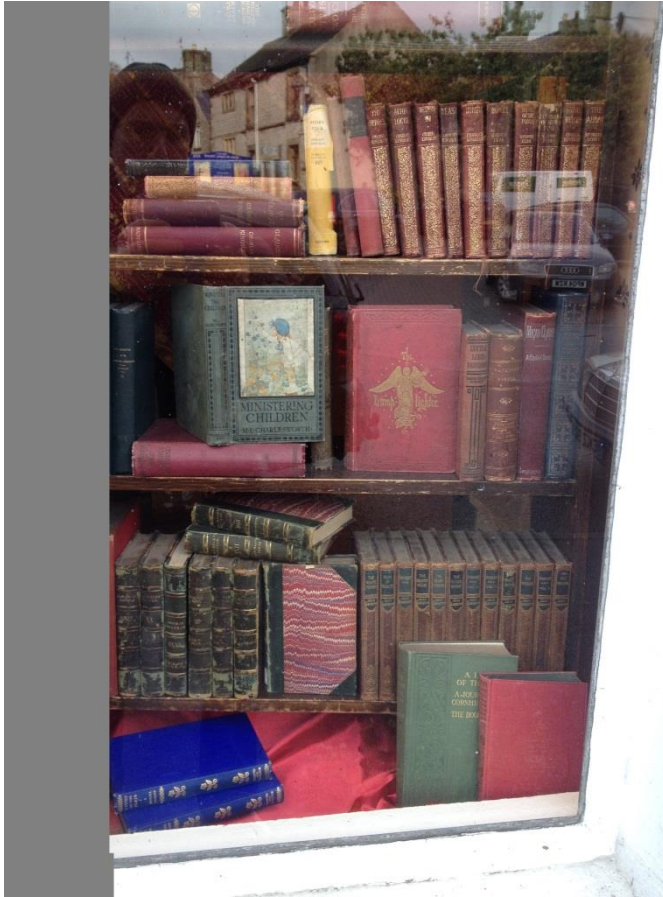
counselling and psychotherapy? To complete this task I have chosen the methodological approach of Heuristics as detailed in Moustakas (1990). I believe Heuristics offers a creative methodology (Djuraskovic & Arthur, 2010) whereby the transformation of my self as a researcher/practitioner is regarded as an integral part of the process (Hiles, 2001) whilst never losing sight of the whole person of the participants (Douglass & Moustakas, 1985).

Due to the identification with the self which is promoted in Moustakas (1990) throughout this thesis I will be writing in the first person which is also in line with many other recent heuristic research studies including, for example, Chan (2012); Dunn (2012) and Thomas (2014).

In the following chapters I will be reviewing the relevant literature relating to the research questions, detailing my chosen methodology/epistemological stance, introducing the data collection and analysis aspects, highlighting and discussing the findings in light of the literature and providing a conclusion with suggestions for future research.

2 LITERATURE REVIEW

2.1 Introduction



This photograph is a metaphor for this literature review informed by a heuristic methodology. The literature is clearly available; I can easily access the books on the shelf; I just need to go through the door. Although here I am reflecting on the literature, I am also in-between the literature and the rest of the world. I am informed both by the view of the literature *and* the world behind me. I can reflect on and view the literature as I hear the traffic passing by and this has been my process. Compiling this

review at the same time as working in my private practice, I have been reading and reflecting on the literature whilst remaining in tune with my clients' and the participants' voices alongside my internal '*me-as-a-therapist*' voice, a mixture of formal and unconscious ways of understanding.

Hart (1998) recommends that the literature review is undertaken before the research takes place, and with regard to the key texts this is largely true for this chapter. Others, including Aveyard (2010), argue that the review of the literature is a systematic two-fold process, one part contextualising the question, the other linked to the findings. My methodology has been one of heuristics (Moustakas,

1990), more of an ongoing process, leading to deeper reflection on the topic, which in turn informs my practice, which in turn informs my reflection on the literature, a continuing reflective and inquiring circle.

A review of the literature is essentially a “reproducible method for identifying, evaluating and interpreting the existing body of recorded work produced by researchers, scholars and practitioners” (Fink, 1998, p.3). My initial question was "What do researchers, scholars and practitioners have to say about the use of metaphor in therapy?" In this section I will be revealing how I sourced and engaged with the literature. I have already reviewed the literature relating to the definitions of the term metaphor together with the definitions of counselling and psychotherapy in the Introduction.

Hart (1998) suggests that the researcher should have a sufficient knowledge of the subject area and comprehend the significant work already done in the field. With such a broad subject it would be impossible to review all the literature on metaphor in relation to counselling and psychotherapy. In my initial search I narrowed down the search to the major models of therapy, research with metaphor *and* counselling (and counseling/psychotherapy) in the title and focused on the key texts relating to models of therapy that specifically promote metaphor usage. I also returned to the literature following the completion of the Findings and Discussion chapters. I was then able to contextualise the findings and discussion within the original research question, which in turn identified further reading and deeper reflection in the areas of co-construction and development of metaphors and a brief overview of some definitions including the conceptualisation of spiritual aspects in therapy.

To summarise, in this chapter I will be reviewing the literature (in the context of metaphor usage in therapy) in five areas: therapeutic approaches, origination & development, culture, spiritual and negative aspects.

2.2 How I accessed the literature

The key texts in the form of books are either owned or loaned to me by colleagues who know of my interest in the topic and the rest of the books have been obtained from the John Ryland's Library. Journals, reports, eBooks, and blogs etc... have been accessed electronically. Google Scholar (advanced search), PyschINFO (Ovid online) and Sage - Full Text Collection (Psychology), were all systematically reviewed. The sheer amount of 'hits' when initially searching for the terms counselling (and counseling) *and* metaphor, or psychotherapy *and* metaphor, was a problem (although a number were irrelevant and related to topics such as career counselling etc.). It appears that a significant percentage of all counselling and psychotherapy research journals include the term metaphor within the full text (Google Scholar), or are *keywords* (PsychINFO & Sage). That is, they appear in the abstract, heading, table of contents, key concepts, original title or test and measurements, which is indicative of the common use of the word *metaphor*, but also I believe that the world of therapy is interested in communication, transformation and interpretation.

McMullen (1996) theorises that both the client and the therapist can struggle to find words to capture difficult-to-describe emotions and sense of self and therefore rely on metaphors. Below is a table which reveals some interesting information on the search for electronic data.

Table 1 Electronic Word Search Results

Search Tool	Counselling & Metaphor Keywords	Counselling & Metaphor Keywords 2000 - 2015	Counselling & Metaphor Title 2000 - 2015	Psychotherapy & Metaphor Keywords	Psychotherapy & Metaphor Keywords 2000 - 2015	Psychotherapy & Metaphor Title 2000-2015
PyschINFO	37	4	1	953	210	16
Sage Psychology	1029	756	0	2707	1759	0
Google Scholar	25,200	17,000	2	63,200	24,400	25

The above table (produced in January 2014) is indicative of a number of factors.

- The staggering numbers involved in the 'keyword' or 'all-word' search.
- Psychotherapy returns more results than counselling/counseling.
- There are significantly reduced numbers when restricting the search for the words appearing in the title. This leads me to tentatively propose that specific research into the phenomena of metaphor use in therapy is potentially limited.
- Post 2000 the numbers also reduce. There seems to have been a lot of research into this subject in the 1980s and 1990s.

The above figures, I believe, support my initial decision to focus mainly on the electronic databases for available journals which include the terms 'counselling (and counseling) and metaphor' or 'psychotherapy and metaphor' within the title of the research. This, I believe, forms a more focused pragmatic approach, that avoids reviewing thousands of journals, with more likely abstract references to metaphors. As I am undertaking a heuristic study, this is to be an ongoing process and I will continue to review the areas of focus after completing the Findings and Discussion sections.

With regard to the sections covering metaphors and counselling, in view of the plethora of literature relating to this theme I have taken a flexible, open minded approach (Hart, 1998). I have chosen available literature in its various forms to provide a flavour of the use of metaphor in some of the major models of therapy and extended the search on specific areas identified as pertaining to this research (origination, development, spirituality and culture).

2.3 Models of therapy

In the following section I will outline the views on metaphors from differing theoretical viewpoints. I will focus on the main models in current favour amongst the counselling profession as there is not space in this thesis to review all the models of therapy. The models reviewed are Person-Centred, Cognitive Behavioural Therapy (CBT), and Psychodynamic.

2.3.1 Person-Centred

Rogers (1902-1987) founded the person-centred approach to therapy, which has been adopted by a number of non-therapy traditions, including education, architecture, environment and community building (Kirschenbaum, 2007). Angus & Korman (2002, p.154) describe this model as “a non-directive approach to therapy where the therapist’s empathic understanding, genuineness and unconditional positive regard are encouraged”. There are many, mostly implicit, links to the use of metaphor in the person-centred approach, as the communication of understanding is a key element of the model. Rogers (1973, p.4) could not be clearer when he penned “one overriding theme in my professional life... is my caring about communication. I have wanted to understand, as profoundly as possible, the communication of the other. I have wanted to *be* understood.” A central tenet of the person-centred model is the therapist adopting their client’s “frame of reference, to perceive him, yet to perceive with acceptance and respect” (Rogers, 1953, p.41). By its very nature the non-directive attitude of this model lends itself to the understanding and self-development of the client, including through metaphors. I would hypothesise that the absence of the promotion of the specific use of metaphors in the person-centred literature is due to the authentic person to person “therapy as relationship encounter” (Rogers, 1962, p.185) stance which takes precedence over techniques and theory (Wyatt, 2001). It is about “a way of being” (Rogers, 1980, p.227).

Rogers uses organic metaphors to describe his approach such as a potato which grows in a dark cellar which reveals an organism’s tendencies to self-actualise (Rogers, 1979) and seaweed on a rocky outcrop which shows an organism’s resilience in a tough environment (Rogers, 1963). I propose that metaphors can

exemplify what Rogers (1967) terms the 'symbolisation of inner experiences' and the process of narrating them is a key aspect of the person-centred approach. Rogers (1957) noted that clients will sometimes disagree with statements reflected to them by the counsellor, even when the statement is repeated verbatim. In this way as Wickman, Daniels, White & Fesmire (1999) suggest metaphors offer counsellors another means by which to reflect client perceptions of presenting problems. Rogers (1957, 1960) stated that there are six necessary and sufficient conditions required for change in self-concept to occur: therapist–client psychological contact; client incongruence - that incongruence exists between the client's experience and awareness; therapist congruence, or genuineness; therapist unconditional positive regard (UPR) - the therapist accepts the client unconditionally, without judgment, disapproval or approval; therapist empathic understanding and client perception: that the client perceives, to at least a minimal degree, the therapist's UPR and empathic understanding. I will now highlight and define two of the core themes of the model, empathy and congruence and comment on the concept of metaphor where appropriate.

Empathy is defined by Rogers (1975, p.3) as:

“entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever, that he/she is experiencing. It means temporarily living in his/her life, moving about in it delicately without making judgments, sensing meanings of which he/she is scarcely aware, but not trying to uncover feelings of which

the person is totally unaware, since this would be too threatening. It includes communicating your sensing of his/her world as you look with fresh and unfrightened eyes at elements of which the individual is fearful. It means frequently checking with him/her as to the accuracy of your sensings, and being guided by the responses you receive. You are a confident companion to the person in his/her inner world.”

I personally feel drawn to Roger’s definition here as when I work with metaphors I believe that empathy can be revealed towards my client and I can enter their ‘perceptual world’, and such movement metaphors also fit with my experience of working with clients. I understand that metaphors can provide a means of sensing hidden feelings in a non-threatening manner. This definition also highlights the process-like nature of empathy and integrates metaphors of ‘living in’, ‘moving about’, and ‘trying not to uncover’ etc. This might have been part of why I was drawn to it. In a study which analysed the work of Rogers from a theoretical basis, Wickman & Campbell (2003) highlight that the understanding and development of a client’s metaphor can help the therapist follow the client’s line of thought, improve rapport, reveal a deep sense of empathy, and can be a catalyst for change of self-perception. Cox & Theilgaard (1987), from the psychoanalytic model, also regard the use of metaphor in therapy to be useful as they intensify “empathic precision” (p.6). However, the literature relating to the specific use of metaphor in person-centred therapy is sparse. Exceptions include Gendlin (1978, 2003) who I believe offers a similar process to that of Grove (Grove & Panzer, 1989) and I will compare the two later in this chapter. However, Gendlin has been accused by certain sections of the person-centred community of being “holistic and directive” (Worsley, 2002, p.69). The third ‘core condition’ of Unconditional

Positive Regard has been described by Bozarth (2009) as being communicated via empathy.

Congruence is defined by Rogers (1957, p.251):

“the therapist should be, within the confines of this relationship, a *congruent*, genuine, integrated person. It means that within the relationship he is freely and deeply himself, with his actual experience accurately represented by his awareness of himself. It is the opposite of presenting a facade, either knowingly or unknowingly.” The concept of congruence (genuineness, transparency, authenticity and realness) is described as an attitude or way of being (Wyatt, 2001).

Rogers (1957, p.215) also alludes to the notion of immediacy involved in congruence: “It is sufficient that he is accurately himself in this hour of this relationship, that in this basic sense he is what he actually is, in this moment of time.” By the therapist remaining congruent and true to self during the therapy Rogers (1957, p.97) believed that this can help the incongruent client rebalance the discrepancy between “the actual experience of the organism and the self-picture of the individual insofar as it represents that experience.” Working with metaphors as a way developing a sense of mutual understanding, I would suggest, can help the client create a truer picture of themselves in the world whilst the therapist can relate to the client “in a deeply personal way” (Rogers, 1951, p.171). In this context, I would propose that the concept of ‘true self’ is a metaphor in itself.

A further lens to view the use of metaphor in person-centred therapy is through the analysis of Rogers working with Gloria in the famous session shown in a training film *The Three Approaches to Psychotherapy* in 1964 by E.L. Shostrom (Wickman et al., 1999). In this production we have an opportunity of viewing Rogers at work, and he appears to be co-creating and mutually developing metaphors with his client, Gloria. Rogers (1953, p.34) highlights the need to fully understand the client's sense of self and to feed this *knowing* back to the client:

"In psychological terms, it is the counsellor's aim to perceive as sensitively and accurately as possible all of the perceptual field as it is being experienced by the client...and having thus perceived this internal frame of reference of the other as completely as possible, to indicate to the client the extent to which he is seeing through the client's eyes".

In the filmed session Gloria, who has been recently divorced, uses language that expresses a confused sense of self; she has gone "haywire". Rogers reveals his understanding back through metaphorical language such as "no-mans-land". Gloria discloses her *conceptual self* through the metaphor of a 'container'. Lakoff & Johnson (1980) believe that people often construct an unconscious metaphorical view of themselves as a real object, which can be a three dimensional object such as a container. Phrases such as "I can't take anymore", "I'm fit to burst", or "I'm ready to explode" are often used by people when their psychological container becomes overwhelmed. She frequently refers to the *parts of herself* that she could accept; how she could be *open* to her daughter so she could see her as *deep, full or whole*. Gloria seems to want to work out which *parts* of her to keep or reject. Rogers consistently and congruently incorporated Gloria's metaphors back into his

understanding of her. He remained within her metaphorical language and framework and throughout the session Gloria struggles with idea of the self that she wanted, “the perfect self”. Rogers picks up on this and helps Gloria *co-create* a metaphor of Utopia. By reframing 'perfect', the utopia metaphor enables Gloria to accept herself as a 'whole person' (and in some way this was a reframing of the container of parts metaphor brought by Gloria). What this seems to imply is that while metaphor isn't referred to explicitly in the person-centred literature, this film perhaps illustrates the unconscious use of metaphor by both client (to convey experiencing) and counsellor (to convey empathy).

I would now like to briefly review the literature pertaining to a number of the developments in the arena of person-centred therapy which include process oriented approaches (Worsley, 2002; Tudor & Worrall, 2006; Mearns, Thorne & McLeod, 2013) and relational depth (Mearns & Kvale, 2005).

Process oriented person-centred therapy retains the spirit of non-directivity, where the therapist follows the client's content for most of the time, but will also, in addition, follow the client's process (Mearns et al., 2013). There appears to be more explicit reference to the use of metaphors in the process oriented literature. Worsley (2002) proposes that meaning is never exhausted and the client's metaphors are “radically interpersonal” (p.82). He suggests that client generated metaphors are crucial in gaining an understanding of meaning and that they “invite shared exploration” (p.82) and the therapist needs to be guarded about what they offer into the client's metaphor. Therapist generated metaphors are also encouraged by Worsley (2002, p.79) as a “very rich, form of asking: is this what you mean?” I believe that process oriented forms of person-centred counselling, which encourage focus on the relational quality of the client's language offer an

opportunity (or permission) to work with the metaphors that are born in the therapeutic relationship and this appears to fit with work of Kopp (1995). Tudor & Worrall (2006) underline the importance of metaphor to the necessary process in the understanding of experience for person-centred therapists and Rennie (1998, p.45) promotes the use of therapist-generated metaphors that "often arise in us (therapists) when we are intensely trying to follow the path (of the client)." (I have added the bracketed words). Rennie (1998) aligns his view of the therapist-generated metaphors with that of Kopp (1995) and Gordon (1978), believing that they should fit with the client's experience and not be independent of the client. He also follows my own experience of working this way, as metaphors can be tentatively offered to clients, who can reject them if the offering does not fit for them. There is additional resonance in Rennie (1998) with other models of therapy. He suggests that the use of metaphor "liberates the secondary stream of consciousness" (p.44) which echoes the view of Freud and other psychodynamic and psychoanalytical theorists that metaphor unlocks the unconscious. (I note that it is unusual for such diverse sets of theorists to agree on a topic). Rennie also raises an interesting concept that is metaphorical in itself, suggesting that the use of imagery and metaphor interrupts the *horizontal flow* (what I might describe as conscious conversation) of the client and takes them into *vertical descent* into an aspect or memory that recaptures what was felt at the time of the triggering event. I note that the majority of theoretical content appears to be rooted in metaphors, for example; 'personal growth', 'journeys', 'depth of encounter' and 'true-self'.

Metaphors also appear to form part of a co-constructive dialogical process (Bohart & Tallman, 1999) which can be understood in the context of mutuality and co-creative relating (Tudor & Worrall, 2006). Tudor & Worrall (2006, p. 241-2) argue that "Dialogue is the practice and mutuality is the outcome. Dialogue implies a

conversation or exchange between two (or more people).” Sanders (2007, pp.111-112) encapsulates the point: “therapy is dialogue, is relational... A dialogical approach to therapy is one that emphasises or even rests completely on dialogue, that is, the co-created relationship between helper and the person being helped.” I propose that the idea of co-created dialogue being a key concept has close connotations to the use of metaphors in therapy.

Developing the notion of the importance of relationship in person-centred therapy, one of the current important concepts is that of relational depth (Mearns et al., 2013) and is defined in Mearns & Cooper (2005, p.36) as:

“A feeling of profound contact, an engagement with a client, in which one simultaneously experiences high and consistent levels of empathy and acceptance towards the Other, and relates to them in a highly transparent way. In this relationship, the client is experienced as acknowledging one’s empathy, acceptance and congruence – either explicitly or implicitly – and is experienced as fully congruent in that moment.”



I like a client's metaphor for describing these moments of connection, described in Knox (2011, p.132):

“Do you know the ...is it, Michelangelo painting in the Sistine Chapel, where you have the two fingers? It's kind of like that and there comes a point 'ch-ch-ch' and the contact is there...”

There are a number of metaphors referred to in the texts of the relational depth literature, mostly quoting the narrative of the client. For example, in Knox, Murphy, Wiggins & Cooper (2013, p.29) a client alludes to a healing moment in their therapy: “A light came on and illuminated my life, my existence, my whole being...I'd been walking around in the darkness and, suddenly, the counsellor had switched on the runway lights, which highlighted a potential new path that I could choose.” Again, the metaphors are not highlighted in the literature or referred to as a particular technique to be adopted. I would refer to the attitudinal rather than technical focus of the person centred approach (Rogers, 1987; Thorne, 1991;

Wyatt, 2001) which seems to be the common theme identified in this literature review of the person-centred approach and metaphor use.

2.3.2 Cognitive Behavioural Therapy

Beck (1979) developed Cognitive Therapy (CT) as a set of therapeutic techniques to help clients solve existing issues by recognising and changing dysfunctional thinking patterns. Beck noticed that when his clients adopted more adaptive ways of thinking and reacting there was a reduction in their symptoms. CT is a form of therapy that at its core suggests that current negative beliefs relate to current problems such as anxiety and depression (Beck, 1979). CT has strong links with CBT as the central theme of both models is that disordered thinking leads to maladaptive emotions and behaviours (Dobson, 2009). Beck (1979, p.38) refers to "The Burglar example" as a therapist-generated metaphor which highlights how we can change perspectives and resultant behaviour through changing our beliefs and thoughts. In this metaphor the client is invited to think of someone (not themselves) alone at home asleep, and they suddenly hear a crash in another room. The client is invited to explore his own possible thoughts and feelings and how that might lead to types of (protective) behaviour. A second version is then introduced by the therapist with the same scenario, although this time the person thinks: "The window has been left open and the wind has caused something to fall over". The aim of the metaphor is twofold, firstly to highlight that we can think differently about the same experience and how we think effects how we feel and behave.

I will now focus on Stott, Mansell, Salkovskis, Lavender, & Cartwright-Hatton (2010), Friedberg & Wilt (2010) and Spandler, Mckeown, Roy & Hurley (2013) as

they specifically and exclusively refer to the use of client generated or therapist generated metaphors in CBT. Stott et al. (2010) explain the importance of metaphors in CT and CBT: "Cognitive Therapy has, as a central task, the aim of transforming meaning to further the client's goals and help journey towards a more helpful, realistic and adaptive view of the self and the world. Metaphor should therefore be a powerful companion" (p.14). Stott et al. (2010) endorse the explicit use of metaphor with clients to explore previously poorly understood domains/ presenting problems through connecting to embodied meaning. Embodiment in this context is explained in Stott et al. (2010,p.14):

"The process of forging a metaphor involves a concurrent awareness of matching components of the two concepts, simulated as if embodied, within the individual. Thus, a person who is asked whether arguments are like war for the first time would actually imagine a tirade of speech and a tatter of machine gun in their mind's eye, or another pairing of components between the two concepts".

I would suggest that this is more of a cognitive process and I will review further aspects of the embodiment of metaphors later in this chapter.

Whilst Stott et al. (2010) state good reasons to pay close attention to the client's own metaphor, they concede that the majority of metaphors are introduced by the CBT or CT therapist. Indeed, the greater part of the publication prescribes useful therapist-generated metaphors for certain classes of psychological issues such as Eating Disorders, Psychosis, and Bipolar Disorder. For example, the metaphor of a pressure cooker is suggested as useful for those clients suffering from anger

issues as it illustrates the process of pressure building up during periods of in-assertiveness. There are many 'empowering metaphors' suggested that relate to current scenarios in films and books that could be useful for clients. For example, Gollum's multiple internal voices heard at increased times of stress in *The Lord of the Rings* can be a helpful metaphor for those clients hearing voices. I note that these metaphors are 'issue based' rather than 'person based'. In my practice I prefer to run with my client's metaphors, although there may be occasions when I will introduce a metaphor if I feel it fits with the immediacy of the therapy. The client can always reject it, or it can open up more material if we are both open to 'getting it wrong'.

Recent research into the use of football metaphors in the 'It's a Goal!' therapeutic group work programme is revealed in Spandler et al. (2013). Using self-report questionnaires and the 'Warwick-Edinburgh Mental Well-being Scale', positive outcomes (positive affect, functioning and relationships) were reported by the 117 participants. The programme was loosely based on the CBT model, and primarily aimed at men with mental health needs, who are traditionally seen as 'hard to reach' and engage with. The research found that the use of football metaphors was seen as useful as it aided initial engagement, the language used was changed as the participants were 'players' and the facilitators were 'coaches'. The team approach also improved the mutual support of each other, the inter-connectedness within the group promoted new personal insights for the players on how they could help themselves and others, enabling self-understanding. The authors of the report believed that the metaphors provided an indirect, safe distance from which to look at themselves, motivating change. I concur with Cox & Theilgaard (1987, p.122) who suggest that an important factor in engaging with

metaphors is that the client feels “at home” in the language; although novel, the topic remains familiar.

"Not only did football metaphor aid self-understanding, it also helped players to reframe their lives and situations and illustrate alternative, and potentially more helpful, ways of reacting to difficulties" (Spandler et al., 2013, p.13).

One possible interpretation of the success of this programme is that it was primarily due to the creation of an environment by the facilitator or therapist in which the members of the group were able to use their own metaphors, metaphors that they could co-create and mutually develop and they could all relate to, in a language that they understood. This is in contrast to metaphors which are generated from outside of their experience or social world, which do not resonate. It appears to me that the group mutually matured metaphors that were taken from the culture to which the all the members belonged.

In a U.S. meta-analysis study Friedberg & Wilt (2010) report on how metaphors make CBT more accessible to young children who have limited logical reasoning skills. They suggest that this is because metaphors provide analogies for young children, they provide a simple way to understand complex reasoning techniques such as tests of evidence, reattribution, and decatastrophising. The authors set out guidelines for good clinical practice for CBT therapists using metaphors with young clients and as with Stott et al. (2010) most are ‘issue based’ rather than ‘person based’. For example, ‘anger volcano metaphors’ are suggested for the therapist to introduce to describe the client’s simmering anger. Also, ‘depression is a like a bad hair day’ is provided as an example to illustrate the mood’s temporary and

changeable quality (Blenkiron, 2005). However, Friedberg & Wilt (2010, p.104) do conclude that “Metaphors and stories need to be individualised to match a child’s individual circumstances, ethnocultural context, and developmental level”.

In summary, I would suggest that Friedberg & Wilt (2010) exemplifies the post 2000 literature in connection with CBT and the use of metaphor. There appears to be a disconnect between the promotion of a technical process of therapist delivered metaphors for specific client issues (for example; ‘the bear who lost his sleep’ - CBT applied to Generalised Anxiety Disorder (Lamb-Shapiro, 2000); ‘the chimp who lost her chatter’ - CBT applied to shyness and social anxiety (Shapiro, 2004)) versus the ‘person-centred’ acknowledgement that “A good metaphor reaches a child (client) where they live and fits both their internal and external reality” (Friedberg & Wilt, 2010, p.105). (I have added the bracketed word).

2.3.3 Psychodynamic

Here I will review some of the key concepts that underpin psychodynamic approaches in general whilst recognising and acknowledging the diversity of approaches that fall under this heading.

As with many other schools of therapy many of the basic elements of psychodynamic theory are metaphorical in themselves (Angus & Korman, 2002).

In psychoanalytical theory, psychic reality is thought to be ungraspable in itself and ‘reality’ is thought to be represented through a combination of various means, such as thought, affect, sense impressions and memories. Enckell (2002) suggests that the specific way the unconscious endeavours to represent reality is non-literal and

is analogous to the theory of metaphor. Thus, a significant element of psychoanalytical investigation is comparable to the reading of metaphors. A key text to be considered here, emanating from the field of psychoanalytic theory, which I believe also has a relevance to all models of counselling and psychotherapy, is *Mutative Metaphors in Psychotherapy: The Aeolian Mode* (Cox & Theilgaard, 1987). As with a number of psychoanalytic theories, for example the legend of Narcissus (Freud, 1914), it takes its name from Greek mythology. The Aeolian Harp (named after the Greek God of wind) had the capacity to pick up the 'music in the wind', a metaphor in itself for the ability to respond to the: "numerous nuances, and the hints of 'other things', which so often people offer in the therapeutic space" (Cox & Theilgaard, 1987, p.xxvi). The authors believe that the mode 'sets free' those that enjoy working in a creative way. It is a complex process detailed in a text of some 300 pages, although the authors provide a 'thumbnail sketch' of the essence of the model (p.xxix):

"Attend. Witness. Wait.

Discern, formulate, potentiate, and reflect mutative metaphorical material.

Attend. Witness Wait."

This brief description highlights the role of the therapist as a witness to his client's unfolding experience, always waiting for possible material from their client which is rich in metaphoric potential. The Aeolian mode: "rests upon the mutative capacity of metaphor and creative imagery...and attempt(s) to make the unconscious conscious and to gradually facilitate disclosure of hidden meaning" (Cox & Theilgaard, 1987, p.96) (bracket added by me). *Cryptophors*, are the carriers of hidden meaning, and the facilitation of disclosure of hidden meaning according to

Cox & Theilgaard (1987) is at the centre of psychodynamic theory. The *mutative* potential of metaphor is the ability to perceive aspects of experience in an alternative way. Therefore, material which the client has endeavoured to avoid or deny can be brought into the client's awareness through the 'non-invasive container' of the metaphor. As Cox & Theilgaard (1987, p.99) succinctly and metaphorically describe: "Material.. 'filed away', appears again in the 'pending action file'". The efficacy of the mode depends on the 'optimal synergism' between the three dynamic elements of *poesies, aesthetic imperatives and points of urgency*. *Poesies* is a process in which something is called into existence for the first time, it was not there before. The freshness and novelty of the client's metaphor or image is an important factor in the mode. Rather than focussing on habituated images or metaphors that have lost their originality and therefore their mutative potential the therapist is waiting for new metaphoric material to emerge from the client. *Aesthetic imperatives* relate the therapist's sense (and 'imperative urge') to respond in a particular way to a client. Cox & Theilgaard (1987, p.36) explain the imperative in more detail: "The perceived coherence is one between evoked associative echoes in the therapist, the patient's clinical predicament, and the organisation of the latter's inner world." It is therefore important for the therapist to be 'fine tuned' towards their own associative resonance when working in the Aeolian Mode, not forcing the impulses and being mindful of non-therapeutic countertransferences which can contaminate the process. *Points of urgency* indicate a perceived moment of dynamic instability, or a point of breakdown, in the patient and the patient is therefore optimally receptive to the therapist's interventions. Cox & Theilgaard (1987, p.11) indicate the optimal timing: "It is at the point of encounter when a patient becomes 'inaccessible', so that further movement seems blocked, that the mutative metaphor comes into its own". When the client is so 'heavily defended' and other interventions cannot reach them; then

the point of urgency, the aesthetic imperative and the dynamic of poesies (which are all inextricably related) provide the possibility of working with the Aeolian mode to unlock therapeutic possibilities inherent in metaphor and image, whereby the client is enabled to tell their story. There is not space within this thesis to cover all the intricacies of the complete Aeolian Mode, although consideration of its theory and clinical influence will be incorporated into this Literature Review and the Discussion. The importance of literature within the mode cannot be ignored and needs to be highlighted here. Cox & Theilgaard (1987) appear to be heavily influenced by the words of Shakespeare, the Bible and other substantial authors including Dickens, Wolfe and Tolstoy. When working in this mode the therapist seems to draw on archetypal symbols and emotions apparent in literature, myth, drama and poetry which are claimed to: “provide a powerful route of ‘direct access’ to the deepest human experience” (p.239). As he listens to his client the therapist becomes aware of the *aesthetic imperative* as: “archaic echoes are evoked by trigger stimuli in the patient’s colloquial vernacular style of disclosure” (p.142). The resultant mutative metaphor, often informed by poetry or literature, is delivered at the perceived optimal time of *point of emergency*, in order that the client may safely be as close to their feelings as they have the capacity to endure.

Poetry is a key theme to the Aeolian Mode (Emily Dickenson being the most oft quoted poet in the text). Cox & Theilgaard (1987, p.39) explain the crucial element of the ‘force of poetry’: “As we spend time with people who are frightened, depressed, hopeless and chaotic, we cannot fail to recognise the ‘poetic style’ of expression. It is adopted by even the most prosaic-minded patient when he tries to express the ‘inexpressible’”. Poetry can enable the poet and the reader gain an awareness of matters which are too elusive or overwhelming for other forms of language to contain. Within these poetic styles of verbalisation there are, according to Cox & Theilgaard (1987), ‘flash-points’ of *poesies* and thus an invite

into the mode for the therapist to be mindful of. The authors also noticed from their own empirical experience (Cox worked as a psychotherapist at Broadmoor) that they and their clients became poets in the intimacy of the therapeutic space when reflecting on their “darkest realities and their brightest joys” (p.40).

Freud (1900) reveals that through the lens of psychoanalysis, repression and censorship processes influence the unconscious to reveal itself through metaphors and symbols. Freud divided the mind into the conscious mind and the unconscious mind. In his theory, the unconscious refers to the mental processes of which individuals make themselves unaware and that significant psychic events take place ‘below the surface’ (Geraskov, 1994). Freud, (1917, p.295) provides us with a metaphorical description of the unconscious, conscious and the process of censorship:

“Let us therefore compare the system of the unconscious to a large entrance hall, in which the mental impulses jostle with each other like separate individuals. Adjoining this entrance hall is a second narrower room – a kind of drawing room – in which consciousness too resides. But on the threshold between these two rooms a watchman performs his function: he examines the different mental impulses, acts as a censor, and will not admit them into the drawing room if they displease him.”

The use of metaphor in psychotherapy enhances the exchange between the unconscious and conscious realms (the entrance hall and the drawing room) as the metaphor can *bypass* the client’s censoring defences (Cox & Theilgaard,

1987). Metaphors allow the client: “safe access to hitherto buried experience” (Cox & Theilgaard, 1987, p.69). In a further key text, Arlow (1979) viewed metaphors as an unconscious attempt to conceptually distance oneself from powerful and potentially overwhelming affective experiences. Borbely (2004) suggests that metaphors form a healthy defence system and metaphor and positive metonymy, fundamental to how the mind works, are devices organising creative change. I agree with Schlesinger (1982) who proposes that resistance is inevitable in psychoanalytical psychotherapy and when defence is couched in metaphorical communication it is preferable for the therapist to ‘go with the resistance’ and ‘stay in the metaphor’. Whilst Freud’s notion of the unconscious and defences has been challenged by many (e.g. Sartre, 1953; Fromm, 1980; Kihlstrom, 2002) it remains at the heart of many psychodynamic models (Epstein, 1994).

Freud (1856-1939) was the creator of psychoanalysis and techniques such as free association and the concept of transference, and he remains an extremely influential figure in the realm of counselling and psychotherapy. Edelson (1983) describes Freud as a master of imagery, which seriously contributed to his writings. Freud found in language a potential insight to his patient’s individual unconscious self: “The metaphor can be regarded as the symptom which reveals the repressed desire” (Jefferson, Robey & Forgacs, 1982, p.78).

Undeniably, a number of Freud's concepts themselves could be regarded as being metaphorical (Draaisma, 2000). In Freud (1900) the Ego's defences stand '*on guard*' to prevent any unwanted '*id*' impulses from drifting from the unconscious to the conscious, a process which Freud referred to as Repression. He theorised that the ego censored objectionable items and transformed them into disguised forms, such as dreams which are created by the unconscious through primary (thinking)

processing. Desire, (according to Freud (1900), our primitive driving force) is a series of metaphors, which he described as displacements away from the unconscious point of origin, where one term replaces another blocked (or censored) term by one that is accepted (or uncensored) by the pre-conscious (Silverman, 1983). Freud (1925) also found that secondary process has a role in creating affinities and similarities that are metaphoric, although these connections are more likely to be logical in nature, such as similes. Lichtenberg, Lachmann, & Fosshage (2013, p.6) highlight the importance of metaphors and imagery as forms of affective communication in which the psychoanalyst can “sense into” the internal world of their patients: “moments like a child plays with a toy”. To psychoanalysts, metaphors lie at the interchange between unconscious (primary) and conscious (secondary) ways of thinking and integrate word and image into a third entity known as "logical analogy" (Langer, 1979). Metaphors are a mixture of images (primary) and words (secondary), which links with my experience that, when engaged in a metaphor, the client can be deeply connected to his unconscious processes, visualising dream-like concepts and symbols, whilst still being consciously aware of what he or she is experiencing.

Transference (a lynchpin of psychodynamic understanding), was originally described by Freud (1935, p.384) thus:

“By this we mean a transference of feelings on to the person of the physician, because we do not believe that the situation in the treatment can account for the origin of such feelings”.

Transference has its roots deeply embedded exclusively in the psychoanalytical school (Enckell, 2002) and has metaphorical connotations. However, latterly, wider

definitions have been imported by many models of therapy. Contemporary definitions of transference describe the concept as an unconscious process between a client and a therapist whereby person A acts towards person B as if person B were person C (Page & Woskett, 2015). Thus, as Jacobs (1986, p.6) alludes, transference is the term used when “in the relationship style(s) which the client adopts towards the counsellor there are signs of past relationships”. Countertransference represents the therapist’s feelings, thoughts and actions used to either counter the transference projected by the client (if the client treats you like a mother figure you find the therapist becomes masculine and business-like) or for the therapist to play out the role (in the above situation the therapist acts as the client’s Mother and becomes protective and angry like the client’s Mother did) (Hawkins & Shoet, 2006). Enckell (2002) proposes that unmastered psychic reality reveals itself most clearly through the transference phenomenon, what he refers to as a ‘living metaphor’. By focusing on the transference living metaphor, he suggests that the therapist will learn more about the client’s avoidance than by working on linguistic metaphors. Not all therapists adopt the ideas of transference and counter transference. Indeed Shlien (1984, p.153) believes “Transference is a fiction, invented and maintained by the therapist to protect himself from the consequences of his own behaviour.” He proposes that the early work of Breuer & Freud relating to the first five case histories in the 1895 Studies on Hysteria (Breuer & Freud, 1957) involved the most sensitive older male/younger female relationships. On the same theme, Fenichel (1941, p.95) critiques Freud (1912/1935):

“Not everything is transference that is experienced by a patient in the form of affects and impulses during the course of analytic treatment. If the analyst appears to make no progress then the

patient has, in my opinion, the right to be angry, and his anger need not be a transference from childhood.”

In psychodynamic terms, metaphors are *containers* for powerful emotions to be processed in ways that are *safe* (Spandler et al., 2013). Or to coin a psychoanalytical term, therapeutic metaphors can be viewed as *transitional objects*. Winnicott (1953, p.4) describes a ‘transitional object’ as:

"..perhaps a bundle of wool or the corner of a blanket or eiderdown, or a word or tune, or a mannerism, which becomes vitally important to the infant for use at the time of going to sleep, and is a defence against anxiety, especially anxiety of depressive type. Perhaps some soft object or type of object has been found and used by the infant, and this then becomes what I am calling a transitional object."

In the same way the infant substitutes Mother with a teddy or a thumb to reduce their anxiety through a *safe indirect available container*, psychoanalytically clients use metaphors to process drives and desires from censored to uncensored and acceptable concepts in a safe and acceptable form.

According to Ogden (1997) analytic dialogue often takes the form of a verbal “squiggle game” (Winnicott, 1953) in which the analytic pair elaborates and modifies the metaphors that the other has unselfconsciously introduced. This ‘intersubjective construction’ has strong connections to the co-construction and mutual development of metaphors referred to later in this chapter.

Jung (1875-1961), the Swiss psychiatrist, introduced Analytical Psychology and coined key concepts such as the Collective Unconscious and Jungian Archetypes. According to Young-Eisendrath & Hall (1991) Jung believed that emotionally infused imagery is the primary organiser of the human psyche and metaphors and imagery link to the client's pre-verbal developmental stage. He also developed further the Freudian idea of the unconscious and acknowledged that certain symptoms of pain and neurosis are symbolic, e.g. sickness can relate to not being able to digest an unpleasant fact. Jung believed that the unconscious expressed itself through dreams. He regarded Freud's free association technique as "misleading and an inadequate use of the rich fantasies that the unconscious produces in sleep" (Jung 1964, p.11). He proposed that rather than being part of the client's defence system to deal with unwanted desires or repressed sexual feelings, dreams have an individual purposeful structure that hold an underlying intention or idea. Jung (1964, pp.43-45) recalls a dream that occurred when he was working with Freud, although he decided not reveal the contents of the dream because:

" My intuition consisted of the sudden and most unexpected insight into the fact that my dream meant *myself, my life, and my world, my whole reality* against the theoretical structure erected by another, strange mind for reasons and purposes of its own. It was not Freud's dream, it was mine; and I understood in a flash what this dream meant."

Apart from revealing the rift between Freud & Jung and the different approaches to the interpretation of dreams, this also for me highlights the metaphorical aspect of dreams. Dreams are metaphorical in that they convey visual messages from the

unconscious and contain idiosyncratic meaning and symbols. Working with dreams can be an fundamental element of a Jungian Analyst's work with their client and can indicate unconscious wish fulfilment and latent transference issues (Sharpe, 1988). Sharpe (1988, p.7) suggests that dreams indicate the individual psychical product of the individual:

“The dream-life holds within itself not only the evidence of instinctual drives and mechanisms, by which those dreams are harnessed or neutralised, but also the actual experiences through which we have passed...dreams are like individual works of art.”

Working with metaphors and dreams both seem to move towards bridging the gap between that which is understood and that which is beyond understanding and there appears to be a direct link between the dream and the story which the client needs to tell (Cox & Theilgaard, 1987).

Jung crafts his own metaphor: "As a plant produces its flower, so the psyche creates its symbols" (Jung, 1964, p.53). I believe that there are strong links between the symbols and metaphors created by the psyche in that they create a level of meaning in a way that is represented as something else. Both employ the integration of imaginative and linguistic processes (Cox & Theilgaard, 1987). Jung (1964, p.41) describes a symbol as a phenomenon that: "always stands for something more than its obvious and immediate meaning". He expands on their non-logical element:

"Symbols, moreover, are natural and spontaneous products. No genius ever said: "Now I'm going to invent a symbol." No one can take a more or less rational thought, reached as logical conclusion or by deliberate intent, and then give it "symbolic" form...But symbols I must point out do not just occur in dreams. They appear in all kinds of psychic manifestations."

Hobson (1985, p.65), from a psychodynamic viewpoint, adds to the discussion in that: "Symbols help us *conceive* things". Barth (1977, p.87) suggests that: "Symbol reveals the deepest mysteries of human life". I understand that there is a link between the symbols that Jung believed were messages and ideas from the unconscious that are mostly revealed in picturesque and vivid imagery in dreams to the deep metaphorical visualisations that clients access during therapy, referred to in Rice (1974) as *evocative reflections*. I find that symbols, dreams, imagery, visualisation are all metaphoric messages from the unconscious that help us conceive the world in a meaningful and safe way, and connect our emotions with the visual. Metaphors are a form of symbolism (Cox & Theilgaard, 1987; Knowles & Moon, 2006).

Jung (1964, p.85) believed that as humans' contact with nature has reduced this has been compensated by universal symbols connecting us with our "original nature". These symbols he described as archetypes, symbols with no known origin. Such symbols are also described in Young-Eisendrath & Hall (1991, pp. 1-2) as a "primary imprint (indicating) a universal disposition to construct an image, usually in an emotionally aroused state". The archetype symbols relate in the main to mythology and religion. Campbell (1986, p.55) recognised that "every myth...whether or not by intention, is *psychologically* symbolic. Its narratives and

images are to be read, therefore not literally, but as metaphors". May (1991, p.38) highlights the importance of universal archetypes: "Each of us, by virtue of our pattern of myths, participates in these archetypes; they are the structure of our human existence". Kopp (1995, p.127), from the psychodynamic model, also explores this concept: "Each of us develops a personal mythology that is reflected in our personal "guiding fiction", i.e. the metaphoric pattern that connects and makes sense of our experience of the world". Kopp (1995) assumed a key position in the field of 'client generated metaphors' and 'metaphor therapy' and hence will be discussed in greater depth in a later section.

Archetypal transference is also recognised within the Jungian tradition, whereby either due to the unconscious fantasy of the client the analyst is seen as a magical healer or an evil devil; or based on the relationship the analyst and client, both project unconscious material onto each other, for example the analyst may unconsciously introduce their own 'wounded healer' into the relationship (Samuels, 2003). This is a further example of a 'live metaphor' (Enckell, 2002), which is beyond language and rhetoric, particularly apparent in the psychodynamic model.

Samuels (1985) highlights the link between Jung's alchemical imagery as a metaphor for the transference/counter transference process in psychoanalysis. He suggests that Jung's theories of interpersonal relationship can be likened to the hidden mysteries of life. Jung insisted that the psyche of the client cannot be understood in conceptual terms, but only through living images or symbols, which are able to contain paradox and ambiguity. Alchemy reflects the process of personal transformation in the metaphor of transmuting base metals into gold.

As with the psychoanalytical tradition, Jungians also propose that metaphors can be used by the client as a defence in order to reduce their anxiety (Samuels, 2003). Hubback (1973) concludes from the psychodynamic model that the abuse of metaphors arises when there is no mutual agreement on the meaning of the words or the area being focused upon, again linking to the 'person-centred' concept of mutual development and understanding.

2.4 Origination & Development

I will now review and reflect on the literature pertaining to the originator of metaphors in therapy. Meier & Boivin (2011) hypothesise that metaphors can be categorised as either client or therapist generated and I offer an alternative social constructionist hypothesis that metaphors are co-constructed by both parties.

Certain models of therapy promote the identification and development of client generated metaphors (Grove & Panzer, 1989; Kopp, 1990). Also, Strong (1989) and an element of the CBT literature described in Stott et al. (2010) encourage the development of metaphors irrespective of the originator. Cox & Theilgaard (1987, p.77) referring to the aforementioned *Aeolian Mode* suggest that the therapist only respond to their client with a metaphorical interpretation when the association is demanding: "We have learned never to use a tangential or oblique association unless its impact upon us is so powerful that we feel that we will deprive the patient of something if we withhold it". Existential therapy, in particular the school of Logotherapy developed by the late Viennese psychiatrist Viktor Frankl (which helps clients focus on orientation in their lives) uses metaphor in 'meaning-making' (Frankl, 1986). In the structural model of existential therapy detailed in Spinelli

(2005) the client's metaphor is a key element in the process of self-description which, in itself (Spinelli posits), promotes the prospect of therapeutic change.

I will firstly focus on the models of therapy and research which identify with the idea of client generated metaphors in therapy (Grove & Panzer, 1989; Kopp, 1990; Mathieson & Hodgkins, 2005; Charteris-Black, 2012) before exploring the models which promote both therapist and client generated metaphors (Strong, 1989) bearing in mind I have already reviewed Stott et al. (2010) in the section covering CBT. I will then review the literature relating to co-construction and mutual development of metaphors in therapy.

2.4.1 Origination - Focusing on the Client's Metaphors

Meier & Boivin (2011, p.64) describe client generated metaphors as "idiosyncratic and very personal and transformed within the world-view of the client". Whilst I believe that this definition discounts the involvement of the therapist or the influence of the therapeutic relationship, a number of theorists believe that client generated metaphors represent the client's internal construct which contains meaning and significance for the client (Grove & Panzer, 1989; Kopp, 1995). There is also evidence in the literature of research relating to the focusing on the metaphors of the client. For example, Mathieson & Hodgkins (2005) identified that the literature has not fully addressed individuals' metaphors of change and how these relate to the counselling process. In this Canadian study, that used a narrative methodology to explore identity development in adolescent girls, 10 adolescent girls, aged 13 to 18, who were in a hospital eating disorders treatment programme were interviewed. They suggest that the focus on the client's metaphor assists the counsellor in building a relationship with the client, helps the

client to give new meaning to their problems or experiences, and provides the client with new possibilities or solutions to their problems. The ten teenage participants offered their own rich metaphors to describe how change had occurred. They discussed the *parts* of themselves that wanted to change, again using the self-as-a-container metaphor. Various forms of *rock bottom* were revealed: physical rock bottoms when weight reaches an intolerable level and emotional rock bottoms. One participant identified her eating disorder as a separate person inside of her that shrinks during recovery. Metaphors common in the field of addiction such as 'finding myself', 'journeys' and 'roads to recovery' were identified. The authors of this paper recommend that counsellors listen to their clients' metaphors for change and consider the client's agency within them, as even what initially appear insignificant metaphors can be powerful vehicles for change. They also warn that counsellors should not force their worldview or their own metaphors on their clients although metaphors offer a potentially useful bridge between the client and therapist (Wickman et al., 1999).

Alternatively, in a qualitative Swedish study, Skårderud (2007) reports the negative aspects of client-generated metaphors and eating disorders. 10 female patients (age 16–35 years) with anorexia nervosa described in interviews how they conceive mind–body relations in their own lives. All the participants used their own 'concretised metaphors' to describe their symptoms, which allegedly reduced their capacity for reflective functioning. 'Concretised metaphors' refer to instances where the metaphors are not experienced as indirect expressions showing something thus mediated, but they are experienced as direct and bodily revelations of a concrete reality. There is an immediate equivalence between bodily and emotional experience. For example, fear of eating and of gaining weight is a key feature in anorexia nervosa. However, statements underscored the

metaphorical connections between eating as an act of filling oneself and emotions of feeling overwhelmed. The author of this report do not offer any alternative approaches, although the concept of concretised metaphors may help us to realise why anorexia may be difficult to understand, and that the client may be difficult to engage with because she or he is trapped in the concreteness of body symbolism. In a more recent U.K. study, Charteris-Black (2012) interviewed a group of 38 men and women diagnosed with depression in which the analysis focused on their metaphors. The study observed that there was little difference between the genders in the metaphors generated by the clients such as 'descent', 'darkness and light', and 'weight and pressure', although women were more likely to mix their metaphors. There was also a general use of the container metaphor in which the self is *contained* within a depression, and the depression *contains* sad feelings that are trapped. It is interesting that there was commonality in the use of metaphors in this group including the container metaphor, which connects to Roger's work with Gloria.

Cox & Theilgaard (1987) are regarded as key theorists with regard to the use of metaphor in counselling and psychotherapy. Unlike other theorists who promote the universal response by the therapist to their client's metaphors (Grove & Panzer, 1989; Kopp, 1995) they suggest that the therapist answer an 'irresistible call' to respond to their client's disclosure of experience. According to Cox & Theilgaard (1987) sometimes the language of the client is unambiguous although the therapist is also encouraged to respond to the affective loading of the client's narrative or even silences. The impact of the inner world of the client on that of the therapist is the catalyst for movement into the Aeolian Mode, a sharing of poetic language, metaphors and images. It is thus difficult to identify where the metaphor begins in this mode of working, with the client or therapist? I would suggest that

they appear to be born in the *intimate therapeutic space*. Cox & Theilgaard (1987, p.43) confirm the relational and mutuality aspects of this way of working: “although creativity is involved, during the actual unfolding of a therapeutic session the therapist is not aware of ‘inventing images’. On the contrary, he perceives them.” There is also an acknowledgment that if the therapist’s metaphor is aptly timed the client never regards the image as intrusive or inappropriate. Working in this mode the therapist is always working with perceived fresh imagery, rather than waiting for their client to verbalise a metaphor.

Kopp (1995) is also seen as a key text in the field of the use of client generated metaphors in psychotherapy (Dwairy, 1997; Mills, Crowley & Crowley, Mills, 2001; Burns, 2007). Kopp, a Clinical Psychologist and Adlerian Psychotherapist highlights the various forms of metaphors used in therapy and identifies two broad categories: *client*-generated metaphors and *therapist*-generated metaphors. He was influenced by the Adlerian notion that one’s lifestyle is represented in imaginal and metaphoric cognitive modalities (Adler, 1927). Kopp (1995) sets out a six stage approach to his metaphor therapy from noticing clients' expressed metaphors, exploring the visual images relating to the metaphor, expanding this to sensory images and related feelings, inviting a change to the metaphor and linking the metaphoric change to the real life issue. He also promotes a method of linking bodily sensations to early memory and developing the metaphor of the memory, which can have connections to the client's current issues. He acknowledges that following a linear model can be frustrating for experienced therapists and is somewhat more prescriptive as a process than the Aeolian Mode (Cox & Theilgaard, 1987).

In his model Kopp (1995) listens for the metaphors that a client relates about their life, and then simply suggests that he or she can change the metaphor to get what she wants. I would offer that this could be regarded as a reductionist and simplified view of counselling and has minimal clinical based research to support its efficacy. With a focus on CBT and metaphors, Stott et al. (2010) agree that there are good reasons to pay close attention to client-generated metaphors as they have the client's attention and it is the client's attempt to understand their own world and problems in an abstract way. Also, the metaphor may reveal important information about the client to both the client and the therapist and it is safer to talk about issues in a metaphorical way (Freud, 1917; Cox & Theilgaard, 1987). In my experience this can enable the metaphor to continue and develop over many sessions, if not throughout the whole therapeutic process. Naziry, Ghassemzadeh, Katefvahid & Bayanzadeh (2010) discovered a marked improvement for clients reporting depression when their metaphors were engaged with by the therapist in a study focusing on CBT.

Grove (1950-2008), the late New Zealand counselling psychologist, worked extensively with traumatised clients including Vietnam War Veterans. He developed a model of therapy engaging with the maturation and externalisation of client's embodied metaphors in an endeavour to aid the recovery from trauma, a key component of his model was the use of 'Clean Language'. Grove & Panzer (1989) set out a linear model for the resolution of trauma involving using Clean Language by the therapist, communicating directly with the client's embodied metaphors. Clean Language is a technique that is used especially in psychotherapy and coaching to help a client discover and develop symbols and metaphors without being influenced by the phrasing of a question (Sullivan & Rees, 2008).

As Geary (2007) suggests, Grove chose not to interpret his clients' metaphors, he questioned and developed the metaphor directly. Grove discovered that his clients often used their own metaphors to describe their painful emotional states and traumatic memories. He also found that when the metaphors were examined they became idiosyncratic with meaning that only applied to his client. Kovecses (2001) also found that clients draw metaphoric reference from highly personalised experiences. Grove considered that the metaphors had form and structure that had a consistent internal logic. Sullivan & Rees (2008, p.13) comment on Grove's work: "Rather than people *having* metaphors, it's as if they *were* their metaphors. And when these changed, they did too". This is a powerful assertion without any supportive, directly relevant counselling research. The majority of research relating to Grove's work is in connection with the effectiveness of Clean Language for corporate coaching and dealing with change in education and business settings (Calderwood, 2011; Cairns-Lee, 2013; Nixon, 2013; Tosey, Lawley & Meese, 2014). However, his work is validated for the field of therapy in some form by the work of Levitt, Butler & Hill (2000) (a U.S. study of clients reporting depression) and Angus & Korman (2002) (a 10 year meta-theme analysis study) which both found that change in the content of metaphors was an effective indicator of therapeutic change.

I find similarities in the process promoted by Grove to the 'Focusing' approach detailed in Gendlin (2003). Gendlin's six stage process is founded on the premise that "only the body knows your problems and where their cruxes lie" (p.11). The stages of Gendlin's model are: clearing a space, felt sense, handle, resonating, asking and receiving. Once a 'felt sense' has been identified within one's body, then a 'handle' is identified which links with the felt sense. This can be a word or phrase, but also can be an image. This could be a metaphor or symbol as outlined in Grove & Panzer (1989). Following a period of resonating the connection

between the felt sense and the handle the final element detailed in Gendlin (2003) is a transaction of asking and receiving information from the 'handle', the embodied word or image. Again, this fits with Grove & Panzer (1989) where the metaphor is communicated with directly. Gendlin (2003) does not refer to Clean Language although he does highlight the importance of the therapist not analysing, being mostly silent and to "avoid forcing words into the felt sense" (p.55). Also, the "triggering questions" (p.104) have a neutral element to them, which aligns Gendlin's model to Grove's. For example: "what is at the centre of it?" or "what is it doing?" (Gendlin, 2003, p.104).

Lakoff & Johnson (1999, p.4) also expand on the importance of the body in our conceptualisation and reasoning:

"reason is not, in any way, a transcendent feature of the universe or of disembodied mind. Instead, it is shaped crucially by the peculiarities of our human bodies, by the remarkable details of the neural structure of our brains, and the specifics of our everyday functioning in the world."

A more succinct claim is that of Vernant (1989, p.20) who says "the body has a history". Cox & Theilgaard (1987, p. 9) also have a view on embodied metaphors: "We agree with Hobson that images and metaphors about the body are of major significance, not only for psycho-somatic illness, but of every kind of emotional disturbance". The literature relating to embodied metaphors and trauma is cross-cultural. Coker (2004) found that amongst Sudanese refugees in Egypt the use of embodied metaphors to understand and cope with their current and past traumatic experiences was echoed in their narratives. The author of the study suggests that

understanding the role that the body plays in experience and communication within a given cultural context is crucial for physicians and others assisting refugees and those suffering from Post-Traumatic Stress. Henry (2006), working with soldiers from Sierra Leone, also found embodied metaphors reported in the narratives of the survivors of trauma. In a U.K. study, Gibbs & Franks (2002) revealed that women recovering from cancer also reported embodied metaphors in their dialogue.

In conclusion, I only have my own empirical observations to prove the efficacy of Grove's model. I have used the Grovian technique for trauma resolution with apparent success in the past with clients, and will refer to specific case studies in the findings section of this thesis. I also find his model to be therapist directed and process oriented. The work of Grove aligns itself to other somatic adjuncts to psychological trauma-focused therapies. As Levine (1997, p.3) emphatically concludes:

“Most trauma therapies address the mind through talk and the molecules of the mind through drugs. Both of these approaches can be of use. However, trauma is not, will not, and can never be fully healed until we address the essential role played by the body”.

He insists that “body sensation, rather than intense emotion, is the key to healing trauma” (p.12).

2.4.2. Therapist Generated Metaphors

There are a number of references in the literature relating to therapist generated metaphors. For example, Gordon (1978) explains how to construct and deliver long stories with metaphorical meaning in the course of psychotherapy and Bettelheim (1976) examines the usefulness of metaphorical fairy tales when counselling children. I have already reviewed the *Aeolian Mode* (Cox & Theilgaard, 1987) with regard to the therapist responding to his client's presence in the therapeutic setting with apt and potentially mutative metaphors. These may or may not be generated by the therapist, I am suggesting that they are mutually generated.

Strong (1989) suggests therapists require certain skills to utilise metaphors as a vehicle for change, including attuning to their client's language and engaging in a dynamic interactive process. Strong's model of therapeutic metaphors as defined in Strong (1989) has been identified and utilised in a number of studies including Bayne & Thompson (2000), Liu, Zhao & Miller (2012), and Van Parys & Rober (2013). It remains a key text in the description of metaphors used in counselling and psychotherapy (Hillyard, 2010; Van Parys & Rober, 2013).

“Strong's model adds to ideas about the value of metaphors in counselling. It offers a range of options for counsellors to use. It focuses on possible strategies rather than on outcomes”
(Bayne & Thompson, 2000, p.39).

Strong's model (1989) is different to many other models of counselling as he set out three types of therapeutic interventions and processes specifically using metaphors. Firstly, *explicating what is implicit* - this is a process of reflective listening. The client's metaphors are explored and matured, theoretically resulting

in increased self-disclosure. Secondly, *therapeutically extending or modifying the client's metaphor* - this is where the counsellor works directly with the metaphor generated by the client, usually through the form of guided imagery. Guided imagery is a technique used by therapists and other practitioners whereby they encourage their clients to access mental images as a method of problem solving, emotional healing and resolution of various psychological issues often involving several or all of the senses (Utay & Miller, 2006). Thirdly, *Creating and delivering therapeutic metaphors* - the last intervention involves the delivery of the metaphor by the therapist. By listening carefully to the client the therapist through metaphor offers an alternative context or container for the client's 'problem', which should be in tune with the client's language. The metaphor therefore offers a 'recalibration' of the problem and the client starts to see their issues in a different way. At this level the counsellor avoids using directive language, similar to Clean Language (Grove & Panzer, 1989), which in turn, theoretically promotes internal processing by the client to construct personally appropriate meaning in response to the counsellor's ambiguous words.

In a U.K. based qualitative study, Bayne & Thompson (2000) set out to review the use of metaphors in counselling through the lens of Strong's model. This study focused on two questions about Strong's model: are the three strategies actually used by experienced counsellors, and are other strategies used? They found that a number of counsellor responses did not fit within the specified categories: often the client's metaphor was remembered for later use. Seven experienced integrative counsellors, working in various settings and without prior knowledge of Strong's model were interviewed and, whilst Strong's model was generally utilised, the therapist-introduced metaphor was identified only once in 35 examples, and even this was informed by a 'tunnel metaphor' introduced earlier by the client. The

authors hypothesised, without any evidence that the absence of therapist generated metaphors was due to the lack of psychodynamically trained counsellors within the sample.

McCurry & Hayes (1992) suggest that therapist introduced metaphors are most effective when they are understood by the client and are drawn from the 'common sense' world of everyday objects. The understanding of a metaphor is dependent on the familiarity with both the topic and the vehicle of the metaphor and the 'distance' between the two. They provide a therapeutic example of working with a child who been moved into new foster home, the third in as many years. The therapist introduced a simple garden metaphor, in which a plant is dug up from a neighbour's garden and replanted several times and with care, water and sunlight the plant grows and flourishes. The therapist actually gave the child cuttings from her own garden to allow the child to experience of replanting new cuttings that allow them to grow. The wonderful example of a therapist introduced metaphor was mutually understood and developed (even in a practical sense) by the client and therapist and offered an opportunity for reframing the situation into a more hopeful one (I note that the therapist took a risk that the plant remained healthy).

Pitts, Smith & Pollio (1982) trained therapists to use metaphors in therapy and they found that the therapists found the construction of metaphors emotionally gratifying. Whilst this study did not research the views of the clients, the focus on the construction of the metaphor by the therapist rather than the outcome was viewed as beneficial. Sapountzis (2004), based on many years working as a psychoanalyst, found that appropriate therapist generated metaphors were extremely useful when working with children who were withdrawn and disengaged.

It appears to me that therapist introduced metaphors can be extremely useful if they are apt and can be mutually developed by both parties. There is a sense that both parties can develop a sense of enhanced self-awareness through this way of working (Cox & Theilgaard, 1987). Whilst Kopp (1995) primarily promotes the development of client-generated metaphors although he did not necessarily have a problem with therapist-generated metaphors as long as they resonated isomorphically with the client:

" ... metaphoric interpretations that aim to capture the client's experience and meaning in the language of the client without going beyond what the client has presented have the greatest potential of being accepted by the client" (p.121).

As Stanley-Muchow (1985, p.47) reminds us "a metaphor must prove itself fertile in the mind", which fits with the idea that it is the joint understanding and mutual development of the metaphor that is the important factor. Lyddon & Adamson (1992), in a US study of the relationship between a person's dominant worldview and preference for certain counselling models (involving 90 undergraduate participants), highlight the importance of metaphors or world-views of counsellors being compatible with that of the client. This report indicates that clients tend to prefer a therapist whose epistemic style is consistent with their own assumptions and dispositions and that using the client's language, capturing the client's experiences and attaching the metaphor to the information provided by the client are key to client's acceptance of the metaphor and thus the success of the therapy. Interestingly, in Martin, Cummings & Hallberg (1992) in a study of four dyads of psychotherapy for memorability, clinical impact, and possible epistemic and motivational functions of therapists' intentional use of therapeutic metaphor,

found that clients tended to recall therapists' intentional metaphors approximately two-thirds of the time, when these metaphors were developed collaboratively and related to the client's particular situation.

2.4.3 Co-construction

The Oxford English Dictionary's (2013) definition of co-construction is: "In linguistics, a co-construction is a grammatical or semantic entity which has been uttered by more than one speaker. It is a technical term for the notion of one person finishing another person's thought". Co-construction (mutual creation) also has links to collaborative learning (Resta & Laferrière, 2007) and is a reflection of the relationship (Deurzen & Young, 2009). Consequently, for example, when a couple in counselling say "we're just spinning our wheels" they are not only using a common colloquial expression, but they are also giving information about how they conceptualise their relationship (Wickman et. al., 1999). I have already highlighted the relational and co-constructive nature of dialogue in the person-centred approach (Bohart & Tallman, 1999; Tudor & Worrall, 2006; Sanders, 2007). As Bromberg (2004) proposes, 'meaningful moments' are co-constructed. In a similar tone, in the Conversational Model of psychotherapy developed by Hobson (1985) the focus is on the client developing a deep understanding of self by means of a personal conversation with the therapist. The model assumes that disturbances can only be identified and rectified through the therapeutic relationship. Hobson (1985) believed that the relationship deepens via the gradual development of a mutual language of understanding: "In a personal relationship, there is a shared commitment – mutual action, a simultaneous acting and being acted upon" (p.26).

Hobson (1985) understood that the language of the client's inner-world is embedded in everyday language in the form of metaphors and mutual construction and development of metaphors are crucial to the success in this model of therapy. The mutual construction and development of metaphors involves a tentative sharing and exploration of metaphorical feelings, learning a new 'language game' including word association and being in relationship using metaphors. It is fascinating to me that Hobson (1985), from the psychodynamic world (and with no acknowledgment of Rogers), saw the therapeutic relationship as key and that metaphors can be mutually created and developed by the client and the therapist to positive effect:

“Living metaphors are not ‘beautiful lies’. Many psychoneurotic symptoms can be regarded and treated as unrealised, unrecognised, or incomplete metaphor. In psychotherapy we need to learn and to share the language of our patient in developing a conversation. An important activity is that of giving life to significant metaphors” (Hobson, 1985, p.60).

Cox & Theilgaard (1987, p.57) emphasise the co-constructive nature of the *Aeolian Mode*: “which depends upon *poesies*, which is always calling into existence that which was not there before. And this gives a unique stamp to the transference-countertransference atmosphere which the patient and therapist breathe together”. Something new comes into the therapeutic relationship and then they both ‘breathe together’, “as if we were writing a play” (p.25).

Myers (1998) introduced Developmental Counselling & Therapy (DCT) which is based on the assumption that the goal of therapy is to facilitate the development of

clients and the mutual development of co-created metaphors is key. Metaphors are viewed as potentially beneficial as they can help clients overcome strong defences and achieve a new sense of reality and these can be either introduced by the client or the therapist and are mutually developed. Clients can also be asked to read (or write their own) literature, and whilst this 'Bibliotherapy' can be useful for the client's personal development, the author suggests that the interactive element of the subsequent discussion between therapist and client is the most effective aspect of the process. It is interesting to review this model, which I was not aware of. The model could be likened to some CBT approaches in that it appears to be process and goal oriented and is directed mostly by the therapist. Angus & Mio (2011), in an internal study in a US hospital, examined the importance of metaphor and narratives in the lives of patients with serious psychological or physical illness diagnoses and the expression of emotion-laden metaphors by patients was identified. What seemed to be particularly important in these emotion-laden metaphors is that they allow the patients to express emotions that are felt somatically or are otherwise trapped within. Metaphors appear to help patients express their painful feelings. Interestingly it was the *co-creation* of healing metaphors which drew patients and therapists together and these were extended to include the narrative with their doctors. The authors suggest that it was within the context of empathy between the client and therapist that healing narratives can develop from the co-created metaphors. Metaphors also appear to symbolise the inner experience for both parties in therapy. Angus & Rennie (1988), using reflective video playback, investigated the interactive nature of four clients' and four therapists' experiencing during each therapy session. The expression, apprehension, and elaboration of metaphors seemed to provide an associative link to the experience for both the therapist and client.

McLeod (2004, p.2) expands on the epistemological aspect of co-construction in therapy: "From a social constructionist position, therapeutic empathy can be understood as a relational process, a step-by-step co-construction by counsellor and client of the life-narrative of the client." The concept of co-construction through narrative in therapy is central to social constructionist theory (Burr, 2003). This is also my epistemological stance in this thesis, which I will expand on further in the next chapter. Social Constructionists tend to believe that therapists help clients with the construction of knowledge by helping clients expand their alphabet into more flexible, viable, and complex acts of language, conversations and narratives (Sexton & Griffin, 1997). Gonçalves & Craine (1990) suggest that approaches with a social constructionist orientation view persons as actively constructing their own reality and the use of metaphors is suggested as a therapeutic tool to access various levels of cognitive representation. Lyddon, Clay & Sparks (2001) also suggest that metaphorical language plays a facilitative role in social constructionist oriented therapy. Piercy, Sprenkle & Wetchler (1996) highlight that in family therapy meaning is co-constructed and developed between the therapist and their clients as the pre-existing co-constructed reality of the family, the story of the problem, can inadvertently contribute to the problem's endurance by narrowing the choice of more effective solutions.

In the Narrative approach, according to White & Epston (1990), the construction of change occurs from the expansion of innovative moments, that is, the development of co-constructed narrative which falls outside the client's narrative which is usually soaked in problems. For example, by using co-created metaphors, clients can transform themselves by changing their life stories (Gonçalves, Matos & Santos, 2009).

Co-constructed metaphors are viewed as essential in the arena of conflict resolution (Cameron, 2007) and in the field of education, students co-create metaphor within the classroom as a way to make sense and meaning of the curriculum and co-discover knowledge (Wilcox, Harper, Bridger, Morton, Orbach & Sarapura, 2010).

2.4.4 Mutual Development – the ‘Moving Metaphor’

One aim of the Conversational Model approach is to promote a sense of being connected via the use what Hobson (1985, pp.56-57) referred to as ‘moving metaphors’, “a process in which, out of tearing tension, we cry ‘Eureka!’ I see!” An example of a moving metaphor is provided in Chandler (2011, p.16):

“I had a supervisee working in a demanding context who at the start of our sessions would oscillate over which of her clients to bring. I remarked that it felt like she brought with her a nest full of hungry, competitive chicks, their beaks agape. So, what about a nest of clients? The term offers a living, breathing suggestion of a two-way relationship between counsellor and clients rather than the rather sluggish, one-dimensional notion of ‘caseload’. It implies stewardship, or caretaking, on the part of the practitioner. It has the potential to become what Robert Hobson termed, a ‘moving metaphor’.. for chicks are destined to find their wings and one day leave the nest.”

This definition of a moving metaphor is in direct contrast to the concretised metaphors used by the clients with eating disorders, who were stuck in their

metaphors of 'self', introduced above in Skårderud (2007). Mendelsohn (1989) also identifies (from the psychoanalytical perspective) the concept of the 'sticky metaphor' which will keep reoccurring throughout the therapy which may result from a complementary identification in the therapist who may be experiencing similar issues or conflicts to the client.

The importance of the 'mutual development' of metaphors is stressed in Hobson (1985, pp.57-58):

"A metaphorical construction can be a means of playing on emotions in order to avoid the effort to achieve a clear unambiguous language. It can be an adornment which puts guilt on the gingerbread, an apt witty decoration, a frill of rhetoric. Yet it is an essential mode of expressing as precisely as possible obscure, shifting, and paradoxical experiences especially in personal conversations. It is central to the development of language, the process of creative thought, and the growth of a person".

Cox & Theilgaard (1987, p.29) describe the dynamic of movement apparent in the *Aeolian Mode*: "It is the impact of the inner world of the patient on the therapist, and vice versa, which promotes movement." One of the core features of the mutative metaphor is to "take us on the way a little" (p.12), there is a directional aspect of this way of working. The therapist's and client's response to the mutative metaphor influences what follows and so forth.

There appears to be an element of movement when Meier & Boivin (2011) suggest that metaphors in therapy are powerful because they carry meaning and provide options for therapist *and* clients to pursue. Swanepoel (2011), in a dramatherapy study, also introduces the 'mutative metaphor' which facilitates the client telling their story, whilst the therapist also enters their metaphorical world. Råbu, Haavind & Binder (2013) report a Norwegian study focusing on the ending of psychotherapy using audio recordings of 12 therapists working with clients for between 10 and 67 sessions; the mutual development of metaphors was most apparent. Metaphors based on travel (how they have moved); cleaning (how they have cleaned up and sorted out things); sensing (how the clients have grown stronger, got their heads above water and see things differently); and the clients' feeling of having received something (gifts or tools) are widely used. The authors suggest that such metaphors were created in the interaction with a mutual sensitivity to their capacity to confirm and regulate affect towards the end. In this sense, the metaphors celebrate accomplishments in a way that exceeds therapy, and both the client and therapist can keep them to use afterwards. It could be argued here that mutuality and development of the metaphors can help with the ending of therapy and the metaphors can move outside the therapeutic relationship and thus the therapeutic objective of metaphors is to introduce *movement* and open the client and therapist to the possibility of change (Gonçalves & Craine, 1990).

2.5 Culture

Language is a road map of a culture. It tells you where its people come from and where they are going.

Rita Mae Brown

The cultural influence on metaphors is highlighted in the influential work of Lakoff & Johnson (1980, 2003). They argue that different cultures give rise to different metaphors due in part to the fact that they are associated to different human experiences and they provide different linguistic tools to characterise things. They also argue that cultures produce conceptual metaphors that form our way of seeing the world. The very nature of the conventional metaphor is that we are not normally aware of its figurativeness, the ways it affects meaning are therefore subliminal. There are many theorists who agree that not all metaphors are universally understood and there are cultural differences in many metaphorical expressions. Kövecses (2002) suggests that inferences are unavoidable when either interpreting an English metaphor such as '*Manchester City slaughtered Manchester United*' or an Inuktitut metaphor '*inuktaiwa*' which can either mean 'killed him' or 'took him as servant'. Kövecses (2003) also provides an example in the conceptualisation of anger in English and Chinese. As studies of the physiology of anger across several unrelated cultures show, increase in skin temperature and blood pressure are universal physiological correlates of anger. This accounts for the ANGER IS HEAT metaphor in English and in many other languages. However, the conceptualisation of anger in terms of heat is much less prevalent in Chinese than it is in English. If Kövecses (2002, 2003) is correct in his assumptions, then counsellors will need to be sensitive and aware of cultural differences in metaphors (Dwairy, 2009). Tseng, Chang & Nishizono (2005) highlight the position that the contemporary formal models of counselling and psychotherapy has been derived mainly from the West and that models of therapy, understanding human nature, psychopathology, coping strategies are heavily influenced by researchers and clinicians based in North America and Europe. How transportable these Western belief systems and paradigms are is still a matter of research and debate. Some metaphors, such as the relationship-is-a journey

metaphor, can be deemed to be cross-cultural (Wickman et al., 1999) and you could argue that this is a result of 'cultural colonialism'. Füredi (2004) argues that psychotherapy appears to have a culture of its own and the metaphors and language of therapy appear to have leaked into Western mainstream culture. I would submit that this will have negative and positive effects in the dilution of the personal against the possibility of shared understanding. Cultural awareness and flexibility are certainly promoted within the field of therapy (Lago & Thompson, 1996), although, as Tseng et al. (2005) point out, there are significant cultural differences between Western and Eastern societies. It is therefore paramount, they suggest, that the success of therapy is based on accepting the existence of these differing views of the world and metaphors offer a way for clients to communicate their experiences with mutual understanding. Yu (1999) suggests that diverse cultures relate to the time-is-space metaphor. However, interestingly, there is a difference between some cultures that frame the future as being in front, and others that view it as being behind. I remain sceptical that therapists and clients understand all of each other's metaphors, particularly when they originate from a different culture (Holland & Quinn, 1987). I recall one client from Africa who 'googled' the metaphors that I had used after each session, to gain more understanding of them. To summarise, Cox & Theilgaard (1987, p.92/93) highlight the potential negative aspects of working with metaphors in therapy: "At the centre of the Aeolian Mode is the mutative power of metaphor, and there is therefore an over present risk that the therapist may be 'used by them' because he has inadvertently attempted to use a metaphor in the wrong way, in the wrong place at the wrong time".

There are a number potential positives in using metaphors in cross-cultural therapy reported in the literature. For example, Dwairy (2009) reflects on the

positive use of metaphors when counselling clients from different cultures. He suggests that promoting self-actualisation and revealing unconscious content can be potentially harmful to clients from collectivist cultures (Arab Muslims are provided as an example) as they may expose them to confrontation within the family. The use of metaphors in therapy offer an alternative less threatening, symbolic and none-direct way of revealing unconscious material. Dwairy (2009) proposes that metaphors create a therapeutic environment that allows the client to make alterations in their belief system whilst remaining within their family, culture and religion. This highlights an important aspect of the use of metaphor in therapy. The indirect nature of metaphor invites the possibility for change that is perceived to be safe and non-threatening to the *sense-of-self-in-the-world*, although I would add this is only the case if the metaphor is mutually understood. Further examples of the use of metaphors to bridge cultural divides can be found in Zuñiga (1992) in that metaphors can be used in work with Latino clients through the incorporation of *dichos*, or sayings that exist in Mexican American and other Latino cultures. The understanding by the therapist from a different culture of these folk sayings seemed to offer the clinician culturally viable tools for mitigating resistance, enhancing motivation, or reframing problems. Also from a U.S./Western perspective, Wilson & Lindy (2013), in a review of trauma and culture, suggest that clients who have suffered from Post Traumatic Stress Disorder universally describe their recovery in terms of a 'survivor's life journey'.

Kakar (2007, p.26), an Indian Psychoanalyst who trained in Germany, offers an insight into cultural difference and therapy:

“if during a session we sometimes became strangers to each other, it was because each of us found ourselves locked into a

specific 'cultural pre-conscious'...In my case.. the 'Indian-ness' of an upper-class Hindu".

From his experience of working as an analyst and of being a patient in therapy Kakar (2007) suggests that the therapist's knowledge of the client's culture is of less importance than their psychoanalytical knowledge of the culture, which incorporates the culture's imagination, its fantasies encoded in its symbolic products revealed in its myths and fairy tales (metaphors). Devereux (1953), contrary to other models of therapy, suggests that psychoanalysts do not focus on the culture of their client, as this can divert the therapy away from important personal motivations.

In summary, the cultural influence on therapy and the use of metaphor appears to be a complex phenomenon with the significant potential for misunderstanding metaphors or using them at the 'wrong place and wrong time' (Cox & Theilgaard, 1987; Kövecses, 2002/2003; Tseng et. al., 2005) but they also offer a non-threatening mutual empathic perception (Dwairy, 2009).

2.6 Spiritual Aspects

I will introduce the literature on the spiritual aspects of therapy, albeit briefly, as there are, I believe, connections to working with clients at a deep level with metaphors which involve 'slightly altered states' and 'moments of deep encounter' (Tebbutt, 2014) which could be described as being 'spiritual'. An altered state of consciousness is defined in Revonsuo (2009, p.230) as a "temporary, reversible state of consciousness that significantly differs from the baseline state and typically lasts from a few minutes to at most a few hours."

At this stage I understand that a definition of spirituality would be beneficial:

“Spirituality, which comes from the word spiritus, meaning ‘breath of life’, is a way of being and experiencing that comes through awareness of a transcendent dimension and that is characterised by certain identifiable values in regard to self, others, nature, life and whatever one considers to be the Ultimate” (Elkins, Hedstrom, Hughes, Leaf & Saunders, 1988, p.10).

For me, it is difficult to remove the spiritual from the world of therapy. As West (2010, p.1) contends:

“spirituality remains at the heart of the human condition for the vast majority of humans. Even for those without such a belief, the languages and cultures of religion and spirituality retain a deep communicative expressiveness.”

This would appear to imply that the worlds of spirituality and metaphor sit comfortably together as expressions of humanity, otherness, non-literal communication and mutuality. I would also acknowledge that the humanistic transpersonal model Psychosynthesis, developed by the late Roberto Assagioli, is saturated with metaphors, symbols and guided imagery (Assagioli, 1961, 1965).

Rogers (1951,1957,1962,1963) initially believed that three interrelated therapist characteristics were essential to create an environment that supported their clients’ self-growth: congruence, unconditional positive regard and empathic

understanding. He later added a further characteristic which he termed spiritual or transcendental (Rogers, 1987). Rogers, as a scientist and psychotherapist, had viewed the human organism as essentially positive in nature and thus he held opposing views to traditional Christian theology (and other religious stances) which state that people were born in sin and were evil by nature. Before his death he seemed to expand on his more grounded and secular views when he wrote:

“I find that when I am closest to my inner, intuitive self, when I am somehow in touch with the unknown in me, when perhaps I am in a slightly altered state of consciousness in the relationship, then whatever I do seems to be full of healing. Then simply my presence is realising and helpful. There is nothing that I can do to force this experience, but when I can relax and be close to my transcendental core. At these moments it seems that my inner spirit has reached out and touched the inner spirit of the other. Our relationship transcends itself and becomes part of something larger. Profound growth and healing energy are present” (pp.182-3).

There are parallels to Thorne (1985, p.89) with his moments of ‘tenderness’ in the therapeutic relationship:

“It seems as if for a space, however brief, two human beings are fully alive .. at such moments I have no hesitation in saying that my client and I are caught up in a stream of love. Within this stream there comes an effortless or intuitive understanding.”

I would highlight that both the above references from Thorne & Rogers are deeply metaphoric. Thorne (1991) believed that Roger's latter transpersonal stance was helpful as it moved away from the individualistic and subjective Western value base which can lead to selfishness and disregards the fact that we are all related to a larger society.

Tebbutt (2014, p.23) suggests that moments of deep encounter necessarily contain three constituent elements:

- “An ‘interpersonal relationship’ or relational aspect that operates between the parties;
- An ‘intrapersonal’ or intra-psychic aspect, where both parties will have their own inner-processes, but the main focus is on the those occurring within the talker, and for the talker (and sometimes the listener) a new and sometimes profound insight; and
- A ‘transpersonal’ aspect that conveys a sense of something beyond or greater than the parties, which one or both parties will experience or allude to as being an additional aspect to the experience.”

Interestingly, in his meta-analysis and meta-synthesis of moments of deep encounter in therapeutic and pastoral relationships Tebbutt (2014) finds no specific reference to the use of metaphor.

2.7 Negative Aspects

The use of metaphors in therapy is not all positive. For example, Siegelman (1990) from a psychoanalytical viewpoint points to three pitfalls with using metaphors;

overvaluing, undervaluing, and literalizing. In the overvaluing of metaphors, the therapist can become pre-occupied with their usage at the expense of other therapeutic processes. She suggests that the pursuit of metaphors should follow the agenda of the client or be a collaboration between therapist and client. Conversely, certain models of therapy, which might arguably include CBT, can focus in a 'concrete' way on changing cognition and behaviour and miss the more metaphoric or symbolic way which the client sees the world. Siegelman (1990, p.128) states that: "our inability to see the hidden or implicit metaphors can prevent patients from enlarging the meaning of their experience". I agree with Meier & Boivin (2011, p.71) when they propose that clients "cannot be helped to reconstructively play with their own narrative unless therapists themselves know how to play". The third 'pitfall' (a metaphor in itself) identified by Siegelman (1990) is the literalizing of a metaphor when it is taken as a truth rather than an approximation of the truth. Thus, the tentative nature of exploring the complex and unknown in metaphoric terms is lost when we take metaphors too literally. Alvesson (2010) also reminds us that there are a number of difficulties when working with metaphors. Firstly, an appealing metaphor may stand in the way of a less elegant more appropriate description. Secondly, focusing on metaphors may take us away from deeper social meanings and thirdly, oversimplification can follow metaphors. Cox & Theilgaard (1987) also have views on the potential negatives in this arena. The 'poorly timed' metaphor introduced by the therapist when the client is silent and 'creatively reflective' is regarded as ill placed and contaminating. Further, metaphors should have a therapeutic insightful element and not involve a "string of avoidance" (p.111).

There are reasons why a client may not wish to engage with metaphors, particularly if it has been introduced by the therapist. The factors may include low

self-esteem or a difficulty to visualise (Amundson, 1988; Siegelman, 1990). Rennie (1998) also suggests that metaphors can be used by clients as a way of avoiding conflict or as part of a power struggle with their counsellor. He provides an example in which the client (Audrey) introduces a metaphorical dream to her counsellor to avoid being asked about her outstanding assignment.

There may also be difficulties relating to certain mental health issues, for example, the following of client generated metaphors with those with Psychosis or Borderline Personality Disorders can make them become extremely anxious as they may experience metaphors as a form of direct revelation of a concrete, and often ruthless reality (Cox & Theilgaard, 1987; Kopp, 1995; Enckell, 2002). I would add that a significant percentage of clients on the Autistic Spectrum can also struggle with the non-logical viewpoint that metaphors engage (Ramachandran, 2006). This is not universal and more logical metaphors, like simile, can make sense to some clients on the Autistic Spectrum (Happé, 1993). Recent research (McGuinty et al., 2012) suggests that certain metaphors introduced by the therapist may lead to reduced anxiety for High Functioning Autistic clients. Siegelman (1990) suggests that the more disturbed clients are, the less the conscious choice of figurative language they have, and therefore the less deliberate would be their use of metaphor as they may also find it difficult to engage with the therapist's metaphor. Spitzer (1997) also concluded that schizophrenic patients have difficulty in understanding metaphoric meaning.

Following her research on client and therapist generated metaphors, Milioni (2007) points to the danger of the therapist using the client's metaphor as a 'silencing device'. In such cases the client's world-view is closed down in favour of the therapist's interpretation. Cox & Theilgaard (1987, p.61) metaphorically describe

this potentiality: “If the therapist is too predatory he may damage the humming bird with the lasso”. Milioni (2007) also found that the therapist can ‘hijack’ the client’s metaphor, snatching it away from the client and putting their own different meaning on it. In both these examples, which are loaded in metaphorical description, it appears to me that the movement and flow of the interactive process of mutual development has been halted by the therapist’s ownership of the metaphor.

2.8 Summary

Completing this literature review has provided a fascinating insight into the depth and breadth of the use of metaphor in therapy. All models of therapy seem to be coloured by metaphors, either in their concepts or how metaphors are engaged with (Grove & Panzer, 1989; Kopp, 1995). Whilst the literature is substantial on metaphor and therapy, research on the specific use of metaphor in therapy is relatively sparse (Tay, 2013).

I am left with an overarching sense that metaphors are intrinsically linked to human expression and therefore to worlds of counselling and psychotherapy. The field of psychodynamic therapy appears to be built upon metaphors and imagery with links to subconscious process (Freud, 1900). The person-centred model has implicit links to metaphor which are part of communication, relation and mutuality rather than a technical ‘add-on’ (Rogers, 1987). The CBT fraternity are not surprisingly more prescriptive with the use of metaphors as more of a technique which can be learned and engaged with by the therapist (Stott et al., 2010).

The co-construction and mutual development of metaphors in counselling, I believe, is a key yet under-explored area (Martin et al., 1992). Strong (2003, p.15)

highlights the link between conversational co-construction and the creation of new meaning:

“Counselling finds us co-creating and stumbling onto many conversational aporias of significance to clients. Such gaps are pregnant with possibilities for new meaning... curiosity can be applied in more open-ended and improvised ways than is the norm in modern counselling practice.”

Barker (2013) suggests that metaphors in therapy are beneficial as they decrease resistance, reframe problematic situations and mobilise positive resources. I would also suggest that the *relational* aspects of empathy (Cox & Theilgaard, 1987; Rogers, 1957), spirituality (Thorne, 1991; West, 2010), mutual understanding (Bohart & Tallman, 1999; Tudor & Worrall, 2006; Sanders, 2007), moments of deep encounter (Tebbutt, 2014) and transference (Enckell, 2002; Samuels, 2013) are also extremely important and I will develop these themes in the Discussion chapter.

2.9 Conclusion

The literature on the specific use of metaphors is sparse and the key texts referred to (Cox & Theilgaard, 1987; Groves & Panzer, 1989; Kopp, 1995) relate to the period 1987 to 1995. I believe that metaphors are as important to clinical practice in 2015 as they were in the 1980s and 1990s, indeed the use of metaphor could be said to be more important as our world becomes more complex and diverse (Geary, 2011). McLeod (1999) argues that the practitioner researcher develops a relationship with the literature and methodology which transfers effectively into the

counselling itself. This has certainly been my experience when researching the important topic of metaphors and reviewing the broad ranging literature. The research questions pertaining to this thesis are: what are the researcher's and participants' reflections on their experience of working with clients when using metaphors? How can these reflections augment our understanding of the processes involved in utilisation of metaphors during counselling and psychotherapy? As I have elected to use a heuristic methodology (Moustakas, 1990) underscored with a social constructionist epistemology (Burr, 2003) I am not only interested in the views of others but also my own subjective reflections on what the others have said and my own work with clients. This type of empirical and reflexive practitioner/researcher study goes some small way, I believe, to fill what McLeod (1999) refers to as the 'research-practice gap'. This gap has been created by the phenomenon of counsellors engaged in clinical activity where the focus is mainly the issues brought by their clients, and thus find it difficult apply findings or conclusions from research, particularly if they cannot 'connect' to the research. I propose that the above research questions are relevant to current practice and are not schematic or over-generalised. The goal of this research is to report experiences, without claiming any essences or truths that will help to make a possible difference to therapists' practice.

Throughout the research process I have balanced the difficult task of working in a busy private practice and conducting a challenging Heuristic Inquiry (Scott, 2007). During this process the chosen methodology has promoted rich data relating to the reported experiences of the participants, my reflections on their views and on my working with clients and probably of the most challenging and important aspect - the changes in my 'self' (Hiles, 2001). In the following chapters I will review and justify my chosen methodology and preferred epistemology in more detail.

3 METHODOLOGY

"Suddenly, I'm hypersensitive to how beautiful everything is. All of these things filled up my senses, and when I said this to myself unbidden images came one after the other. All of the pictures merged and I was left with Annie. That song was the embodiment of the love I felt at that time."

John Denver

3.1 Introduction

At this point I will reiterate that my research questions are: what are the participants' reflections on their experience of working with clients when using metaphors? How can these reflections augment our understanding of the processes involved in utilisation of metaphors during counselling and psychotherapy? The chosen methodology in this qualitative study is heuristic inquiry as outlined in Moustakas (1990). In this context, heuristics is described in Moustakas (1990, p.9) as:

“a process of internal search through which one discovers the nature and meaning of experience...an organised and systemic form for investigating human experience.”

The methodology also incorporates an intersubjective enquiry (Sela-Smith, 2002) between researcher and seven chosen participants. The participants, all of whom were experienced and qualified counsellors or psychotherapists currently in practice, shared their experience of working with metaphors with their clients in

semi-structured interviews (Kvale, 1996). The data were analysed according to the procedure set out in Moustakas (1990) to produce a set of individual depictions. From the totality of the individual depictions a composite depiction was constructed along with exemplary portraits and a creative synthesis. The creative synthesis (Moustakas, 1990), in this thesis, takes the form of poetry and artwork. I will be detailing the data collection process and analysis in subsequent chapters.

In this chapter, I will be reviewing the chosen methodology of Heuristic Inquiry as set out in Moustakas (1990), influenced by Moustakas' previous and subsequent writings on loneliness, individuality and phenomenology (Moustakas, 1961, 1968, 1972, 1975a, 1975b, 1994). I will also consider Sella-Smith (2002) which highlights the ambiguity of the Moustakas model and its ontological tensions between the paradigms of subjectivism versus social constructionism. As the research question in this thesis involves the social and cultural phenomenon of metaphors (Lakoff & Johnson, 1980) a social constructionist epistemology has been adopted whilst retaining an essential element of self-reflection and use of the 'self' of the researcher (Hiles, 2001). Moustakas (1990, p.15) highlights the importance of the personal and social when he describes heuristics as "a way of self-inquiry and dialogue with others aimed at finding out the underlying meaning of important human experiences". It could be argued that Heuristic Inquiry (Moustakas, 1990) is often connected to what could be described as internal and subjective phenomena, for example, *Loneliness* (Moustakas, 1961). However, I would argue that concepts like loneliness have social constructionist connotations, an awareness of the social is required to realise its absence (Stein & Mashiach, 2015).

I will introduce the theoretical perspectives which inform the design of this qualitative study together with the underpinning epistemology. To that end I will review the epistemological foundations of Moustakas (1990) and will compare and contrast them with my own stance. There are number of differences which will be considered, including social constructionism and hermeneutic phenomenology. The impact on my 'self' and relationships during this painful and emotional research process (Scott, 2007; Frick, 1990) will be reflected upon by accessing my journal and detailed in the subsequent Data Analysis chapter. To use another metaphor from my cultural background, heuristics and a professional doctorate should come with a 'Health Warning' (Wellington & Sikes, 2006).

3.2 Methodological Choices

I chose Heuristics over alternative methodologies that would have suited this research, including Autoethnography and Interpretive Phenomenological Analysis (IPA) for a number of reasons. For example, Autoethnography, defined by Ellis (2004, p.xix) as "research, writing, story, and method that connect the autobiographical and personal to the cultural, social and political" is similar to Sela-Smith's (2002) Heuristic Self Inquiry in that it involves "self-observation and reflexive investigation" (Marechal, 2010, p.43). Autoethnography is no doubt a valuable methodological model to research matters of passionate personal concern (Sela-Smith, 2002). I consider that Autoethnography could sit well with a social constructionist stance with its emphasis on the individual's experience placed within a social and cultural context. However, I also acknowledge, as Geertz (1983) reminds us, that there are issues with the purely subjective assumptions that the individual is a coherent, unique, motivated dynamic centre for consciousness. I do not wish to be the primary participant in this research; I

want to hear the reflections of others in the same (or similar) fields of practice. Heuristic Inquiry, which involves hearing others' voices, I would suggest fits well with a social constructionist stance.

Smith (2010) defines IPA as a phenomenological methodology the aim of which is to explore how participants make sense of their experiences. IPA engages and reflects on the meaning that experiences, events and actions hold for participants. At the same time, IPA recognises that the researcher's own conceptions are required in order to make sense of the personal world being studied. Using IPA for this study would have been valid and produced interesting findings as its focus is "offering detailed, nuanced analyses of *particular* instances of lived experience" (Smith, Flowers & Larkin, 2009, p.37) and thus, intellectually this approach is a good fit for my research question. However, there are some potential challenges for me with this form of methodology, mostly around forms of knowing. Through interpretation of the phenomenological the data can lose some of its 'aliveness' (Brocki & Wearden, 2010). Also, IPA's concern with cognitions may not be compatible with phenomenology which Willig (2013) argues includes aspects of pre-cognitive knowledge, including bodily sensations and tacit knowledge (Polanyi, 1964). I will discuss the importance of tacit knowledge in the heuristic process later in this chapter.

In conclusion, the persuading factors of choosing heuristics over other methodological approaches were ones of fit to creativity, where findings can be expressed as a "poem, story, painting, or by some other creative form" (Moustakas, 1990, p.32), along with appropriateness to counselling research, as there is a "very striking similarity between methods of heuristic inquiry and the

practice of counselling and psychotherapy, particularly with respect to the use of 'self' (Hiles, 2001, p.7).

3.3 Heuristics – Definition & Influences

3.3.1 Definitions

Originating from the Greek word *heuriskein* meaning to discover or find, Douglass & Moustakas (1985, p.39) define heuristics as "a passionate and discerning personal involvement in problem solving, an effort to know the essence of some aspect of life through the internal pathways of the self." It is a rigorous process that affirms the use of one's imagination, self-reflection and inner awareness.

Moustakas (1990) alludes to the heuristic process involving "*eureka!*" moments, sudden insights as discussed above. The inward search involves the tacit coming into awareness through a meditative and reflective process evoking visualisations or dreams. Briefly, tacit knowing is the capacity of the self to use speculative skills that "give birth to the hunches and vague, formless insights that characterise heuristic discovery" (Douglass & Moustakas, 1985, p.49). I will be describing the concept of 'tacit' in more detail in this chapter.

There is an acknowledgement that the heuristic researcher is interested in the experience of other and self:

"The process of discovery leads investigators to new images and meanings regarding human phenomena, but also realisations relevant to their own experience" (Moustakas, 1990, p.9). "During the discovery process..I am inspired to view

whatever stands out, in this other person's frame of reference,
as the most valid entrance into the other person's world"
(Moustakas, 1995, p.48).

It is interesting to note that Moustakas (1990) utilises a number of what Cox & Theilgaard (1987) describe as 'faded metaphors' to define the heuristic process. Faded metaphors form part our everyday language and are "perceived as pertaining to the field itself rather bringing fresh meaning" (p.107). Terms such as *immersion*, *incubation* and *illumination* are key terms which cannot be taken literally. We do not literally immerse ourselves as if in a bath, incubate the data as if it were an egg or shed light upon on it like a thief in the dark. However, it is an easy bridge to cross (metaphorically) to understand Moustakas' concepts. Further, the *creative synthesis* could be viewed as a metaphoric representation of the data. I believe that Moustakas (1990) uses the faded metaphors of description to engage with the creative aspect of the methodology and also the metaphors engage the visual, embodied and subconscious process in the research process. I will retain these metaphoric descriptions, where possible, throughout this thesis in keeping with the creative spirit of Moustakas (1990) coupled with the creative potential of metaphor (Lakoff & Johnson, 1980; Cox & Theilgaard, 1987). For example, I have used the term 'illumination' in the Findings chapter rather than the more tradition cognitive phrase of 'themes'. Moustakas (1995, p.29) explains that illumination is: "a birth process, an awakening, when all at once I understand or see something I have not understood or seen before."

3.3.2 Contributory Influences

Moustakas, in his seminal text *Heuristic Research: Design, Methodology, Applications* (Moustakas, 1990) provides the template for all those engaged in

heuristic research. Moustakas acknowledges the theorists, researchers and psychotherapists who have contributed to his knowledge and understanding. They include: Rogers (1968), Buber (1958), Polanyi (1966), Kierkegaard (1846) and Husserl (1927). This group, I believe, offers an insight into the diversity of the influence on Moustakas as he formulated his process, although, as I will discuss in more detail within this chapter, Moustakas (1990) says that he is influenced by Husserl, for example, but reveals very little transcendental phenomenological epistemology as espoused in Husserl (1927). I will briefly review how some of the theorists may have fashioned and inspired the foundations of heuristic theory before moving on to highlighting the difference in my own epistemological stance.

3.3.2.1 Person-centred Influences

Heuristics is an investigation into the nature of human experience and as such connects in a number of ways with the person-centred approach originated and formulated by Rogers (1957; 1967). Angus & Korman (2002, p.154) define the person-centred model as “a non-directive approach to therapy where the therapist’s empathic understanding, genuineness and unconditional positive regard are encouraged”. Indeed Moustakas was based for a number of years as President at the Centre for Humanistic Studies in Detroit, and acknowledges that Maslow's and Rogers’ theories changed his way of thinking. The interconnection between heuristics and person-centred therapy is highlighted in Moustakas (1990, p.105):

"In both approaches, there is an opening out of internal perceptions, feelings and meanings, a process of self-

development leading to clearer understandings and projections into new experience."

Supported by O'Hara (1980) and Barrineau & Bozarth (1989), Moustakas (1990) suggests the links between heuristics and person-centred paradigms include: the uniqueness of the individual is upheld; there is a concern for the whole person; interpersonal connection is established; the process is the study of unfolding experience; both therapist and researcher follow the direction and pace of the client/participant.

I find that the person-centred influence on my chosen methodology suits my own way of working, as I indicated in the Introduction Chapter I am a pluralistic counsellor with a preference towards a person-centred way of working.

3.3.2.2 Phenomenological Influences

Moustakas (1990, p.8) endeavours to establish his phenomenological influences:

"From the beginning of my studies of the individual, the writings of Soren Kierkegaard, Edmund Husserl, and Gordon Allport have extended and encouraged my understanding and involvement in heuristic theory and methodology".

Moustakas (1990, p.12) identifies that it is the individual who gives meaning to life and that existence is prior to essence: "It is I the person living in the worldI who come to know essential meanings inherent in my experience."

Despite the early declaration of influence, there is sparse reference to phenomenology (Husserl, 1927) in Moustakas (1990). However, contradictorily, he identifies a major distinction between heuristic inquiry and phenomenology:

"Unlike phenomenological studies in which the researcher need not have any experience (e.g. giving birth through artificial insemination), the heuristic researcher has undergone the experience in a vital, intense, and full way - if not the experience as such, then a comparable or equivalent experience" (p.14).

This highlights a significant departure from Husserl (1927) who encourages the phenomenological observer to '*go back to the things themselves*', to adopt a stance of curiosity and openness, and to seek to set aside his own bias and assumptions as a member of a jury suspends all judgments, associations and inference to focus on the evidence before them. All cultural, philosophical and scientific hypotheses are to be put aside, which is at odds, I believe, with Moustakas (1990, p.15): "Heuristic inquiry is a process that begins with a question or problem that the researcher seeks to illuminate or answer. The question is one that has been a personal challenge or puzzlement." The heuristic process has a strong autobiographical element, where self-inquiry is promoted.

3.4 Methodological Discussion/My Epistemological Approach

As a researcher/practitioner or 'insider' (Robson, 2002), in the context of the research question, I am interested in the experience and meaning-making of myself, others, and how others influence me. This naturally leads me to a

constructionist/social constructionist, qualitative approach. Willig (2013, p.8) supports this stance: "Qualitative Researchers tend, therefore, to be concerned with the quality and texture of experience, rather than with the identification of cause-effects relationships." The referred to 'identification of cause-effects relationships' are rooted in objectivist/positivist research, which will be reviewed alongside constructionist research below.

3.4.1 Positivism

God gave physics the easy problems

Steven Bernstein

I am confident that positivist science certainly has its place today, although for a qualitative study such as this, I believe it is inappropriate. I will briefly review the historical context of positivism and expand on my reasons for rejecting a positivist epistemological stance.

Auguste Comte (1798 -1857) popularised the word 'positivism' in the mid-nineteenth century through his six volume work *Cours de Philosophie Positive* (Comte, 1868). However, the origins of positive science can be traced back to the Age of Enlightenment and writings of Francis Bacon (1561-1626) and Descartes (1596-1650). Crotty (1998) sheds more light on the concept of positivism. For example, positive religion is founded on a divinely revealed truth, not on reasoning - it is a 'given'. From a research perspective positive science is also founded on the basis that knowledge is: "Grounded firmly and exclusively on something that is posited" (Crotty, 1998, p.20). Positive science is based on the direct experience of what is observed rather than speculation or the metaphysics of philosophical

schools. McLeod (2003, p.8) summarises that “positivist thinkers are only satisfied by explanations that are framed in terms of strict cause and effect’ sequences, and reject any explanatory models that employ any notion of ‘purpose’”. The positivist scientist is interested in size, shape, position and number as Galileo quantifiably mapped the solar system. Other elements such as colour, taste are only secondary and meta-physical elements, spirituality, subjectivity, emotion, or religion cannot be verified through empirical observation, and are therefore not scientific truths.

According to positivists the stars, planets and this world have meaning outside of human consciousness, which places this objectivist science separate from human experience. This does not fit for me. I understand that my world is less ordered, distilled and systematic, I am a worldly ‘person-in-context’ (Heidegger, 1962/1927). There is an incongruence with the positivist science of observation, experiment and the resultant conclusive scientific “laws/truths”, particularly as applied to human science. Are humans too (wonderfully) messy or uncertain for that approach to research? Indeed post-positivists question the certitude of the positivist stance. Heisenberg (1949) introduces the ‘uncertainty principle’ in that an observed particle is altered by the very fact that it is being observed. Kuhn (1970) and Feyerabend (1993) also reflect on the human, subjective, prejudicial and therefore fragile nature of all science. As Rogers (1968, p.154) observes, it is crucial to: “Keep the scientist as a human being in the picture at all times”. Despite the fact that modern post positivist research is far more cautious in what its findings can represent, in this thesis I want to report what Heidegger (1962/1927) would refer to as the 'lived world'; an intersubjective world of meaning making. Thus, I am drawn towards the form of social constructionist theoretical model with hermeneutic/existential underpinnings. I have chosen to avoid the term

'constructivism' in this thesis as there is uncertainty within the literature (Crotty, 1998) as to whether this term refers to individual or social centred theory. In this thesis constructionism refers to the individual and social constructionism to the social centred theory.

3.4.2 Constructionism

Constructionism is well removed from the world of positivism or objectivism. Crotty (1998, p.42) provides a description of the constructionist view:

"That all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context".

The viewpoint that we humans construct meaning through the relationship we have with our world lies between the objectivist and subjectivist (espoused within postmodernist epistemology) and incorporates many existential concepts (Burr, 2003). For existential philosophers such as Heidegger (1962/1927) and Gadamer (1960) our experience of being-in-the-world is essential. My chosen methodology of heuristic inquiry also endeavours to capture the lived experience, described here in Moustakas (1990, p.12):

"In heuristics, an unshakable connection exists between what is out there, in its appearance and reality, and what is within me in reflective thought, feeling and awareness".

Social Constructionism, particularly in the fields of social, psychological and human science has become increasingly influential since the political unrest of the 1960's (Guba, 1990). Berger & Luckmann (1967), in 'The Social Construction of Reality', created a storm, according to Crotty (1999), when they suggested that empirical study should focus on the construction of meaning in everyday reality, because all meaning arises out of interactive human communities. Rather than focusing on the individual's meaning making of their world, Social Constructionism focuses on the social or cultural origins of meaning - a distinctive way of seeing and questioning the world (Holstein & Gubrium, 2013). I believe it is impossible to remove the 'social' from science (Ortega y Gasset, 1963). Social meanings also form an integral part of the heuristic process: "a process of self-enquiry and dialogue with others" (Moustakas, 1990, p.15).

3.4.3 Hermeneutic Phenomenology

In this study I am not planning to capture the *essence* of the phenomenon; I would question whether we can actually capture an essence of experience that remains universally true over time. From the social constructionist viewpoint Burr (2003, p.5) declares that: "There are no essences inside people that make them what they are". I understand that my position is at odds with Moustakas (1990, p.13) when he states: "Essentially in the heuristic process, I am creating a story that portrays the qualities, meanings, and essences of universally unique experiences". I am aligning myself to hermeneutic phenomenology as outlined by Heidegger (1962/1927) and Gadamer (1990/1960) who move away from Husserl (1927) and his descriptive commentary. For Husserl (1927), ontology (the study of being) is only possible through phenomenology. He believed that to access the primordial

contents of consciousness social or cultural meanings need to be disregarded, 'bracketed' or put aside as best we can:

“ putting it in brackets shuts out from the phenomenological field the world as it exists for the subject in absoluteness; its place, however, is taken by the world as given in consciousness (perceived, remembered, judged, thought, valued, etc.)” (p.114).

The focus on the 'things themselves' (Husserl, 1927) as we immediately experience them brings about new understandings and is at the core of phenomenology, and appears to me to be a search for some form of 'essential truth' beyond socially constructed meaning, which is associated much more readily with a transcendental phenomenological approach (Husserl, 1927). The transcendental phenomenological underpinnings of heuristic inquiry are highlighted in Moustakas (1988), in that essential meaning arises through experiencing phenomena, freshly, as if for the first time (hence the attempt to bracket off pre-conceptions or the natural attitude). I am rejecting the transcendental approach which is predicated on a belief that the individual's experience can be transcended, thus a 'greater truth' or 'God's eye' view can be obtained (Husserl, 1927). I am aligned to Cox & Theilgaard (1987, p.125) when they state: "We are not passive onlookers, but active participants; we are not told what to experience, but we create the experience itself". However, the depth of investigation into the phenomena is similar to what phenomenologists refer to as 'intentionality', a 'reaching out into' or 'moving towards' the phenomena through an intimate and active relationship between the conscious subject and the object of the subject's consciousness, a 'description in depth' (Besmer, 2007). This level of

inquiry appears to sit well with the intense interest, passionate concern, immersion and incubation alive in the heuristic process (Moustakas, 1990). The deep dwelling within the lived experience, I believe, is likely to produce rich contemporary data (Kvale & Brinkmann, 2009).

My understanding of bracketing is influenced by a number of different understandings including hermeneutics and social constructionism. Steedman (1991, p.56) is emphatic on this point in that "knowledge cannot be separated from the knower" and Denzin & Lincoln (1994, p.134) declare that "in social science, there is only interpretation. Nothing speaks for itself".

Hermeneutics is the theory of interpretation and originally presented an attempt to provide firmer foundations in the interpretation of biblical texts (Smith et al., 2009). For Heidegger (1962/1927) we are already 'thrown' into a pre-existing world of objects, language and culture from which we cannot meaningfully detach and we are all human-beings-in-the-world, experiencing the world moment by moment through a degree of reflective awareness. For Heidegger (1962/1927), phenomenology is a hermeneutic discipline, which is concerned with the understanding of things as they show themselves and points out that access to lived experience, or appearances of our being, is always through interpretation. He also challenges Husserl (1927) and his concept of bracketing and 'going back to the thing itself'. He proposes that:

"Whenever something is interpreted as something, the interpretation will be founded essentially upon the....fore-conception. An interpretation is never a pre-suppositionless apprehending of something presented to us." (pp.191-192).

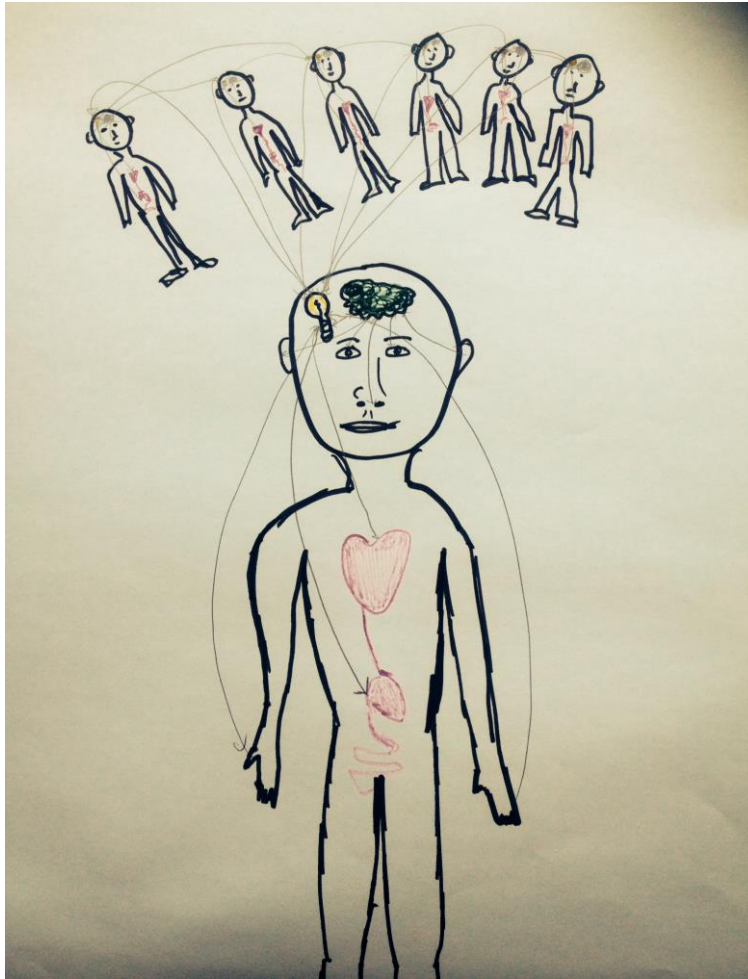
For me, this is an important distinction and provides an opportunity to review our preconceptions in terms of the things themselves, or accept that we may be unaware of them prior to the contact with 'the thing itself'. My understanding is that the 'internal gaze' promoted in the heuristic process (Moustakas, 1990) is a good vehicle for bringing the relationship between the interpreter and the interpreted into awareness. In this context I can relate to Gadamer (1990/1960):

"A person who is trying to understand a text is always projecting. He projects a meaning for the text as a whole as soon as some initial meaning emerges in the text...Working out this fore-projection which is constantly revised in terms of what emerges as he penetrates into the meaning, is understanding what is there." (p.267).

In summary, I would suggest that, in Husserlian terms, bracketing is never fully attainable and that awareness of our presuppositions is an ongoing process emerging out of engagement with the phenomenon (Gadamer, 1990/1960). Moreover, 'understanding' emerges out of in interplay between presuppositions and encounter, a rigorous and critical reflexive process (Etherington, 2004). For me, there is an ongoing heuristic process of noticing my preconceptions to aid my sensitisation of what might be present in the conceptions of others.

3.4.4 – Social Constructionism, Hermeneutic Phenomenology & Heuristics – pulling it all together

Figure 1 Socially Informed Heuristics



The above figure reveals how my 'self' is involved in a 'process of internal search' which is valorised by Moustakas (1990). This process (which reflects the phenomenological endeavour) involves my sensations, my bodily and tacit knowledge (Polanyi, 1966). The body, I am proposing, is a primary source of perception and is as Merleau-Ponty (1945, p.vii) posits "not one object among many, but our means of belonging to the world". I will be highlighting the important role of the body and tacit knowledge in Heuristic Inquiry (Moustakas, 1990) later in this chapter.

The above figure alludes to the aspect of social construction which augments my knowing. Without the participants' input into this research process I would not have

thought, felt, and reflected on the concept of hope, for example, without meeting Yvette or how the therapist stand-in-for each other metaphorically without hearing from Anna. These concepts and others will be reviewed in greater detail in the Discussion Chapter.

As discussed earlier, Moustakas (1990) focuses on the 'internal search' but there is also an emphasis on the importance of participants (social constructionism) in the heuristic process: "heuristics emphasises connectedness and relationship.... in heuristics the research participants remain visible in the examination of the data, and continue to be displayed as a whole person" (Douglass & Moustakas, 1985, p.42/43). Moustakas (1995, p.50) appears to highlight the subjective, social, cultural and environmental aspects of the heuristic process:

“Throughout the discovery process the key is description of what is, the issue, problem, concern, question; description of thoughts, feelings, time and space, relationship to self and others; descriptions of people, rooms, places, things, faces, body expressions, textures (heavy-light, rough-smooth, hot-cold, foggy-clear, tight-open).”

This transparent acknowledgment of both the social and subjective influence on 'knowing' in this thesis in some way, I tentatively propose, answers a long held critique of the social constructionist paradigm, that is its lack of subjectivity. As Burr (2003, p.179) alludes:

“the gaping hole left in social constructionist psychology by the absence of the 'self', the humanistic concept that provided

mainstream psychology with the content of the person, in terms of personality characteristics, attitudes and motivations and so on as well as the personal agency to realise these in behaviour. Social constructionists seem agreed that this self just cannot be reconciled with social constructionism.”

I believe that it is possible to incorporate transparent subjectivity alongside an acknowledgment that knowledge is a product of interaction with the world around us. Parker (1999) highlights the need for social constructionists to build agency and subjectivity back into their theory.

I have already highlighted the ‘humanistic’ (person-centred) connection to heuristics detailed in Moustakas (1990). There is an obvious focus on self-inquiry apparent in *Heuristic Inquiry* (Hiles, 2008a), although I would also propose that Moustakas (1961;1968;1972;1975a;1975b;1988;1990;1994) was influenced by the society in which he lived and experienced and he also sought the reported experience of others. His writings are from an era prior to the popularisation of the paradigm of social constructionism (Crotty, 1999). I believe that Moustakas (1968, p.41) justifies my position when he states:

"The truth is not learned by reinforcement or habit; it is learned by being in touch with one's own self and being present to the other, by letting the inner reality contact the outer reality without filtering or censoring perception and awareness."

In his writings, particularly *‘Being In, Being For, Being With’* (Moustakas, 1995) he indicates a possible reason for his focus on the subjective experience. He appears

to hold a negative opinion on relationships and has some powerful words to describe his observations:

“Perhaps there will always be something of the pain, violence, or loss that will remain as a reminder of the roots of our journey with others...going through a relationship means facing polarities within one’s self. It means challenging the desire to hold onto fixed patterns rather than let go; the desire to repeat rather than risk new experience; to remain passive rather than be assertive; to live in the past rather than in the present”
(p.70/71).

I understand that at its core heuristic methodology is a phenomenological endeavour, although I acknowledge that there is a division around bracketing and hermeneutics. In this thesis I am allying myself towards a hermeneutic phenomenology. I am proposing that the inter-subjectivity and co-construction of meaning from others also places heuristics in the social constructionists’ camp (Etherington, 2004). The epistemological paradigm poses the question: "What is the relationship between the knower (the inquirer) and the known (or knowable)?" (Guba, 1990, p.18). I have set out my reasoning for choosing social constructionism over objectivism and positivism. I am also rejecting the epistemological stance of pure subjectivity. I am epistemologically in tune with Alvesson (2010) who challenges the idea that an autonomous, clearly defined individual is the bearer of meaning as they are an active and ‘acting’ subject within which the social world rotates:

“Discourses are not produced or mastered by the individual, they rather speak of him or her in that available discourse position of that person in the world in a particular way prior to them having any choice .. and refer to a system of thought carried by a specific language and anchored in social practices” (p.98).

I am drawn to the social constructionist view that meaning is derived by the interplay of the subject and the object; subjectivism suggests meaning is imposed on the object by the subject (Crotty, 1998; Burr, 2003). I cannot square this view with my belief that to be human is being-in-the-world, Heidegger's (1927) epistemological stance of Dasein (or there-being). Dasein, according to Heidegger (1962/1927), is always 'thrown' into this pre-existing world of people, objects and culture and cannot be meaningfully separated from it and our access to such things is always through interpretation .

My epistemological/ ontological stance, which leads me to a form of heuristic methodology (Moustakas, 1990) can be summarised as social constructionist (Crotty, 1998) complemented by hermeneutic phenomenology (Heidegger, 1962/1927).

3.5 The Heuristic Process

Whilst my epistemological stance may differ from that of Moustakas (1990), I have followed his suggested heuristic process. As indicated, the heuristic process as described in Moustakas (1990 p.9) is an "internal search through which one discovers the nature and meaning of experience", a creative means of

investigating human phenomena and subjective realisations. Moustakas (1990) appears to be seeking those *eureka* moments, akin to the "Aha" Archimedes delightfully expressed when he discovered the principle of buoyancy. To achieve this the researcher must maintain "an unwavering and steady inward gaze" (p.13).

Heuristic research as defined by Moustakas (1990, p.9) is an "organised and systematic form of investigating human experience" which originated in his study of loneliness (Moustakas, 1961). Moustakas (1990) sets out six phases of the methodology, although this is a *guide* and the researcher is encouraged to be "self-directed, self-motivated, and open to spontaneous shift" (Douglass & Moustakas, 1985, p.44). Each of the phases in heuristics are not a labelled step on some ladder that lists all the necessary components of that step. Each phase is not linear, the researcher cannot merely march through one step after the other, and the spontaneous path creates itself (Sela-Smith, 2002). Moustakas appears to be influenced by the four creative phases of discovery originated by the mathematician Poincare; preparation, incubation, illumination, and verification (Hadamard, 1922).

The six phases are outlined in Moustakas (1990) as follows:

Initial Engagement: Heuristic research starts with a question, a question that has been a "personal challenge and puzzlement in the search to understand one's self and the world in which one lives" (p.15). To complete this arduous process and remain *intensely* and *continuously* with the question a significant amount of interest and passion are a prerequisite. In his own heuristic search into *Loneliness* Moustakas (1961) connected with a personal crisis relating to his daughter's life-threatening illness. This passionate element is explained further in Moustakas

(1990, p.27) "Within each researcher exists a topic, theme, problem, or question that represents a critical interest and area of search. The task of the initial engagement is to discover an intense interest, a passionate concern that calls out to the researcher, one that holds important social meanings and personal compelling implications. This initial engagement invites self-dialogue, an inner search to discover the topic and question. During this process one encounters the self, one's autobiography, and significant relationships within a social context". The question may arise intuitively, consciously or unconsciously and be experienced as incomplete and needs to be completed, or misunderstood and needing to be explained, or disassociated and needs to be integrated (Sela-Smith, 2002).

Immersion: Once the question is found the researcher "lives the question in walking, sleeping and even dream states", Moustakas (1990, p.28). The researcher is encouraged to be on intimate terms with the question; virtually everything in their world is connected to the phenomenon and offers possibilities for new understandings. As with the initial engagement, tacit intuition is promoted. The Oxford English Dictionary definition of intuition is "the ability to acquire knowledge without interference or the use of reason". Thus the term is often conceived as a kind of inner perception. Intuition is knowledge as gained through the body, it gives us 'gut feelings' and 'heart felt senses'. Reasoning is therefore not all about pure logic, it can also be dependent on non-rational processing in our bodies. Intuition can help us make wise decisions not just logical ones, but also can be an automatic response to painful moments in our unexamined past (Siegel, 2011). This seems to me to imply it could lead to unwise decisions too if the researcher is not self-aware or incongruent in Rogerian terms. In context with heuristics, Moustakas (1990, p.23) defines the term "Intuition makes immediate knowledge possible without the intervening steps of logic and reasoning." To

Moustakas (1990) intuition is an essential characteristic of knowledge and forming patterns and inferences and for me it is a crucial one of a numbers of skills required in the craft of interpretation (Schleiermacher, 1998). However, care needs to be taken that all bodily sensations are not always an appropriate response to the phenomenon and can relate to the individual's own history. There are also further connections here to the person-centred approach, which is overall acknowledged by Moustakas (1990), in that Rogers (1961, p.53) states: "maladjustment exists when the organism denies awareness of significant sensory and visceral experiences".

Moustakas (1990, p.20-21) defines tacit capacity as that which "allows one to sense the unity or wholeness of something from understanding the individual qualities or parts." There is a transposition of meaning from bodily sensations into perception of things outside that is common to all aspects of tacit knowing (Polanyi, 1966). I will review the tacit dimension later in this chapter, as I believe it is worthy of individual consideration due to its common thread throughout the whole heuristic process.

When the question has been properly formed, it seems that the image of the question is everywhere in the researcher's life. Immersion cannot be controlled, a 'letting go' needs to happen so it becomes natural, a way of being (Sela-Smith, 2002). Moustakas (1990) provides an insightful illustration of immersion:

"If I am investigating the meaning of delight, then delight hovers nearby and follows me around. It takes me fully into its confidence and I take it into mine. Delight becomes a lingering presence; for a while, there is only delight. It opens me to the

world in a joyous way and takes me into a richness, playfulness and childlikeness that moves freely and effortlessly. I am ready to see, feel, touch, or hear whatever opens me to a fuller knowledge and understanding of the experience of delight" (p.11).

Sela-Smith (2002) posits that, even within positivist research, metaphoric dreams provide key pieces of information towards the research goal. She also suggests that without the call to answer a question of significant personal interest coupled with immersion into the call, the research will not unfold and it will lack integrity. The inner passion relating to the phenomenon has to be so strong that the researcher can live with the question and immerse in it for long periods. This cannot succeed if the original question does not require that the whole self is engaged from the very being of the research.

Incubation: The process of retreat from the intense focusing on the question elicited in the immersion phase. The removal of focus, suggests Moustakas (1990), allows the inner-tacit dimension to grow. An example of this is provided when your house keys are lost. They cannot be found when you are pre-occupied in finding them, only later when you are not focusing on them, you then remember where they are. I understand that this period of incubation promotes intuition, the 'Aha!' moment. Moustakas (1990, p.29) uses a metaphor to explain this stage:

"Incubation is a process in which a seed is planted; the seed undergoes silent nourishment, support, and care that produces a creative awareness of some dimension of a phenomenon or a creative integration of its parts or qualities."

Sela-Smith (2002) suggests that researchers may resist this period, afraid that they may lose focus and will fail to complete their work. However, I understand that it is the surrender to this most important part of the heuristic process that promotes creativity. If focus on the question were to continue, insights are highly unlikely; the keys will remain lost.

Illumination: This phase occurs when the unconscious work of phase three spontaneously breaks through into conscious awareness; the light bulbs start to go off. As indicated in Moustakas (1990, p.29):

“The process of illumination is one that occurs naturally when the researcher is open and receptive to tacit knowledge and intuition. The illumination as such is a breakthrough into conscious awareness of qualities and clustering of qualities into themes inherent in the question”.

Hidden meanings and new dimensions come to light when the researcher is in a non-striving receptive state, which resonates with my comments on the incubation stage. Sela-Smith (2002) identifies that insights or illuminations may occur in a single moment or they may take place in waves of awareness over time. I understand that by their very nature, they cannot be forced.

Explication: Moustakas (1990, p.31) explains the fifth stage of the process as a period of inward focus, where the essential elements of the phenomenon come into conscious awareness:

“The purpose of the explication phase is to fully examine what has awakened in consciousness, in order to understand its various layers of meaning....In the explication process, the heuristic researcher utilises focusing, indwelling, self-searching, and self-disclosure, and recognises that meanings are unique and distinctive to an experience and depend upon internal frames of reference”. Although I note that in this research I am not seeking any ‘essence’.

As this new material is experienced, expressed, and explicated, a 'more complete apprehension' is occurring (Sela-Smith, 2002). Thus a comprehensive depiction of the major themes and meanings is developed, and the researcher is ready to incorporate them into the complete whole.

Creative Synthesis: During the final phase the researcher (who is fully aware of all the data; the themes, meanings and the experience as a whole) again engages with their "tacit and intuitive powers" (Moustakas, 1990, p.31) to produce a *creative synthesis*. This can take the form of a narrative depiction, but can also be expressed creatively through art or poetry or another creative form. The final stage is guided by meditation, intuition and feelings sourced from self-dialogue. The researcher must move beyond constricted attention on the data to a place that permits a "comprehensive expression of the essences of the phenomenon investigated to be realised" (Moustakas, 1990, p.32). Sela Smith (2002) suggests that the creative synthesis is the 'story' that contains some *new whole* that has been identified. This *new whole* draws an expression of creativity out of the researcher to reveal itself into the world.

3.6 The Tacit Dimension

"At the base of all heuristic discovery is the power of revelation in tacit knowing",

Moustakas (1990, p.20).

This essential element of the heuristic process, the tacit way of understanding, I believe, warrants separate consideration. West (2011) proposes that the accessing of tacit knowledge can be 'life changing'. The term was popularised by Polanyi (1966) who believed that the tacit element of knowing moves beyond the acquisition of language: "We can know more than we can tell" (p.4). Polanyi (1966) draws upon the Gestalt model of psychology to illustrate his point; how do humans recognise a face? In this complex process humans can easily pick out the face of friend or spouse from a line-up of a hundred or a million, but when asked they couldn't explain *how* they knew. The tacit integration of the particular individual features produces more than the mere sum of the disparate parts. Polanyi (1964) suggests that knowing comprises two types of awareness, subsidiary and focal. Focal awareness involves the conscious object of our attention (interestingly, I believe that Moustakas (1990, p.21) mistakenly describes focal as "unseen and invisible") whereas it is subsidiary awareness that involves clues that are in the background. Examples are provided in Polanyi (1962, 1969); when a blind person uses a stick to find his way along an unknown path he attends through subsidiary awareness to the impact on his hands when the stick strikes an object. He also attends through focal awareness on the end of the stick. We attend from subsidiary awareness to the focal target. This seems to fit with Spinelli's (2005) view of the conscious/unconscious divide, the conscious is what we focus on and the unconscious remains in the background and is invisible. Polanyi (1969) clarifies that not all subsidiary awareness is unconscious:

"Some subsidiary things, like the process in our inner ear, of which we are aware in feeling the position in our head, are profoundly unconscious, strictly subliminal. But we are not unconscious of a pointing finger the direction of which we are following, nor of the features of a face that we are recognising" (p.197).

Polanyi (1966) identifies four aspects of tacit knowing. *The Functional Structure:* We attend through subsidiary awareness while attending focally to the object of our attention. As the blind man focuses on the end of his stick, he is also aware subsidiarily of objects. *The Phenomenal Structure:* The integration of subsidiary and focal awareness changes what we know. New meaning arises through the act of tacit integration. Back to the stick: "We are attending to the meaning of its impact on our hands in terms of its effects on the things to which we are applying it", (Polanyi, 1966, p.13). *Semantic Aspect:* New meanings arise in the wake of semantic aspects of tacit knowing. Bodily sensations reveal knowledge, proximal components of tacit knowing are rooted in our bodies and thought is rooted in our bodies. We are aware of our bodies subsidiarily while attending to focal targets. Thus: "our body is the ultimate instrument of our external knowledge" (Polanyi, 1966, p.15). Indwelling is indicative of the extension of the body in the process of tacit knowing: "To apply a theory for understanding nature is to interiorise it. We attend *from* the theory *to* things interpreted in its light" (Polanyi, 1963, p.8). West (2011) suggests that the use of the body in tacit knowing is akin to Gendlin's 'felt sense' (Gendlin, 1978) and narratives around 'embodied counter-transference' (Field, 1989). I have already discussed Gendlin (1978) at some length in the literature review chapter. Field (1989, p.6) describes embodied counter-transference as "the spontaneous arousal of physical feelings in the therapist".

Ontological Aspect: The above aspects of tacit knowing combine to reveal something that is more than the sum of the parts. There is a transposition of meaning from bodily sensations into perception of things outside that is common to all aspects of tacit knowing.

In conclusion, tacit knowing puts the knower at the centre of the knowing process; indeed knowledge requires the continued participation of the knower (Mitchell, 2006). For Polanyi (1969, p.152) the ideal of purely explicit knowledge is a false one: "deprived of their tacit coefficients, all spoken words, all formulae, all maps and graphs, are strictly meaningless". Objective detachment is therefore untenable. Polanyi (1964, 1969) acknowledges that we are embedded within a culture, a language and a historical moment and it is impossible to completely exit these frameworks in order to critique them. This is an important point and links him to social constructionism and the hermeneutic standpoints of Heidegger (1962/1927) & Gadamer (1990/1960).

3.7 Sela-Smith & Heuristic Self Search Inquiry

In 1998 Sela-Smith, a therapist, completed a two year self-study in order to resolve a personal crisis. She neither had the intention of having her work become an academic thesis, nor had she followed any research methodology.

Subsequently, she realised she had paralleled the Moustakas (1990) methodology process. Sela-Smith (2002) introduces the Heuristic Self Search Inquiry (HSSI) model which originated from a self-searching in order to heal the pain of a difficult divorce and previous losses. Through accessing the "I-who-feels" (p.62) she was able to reorganise the structures that had been formed in childhood and began to reform her personal myths about herself, relationships, responsibilities and

marriage. This form of process of self-reflection or introspection is by its very nature a subjective venture.

Sela-Smith (2002) suggests that her internal process, an inward search, follows the first two chapters of Moustakas (1990) and is in tune with the identification of the importance of self-dialogue, tacit knowing and indwelling: "It is only when an internal focus is maintained that the researcher's own tacit knowledge can be lifted into conscious awareness." (Sela-Smith, 2002, p. 76). However, as discussed above, Polanyi (1963,1964) infers that the tacit transcends the purely subjective, and incorporates an ontological aspect whereby there is a transposition of meaning from the body (self) to the external (other/object). Within Sela-Smith's writing there also appears to be a validation that '*I who feels*' is somehow superior to '*I who thinks*', '*I who experiences*', or an '*I who experiences and is changed by other*'; and that only a personal crisis will provide the environment for a full '*I who feels*' encounter. Alternatively, I propose that a question that involves a "personal challenge and puzzlement.... (and) a passionate, disciplined commitment " (Moustakas,1990, p.15) or an "intense interest, a passionate concern" (ibid, p.27) does not necessarily require a personal crisis as its catalyst.

Sela-Smith (2002) leaves no doubt that she thought that Moustakas (1961; 1990) moves from an initial subjective and internal engagement to an external engagement, observing the phenomena through the eyes of the other, and she would no doubt accuse me of doing the same in this thesis. Moustakas (1968, p.15) refers to his internal versus external relationship, which in essence is a social constructionist approach: "To remain in touch with oneself as an individual requires an awareness of the conditions in a society". I believe that Moustakas is a conduit to the experience of others and he allows his *self* to be basked in the

experiences of others. He allows his *self* to be changed by experiencing the experience of others. The findings of the research are in the reporting of the change of *self* throughout this process, which links with my social constructionist stance.

I would argue that Sela-Smith (2002) had many participants in her research. She was influenced by the words and actions of those around her, her husband, her relatives, her friends, and the media. Moustakas (1968, p.41) encapsulates this concept:

"The truth is not learned by reinforcement or habit; it is learned by being in touch with one's own self and being present to the other, by letting the inner reality contact the outer reality without filtering or censoring perception and awareness."

Sela-Smith (2002) critiques a number of heuristic research studies on a number of grounds which might have led her to critique this study. Her viewpoint that the methodology as described in Moustakas (1990) leans much more readily to an exploration of some universal existential phenomenon such as loneliness may have validity. Douglass and Moustakas (1985, p.39) confirm this in some way when they state that heuristics as fundamentally an exploration: "To know the essence of some aspect of life through the internal pathways of the self". However, I would argue that my social constructionist and hermeneutic epistemological stance, which I have clearly indicated, when applied to Moustakas (1990) produces an appropriate methodology for this study.

3.8 Conclusion

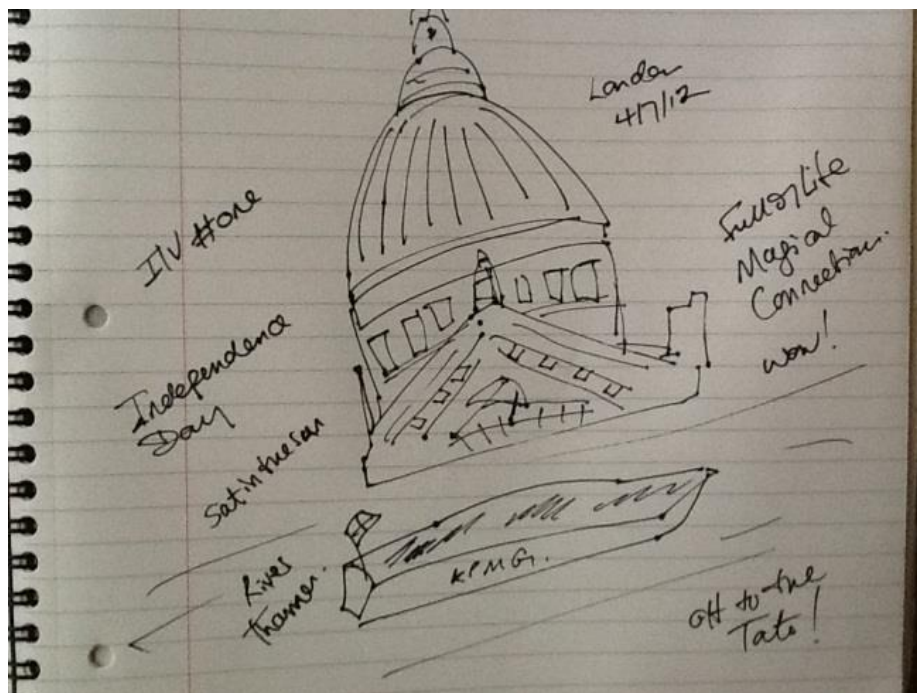
Heuristics is a creative, non-linear process of discovery into a phenomenon well known to the researcher from the start, which "reaches its pinnacle in taking into life active self-awareness, insights and clarifications" (Moustakas, 1990, p.123). As indicated, the idea of creativity is very important to me. The researcher evokes his or her active self-awareness, and, through that engagement or exchange, the *self* is transformed and self-understanding and self-growth occur. This requires a passionate sustaining of focus and awareness on the phenomena (internal and external) using all the researchers senses, values, belief systems and judgments to convey underlying meanings of the human experience.

There is confusion in Moustakas (1990) with regard to the phenomenological influence on the model or methodology. He acknowledges many theorists including Husserl, but there is little mention of transcendental phenomenology. Moustakas (1990) displays some lack of clarity in his quest for subjective knowing versus seeking the opinion of others in a social constructionist model, (Sela Smith, 2002). Moustakas is seeking to find the essence of the experience, which I am not claiming in this study. I have clarified my epistemological stance as social constructionist and hermeneutic phenomenological and highlighted how I understand that this differs to that of Moustakas (1990).

The engagement with the tacit dimension is a crucial element to Moustakas' heuristic model. Polanyi (1964, 1969) reveals that tacit knowing is structured and incorporates bodily felt sensation. This form of knowing comes with its dangers of historical influence (Siegel, 2011) but also opens up possibilities of additional forms of knowing beyond logical and rational.

Heuristics as set out in Moustakas (1990), I believe provides an ideal methodology to investigate the experience of myself when working with clients, and to be influenced by the experience of others engaging in the phenomena which links to working as a counsellor (Hiles, 2001). The periods of immersion and incubation that give rise to moments of insight, are also well matched to my lifestyle, which involves daily meditation and self-reflection.

4 DATA COLLECTION



Reflective Journal 4/7/12

4.1 Introduction

In this chapter I will explain the how the data were collected, the rationale for the recruitment of the participants, detail of the participants, the interview process, ethical considerations and the importance of self-care/supervision. I will also review the importance of the reflective journal within the heuristic research process.

4.2 The Participants

Douglass & Moustakas (1985, p.42/43) reveals the importance of participants in the heuristic process:

"heuristics emphasises connectedness and relationship....whereas phenomenology loses the person in the process of descriptive analysis, in heuristics the research participants remain visible in the examination of the data, and continue to be displayed as a whole person".

This is a significant departure from the purely subjective stance of Sela-Smith (2002) and sits with my epistemological stance in this thesis of social constructionism.

There are many ways of recruiting participants for qualitative research. I decided to use a pragmatic approach and contact counsellors and psychotherapists known to me via informal and formal networks (Hennink, Hutter & Bailey, 2010). My membership of the Independent Practitioners Network (IPN) led me to colleagues and friends of members (not members themselves as I thought that they might be too close to me). The 'word went out' informally to friends and colleagues of members, who were asked to contact me directly if they were interested in participating in the research. I wanted to interview qualified counsellors or psychotherapists currently in practice who either used metaphors with their clients, or were of the opinion that they did not use metaphors (in an attempt to gain a contrast); purposeful sampling as detailed in Patton (2005).

I originally considered interviewing the clients of other therapists. However, there are ethical issues around confidentiality and perceived vulnerability (BACP, 2004) and the University guidelines (The University of Manchester, 2009) defined clients as 'medium/high risk'. There are also difficult practicalities of recruitment.

Acknowledging that heuristic research is a "process aimed at a discovery; a way of

self-inquiry and dialogue with others" (Moustakas, 1990, p.15), I believe that my reflections of working with clients as a researcher in practice provides significant and rich data. I continued to work with approximately 15-20 clients per week during the research process, building on over 8 years' experience and in excess of 5000 client hours. Interviewing other practitioners not only provides access to many years of cumulative experience and thousands of hours of therapy; it all provides an opportunity to compare and contrast the experience of the use of metaphor by counsellors and psychotherapist using different models, different genders, age and experience etc.. There are many examples of heuristic research involving questioning practitioners about different aspects of their experience of working (e.g. Grinstead & Straten, 2000; Mellor-Clark, Simms-Ellis & Burton, 2001; Parker & Schwartz, 2002).

Seven participants were contacted and recruited, which complies with the design detailed in my original Research Plan. They were chosen on a pragmatic basis out of seven volunteers who all expressed an interest in participation and met the criteria of qualified counsellors or psychotherapists currently in practice. The number of participants is in harmony with other post 2000 doctoral studies utilising Moustakas's heuristic methodology. These include: Djuraskovic & Arthur (2009) (6 participants), West & Clark (2004) (6 participants) and Atkins & Loewenthal (2004) (7 participants). I provide details of each participant in the following table.

Table No 2 Participant Details

Name *	Number of Years Experience	Main Therapy Model	Principal place/s of work	Gender	Governing Body **
Anna	10 plus	Psycho-Synthesis Counsellor	Private Practice & Male survivors of abuse centre	Female	BACP
Maddie	6	Integrative Counsellor	Cancer Care Centre	Female	BACP
Brian	25 plus	Transactional Analysis Psychotherapist	Private Practice	Male	UKCP
Alan	7	Solution Focused Counsellor	Private Practice	Male	BACP
Yvette	15 plus	Behaviourist Psychotherapist	Occupational Health & Private Practice	Female	BACP
David	15 plus	Integrative Psychotherapist	Hospice	Male	BACP
Jane	8	Integrative Counsellor	Private Practice & Eating Disorder Clinic	Female	BACP

* All names have been changed.

** BACP = British Association of Counsellors & Psychotherapists; UKCP = The UK Council for Psychotherapy.

4.3 The Interview Process

Data were collected through an informal conversational interview (Moustakas, 1990). The informal conversational interview allowed for a free flow of data, and

supported the participants to share their experiences in a natural dialogue. This form of collecting data is “consistent with the rhythm and flow of heuristic exploration and search for meaning” (Moustakas, 1990, p. 47). The interviews had an “informal conversational interview” style as described in Moustakas (1990, p.47) relying on “spontaneous generation of questions...in a natural, unfolding dialogue”. I began each interview by inviting the participants to tell me a little about their practice, how long they have been working as therapists, the model of therapy with which they identify, and where they work. I then asked them to comment on the use of metaphor in their clinical practice. The participants were free to discuss/not discuss any information about their experiences. I used what Willig (2013, p.29) refers to as a “non-directive” interview stance to “find the right balance between maintaining control of the interview and where it is going, and allowing the interviewee the space to redefine the topic”. Each interview was recorded and took between 50 minutes to an hour to complete. I have set out the interview process in more detail in appendix 7, as Hiles (2008b) suggests, transparency is key at every stage in research and procedures should be replicable. I transcribed three of the interviews myself and sent the others to a professional firm of transcribers known to the university and subject to a confidentiality agreement (see Appendix 6). On reflection, I was just as involved in the data for all the interviews due to the amount of time subsequently immersing myself in the texts.

The transcript was sent to each participant for checking that the transcript was true to their recollection of the interview. All participants either altered the text to capture their intended meaning, or confirmed that the transcript reflected their recollection of the interview, satisfying 'Testimonial Validity' (Stiles, 1999). Carlson (2010) warns of the dangers of member checking and that researchers can

inadvertently cause problems for themselves due to the unpredictability of human communication. I followed the guidelines set out in Carlson (2010) and included the fact the participants will be asked to check the transcript for any errors or differences in recollection. In practice only two of the seven participants made changes, mostly in connection to grammar. All the alterations have been retained in their original form and highlighted in this thesis. Incorporating the notion of social constructionism, the transparent inclusion of the participants' voices (which are 'member validated'), separate to but informing my subjective reflection, (I believe) augments the trustworthiness of this research. Guba & Lincoln (1989) regard member checks as “the single most critical technique for establishing credibility” (p. 239).

In his seminal text Kvale (1996, p.3) introduces the two alternative roles of research interviewers as metaphors - the miner and the traveller:

“In the *miner metaphor*, knowledge is understood as buried metal and the interviewer as a miner who unearths the valuable metal. Some miners seek objective facts to be quantified; others seek nuggets of essential meaning. In both conceptions the knowledge is waiting in the subject’s interior to be uncovered, uncontaminated by the miner. The interviewer digs nuggets of data or meanings out of the subject’s pure experiences, unpolluted by any leading questions.”

Alternatively, the traveller interviewer (pp. 4-5) is described as follows:

"As a traveller on a journey that leads to a tale to be told upon returning home. The interviewer-traveller wanders through the landscape and enters into conversations with the people encountered. The traveller explores the many domains of the country, as unknown territory or with maps, roaming freely around the territory".

The heuristic process requires an element of both miner and traveller. The self-inquirer is a miner: "the deepest currents of meaning take place with the individual" (Moustakas, 1990, p.15). However, the interviewing of participants fits with the traveller metaphor, which forms part of a larger 'traveller' project and further data can be gathered in addition to the interviews. Writing on his study of loneliness Moustakas (1990, p.45) indicates the traveller who is enveloped by his question: "Every event, every feature of my existence appeared to be connected to loneliness. I found loneliness everywhere in my waking life...It became a significant focus of the people that I met in therapy". So it became for me with metaphors and therapy. However, Moustakas could be accused of digging for an 'absolute truth' (Husserl, 1927).

4.4 Engagement with the Research – the Collection of Data

I not only collected data from the interview of participants; the data were also collected in a number of ways which could be described under the banners of miner and traveller (Kvale, 1996). I 'mined' for data in my professional practice and reflected closely on metaphor use with clients on an ongoing basis. I took separate notes following each session in which metaphors were engaged with. This has left me with copious notes on hundreds of hours of counselling involving metaphors

and I return to the notes occasionally and write further reflection in my journal.

Examples of some entries are detailed below:

The metaphor was her standing on a hard metal dance floor surrounded by hills. The floor was hard and metallic and needed to come out all in one (like a tooth) and she imagined a crane lifting it, she wanted to fill the hole with pink for love ...but knew it had to remain an empty hole for now..

She described her 'field of anxiety' as being dark and had a big door to exit it. She was able to kick down the door after some time and a lot of effort and entered a green and beautiful landscape with friends and her new boyfriend. She went on a long walk with him by a clear running river and arrived at her home of the future. She knew that she had to go back to the field and with his help she could burn it, which she tried and had to return twice to destroy the walls and the field and the ash drifted into the sea.

I also collected data as a traveller as I noticed all to do with metaphors in my world. Conversations with attendees at workshops and conferences, supervisees, colleagues, friends were all potential data. I noticed metaphors in books, poems, and the lines of songs or movies (Bob Dylan became a favourite 'metaphor-man'). Feelings or even dreams about what was happening were recorded to create new insights or be used as data (Etherington, 2004). I took notice of my environment on my travels and would often take a picture of 'things of interest'. For example, the 'Michelangelo' painting on my supervisor's wall which is referred to in the

Literature Review and links to relational depth and the poster on the train, which allowed me to reflect on my social constructionist stance in a metaphorical way.



An example of a diary note in my reflexive journal of the 30th January 2014 highlights the potentiality for meaning making additional data (gathered as a 'traveller') and the ability to be 'critically reflexive' (Wong, Kember, Chung & Yan, 1995).

"I visited Chester University the other night and presented on the use of metaphor in therapy. I shared my interim findings and some thoughts on the use of metaphor to a dozen or so MSc students (Y2 & 3) and a couple of qualified person-centred counsellors. I was encouraged by their engagement and feedback. They wanted to know more, which was encouraging, and they wanted to share their own stories. On reflection, I was surprised by the number of walls appearing in their therapist-generated metaphors. "I used a wall to indicate how my client was hiding and protecting themselves the other day" was one of at least four examples. When I left the university I was struck by sight of the large Roman Wall outside

the university! This is a walled city! Are we influenced by our environments to this extent? Do clients? Do we bring parts of our environment or culture into the metaphors we bring into therapy? How can we not? Is this something that I do, did my participants introduce their locality into their metaphors, or is the absence of metaphor also a reflection of the clinical environment?"

This data highlights, I would suggest, that we are 'situated beings' (Heidegger, 1962/1927), we are always positioned in a relational context with the world that we live in and the metaphors of our landscape seep into our language and psyche (Lakoff & Johnson, 1999). I will introduce and review this interesting aspect to the Discussion chapter later in this thesis.

I kept a reflexive journal to make notes on my mining and travelling processes and other reflections on the research process. Pavlovich (2007) found the use of reflexive journals can be an extremely useful research tool, a powerful way of displaying and accessing the researcher's significant learning; a transparent process. I find support in Etherington (2004, p.19) in my belief that counsellors learn the skill of reflexivity, that is the ability "to notice our response to the world around us". Reflexivity is more than self-awareness; it is "self-awareness and agency within that self-awareness" (Rennie, 1998, p.1). Reflexivity is a critical part of what it is to become a good counsellor (McLeod, 2007) and is an extremely useful tool to transfer across to the research process (Etherington, 2004). Ortlipp (2008) suggests that reflexive journals can be used to improve transparency in the research process, enabling one's thinking, decision making, values, judgments, biases etc. to become visible. Using heuristics, a rigorous process of self-

searching, the revealing of reflexivity is an essential element of the validation process. Moustakas (1990 p.49) recommends the use of "diaries, journals, logs" to provide "additional meaning".

4.5 Ethics

There is an increasing awareness of the complexity in the conducting of all kinds of social research. The guidance (Bond, 2004) requires that the researcher is open to the challenges and difficulties in researching in this field and thus transparency, fairness and honesty in the collection and analysing of the data are paramount. To avoid the over-exposure of particularly 'vulnerable people' (Bond, 2004) the participants were all adults and experienced therapists. Even so, the ethical guidelines for research of The University of Manchester (2009), BACP (2004) and Bond (2004) were all followed. The common principles of ethical research were considered throughout the research process; beneficence; non-maleficence; autonomy; and fidelity (McLeod, 2003).

The level of risk was minimised by choosing therapists as participants. West & Clark (2004) deemed mature therapists reporting on their experience of practice to be of minimal risk, and the participants were well placed to give informed consent. Further, as a trained counsellor I was able to gauge if the interview was becoming harmful or if the participant needed further support.

The participants were all informed of the research verbally and signed consent forms (see Appendix 1) prior to the interviews taking place and were free to withdraw at any time. The interviews took place in quiet rooms in public places during opening hours. Each interview was recorded on an iPad with password protection and anti-virus software. The recordings were deleted after the transcript

was agreed by the participant. The data were stored on a password protected device and iCloud facility. All relevant iPads and laptops were stored in alarm protected homes and offices. I completed three of the transcriptions. The other transcriptions were carried out by a professional organisation (D2U); used extensively by The University of Manchester and subject to a confidentiality agreement (see Appendix 5). The identity of each participant was protected throughout the process and will be after the completion of this Professional Doctorate and during the dissemination of the research findings (Bond, 2004). The information gleaned from the interviews is treated respectfully in terms of maintenance and confidentiality (Hanley et. al., 2013).

Corbin and Morse (2003, p.335) state that:

"Although there is evidence that qualitative interviews may cause some emotional distress, there is no indication that this distress is any greater than in everyday life or that it requires follow-up counselling... When research is conducted with sensitivity and guided by ethics, it becomes a process with benefits to both participants and researchers".

I believe that the interview process not only helped me to reflect on the experience of others, the process also enabled the participants to reflect on their use of metaphors in therapy. Indeed one participant, Alan, discovered that he used metaphor extensively with clients, despite initially declaring that he did not engage with his clients in this way, thereby satisfying 'Catalytic Validity' (Stiles, 1999).

Ethical judgments (Kvale & Brinkmann, 2009) represent an ongoing process throughout the research study and beyond into the dissemination of the findings. I remain mindful of issues around confidentiality, consent, my role within the research together with the potential consequences of ethical breaches. Ethical issues that arose during this process included confidentiality of client material. To mitigate breach of confidentiality, therapists were interviewed about their experience of working with clients and names of clients and other details were changed to ensure that any personally sensitive information revealed in the referencing of practitioner case notes ensured that clients could not be identified. This follows the guidelines set out in Bond (2004). My major concern going forward is that despite the fact the participants agreed within the consent form that data can be included in future publications the nature and availability of material through the internet and facilities such as e-scholar is changing rapidly (Warrell & Jacobsen, 2014). This is not only a matter for the participants, but also their clients, myself and those connected to me and referred to in this thesis. This is going to be an ongoing concern. Mechling, Gast & Lane (2014) believe that researchers have an obligation to their research participants to inform them of publications that are publicly available and in which personal information is identifiable. Whilst every effort has been made to mitigate or reduce personal information I will inform the participants prior to any publication in paper or electronic form of part of this thesis, wherever practicable.

4.6 Self-care & Supervision

BACP (2004), Bond (2004) and Etherington (2004) all recommend supervision and support for researchers. Scott (2007) discovered that the heuristic process can be particularly challenging for the researcher due to the overwhelming involvement of

self-understanding and personal growth. Bearing this in mind I attended monthly academic supervision at The University of Manchester alongside ongoing personal counselling. I practice meditation on a daily basis and visit retreats regularly throughout the year; I also found the keeping of a reflexive journal to be cathartic. In 2012 I decided to reserve Fridays as my thesis day; this pattern of weekly space to complete work with regular additional writing weeks (with my dog) was crucial. Finally, whilst the heuristic process can be draining, the creative aspect of artwork and poetry provided a much needed 'release valve'.

4.7 Conclusion

A great deal of care with regards to ethical, transparent data collection has been taken during this stage of the research process. Examples are the choice of relevant participants with many years of working as a counsellor or psychotherapist, to the informal interview within a safe setting and care of 'self'. The essential element of quiet reflective time to capture thoughts and feelings relevant to 'the question' in my journal is still an ongoing process. I now seem to notice metaphors everywhere, in the counselling room, on the train, as I travel, and whilst this can be annoying at times, the amount of rich data that is around seems to be astonishing to me.

5 DATA ANALYSIS

Squirrelling out God's Secrets

*Searching shifting shaping sorting
Searching behind the pickle jar
Searching under the stair
Sniffing them out here
Sniffing them out there*

*Finding it in others
In the air
you find
In the whispers of the mind*

*Sorting in the quiet
Sorting in the dark
Shuffling secretly below the mark*

*Slowly
Quickly
Glimpsing
Building
Hoping
Hopping
Drifting, Dreaming*

AND THEN.....?!

5.1 Introduction

I have outlined the heuristic process of Moustakas (1990) and in this section I will reflect on and detail how, in practice, the data were analysed. Heuristic data, I will emphasise, is not just the words detailed in the transcripts (although they form an important part of the data), it is all of "that which extends understanding or adds richness to the knowing of the phenomenon in question" (Douglass & Moustakas, 1985, p.48). It is intuitive (Moustakas, 1990), it reveals itself in the tacit (Polanyi, 1964) and is also socially constructed (Moustakas, 1968). A mixture of internal and external voices and influences are expressed by and through the researcher. I will

reflect on the impact on *self* during the data analysing stage and the impact on my relationships through accessing my reflective journal. I will also reveal the timescale involved in the process, and include notes from my journal to highlight the insights on the journey.

5.2 The heuristic journey

In this section I will disclose the data analysing stage of the heuristic process, the timescale and relevant insights from my reflexive journal. This generally follows the “outline guide” set out in Moustakas (1990, p.51/52), although this is a non-linear process. As with all the other work on the thesis the analysis process was done in brief pockets of time, quieter afternoons in cafes, my office or the garden, or weeks away, where intense periods of immersion proved fruitful. Incubation time came easily, as a busy life with family and clients put the research in the background for a while. During this period I presented a number of workshops on my thoughts around the use of metaphor in counselling and psychotherapy, which helped to clarify the data, and the audience response provided additional data. For example, when presenting at Leeds Counselling in January 2013, one lady who had recently retired after many years as a psychotherapist said: "On reflection, over all the years that I have been working, the biggest moments, the biggest shifts was when me and the client had been using metaphors". The data such as these reflections, and the participants' voices were woven into a 'subjective knowing' which arose in the organic process proposed in Moustakas (1990). The 12 workshops were at various academic and training establishments throughout the North of England, London and Denmark.

I also presented a workshop on heuristic methodology at Keele University in March 2014. All of these presentations were ideal opportunities to present my findings and discussion. Also, the feedback from the audience was crucial in shaping my perception of the research question and the phenomenon of metaphor and therapy.

I will now table the process of data analysis, which reflects the phases suggested in Moustakas (1990). The data analysis procedure set out in Moustakas (1990) firstly suggests that the data from one participant is organised and the researcher enters the material into “timeless immersion” (p.51). I commenced as suggested with the data for Anna and as this was Summer I took to walking and pondering on her words and way of being. Standing in for more than a transferential object started to crystallise and the start of a poem drifted around in me. I then rested for a period and focussed on other pressing matter of family and private practice before returning to the data to clarify the themes and ensure that they were congruent with the original data, I then penned the poem and the individual depiction for Anna. I then moved on to the next participant’s data and repeated the process. Once completed I gathered all the individual depictions (including the one that I had created that related to my own experience of working with metaphors) and immersed myself in the rich data. This period was interspersed with periods of rest and incubation where the data was allowed to be in the background. I was then, after some time, able to create a composite depiction and in keeping with the spirit of heuristics the voices of the participants were retained and a creative means of revealing the data was formed by way of visual and poetic representations. I then selected four individual depictions which seemed to exemplify the group as a whole, a challenging process as they all provided interesting data. Four of the depictions are revealed in the Findings chapter and

the others, which still referred to in the Findings and Discussion chapters are in the appendices. Moustakas (1990) suggests that the final stage of the data analysis process is the creation of a creative synthesis and thus I became what Moustakas (1990, p.52) describes as a “researcher-artist”. I painted the creative synthesis (and scratched my previously referred to ‘creative itch’). On this point I diverted away from Moustakas’ (1990) suggested process as the painting developed slowly over time from near the start of the analysis and continues to develop, like a metaphoric representation of time. Rather than the creative synthesis being an ending, I believe that for me it is an ongoing process, the painting may never be finished and that seems to sit well with me with regard to my understanding of the processes heuristic research and counselling.

I will include some diary notes to allude to some of my internal processes, as a good heuristic study should report on the changes to the self during the research (Hiles, 2005). During this demanding data analysis process, there was an element of developing felt sense (Gendlin, 1978) which seemed to layer upon itself: my internal voice became clearer and louder. From July 2012 to February 2013 all the interviews and transcripts were completed, notes were taken after each interview and I started to become more interested in metaphors around me. Journal entry 10/1/13: "I'm finding them everywhere. Am I brainwashing myself?"

August 2012 to March 2013 was a period of immersion on each transcript (several weeks each). I read them over again and dreamt and meditated. I found it useful to write some poetry at this stage; on the 1st March I penned ‘Tommy’s Tattoo’ whilst on a retreat. It felt like it ‘wrote itself’ and flowed onto the paper without much cognition. 11/3/13: "lots floating around in my head".

From March 2013 to June 2013 I withdrew and rested. This was an incubation period (Moustakas, 1990) during which I suffered from a bad back (I could suggest that this was a form of embodiment due to all the data that I was carrying).

11/3/13: "My head is full - let's leave it for a while now". 4/6/13: "I've been away from the research for a while now, starting to think more about it. Had a sudden burst of energy after being laid up with a bad back". I then immersed myself on each individual depiction until September 2013, reading them before sleep or mediation.

During my summer holidays I would walk on the beach and reflect whilst watching the sea. I started to notice the impact of the research on my well-being. 5/6/13: "I feel as though I've been immersed in this question for years now. I'm noticing metaphors everywhere. I'm going to print off the IDs and immerse myself".

24/6/13: "the pain has started my short-term memory is poor". From September 2013 to December 2013 I continued to immerse myself in the data, meditating and dreaming, and developed a composite depiction. This was a challenging period with increasing tension between the need to work as a therapist and spend time reflecting and immersing myself in the data. 15/11/13: "Big Stuff! It's all about change through description, felt quite anxious this last week." 29/11/13: "Raised struggle to flit between researcher and therapist." 13/12/13: "Published something in the IPN magazine, pulling things together." 17/12/13: "Hopeful". 19/12/13: "It feels like I am walking backwards into the future."

During January and February 2014 three depictions were selected, this was a challenge as all the participants provided rich data. I started to paint my creative synthesis in August 2013. The painting seemed to match the development of the analysis and as new themes became apparent they were painted. This was mostly

a tacit process with minimal planning. The painting helped to form a different perspective on the data. I left the unfinished painting by my bed at night which helped with dreaming about the research. The writing up took a year and was the most difficult and frustrating part of the process. Small changes to the draft could alter perceptions of the phenomenon on a grand scale, like a large spiders web, you tweak one corner and it effects the whole web.

Doing a PhD or doctorate is a challenging process. Mowbray & Halse (2010) reveal that it is an intense experience that can trigger anxiety, stress and self-doubt. Frick (1990) and Scott (2007) highlight the particularly demanding nature of heuristic research. The passion, intensity, rigour and self-reflection come at a price. During this period my Mother in Law and Father in Law died, my own Mother was diagnosed with dementia, and after a trying period was taken into a care home and two of my children left for university.

As a professional doctorate student, a 'researching professional' (Bourner et al. 2001) or 'scholarly professional (Gregory, 1997) (rather than a 'professional researcher' or 'professional scholar' respectively), I have found the balancing of my professional, social and research life an extremely difficult process. I can relate to the findings of a U.K. study (Wellington & Sikes, 2006), which investigated why students choose a professional doctorate and what impact it has on their personal and professional lives. Comments on the impact on private lives included: "It stretched the capacity of the family to cope with me.... all study should carry a family/relationship health warning. You must go into it with eyes wide open"; "I finished a long-term relationship because I felt it was interfering with my studies." The authors commented that:

"committing one to a minimum of four years of high - level study whilst working full time, usually in a demanding and senior job is a serious undertaking. Doing so at a time of life when many people face practical, emotional and financial demands from children and parents compounds matters. On the professional doctorate, there were often costs. Family and personal relationships are sometimes strained and can even break down as a result of a student's involvement in their studies" (p.730).

I would echo these comments. Doing a professional doctorate using a heuristic methodology has impacted on my life in many areas. I have taken time out to carry out the research, reflect and write. This has impacted on my relationship with my wife, children and friends. There is also a financial impact as a self-employed therapist, as weeks spent away cost and my income drops to nil during these periods. I believe that I have been changed by this process I am a different, more thoughtful and reflective therapist and my confidence around my practice and academia has improved. However, my friends and family (particularly my wife) are looking forward to getting our lives back.

5.3 Validity & Reliability

Quantitative researchers who use logical positivism or quantitative research employ experimental methods and quantitative measures to test hypothetical generalisations and use terms such as 'validity' and 'reliability' (Hoepfl, 1997). They also emphasise the measurement and analysis of causal relationships between variables (Denzin and Lincoln, 1994). Whereas qualitative research

produces findings from 'real world' settings where the "phenomenon of interest unfold naturally" (Patton, 2002, p. 39). The terms Reliability and Validity are essential criteria for quality in quantitative paradigms, in qualitative paradigms the terms *Rigour*, *Worthy Topic* or *Trustworthiness* are essential criteria for quality research (Healy & Perry, 2000; Morrow, 2007; Tracy, 2010). In this context, the concept of *quality* in a qualitative study alludes to the aspect of "generating understanding" (Stenbacka, 2001, p. 551). According to Stenbacka (2001, p.552):

“ the concept of reliability is even misleading in qualitative research. If a qualitative study is discussed with reliability as a criterion, the consequence is rather that the study is no good”.

However, some form of dependability is required in qualitative research, otherwise: "How can an inquirer persuade his or her audiences that the research findings of an inquiry are worth paying attention to?" (Lincoln & Guba, 1985, p.290).

To ensure dependability in qualitative research, examination of *trustworthiness* is crucial (Morrow, 2007). Seale (1999) states that the "trustworthiness of a research report lies at the heart of issues conventionally discussed as validity and reliability" (p. 266). The question is how does a piece of qualitative research become trustworthy? The notion of a *worthy topic* (Tracy, 2010) is an important aspect of qualitative research that arises from a personally or professionally significant research question, which, rather than reaffirming existing knowledge, produces interesting and surprising results. This thesis arises from a professional and personal need to investigate the phenomenon and to answer a question that was of intense interest to me. The use of metaphors in therapy also appears to be of

interest to other counsellors and psychotherapists, which is demonstrated in some form by the number of workshops that I have delivered on the subject.

Davies & Dodd (2002) suggest that the application of the notion *rigour* in qualitative research should differ from those in quantitative research by “accepting that there is a quantitative bias in the concept of rigour, we now move on to develop our re-conception of rigour by exploring subjectivity, reflexivity, and the social interaction of interviewing” (p. 281). This study, I believe, satisfies this notion of rigour as the exploration of subjectivity and reflexivity is openly promoted in Moustakas (1990) and interviews of appropriate participants were carried out. Mays & Pope (2000) also include reflexivity within a number of important criteria that promote rigour and trustworthiness within qualitative research. The list includes member validation, clear exposition of methods of data collection and analysis, clarity of the research question, and appropriate design and sampling. I believe that I have highlighted within this study a systematic, self-conscious research design and appropriate and ethical data collection from a relevant sample of experienced practitioners via transparent and open communication. This in turn enriches our knowledge of the use of metaphors in counselling and psychotherapy.

In summary, I concur with Rolfe (2006) who argues that the quality of the research cannot be assured by the rigorous application of a set of previously agreed strategies and procedures. The quality of a research study is not only revealed in the writing-up of that research, but also that it somehow resides in the research report, and is, therefore, subject to the wise judgments and keen insight of the reader.

6 FINDINGS

6.1 Introduction

In this chapter I wish to retain the language and creativity of heuristic inquiry (Moustakas, 1990). I will therefore reveal the findings as: individual depictions with poetic representations coupled with the participants' voices; illuminations; a composite depiction with a visual and poetic representation; and a creative synthesis painting. As alluded to in the previous chapter, I have included a depiction on my own reflections on the subject, including examples of different types of metaphors used in therapy.

6.2 Individual Depictions

The individual depiction, according to Moustakas (1990), should identify qualities and themes in the data provided by each participant and retain their language used to describe the phenomenon. For this thesis, by way of revealing some of the major themes without overloading the reader (or the word count), I have included Anna's, Brian's, Yvette's, and David's depictions, I have also included my own depiction (Jonathan's Depiction). I believe that is important that the researcher's thoughts are revealed at this point in the process after many months of indwelling and self-directed search on the phenomenon, an essential element of the heuristic process (Moustakas, 1990). The remaining individual depictions have also been prepared and are included in the appendix and their reported experiences have been incorporated as a whole within the composite depiction and creative synthesis. I wanted to retain the original language of the participants, and the majority of the depictions are verbatim. The images and poetry preceding each

depiction has been created by me which reveal my sense of the essence of each of the participant's reported experience. As per the guidelines set out in Moustakas (1990) each of the depictions was sent to each participant for checking. I have retained their alterations in their original format, as it honours their original communication and may provide additional meaning. Anna used capitals to highlight her alterations and David used yellow highlighter. I have used bold font to indicate when a word was emphasised.

6.2.1 Anna's Depiction



The Therapist is a Chameleon

*The therapist is a metaphor
For Lover
For Parent
For Shaman
For Chameleon
- A shape shifter
She unlocks the sacred imagination
With Nature
With Play
With Humour.
An attuned care-giver
A safe harbour
Perfectly contained and personal.*

*Ships, Pirates and Motorways
Frozen Gardens
Lollipops and Soup Terrines
Lead to Treasures
Healing Pathways
Bridging different worlds
Connecting rhythms and textures
Rich and deep and free.*

I am an integrative therapist, contained in Psychosynthesis, transpersonal, gestalt thinking, Jungian, BACP accredited, having worked in theatre, read English at University; I write MYSELF AND ALSO TEACH creative writing. I value the creative and expressive in my work. I encourage clients to be creative, "it is sacred in a way". "The imagination has a really important place in people's psyche." "I use metaphor myself, probably unconsciously a lot of the time".

Yesterday I worked with male clients who have experienced sexual abuse, "all of them used fairly rich metaphorical poetic images and language". "I think when my clients do that, or when they respond to an image or a metaphor that I'm offering, there is a sudden deepening of the work. It suddenly feels as that something that has been held in tension gets softened and loosened as if the connection between me and the client feels as if it's safer to go deeper, it feels very intimate."

One client yesterday who was struggling with feelings of terrible rage said it felt like "his life was like a motorway with three lanes on it. One lane curves off and goes to an angry place and one road curves off and goes to a place of rage where he is not conscious of anything". Through counselling he has a lay-by where he can pull over calm down and carry on straight ahead without being diverted. "It's a perfectly contained, personal to him, expression of what is going on for him."

"So my fantasy is when a client comes up with a metaphor they've had to struggle through something in order to express themselves. To get their thoughts and their verbalisations around something that's sort of intangible and going on for them, in itself is incredibly healing and potent for them." "- all those neural pathways have been firing and connecting".

I was doodling with a client and he drew an 18th century clipper, a pirate ship, he was laughing and said he was the captain of this ship. A few sessions after he was depressed again - his blind date hadn't worked. "And I said something about that if today was a day on your boat on the ocean what would it be like?" He replied there was a heavy swell but it was alright. "It can feel quite invasive when you name something directly to a client about what might be unconscious, but imagery and a metaphorical way of talking make it less invasive ... you can go deeper. It's as if you say, we are talking about a boat journey, we are not talking about you." The client went on to talk about finding the 'treasure' - which is the meaning of his life.

Another client likened his smoking to giving a child a lollipop "that needy little kid who wants something and all he's getting is a sugary treat. He's not getting the real deal." "In that image he was really connecting to that young-self". Metaphor is playful. "Metaphor is really playing. It is playing the way that little kids play." "So maybe why it deepens the relationship because it is really playful". "So you and the client are saying "let's pretend then", but no one is bothering to say that". "I think what is potentially healing is that one of you is prepared to go - like when you've got a child who wants to crawl on the floor, if you've got an adult who is prepared to attune to that." "One of you is prepared to have a foot in another world". When you enter into the kid's (client's) imaginative world the adult (therapist) gets something too. The attuned care-giver can sooth a client down from an aroused state, but also when a therapist introduces an image or a metaphor "it's encouraging a stimulation from a place that's been dead in a way".

Metaphors can be safe containers for clients. A client found it easier to talk in terms of a dinner service that he had inherited and choosing which items he might

want and those he would rather let go, than talking directly about what he did not want from his abusive Father. "Maybe there are some lovely candlesticks that he would like to keep - but there is a really ugly soup terrine that he would rather not have his soup in."

"Metaphors from the natural world really effect people because we are basically animals. So when we are using a metaphor to do with biology, with things that are found naturally, that feeds this profound connection that we've all got." "Most of the metaphors that really affect me and my clients relate to the natural world...we forget that we are just sophisticated animals." "There is something deep within the human psyche that wants to connect to the rhythms and textures and the essences of the natural world." Most of us sit inside and watch telly, kid's touch a lot of plastic and many don't climb trees, or pick fruits or dig vegetables any more - "so it becomes more important to have a connection to the natural world and its rhythms at least imaginatively."

The therapist is a metaphor for a lover, a care-giver, a teacher, a maiden, a shaman. You are a shape shifter, a chameleon, "whoever your client needs you to be. While still being yourself".

6.2.2 Brian's Depiction



*The King of the castle
The ordinary man
The safe dungeon
Deeper
And Deeper
Contains
Changes
Changed thoughts
Changed pathways*

*Energy light
Altered State
Powerful and deep
Parent to Child
Creative
And Safe*

*A trilogy carrying
Talking
Mining
I am other.*

"Well I have been using metaphor for 28 years and many people would call me a narrative psychotherapist. I use metaphor and visualisations quite often. In quite a positive way and it also marks my style as a psychotherapist."

"The problem with metaphor, firstly it can be seen as a technique and secondly although you want some positive adaptation, they can go very quickly to what I call a false sense of self."

"The downside, and I alluded to this earlier on, I believe that the psychotherapist needs to have a level of training to know what they're doing. Now I bring people back from metaphors and hypnotic induction bearing in mind that it is very important that they are grounded and back in the adult ego state."

"The most important thing is to build up the relationship, I believe, before you start building up visualisation, metaphor and imagery work. I want to make sure that the person's mature Adult is strong first. So metaphor work although it can be done in the first stages of psychotherapy, by the first stage of psychotherapy I mean the first 5, 6 or 7 sessions I tend to get a solid Adult before I start.. Because one of the downfalls of metaphor could be that you take them to a regressed state where more psychotic elements are there."

"As whenever you use metaphor in any stage of psychotherapy you are going to have to have a clinical reason for using it. You can't just use it because you think it is a nice thing to do."

"The latest research - which you may know more about than me. The use of metaphor takes people to different parts of neurological processing. It does take you to a different part of the mind and brain structure."

"One of the reasons that I like metaphor particularly is that it allows people to feel relaxed and to feel a sense of security, excitement, creativity, and most important to get to parts of their unconscious or Child Ego-State. Or you might say Alpha state, so they can get to parts of themselves that they were not aware of. I think it's a very important part of psychotherapy that allows a person to take ownership of a creative part of themselves."

"The use of metaphor can help you access, can help people start to become aware of parts of themselves which have perhaps been buried and through the narrative start to take ownership in a way that perhaps they would not have done at different levels of consciousness."

"They can go to places in different parts of their energetic systems which allows them through narrative, imagery and metaphor to go to places that they definitely would have resisted otherwise."

"Metaphor creates the containment and the safety, definitely! It's another reason why I like a metaphor. They have ownership of their own safety."

"I am more likely to use first two, which is me to create the metaphor and visualisation as we go along. I personally feel that they create a level of safety that may or may not be there if somebody just creates their own. Because if I lead it not only am I creating that positive interject but I can also use my voice to go down and down and down (voice slows and deepens) into the alpha state and different states that you need to go to. And also in a way I am creating or helping create that whole access to their own inner-worlds."

"When we are thinking about metaphor, it is to be used externally to start off with and then to help the person use the metaphor themselves to help gain access to different parts of contact internally. So the type of contact with different personality styles is different. So for example, I like the way that you put it actually, you're right that they are different types of containers. So somebody who is Schizoid, they have a tremendous sense of creativity internally so you can use a certain type of metaphor."

"So for example I used a metaphor for a schizoid client three weeks ago going into a dungeon - it was a voyage through a castle - through the different rooms in the castle and as we went further and further into the schizoid habitat we went further and further into the different levels of the house - we went deeper and deeper into the different levels of the basement and deeper and deeper into the different realms of the dungeon - and then we created a safe space in that dungeon and how we could make that room more colourful - more creative, and what it was like there and how did that remind him of his place in this internal world?"

"OCD would be not so much about going back into their regressed states. It would be looking perhaps at the different thought patterns and how they see the world. So it would be much more about black and white thinking."

"If someone is the exhibitionist narcissist which is all about being "the king of the castle" and "you own your own world," lack of empathy and needing to be liked, that type, you have a different type of metaphor there, which would be much more about the challenges of the narcissist to be ordinary."

"Borderline people are very...they usually have a lot of trauma over history, which probably has a lot of invasion and violation. So a lot of protection."

"The use of hypnotic induction in psychotherapy is extraordinarily powerful."

"My voice helps them have that connection to that energetic stream. Because I think, when you use metaphor in this way we find a different level of energy stream that the client will have access to. That often leads us to some wonderful states

that we have not been aware of, or the potential of, and taking power in a way that we have not thought about before."

"I often find that it is in the same energy stream as the use of humour. So for example I use humour a lot as a psychotherapist. It lightens the whole process of psychotherapy. It's an interesting one that I've noticed that when I do metaphor work it has an energy, a relaxation that is in the same ball park."

"And the only thing about metaphor here is getting around safety and around style and around disorder or neurosis is how deep you go in the metaphor. So their level of disturbance, for example, though their perhaps lack of ability to ground themselves particularly quickly, or how long this session going to be, and all these considerations will affect how deep I will go into the metaphor."

"It's the relationship-building metaphor that helped with the rapport; and then we've got into the kind of more therapeutic metaphor which delves into subconscious processes and visualisations and altered states."

"I also like metaphor for building what I call, what you alluded to earlier on, and a positive parent. So they have interjected Parent in a different form - me. "

"I consciously, from very early on with clients, build up a Parent-Child transference rapport in the conversational level because...two things: it allows people to tell their story in a much more accessible way, in terms of Parent to Child roles rather than Adult to Adult or Parent to Parent. Secondly it builds up what I think is a very important part of psychotherapy, which is what I'll call the idealisation phase. In other words, where the person feels so safe, the level of safety it contains and

trusting that they're able to be able to access different parts of themselves and tell the story, build up rapport and all things we're talking about so the transference could be maintained. So the use of metaphor is very important in that area, I think, in this conversational way."

"I do argue that the 50-minute hour is nearly all transference. And I could argue that the language that we often use in the transference is metaphorical in itself."

"You could be a relational therapist dealing with the relationships in the past, and metaphor would really be useful there. You could be a relationship therapist dealing with the co-created relationship in the present, so you've got a different type of conversational metaphor there."

"I surround myself with friends, then I'm more likely to surround myself with people who use metaphor in abstract thinking rather than people who use concrete thinking."

6.2.3 Yvette's Depiction



*Hope is a place
Where some people live
Some are travelling towards
Some are travelling from
Hope.*

*Some struggle over mountains
Some get the train
Slow or quick
Some skid down ice
Others need to be led
..and some don't know it is even there.....yet*

Hope is a place where some people live.

"I'm behaviourist at heart although fundamentally person centre trained, but my natural style as a mother, as a wage earner as everything else around me is that of get on and do, so more behaviourist. And I'm mindful when I'm with clients that I have that backdrop to me. And occasionally, I find myself doing the complete opposite to the behaviourist and purposely I'm monitoring that kind of driver that I have about we are all able to change. I integrate TA theory in the main CBT but always with a person centred backdrop. In the main, for the last 10 years, I've been working predominantly with men just because of the environment that I work in. So, at six sessions would be the norm although they can end that before. My core training was of that as a social worker. So that agent of change really is around me. I'm obviously not peoples' social worker but that 20 years of "you can change, we can change, I believe you can change" is at the core of who I am when I'm with someone. (I've been working for) 14/15 years. I still do some independent social work so I'm still around the social work. I've been training counsellors for the last 10 years."

"Well, I think like most people, just generally in life, not counsellors, I use, certainly from a western-white population, I use metaphor much more readily than I would think. I know when I'm using it so sometimes it's an active choice. But then, I'm

also aware, just as a human-being not as a therapist, that I just use them anyway and I recognise them in other people all the time. So, yeah, it's something that we brought into the training for counsellors as well. So it certainly wasn't around on my course, and the word metaphor was something that I thought was something scientific, I would think, until about 15 years ago. It's one of those words that is unexplainable in the mind unless someone gives you an example, you know. What is metaphor? You know. It's hard to explain until there's an example given to explain it. So for me, it's an active process, but from...sometimes, from a subconscious driver."

"Sometimes, I see it in a picture when the client is describing their life or their issue or just in conversation. And I see the picture and I give it to them back as a metaphor. Sometimes, I choose not to."

"I think sometimes metaphor can lighten things. And I'm conscious that I often use it to lighten sometimes, which I sometimes take that to supervision that often I want to make it better. And in an attempt to make it better, this story, I have to be careful that my metaphor doesn't lighten the depth that someone's trying to display. So, yeah, I would read faces, I would read temperaments, and some people not...yeah, if I try and use it once and they don't get it, I kind of read then that maybe...maybe this person isn't attuned to metaphor in a way it is going to be useful. So I wouldn't try again."

"There is another way that I use it and sometimes, when I'm trying to make sense of what the people are saying, and I look for a metaphor, and I surprise myself. I use some standard ones that I...because people are bringing just one of a few stories in life. And I have some metaphors that fit those stories quite well. The

bank. And you take one out of the metaphor bank that's appropriate for that client. And some of those are when I'm trying, from a behaviourist point of view, to equip people with a notion or a sense of how simple it is to do things in their life, but by being very respectful of course, it isn't simple for them. But for simplicity, the one that I use a lot is the bathwater and the plug when people's lives are falling apart and become very stressed. We hold all what we hold every day. It's the water in our bath. But if someone just takes the plug out, a tiny, little, one and a half inch diameter plug, then the whole thing starts running away and we can't stop it and we're completely out of control, panic. And all we really need to do is pick up the plug and pop it back in. The plug for anxiety for me is the breathing."

"With trains, I talk about carriages on a train. So, you know, we have a train which is our life. And it looks like the carriages of the train, it can be as long or as short as you want. But actually, when you're on a train, you can go through one carriage into another. In these days, the doors are automatic. You stand there, it opens, and you go through. And some of those carriages are different times in our lives. There can be the happy carriage and that can 10, 20 years of your life has been fine and you've been okay in that carriage. But for whatever reason, you've walked through the door into another carriage where it's not so easy in there. And sometimes, you walk beyond that into another carriage which is dark and dingy and you're just **desperate** to get back to that first carriage but the thing is that first carriage is there. You just have to walk back through the doors. So, let's look at how we walk back through the doors to where you have been. So it's... I suppose it's anchoring really on what you need to do to get through those. And the other way I use the train is for people to sit quietly because trains in main are quiet and locate themselves on a comfortable seat in a train and be looking through the window and it's a really long journey. And what they're seeing passing by are

some of the happy times and some of the difficult times, but all of them are in the past and you're leaving them behind all the time."

"I recently worked with a man who has a mother...and a father who's died. He's an only child. He's in his 50s, one of these workers in the big company. His mum, he realises now, has always had a very difficult mental health problem which his father managed to an expert level. And he's only become aware of it since his father died. Now, he came with bereavement, but clearly what we're working with is how difficult it is for him to work full time and he's committed to going to see his mother. She's told him it's his duty to go to his mother **every** Saturday and do...take her shopping. On holiday, he had a massive panic attack which was quite embarrassing for him and frightening for his wife. He holds a very responsible position in risk assessment and he feels like, when he was talking to me about what he did, I saw him as the captain on the bridge of a huge cruise ship out on the ocean that he delegates but checks that the delegations have been completed. And the **whole** ship is safe and everybody that sails in it is safe. Where I saw him on the veranda on holiday was still on the sea, because he's still the man he is but I saw him in a rubber dinghy, bobbing along. This cruise ship was there but he couldn't get back on the bridge. And he was just bobbing along in this sea, going nowhere, and feeling completely lost, vulnerable, frightened, can't see an end, "How am I going to get out of this?" And it brought tears to his eyes because he realised he is the man, he is the man on the bridge and he is able to do that and has done that for 30 years... And now, when he goes to see his mum, he feels like he's in this rubber dinghy that he's never going to be able to get out of it and he's lost at sea, can't manage it even though in his working life, he holds massive responsibility, you know, international world-wide responsibility for safety. But how he just can't do this journey on a Saturday to take his mother shopping.

And he feels completely at sea and he said, "I feel at sea." And that was the trigger for me. There is a shift. It's on-going. We're still working with him. There is a shift because he knows he wants to be on the bridge, and he is on the bridge five days a week now. So he's restored the five days a week. We're now looking at how he can delegate and that's sense of duty. The snow comes down. What are you going to do on a Saturday when you can't get down the M6? You're not going to be able to go. So external...when we put external measures in, he's quite comfortable at not being able to go."

"It **feels** like I use metaphor more readily, but I wouldn't say that clients avoid using metaphor but I wish I could try...I wish I could give you an example, but I'm sure there are many of clients that describe their stories metaphorically."

"I freely use metaphor with supervisees. And one of my supervisees, a trainee uses metaphor, because she described one of the children that she's working with and...as an angel. "I just see him as an angel" and it's getting in the way of the work that she's doing because she's too forgiving in the work that she's doing with this young man and fails to see that he has some real difficult presenting behaviours that are quite dangerous. But his angelic looks take her to another place. Because she's seeing it rather than experiencing it. It's a visual thing for her that this boy looks angelic and I can't believe that he is where he is."

"There's not a high level rescuer within me generally. And I wonder sometimes whether I use metaphor because I believe I don't have a high level of rescuer in me in order to not collude with clients. But I'm just thinking sometimes whether my choice to use metaphor from the bank is my way of rescuing so that I continue to believe that I don't rescue. That I do it in a different way. I wouldn't hand a tissue out to a crying client. I wouldn't want to comfort them. I'm okay with staying with

their pain and quite robust in that way. But equally, am I then using metaphor in a way that someone might use a tissue?"

"Whether it's...that the client is giving me a picture and I'm telling them it metaphorically, or whether I'm using my bank metaphors, there is always a conscious decision to link their story to positive. I never use metaphor, I'm saying never very firmly, I can't believe that I have ever used metaphor to hinder someone. It's always about hope, the big connection between humour and metaphor just in everyday language and everyday communication. I think sometimes metaphors are negative but in a humorous way, linked to humour. But then, I don't use humour unless it appears in the session. I don't particularly use humour to lighten or to give hope, but I would choose to use metaphor. And for me, if it was an algebra equation, metaphor equals hope for me in the therapeutic world, not necessarily outside of that, but as I use it, it's a hope. It's probably a hope from within me that the process that the clients and I are in **will have a** positive outcome. I suppose the realisation for me is that I use it for hope or with hope. And other people might use it as a lever. But I don't see it as leverage. I don't see it as trying to move people on. I see it as giving them hope.

6.2.4 David's Depiction



*Pervasive Metaphors
Linked pathways
Connecting body and mind
Many Traumas held as pictures
Contained
Trapped
Unlocking through bridging left-to-right*

*In the dark
We all feel the same elephant
Becoming less blind to it
over time
Seeing the whole
beauty!
Light brings shape
and hope*

It's time to put down the stick.

"I tend to describe myself as a psychological therapist. The clinical work I do is delivering support of outpatients within the hospice. So I would tend to see people either predominantly with cancer, or some life-threatening illness, or carers of people with such conditions. The majority of people I see are people who are either fairly early on in their diagnosis and treatment, or may be in remission or have had curative treatment but are still coming to terms adjusting with the physical and psychological and the social impact of the illness and the treatments itself. As for what sort of therapist am I, I kind of had different interests or different focuses in my career. I started off predominantly interested in psychodynamic approaches to therapy, group and individual. Then I worked more with the cognitive behavioural approach, although I never formally trained as a CBT therapist. When I came in to working with people with cancer, I added things like neuro-linguistic programming, some clinical hypnosis, some brief solution focus therapy, and most recently EMDR. I use a lot of mindfulness practice at the moment, so I may start off with mindfulness with the client, shift to some maybe EMDR about specific trauma points, might be using more NLP or solution-focused, looking at goals for ongoing recovery or rehabilitation, that kind of thing. And when

I'm trying to be humorous, I say I'm a kind of a "dog's breakfast" kind of therapist. And I don't know whether eclectic, integrative, or those more formal terms actually cover what I do."

"I suppose linguistically I'm often drawn to analogies, and similes, and creating kind of mental images in order to elaborate a point in a narrative. That will be all from me or I will be picking up on them. Sometimes I will say "You know what you've been saying to me just made this picture in my head" and I'll feed that back, "Does that ring any bells?"

"So yesterday I saw a woman who's had breast cancer and breast reconstruction. But there's a large disparity between the sides with the reconstructed breast and her normal breast, and so she has body image concerns. And her husband is saying, you know, the surgeon said, "But I'd done a good job." But she was saying that they're not looking at it in terms of the whole picture. And so what I'd suggested to her, has her husband got a car. If you had a car and its wing had been dented, and it'd been taken in, and it'd been fixed and then painted, but they painted it red, but the rest of the car was blue, and then the garage was saying "Yes, but it's a beautiful paint job. Look at how well it's done," he'd be saying "Yes, but it doesn't match the rest of the car." So I was trying to work with her, in recognising...it helped her recognise that I recognised that it might be technically a good job but doesn't fit the whole, but also as a way of maybe she could look at how she communicates her issue to her husband."

"This is something quite common. When people finish their treatments, the response of family and friends is "Oh well, it's all over now. Get on with your life." Yeah? They want it all to be well, and yet they often got many problems that

continue... physical, and psychological, and social, long after they'd formally been cured or had curative treatment. And so again the kind of term I might use here is imagine you were in a boxing match. You know, you've just gone 10 rounds, the end of the match comes, the bell goes, you'll get out of ring. *All your bruises and your wounds spontaneously heal?* They may continue to worsen for a while even when the match is over. So again...that's part of my demonstration of understanding where they're coming from. But also of a way of helping they think about how they can communicate with other people that kind of discrepancy that's there between what people expect and what is actually the reality that the person is experiencing."

"I think ... that once we have experienced something coming up a number of times, and I found a metaphor or a visual analogue or something like that. I have some kind of "stock ones" that I use because the issue is so common and it equates to most clients that I see. And then there are ones that spontaneously arise and are particular to that individual."

"Embodied metaphor are quite common. It's more common if you've got a physical symptom for you to talk about - a red hot knife or sand in your eyes."

"

I like to ... when I'm using the metaphor, you create the images both with the language that we use and there are also visual...kind of visual images using my hands.

Occasionally I do stuff like...push walls and stuff like that. And I tell them "You can push it as hard as you want but it's not moving."

"I relate that to the kind of...the neuroscience really. So in the trauma, you know, they've got...a lot of times their left hemisphere has gone off-line, what they're left with in terms of their memories is right hemisphere stuff which is pictures, and images, and sensations, and the sense of the trauma as kind of a deep source of impressions rather than narratives. So I do see the metaphor as being something that we can use to bring the trauma out, and then integrate it into the narrative, to get some kind of reconnection between left and right hemisphere. And also because some of the trauma has implicit memory in holding in your amygdala and again, making that accessible through a metaphor when direct cognitive languages aren't going to get down there. A bridge between left and right hemisphere, and also a way of bringing stuff up below the cortical level, up from the limbic system where it's more felt, experienced. ... and the more plates you've got to spin the more stress you feel and that's the kind of metaphor that I use in cancer. Because it's not one trauma and then it's over. Its multiple traumas over an extended period of time. Related to the treatments as much as the illness. "

"I was just reading some books by Daniel Siegel, "Mindsight" which is really good, very good explaining why he needed to get the neuroscience in his practice as a therapist. And he said exactly what you were saying. That's because it's your visceral enteric nervous system which is quite the extended aspect of your brain and your central nervous system. You hold it here, and you've got different things there, and it's really you know, kind of where I sort of get the "What's gone wrong?" and "Where is that tended to be located?" and "What aspect of the brain demanded that function?""

"So you've got as therapists, we're all feeling different parts of the same elephant, but we're also starting to become less blind and see the other people who got bits of the elephant as well when we start to connect."

"I've always found some people where metaphor doesn't work, or imagery doesn't work with. And I get a kind of blank look. Sometimes it's not working with people because they're tired and fatigued. And sometimes they just don't get what I'm saying but I mean sometimes let's say it's just a useful indicator about how overloaded they are that they're not able to kind of take you in."

"I suppose that's kind of a fairly common metaphor that I'm using overall with people, which is about there are aspects of themselves, which are somehow fragmented, or separated off, or excessively powerful within the whole, and to kind of come up...get together and play nice ... kind of things I suppose. Integrate and get that into proportion, and test reality more effectively as it is today rather than as it was then."

"Or move it from the realms of their character, a flawed character to..."but this is just the way your mind and brain works when you subject it to multiple stressors all at the same time". If I throw one ball at you, you catch it, its fine. If I bombard you with balls and you can't catch it, it's not because you're a bad catcher. It's because you're getting a lot of balls thrown at you all at one time.

(Laughter) I was working with a metaphor a long time ago when I was doing psychodynamic work. I was working with somebody and I'd worked on a metaphor with her, but she just didn't seem to get it. And then a few weeks later she said...and you know what I've done, "I was talking to my sister and she said"

"It's like you're hitting yourself with a stick." And she said...it just suddenly made sense to me. I was sitting there thinking I said that to you four weeks ago."

(Laughs) And then I could comfort myself. I say to myself, "I'd probably seeded the idea that she was ready to hear it when her sister said it, but..." yeah, put the stick down."

"...pervasive use of metaphor in various ways. In a kind of conversational, empathy-showing way, then taking upon kind of your own pictures and working with that, to create therapeutic metaphors as I see them, that there's some kind of hope, and also deeper stuff that goes on with time, and hope, and putting them into a...creating sort of meaning for them, and having them to see the bigger picture when they are feeling very stuck."

"Reading that kind of mindsight, work and reflecting on what happens with me. If I'm getting particularly stressed or overloaded, you know, when people talk about being shut down, or I talk about shutting down, I can kind of literally have a sensation of something like a shutter coming down over my forehead coming down behind my eyes. I'm just not willing to take this stuff in anymore. So I've got this kind of metaphoric image of shutting down, or closing down, or not being able to take anything more in. And I feel the sensations. It's an invisible cap on my brain inside my head that's just being deactivated...."

"..Above the rest I'd underestimated how pervasive the use of it is. And it's also the sense of, talking about it has given me some clear ideas of how I'm structuring it as well, in terms of, you know, space, opening up people's relationship with themselves, and their relationship with the future and the past and recurrent experiences. Motivational work as well has transformative to.... But without

setting out at the start of the session to say, "We're going to do some transformative work today," so I think it spontaneously works best for me."

6.2.5 Jonathan's Depiction



Tommy's Tattoo

*Tommy stood there all alone
It had happened quick
Not sure what it was
He was sad and scared
People were laughing at him
The two ladies were looking
and pointing
and one said "what are we going to do with THAT!"
Tommy cried and cried and cried*

*There was a man
Standing over there
He had a kind face
He cared
He smiled down at Tommy
He bent down and asked
"What would you like?"*

*Tommy felt better
and looked at the man
He had a picture on his arm
It made him look big and strong
and grown-up
"I would like that"
Tommy pointed at the tattoo*

*The man smiled
and gave him his tattoo*

*Tommy began to smile
and feel BIG and STRONG*

Tom began to grow....

Tom's use of metaphor in the therapy room was profound. This client addressed a moment of deep shaming at school (which he believed was the cause of his sexual problems as an adult), by gifting his imagined five year old with his tattoo. The little boy felt stronger, more grown up, more able to cope. This is an example of deep metaphor where Tom and I co-constructed a metaphor that represented a memory that could be reframed safely through the eyes of the adult. Tattoos, on reflection are used only on adults in our culture.

I will use conversational metaphors that can help with communication and rapport building, an essential element of therapy and I am sure that I and my clients have missed many metaphors. I have experienced that metaphors in therapy can arise in a number of ways. They can be introduced by the therapist or the client, in a conversational way, but if the therapist tracks the client's metaphor it can be co-constructed and developed into a deep representation that relates in some way with the client's issues. When working in this way the client may be self-induced into a state of hypnosis or altered state. Although, in most cases the client can report metaphors with their eyes open. They seem to drift into an altered state the deeper they go into the landscape of the metaphor. Catharsis, I understand, can result through the development and change of the metaphorical landscape of the client, using what I would describe as deep metaphors. This can occur in the session, or may become a longer process, over many weeks, months or years. Examples include one lady accessed her own healing power by entering a bright green cloud. This same lady, thinking of a hopeless illness situation started her landscape in a deep valley, an uncomfortable path with sharp pebbles. Her journey through deep dark valleys, sharp inclines, climbing and scrambling up grey slippery cliffs brought about many tears. She eventually found a ledge to rest on,

and saw a rope that was being held from the top by her husband. When she took hold of the lifeline, she was able (still with some difficulty) to climb to the top. The top was sunny and grassy, her family was waiting for her. Tears of relief followed as she realised that she was in the Hope Valley, above the (real) village of Hope. She had reached Hope, with a smile on her face.

Some metaphor sessions, like the 'green cloud woman' don't need much analysing. Others can be less obvious. One woman, who had engaged over many sessions using metaphor, brought a drawing in each week to reveal the changes in metaphor over the intervening week. The monster that lived inside her was encouraged out. It hid in a cave at first and when it revealed itself its mouth was stitched up. During one session she erased the stitches in the monster's mouth. (This appeared to subsequently open up communication between her and her Father, improving their relationship.) She then created a dance floor that she (as a child) could dance on but underneath the floor was a dark sludge that she sometimes felt the need to jump into. She developed a hatch, so she could choose to jump in, or not. Over the weeks of choosing to jump in less and less, the sludge hardened and the dance floor became on hard piece of grey, like a tooth filling. She was worried that if she removed the filling (and she knew that it had to go) there would be a huge void that frightened her. With my support, and after some more time she felt able to explore the void. It turned out to be an exciting place with lots of doors leading to adventures for her to explore. This was the shift in the symbiotic relationship of health anxiety with her adult son, who was still at home. What will happen if he gets well and leaves home, and I am left here with my husband? She realised that she has many doors to explore.

Another client, initially described in the introduction chapter as the man with the three monkeys and James Stewart image, visualised his problem (social phobia) as being like a whale in a desert. It was too messy to go straight through it, he needed a stealthy option of going around the whale to get to the town where he could have an adventure on the other side. We mutually developed the metaphorical landscape. His mother was pushing him along in a wheelchair as though it was a marathon, his Father was a 'road-bump' slowing them down and I was a 'direction sign' showing him the way around the whale. This mirrored the process of the therapy and helped us both monitor his progress in relation to how close he was to the whale and appeared to help reveal the amount of resistance to deal with the issue (he wanted to go around the whale rather than deal with it). The metaphor also helped reveal to him how over helpful/unhelpful his parents were being. He was appalled by the image of himself being disabled and disempowered, which may add to the leverage for change? We were able to review the metaphor in subsequent sessions and deconstruct the whale by removing the blubber and skin (his anger and hatred towards himself and others).

Other metaphors can be introduced by me and may or may not continue to be co-constructed and developed. These can be generic and match certain types of situation, or can be bespoke and relate to the client's situation. I tend to introduce both with an element of caution. That is a benefit of metaphors; they can be introduced to clients in a non-invasive way. They can pick them up and run with them if they connect with their world view and experience, or they can be left without any sense of threat. Examples of generic metaphors include 'the wheel of relationship' or 'the well-being tree'. The wheel of relationship is a metaphor that I learned during couple counselling training. When working with a couple or an individual who is encountering relationship difficulties I will talk about a wheel,

which has spokes and a hub. The spokes represent all the things in the relationship, money, children, friends, work, in-laws, health etc... Sometimes the spokes get bent, causing the wheel to buckle and wobble. The hub at the centre of the wheel represents the love, care, time, sharing, little texts, open communication, intimacy, and sex (or as one client called it 'the shiny bit') etc. between the couple. The larger the hub, the easier it is for the wheel it put up with bent spokes. A small, or non-existent hub cannot cope with many bent spokes at all. Couples seem to grasp this idea, and often report that they have been 'hub-building' this last week. The well-being tree is used with clients with a strong archetype of carer, who always put others first, often at the price of their own self-care. I will often use this in well-being workshops working with head teachers or carers of people with dementia. I will draw a tree; the roots are themselves that need nurturing, watering and feeding. If you look after the roots, the tree grows a strong trunk and branches (the teaching staff) and a happy by-product of healthy roots and branches is the fruit or leaves that flourish and grow. When focusing on the leaves (children) at the expense of the roots and branches there is a chance that the whole tree will not survive. A similar metaphor is the message on the plane to put the oxygen mask on yourself before you help others. This may not be an appropriate metaphor to use in all situations (with narcissistic clients for example), but it seems to resonate with most. Occasionally a client will introduce a metaphor that resonates with me and I will use it as a generic metaphor with other clients. An example is: "We find someone whose teeth match our wounds", which I have used in relationship counselling.

Examples of bespoke co-constructed therapist introduced metaphors include a woman who suffers from ME, who I introduced to the idea that humans are like batteries, when we expend energy we need to recharge afterwards. She said "yes

that's right, but like most people have three batteries, I only have one, which really needs looking after". With this concept in mind she was more able to introduce a level of compassionate self-care and reported each week how she had cared for her 'battery'. Another client who suffered from Bi-Polar Disorder was interested in the culture of cults. I asked how cults work. He explained how the leader controlled the group with a mixture of criticism, charm and rules. I asked how cults breakdown and end. The leader becomes discredited, often when they step outside the established boundaries, they push it too far and there is a crack established between him and the group, they start to doubt his credibility. Then I asked him to compare this with his depression, and how his 'leader' (the internalised negative voice, he called Jev) tried to manipulate or control the rest of him. He also realised that his earlier suicide attempt was the crack that was the start of Jev being discredited. The rest of him (the group) was getting stronger and Jev had held less influence following this incident. He was able to reframe his depressive periods. In this example I introduced the metaphor of comparing the culture of cults to that of depression. This was effective, because it was using my clients' words, interests and worldview. I doubt that it would be quite as effective with another client. Another of my favourites when trying to manage client's expectations is: "If all was sun, all would be desert".

Metaphors that have become embodied, in my experience, can have an element of Trauma or a number of traumas. Working with the Grovian technique of Clean Language and maturation and externalisation of the metaphor can be cathartic for traumatised clients. One client had been raped, and reported a pain in her neck like a knife stabbing her. Using a deep metaphor she was able to dump a large bag of rubbish in the river. She used the knife to trim the binding on the bag, then threw the knife in the river, which was also washed out to sea. She then went over

the bridge and met her family. She subsequently reported that the stabbing pain in her neck had gone.

6.3 Composite Depiction

6.3.1 Illuminations

This was a group of seven therapists with a combined experience gained in practice of in excess of one hundred years who shared their use of metaphors in their therapy practice with me. The interviews were extremely revealing and rich in examples. The therapists' experience of using metaphor in therapy involves: depth, humour, child ego-states, resistance, communication, ownership, use within the medical-model, nature, hope and the containerisation of trauma.

To highlight the themes, I will link relevant quotations from the data and briefly comment as below:-

- **Containerisation of Trauma:** The indirect nature of metaphors, either literal or embodied, appear to be useful for some clients to revisit difficult episodes without the potential of retraumatisation. Maddie: "It is a very creative way of dealing with major issues that are just too big to even get out there." Brian: "Metaphor creates the containment and the safety, definitely! It's another reason why I like a metaphor. They have ownership of their own safety." Anna: "Metaphors can be safe containers for clients. A client found it easier to talk in terms of a dinner service that he had inherited and choosing which items he might want and those he would rather let go, than talking directly about what he did not want from his abusive Father." Jane: "One chap. He was early 20's. He didn't want to go there with his childhood trauma. He told me that. And we dealt, I think I was quite convinced that the work we did and we never actually referred to specifics

of his trauma. We both knew what we're talking about. And the whole thing was in metaphor."

- **Depth:** Certain metaphors used in therapy seem to have a depth to them for both parties, which appears to be beyond a means of everyday metaphorical communication. David: "and also deeper stuff that goes on with time, and hope, and putting them into a...creating sort of meaning for them, and having them to see the bigger picture when they are feeling very stuck." Jonathan: "Catharsis can result through the development and change of the metaphorical landscape of the client, using what I would describe as deep metaphors. This can occur in the session, or may become a longer process, over many weeks, months or years". Anna: "I think when my clients do that, or when they respond to an image or a metaphor that I'm offering, there is a sudden deepening of the work. It suddenly feels as that something that has been held in tension gets softened and loosened as if the connection between me and the client feels as if it's safer to go deeper, it feels very intimate."
- **Humour:** Metaphors used in therapy have the potential to introduce humour into the narrative. Some participants believe that humour is an important element in the process of therapy. Jane: "This came about whilst working with a 17 year old client with E.D. (eating disorder). After building the relationship for a few weeks, featuring usage of humour, the client mentioned her 'dog'. She described a Rottweiler that would wait outside her bedroom door at night or outside the bathroom door when she was showering (sometimes climbing in the shower with her). Naturally this was extremely distressing and meant she felt trapped inside the rooms. She

hadn't disclosed this dog previously to anyone else. Aside from exploring who or what this dog represented, I decided the first step would be to 'move' the dog so she could at least pay a call of nature in the middle of the night, and also manage the stress she was experiencing when encountering it. The client agreed with this strategy and we spent a session 'ridiculing' the dog thereby reducing the fear and power it held. We named it 'Scooby', visualised with a pink bow round its neck, wearing a 'designer' dog coat and wellies, gave it a 'Gnasher' cartoon grin, and made it 'run off' into the distance to the tune of Benny Hill. Our rapport in the session was collaborative and fun – much giggling, but it served as a resource for her – the process of dressing the dog and removing it when she encountered it. Most of the time it worked for her. It also provided us with a private, shared discourse that became a running feature of our sessions... "Is Scooby wearing Burberry this week?" I believe this approach provided us with a vehicle with which to slowly unpick the meaning behind the dog." Brian: "I often find that it is in the same energy stream as the use of humour. So for example, I use humour a lot as a psychotherapist. It lightens the whole process of psychotherapy. It's an interesting one that I've noticed that when I do metaphor work it has an energy, a relaxation that is in the same ball park."

- **Child Ego States:** This concept, which emanates from the Transactional Analysis model (Berne, 1961), identifies that metaphors can promote a creative and playful element into the process of therapy. Brian: ""One of the reasons that I like metaphor particularly is that it allows people to feel relaxed and to feel a sense of security, excitement, creativity, and most important to get to parts of their unconscious or Child Ego-State. Or you

might say Alpha state, so they can get to parts of themselves that they were not aware of. I think it's a very important part of psychotherapy that allows a person to take ownership of a creative part of themselves." Anna:

"Metaphor is playful. Metaphor is really playing. It is playing the way that little kids play."

- **Resistance:** Rather than the narrative in therapy literally referring to the client and their problems, metaphors can offer an alternative and less threatening language. This appears to reduce the resistance of the client to face challenging issues, although I would offer that they can also be used as a form of avoidance. Brian: "They can go to places in different parts of their energetic systems which allows them through narrative, imagery and metaphor to go to places that they definitely would have resisted otherwise." Maddie: ".. the more that you delve - the more resistant you see them becoming. If you can find a different way of them accessing their feelings and that's good for me - it's all about expressing, however you get there."
- **Communication:** Not surprisingly, metaphors can improve communication between the therapist and client (Lakoff & Johnson, 1980). David: "In a kind of conversational, empathy-showing way, then taking upon kind of your own pictures and working with that, to create therapeutic metaphors". Maddie: "So it's used as a non-threatening way of communicating how they are right now?" "Absolutely." "It is instinctive - very much what is going on in the moment in your head. Alan: "For me, yes, it is. Immediacy and appropriateness".

- **Ownership:** Metaphors can be introduced by the client or the therapist. I would also suggest that they can be co-created in the relationship.

Jonathan: "Metaphors in therapy can arise in a number of ways. They can be introduced by the therapist or the client, in a conversational way, but if the therapist tracks the client's metaphor it can be developed into a deep landscape that relates indirectly with the client's issues." Yvette:

"Sometimes, I see it in a picture when the client is describing their life or their issue or just in conversation. And I see the picture and I give it to them back as a metaphor".
- **Nature:** The participant Anna finds that metaphors of nature are important in her practice. Anna: "Metaphors from the natural world really effect people because we are basically animals. So when we are using a metaphor to do with biology, with things that are found naturally, that feeds this profound connection that we've all got." "Most of the metaphors that really affect me and my clients relate to the natural world...we forget that we are just sophisticated animals." "There is something deep within the human psyche that wants to connect to the rhythms and textures and the essences of the natural world."
- **Medical Model:** The environment in which the therapy takes place appears to have potential to effect the metaphors. For example Maddie who works for a cancer charity believes that her clients' exposure to the medical model impacts on their metaphorical language. Maddie: Researcher- "What about clients introducing metaphors, does that happen in your arena?" "No – I'm trying to think if that's ever happened I cannot think of one person. It possibly has – I do see a lot of people (pause) but nobody jumps out at me

...all my clients where I work have been through the NHS mill where feel very controlled and invariably by some nurse or some doctor – at some point in their cancer journey they have been patronised and feel belittled."

- **Hope:** Metaphors of hope in therapy were deemed by some participants to be crucial. David: "to create therapeutic metaphors as I see them, that there's some kind of hope, and also deeper stuff that goes on with time, and hope, and putting them into a...creating sort of meaning for them". Yvette: "Whether it's...that the client is giving me a picture and I'm telling them it metaphorically, or whether I'm using my bank metaphors, there is always a conscious decision to link their story to positive. I never use metaphor, I'm saying never very firmly, I can't believe that I have ever used metaphor to hinder someone. It's always about hope."

Needless to say I have dreamed and meditated in arriving at this composite depiction. Moustakas (1990) promotes a further period of immersion to allow core themes and essences to permeate and thus a composite depiction is constructed. In keeping with the creative nature of this thesis I have decided to reflect this in a poem and a pictorial collage created from my own images.

Figure 3 Visual Representation



Poetic Representation

I am like....

*I am like the wind
I am the train on the tracks
that runs and runs and runs*

*I am from you
me
us
them*

*I am like the glue that binds
the magnet that repels
the missing in the fog*

*I am like my child
I can play
I can smile
can cry
I can find strength from here*

*I am like a bird
I can fly
I can drift
as high as the cloud
I can burrow deep into the cloud*

*I am always there
ready
on the shelf
in the dream
in this moment*

*I am like the creator
I can change
colour
shape
Your world and mine*

*I am like the gift
the chameleon pathway to your mind*

*I am like the knot in your gut
I rest in your heart
I rest in your neck
like the blade in your side
I hold the dreams you cannot tell*

*I am like
what you are like
change me you
our hills caves and dance floors*

*I am like the monster sleeping in the dark
that can lead to doors
doors hiding smiles behind*

*I am like the crack in the cult
the safe dungeon
the shiny hub
the frozen rose*

*I am like the tissues in the box
I am hope*

I am like.

6.4 Creative Synthesis

The creative synthesis, according to Moustakas (1990) is the final step in the heuristic process of data handling and presentation. A wide range of techniques are encouraged following periods of incubation, immersion, illumination and explication. Poems, metaphors and stories can reveal the researcher's passion, knowledge and presence. I have chosen a piece of art to represent the essence of the experience of therapists working with metaphor. I have chosen this medium as a visual representation of a concept that strives to explain that which is often beyond words. However, I can explain that some of the examples of client work revealed by myself and the participants are incorporated (Castles, Whale in the desert, Green Cloud, Monster in the Cave, Ships, and Trains). Also the concept of a changing journey leading towards hope is revealed. Child Ego States, 'off the shelf', resistance, and the 'wheel of relationship' are also depicted, as is the doorway into another world and the Aeolian harp (Cox & Theilgaard, 1987). Humour is linked to Jane's 'silly dog - Scooby'.



7 DISCUSSION

7.1 Introduction

In this Discussion section I will begin with an introduction that focuses on how I shaped this Discussion followed by an exploration of some key topics namely pervasiveness, depth, mutuality, standing-in-for, place, and hope and will conclude with a summary.

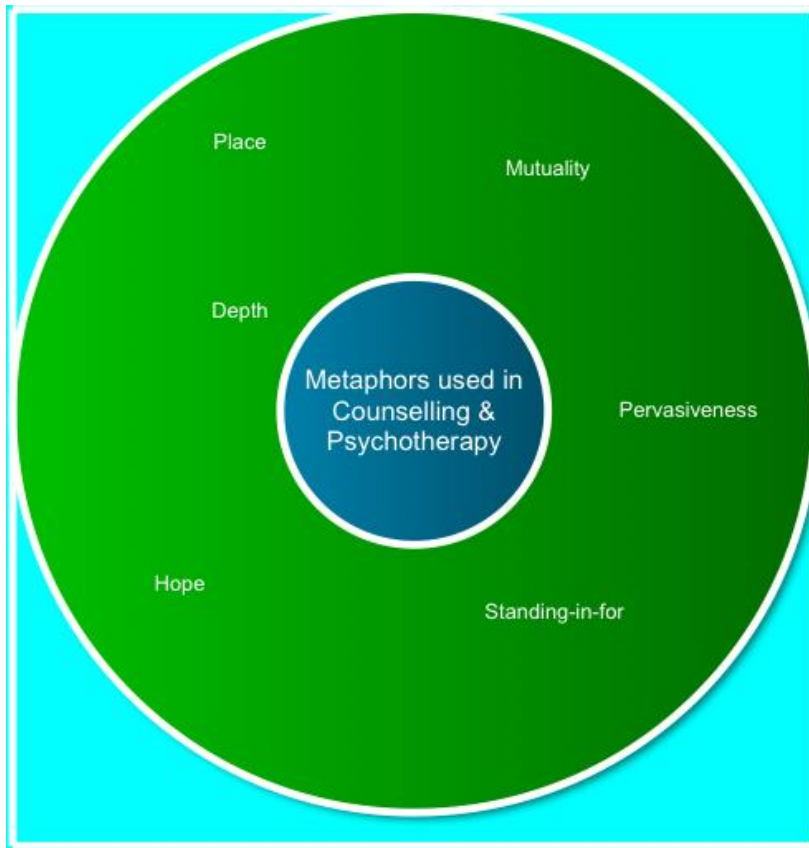
One of the Oxford English Dictionary's (2013) definitions of a discussion reads: "a detailed treatment of a topic in a speech or writing, synonyms include examination, exploration, analysis, study, review and scrutiny." I note the similarity to the process of counselling, in which the 'topic' which is often the client's life, issues, relationships and traumas is explored, studied and reviewed. In this chapter I will be returning to the available and relevant literature to position the findings and in so doing identify their trustworthiness and value. Recognising the heuristic process (Moustakas, 1990), I am interested in reviewing the surprises, the 'headlines' and how I have been changed by the research process. Moran (2000) talks of the development of understanding in a circling back between presupposition and surprise – the 'hermeneutic circle'. Whilst focusing on my own internal search and awareness I wish to retain the voices of my participants wherever possible, honouring the social constructionist stance of this research. I also note that this thesis reflects a moment in time in an ever evolving process, or numbers of processes. The cyclical interlink between literature, reflection, self-awareness and practice continues for me. My reading informs my reflection, my reflection informs self-awareness and my practice informs what I read and how I am in the world.

The aim of this research has been to explore my experience of working with metaphors as a counsellor and to expose myself through interviews to others' experience of this phenomenon. The heuristic process, as detailed by Moustakas (1990) and also as discussed in the methodology chapter of this thesis focuses on the changes and awareness's developed within me whilst also reporting the message of the experience of others. I certainly have changed through this process from mostly practitioner with a minor researcher *part*, to someone who is comfortable to experience and learn in both fields of research and practice. Alternatively, through the lens of Reinharz (1997), my 'research-based self' is represented more within my 'situationally created self' (current self) than my original 'brought self' (previous self), which saw the world through the eyes of a practitioner. My process around the use of metaphor in the therapy room has also changed dramatically. During this research I have been surprised, frustrated, amazed, bored and unsurprised at times. I intend to highlight these cognitions and felt senses and interweave the findings and relevant literature in this chapter.

The findings of this thesis from my own experiences and those reported by the participants have revealed a number of themes including humour, containerisation, ownership, and origination. This has left me confused as to what to focus the discussion on. This highlights a possible issue for the heuristic process as defined in Moustakas (1990), which relies upon 'self-dialogue', 'self-awareness, and 'self-disclosure'. I remind myself that Hiles (2001, p.2) contends that heuristic inquiry is a demanding process requiring "self-commitment, rigorous self-searching and self-reflection". It feels that at the discussion stage the researcher can be encouraged (quite egocentrically) to decide what is most impactful on his or her self and only include their own experiences for discussion; I also want to hear and discuss the experiences of others. The social constructionist epistemology of this research

demands that other voices are heard, reflected upon and reported. I want to discuss and reflect upon all the participants' voices in this section, including those persons detailed in the appendices. I concede that there is not space in this thesis to discuss all aspects of the findings and some editorial choices have to be made. For example, I have deliberately excluded any reference to trauma and neuroscience, which was raised by a number of participants, as this was not the focus of my enquiry. I believe that this would be an interesting avenue for others to follow in a different form and focus of research. I will incorporate the main themes, the notions introduced by the participants and my own heuristic reflections within what I would identify as the six main areas for discussion: pervasiveness; depth; mutuality; place; standing-in-for and hope. I also wish to retain a balanced approach to this Discussion and will include some reflection on the negative aspects of the use of metaphors in therapy. Below is a table representing the above discussion points:

Figure 3 Discussion Points



7.2 Pervasiveness

"..above the rest I'd underestimated how pervasive the use of it is"

David (participant in this research)

"I use metaphor and visualisations quite often. In quite a positive way and it also marks my style as a psychotherapist."

Brian (participant in this research)

One of the major surprises that came about through the findings was the therapists' accounts of pervasive use of metaphors. When I began this research I believed that I would be different to the other counsellors/psychotherapists in my focus on metaphors due to my hypnotherapy training. I was wrong. I understood that a significant element of language pertaining to therapy is itself metaphoric. I

note that words such as 'journey', 'inner-child', and 'emotional prison' are often used by me and my clients in my therapy room. Indeed, Rogers (1961) famously compared the growth of potatoes in the dark to the growth tendency of humans. A brief scan of my bookshelf reveals therapeutic books with metaphorical titles such as: 'The Road Less Travelled' (Peck, 1978); 'The Broken Mirror' (Phillips, 1996); 'Waking the Tiger' (Levine, 1997) and 'The Chimp Paradox' (Peters, 2012) amongst the many others. The review of the literature in this thesis is testament to the littering of metaphors in the world of therapy, to use two more metaphors.

I am surprised at how surprised I was about the universal use of metaphors reported by myself and the participants in this research. I am aware that the participants can only relay what they consciously recall about this phenomenon. However, the reporting of use of metaphors by the seven is significant. David and Yvette were surprised by its pervasiveness and Alan who was chosen to participate because he originally stated that he "never uses metaphors in therapy", at the end of his interview realised that he employs them constantly. Alan clarified his position in the research interview: "When you first mentioned it to me, my immediate reaction was, it doesn't apply to me because I don't use metaphor and I kind of immediately then realised well perhaps this prompting from you that I do use metaphor a lot. But not just consciously or haven't been using it consciously until you raised it as a subject area." It appears that the interview enabled what was previously out of Alan's awareness to come into his awareness. Qualitative research, it appears, can help the interviewee grow in self-awareness (McLeod, 2011). Alan, a solution focused therapist, used many metaphors in his narrative in the research interview, such as:-

“I see clients sometimes as being like presents, like Christmas presents or birthday presents, and it’s something to unwrap and see what's inside.”

This pervasiveness, I propose, sits comfortably with Wickman et al. (1999) who reason that metaphoric expression is so common in everyday language that clients and counsellors are often bound to introduce metaphors not only as a linguistic tool but as a method of understanding. I agree with this study, when it concludes that the challenge for the counsellor is to notice the metaphors offered by the client and use them as a method of showing empathy and possibly offering new perspectives on problems, and from the new insight new solutions may occur. Cox & Theilgaard (1987, p. 153) suggest that in psychotherapy, metaphors: “are seen to lie thick on the ground”.

The participant Alan suggests they are about: “Immediacy and appropriateness... a common ground - Short hand for both of us” (so pervasive are they that he is using metaphors to describe what metaphors are about). It feels to me that to be human is to be metaphoric, to want to connect and make sense of yourself, the other and the world. I am surprised that despite my specific training in the use of metaphors I was not alerted earlier to the pervasive nature of metaphors in everyday language or indeed in therapeutic discourse. It is as though the metaphors used to describe the therapeutic models themselves and the language used are so overwhelmingly metaphorical in their nature I became blind to ‘boundaries’; ‘inner-child’; ‘ego’; ‘id’; and ‘personal growth’, the frozen metaphors of counselling and psychotherapy which have lost their original imagery or meaning. This ‘blindness’ resonates with Hobson (1985) and his sense of the dead nature of therapeutic metaphors. This growing awareness and experiential

learning during the research process was paralleled in the participants, some of whom were also surprised by the pervasive use of metaphors. People were making sense as they spoke of concepts and challenging sedimented views in a continually developing live process which Merleau Ponty (1981) describes as 'speaking speech'.

I believe that counselling is about human discourse and that human events only carry meaning through our narrative (Anderson & Goolishian, 1992; Anderson, 2008; Neimeyer & Raskin, 2000). I have identified earlier in this thesis that use of metaphor is not a rare activity, indeed it is (to speak metaphorically) the life's blood of ordinary speech (Lakoff & Johnson, 1980). It is therefore perhaps no surprise that Hobson (1985) recognises that metaphors are important in many ways in clinical practice and that Angus & Korman (2002), in a small study, identified 365 metaphors in 3 psychotherapy sessions. In completing this research there has been a reinforcement for myself and the participants of the pervasiveness of metaphor use in our therapy practice. In the talking consciously of metaphors they are now apparent everywhere - in the training, in the models of therapy, in the literature and the interaction between the therapist and their client.

7.3 Depth

I have introduced the term Deep Metaphors, which are consistent and recurring metaphors used to describe a life story. 'New knowledge metaphors' which can aid interpretation and offer possible alternative views or solutions to life's problems (Mallinson, Kielhofner & Mattingly, 1996; Andriessen & Van Den Boom, 2009).

An exciting moment for me that gave rise to momentary feelings in the body of euphoria, physically around my stomach area occurred during the heuristic incubation process (Moustakas, 1990). I became aware of those moments in the work I do with clients that involved collaboratively developing metaphors (usually, but not exclusively, beginning with the client's metaphor) when both of us had seemed to enter an altered state and entered what seemed an alternative timeless sphere where possibility for change was obvious, a moment of deep connection between me and my client which could be described as 'spiritual'. (See 'Green Cloud Woman' and 'Monster in the Cave' as examples in my Individual Depiction). I am not referring here to metaphors used in a general communication between client and therapist, whilst I acknowledge how crucial they are to gaining an understanding of each other (Laungani, 2004). I am suggesting that when I am working with clients in this way (on what Cox & Theilgaard (1987, p.24) describe as "deep down things") we are both developing an individual metaphor together, I have a sense that something happens that can be described from a Rogerian perspective that is *congruent and in the moment* (Rogers, 1973) and the joint understanding evokes a mutual *empathy* between me and the client (Rogers, 1975). Thus in turn, what I am offering, appears to influence and deepen the therapeutic relationship. At these moments I am always guided by the responses that I receive from the client.

Cox & Theilgaard (1987, p.11) posit that metaphors: "do not reach the depths because they start there". Thus, they appear to offer an opportunity to reach the depths of the client's fragile world in an indirect way that is safe for them. This appears to be the most important point of working safely with clients on very challenging issues using deep metaphors, a way of diverting their usual resistance and defence mechanisms.

For me, there is always an awareness of the *moving metaphor* (Hobson, 1985; Chandler, 2011) or *mutative metaphor* (Cox & Theilgaard, 1987) in mutual development when I work in this way with clients. These special moments appear to me to be *helpful moments* in therapy (Elliot, Shapiro, Firth-Cozens, Stiles, Hardy, Llewelyn & Margison, 1994) that can could also be described as *spiritual* (West, 2010) or *tender* (Thorne, 1991), transpersonal moments which are unconfined and otherworldly (Tebbutt, 2014). I experience in that moment a return to “my own true nature” (West, 2000, p.3) where both I and the client are ‘truly still within ourselves’ (Mearns, 2002). A moment of tenderness emerges characterised by acceptance, empathy and congruence and a deep trust in our ability to move forward (Thorne, 1991).

This notion of being present and in the moment and without judgment seems to fit neatly with my experience of working with deep metaphor with clients and also links to the concept of embodied knowing and tacit awareness that has been discussed in detail within the Methodology chapter. Moustakas (1990) is an open advocate of tacit understanding and embodied knowing which leads to intuition and insight. There is also an awareness of empathy and congruence involved (Rogers, 1957) as a way of developing a sense of mutual understanding in that moment. I would suggest that this can help the client create a congruent picture of themselves in the world.

In my experience, working with deep metaphors, I get a sense that when used therapeutically they can be either introduced by the client or the therapist and are born out of the relationship. It seems that both parties appear to display and share substantial understanding of the metaphor. I then experience a mutual development of visual images or felt senses that could be likened to the issue

being addressed in therapy. In this context, I would suggest that these deep metaphors may be short in length, but are always more than simple conversational metaphors, similes, metonymy or analogies. They seem to offer the potential to run and develop over the remaining period of the therapy. Cox & Theilgaard (1987, p.105) agree that metaphors may be potent in an individual session: “but also to larger meanings which are integral parts of the whole meaning of the therapeutic process”. The experiencing of deep metaphors was mirrored in the accounts of others, as I will later explore.

I would suggest that the mutual development of an idiosyncratic metaphor (which relates to the individual situation) in the counselling session can engender a moment of deep encounter as both the client and therapist reveal a deep level of understanding and a being in touch with each other (Tebbutt, 2014) where the talker gains a new ‘penny dropping’ insight into themselves and/or their concerns. I would also venture that the *bidirectional* and *mutual* constituents of the developing of a metaphor by both the client and the therapist are vital in this respect. Barker (2013) incorporates a relational aspect to working with metaphors and warns that therapeutic metaphor work should not commence until a good level of therapeutic relationship has been established.

I can certainly relate to a number of moments of deep encounter that would include Tebbutt’s (2014) *transpersonal*, *interpersonal* and *intrapersonal* elements. Working with ‘Tom’, ‘Green Cloud Woman’, ‘Monster in the Cave’ and the ‘Whale in the Desert’ are all examples where both me and my clients have experienced (and reported experiencing) such moments. In the findings I also find examples of deep metaphor work and possible moments of deep encounter (I have added italics to highlight aspects of the text that relate to this phenomenon):

- Brian's client who went on a voyage through a castle, they went deeper and deeper into realms of the dungeon. Brian: "*We created a safe place in that dungeon and how we could make that room more colourful – more creative, and what it was like there and how did it remind him of his place in his internal world?*" "I think when you use metaphor in this way we find a different level of energy stream that the client will have access to. *That often leads us to some wonderful states that we have not been aware of, or the potential of, and taking power in a way that we have not thought about before*".
- Anna: "*I think when my clients do that, or when they respond to an image or a metaphor that I'm offering, there is a sudden deepening of the work. It suddenly feels as that something that has been held in tension gets softened and loosened as if the connection between me and the client feels as if it's safer to go deeper, it feels VERY intimate*".

Deep metaphor work in my experience can be extremely potent and a vehicle for therapeutic change either within the session, or over a longer process. One client was struggling to end a destructive relationship. He created a beach in his imagination and tried to remove his partner and her daughter in a removal van, they came back so he had to build a huge wall and after a long time of focussing on his family the woman and her daughter had gone. After this session he was able to sleep and make some sober decisions about his future and we returned to the metaphor of the beach throughout the whole process. Maybe, they offer opportunity for change because as Hobson (1985, p.56) purports "An apt, well-timed metaphor suggests the possibility of the resolution, or rather *transcendence* of the anomaly...we discover a new language-game". Additionally, I would

propose that the use of metaphor seems to have the capacity to: “touch the depths before the surface is stirred” (Cox & Theilgaard, 1987, p.109).

I acknowledge that further research is required to support these statements. I also understand that deep metaphors are also not a universal answer and can sometimes be used as a tool of the therapist to avoid painful work and as Yvette proposes, they can be used by the therapist to ‘rescue’ the client. To ‘rescue’ in this context can be seen as negative, in that the therapist treats the client in a manner which reduces the client’s agency. Etherington (2000) suggests that counsellors (and their supervisors) can unconsciously evade their clients’ difficult narratives as they are wary of exploring the core issues due to their own anxieties and fear of their ability to handle the issues.

7.4 Mutuality

"Sometimes, I see it in a picture when the client is describing their life or their issue or just in conversation. And I see the picture and I give it to them back as a metaphor. Sometimes, I choose not to."

Yvette (participant)

7.4.1 Introduction

In this section I wish to further discuss the originators of the metaphor in therapy and aspects of mutuality. I understand that mutuality is an important aspect of humanity and therefore to counselling and psychotherapy. The words of Moustakas (1975, p.xi) represent those ‘special moments’ when working with

clients, when: “a sense of mutuality is present; each is alive and responsive to each other”.

I have already identified in the review of the literature that a number including Strong (1989) and Kopp (1995) highlight the importance of the originator of the metaphor, whether it is client or therapist generated. I find this to be rather dualistic way of viewing the origination of the metaphor and later in this chapter I will visit ideas around co-constructed metaphors which originate in the wider society and are developed in the therapeutic relationship.

7.4.2 Therapist Generated Metaphors

It appears that metaphors generated by the therapist were most commonly reported in the Findings. It is apparent to me that all of the participants reported using their own metaphors with clients, what Kopp (1995) would term as *therapist generated* metaphors. Brian had a number of what he described as ‘*off the shelf metaphors*’ for different presenting issues and Yvette would utilise what she called ‘*bank metaphors*’, including the ‘*water in the bath*’ metaphor that she used for her anxious clients. I have reported the ‘*wheel of relationship*’ therapist introduced metaphor, which I often introduce to clients with relationship problems. One client with a Borderline diagnosis liked the ‘*dandelions and orchids*’ metaphor (Ellis & Boyce, 2008) which I introduced, used to describe the fact that unlike dandelions which can grow anywhere, he can flourish given the right conditions, like a beautiful orchid. Cox & Theilgaard (1987, p.31) suggest that the therapist only introduce a metaphor in certain situations; when the conditions of point of urgency, poesies and aesthetic imperative “elbow across their horizon”.

I am also aware that not all of the metaphors reflected upon by myself and the participants were 'deep metaphors' as described above involving moments of deep encounter, but may have the potential to become so. I remain unsure as to what aspects of the therapeutic encounter influence the level of metaphor. Gordon (1978), Kopp (1990) and Cox & Theilgaard (1987) argue that the effectiveness of the therapeutic metaphor lies in the relatedness of the metaphor to the client's problem. The metaphor they suggests needs to fit *isomorphically*, it relates (indirectly) to the individual client and his particular circumstances, thus giving an opportunity to reframe the problem, taking the previously painful and unwanted experience and recast it into something useful or valuable. The individual-based metaphors are far from the 'stock metaphors' used by myself and some of the participants which could be viewed as 'issue based metaphors'. Kövecses (2007, p.7) highlights the importance of individual metaphors: "It seems to me that psychotherapy and psychoanalysis are some of the richest areas for the creation of individual metaphors". For me, a pluralistic counsellor who works in a way that values the therapeutic relationship, the important aspects of deep metaphor work involve the co-construction and mutual development of the idiosyncratic metaphor which often reflect and deepen the connection between both parties, which in turn can lead to a deep encounter (Fine, Pollio & Simpkinson, 1973; Goncalves & Craine, 1990).

7.4.3 Client Generated Metaphors

There were also examples in the Findings of participants and their clients mutually developing their clients' originated metaphors. Grove & Panzer (1989) and Kopp (1990) both emphatically suggest that therapists switch from using their own metaphors and focus on their clients', allowing their clients to lead the direction of

the therapy from their own unique perspective and personal story. Kopp (1990, p.102) states that “metaphors... represent internal metaphorical-cognitive structures that structure our personal beliefs, thoughts, feelings, behaviours, and relationships in the life situations they represent.” Grove & Panzer (1989) noticed that clients’ metaphors had a consistent structure and a direct relevance to their experience. Both authors noted that as the metaphors changed, the clients did too. There is evidence in the literature to support the efficacy of focussing on the client’s metaphor (Angus & Rennie, 1988; Mathieson & Hoskins, 2005; Rhodes & Smith; 2010; Charteris-Black, 2012). Cox & Theilgaard (1987) suggest that clients become poets in the face of their deepest feelings and that they use poetic and metaphorical language in an attempt to describe the indescribable. Although for some clients this may not be beneficial (Siegelman, 1990; Spitzer, 1997).

Examples of client generated metaphors include: my ‘Green Cloud Woman’, ‘monkeys in my head’, ‘Tommy’s tattoo’; Anna’s ‘pirate ship’; and Jane’s ‘funny dog’. Burns (2007) warns there can be problems with projecting your own metaphor onto your client and a certain amount of flexibility is required when considering other people's problems. Witztum, Van der Hart & Friedman (1988, p.280) also advise that “therapists may use their own imagery and metaphors, but helping patients to create images is usually more effective.”

In contrast to Grove & Panzer (1989) and Kopp (1995) there is significant literature detailed in the literature review which promotes the employ of therapist generated metaphors, including Stott et al (2010); Rennie (1998); McGuinty, Armstrong, Nelson & Sheeler (2012) and Spandler et al. (2013). As highlighted earlier, I am increasingly convinced that the originator of the metaphor is sometimes difficult to

identify and that all metaphors are co-constructed in some way and arise from a shared social pool of symbols and meanings.

7.4.4 Co-created Metaphors

I would like to review the concept of *co-constructed metaphors* in counselling which provides the main focus for this section of the Discussion. I have briefly discussed the origination of the metaphor in counselling, which is a basic concept that has been reviewed in significant detail within the literature review. It appears to me that all metaphors are co-constructed in some way between the therapist and their client. Often, as reported by the participants, the therapist forms a visual image in their mind which in their experience resonates metaphorically with the client's world. The client and therapist then seem to co-construct and mutually develop the metaphor in their relationship. This is indicated by a client, reported in Cox & Theilgaard (1987, p.49): "because I don't begin. You induce beginning in me". Cox & Theilgaard (1987, p.29) regard that when working with mutative metaphors co-construction and mutuality are vital: "It is the impact of the inner world of the patient on that of the therapist and vice versa which promotes movement".

I would tentatively offer my view on this phenomenon that metaphors arise *from* the therapeutic relationship and for them to be therapeutically useful they need to be mutually understood and developed (they need to impact on each other's 'inner world'). Counselling and psychotherapy is about dialogue and conversation in a given context (Hobson, 1985). Even in person-centred circles it is now accepted that the therapist inevitably influences what is said, it is a co-constructive, contextualised process (Worsley, 2002).

I will use an allegorical practical example to explain my idea of co-created metaphors. On Boxing Day my wife and I made a hotpot (a cross-cultural term used to describe a particular meal). To begin with my wife prepared the vegetables and part boiled them. On my return from the football match I added the vegetarian mince, seasoned it and continued to cook it. I then baked some crusty bread. We both added our own red cabbage, more salt and pepper and enjoyed the meal together. The point that I am raising here is that Gill started the process (which I was later involved) and she claimed major ownership by having the idea of the meal and bringing in the ingredients, effectively we made the meal together. The construction of the meal was mutual and emerged from a shared understanding of how hotpots are made and that we like them. You could also argue that this shared understanding is the result of our being in relationship. In the same way, whether the therapist or the client introduce the metaphor is not as important as the shared meaning and mutual development. I am tentatively proposing that co-constructed metaphors are born and/or developed in the relationship. In the same way that Gill and I know that we both like vegetarian food and that the vegetables would be a healthy option after Christmas day's excesses. Also, the warm food would be well received after a cold day outside. There was a *mutual understanding before* the meal was prepared based on our relationship of some thirty years and a resultant mutual understanding. My proposal is that the hotpot along with the metaphors that arise and are developed in the therapy room are socially constructed (Crotty, 1999), as Dalal (1993, p.407) succinctly claims "The social is present from the beginning". Empathy is a step by step process of relational co-construction (McLeod, 2004).

Through the existential lens, which fits with my epistemological stance, the term co-construction is described as:

“the reflection of being and object of reflection are defined through each other, they are co-constituted. We are actively involved in any experience and what we experience is co-constructed by us *and* by the object/person that we encounter – any experience of relationship says as much about me as it does the other, it is a co-constructed relationship.”

(Van Deurzen & Young, 2009, p.208).

Thus, existentially, relationships are always in the process of co-construction, and if this forms an element of truth, then maybe metaphors used between parties reflect this and become co-constructed too? People take part in ‘language games’ in conversation (Wittgenstein, 1953; Hobson, 1985). Wittgenstein (1953) talks of speech as ‘fight and play’ (playing with metaphors?) or speech as creating ‘social bonds’ (the co-creation of metaphors?). Neimeyer (2002, p.51) argues, from a psychodynamic viewpoint, that psychotherapy functions less as a context for self-analysis, rather “as a dialogical sphere for the co-construction of a new sense of identity within and beyond the therapeutic relationship”. Change in therapy can occur through the development of co-constructed narrative (White & Epston, 1990) and co-created metaphors form a significant part of this process (Goncalves et al., 2009). Co-creation of metaphors, in this context, I would contend, also connects to the interpersonal, intrapersonal and transpersonal aspects of moments of deep encounter (Tebbutt, 2014). Cox & Theilgaard (1987, p.41) quote the words of a client who had been working with their therapist using metaphors in the Aeolian Mode. The stanza quoted, I believe, highlights in a powerful way the co-constructive nature of working in this way: “*not our things, not our ‘bits and pieces’, but our belonging – yours and mine – our ‘belonging’, to each other – our belongingness – Together, Home*”.

7.4.5 Mutual Development

I have introduced the concept of co-created metaphors and will now reflect on the mutual development of the metaphor. I have so far referred to the metaphors that arise out of a shared social pool of symbols and meanings (Burr, 2003; McLeod, 2004). These metaphors are transacted within a co-constructed process and interactive relationship (Tebbutt, 2014). Now I will be focusing specifically on the notion of movement, development and directivity of metaphorical images shifting and changing, directed by the participants - what Hobson (1985) would describe as a 'moving metaphor'. The literature has already provided examples of moving metaphors: Chandler (2011) and the chicks which may find their wings and McCurry & Hayes (1992) and the replanting of the plant. A further simple example from my own experience is that I have been working with a woman who wants to lose weight and who has been struggling with snacking. She said it was like being in a dark room (when she sought an answer to breaking the habit). I then invited her to shed some light to the image in her head. She started to cry when her two young children appeared to her in her mind. "I don't want to be a fat Mum, I need to change for them". An example of a moving metaphor with me playing a directive role, by shedding light on the dark room she was able to find the leverage for potential change. I also find an example of a mutually developed metaphor described in Angus & Rennie (1988), in a case study in which the therapist and client worked together in the process of: "apprehending, articulating, and elaborating inner association to metaphors" (p.555). In this way, the authors of this report suggest that the counsellor appeared to help both parties develop the client's metaphor to empathically communicate an understanding of the client's language and subjective experience. I note that there was a cultural aspect to this metaphor and it could have been misinterpreted from another cultural perspective.

As Lakoff and Johnson (1980, p.233) note “In therapy, much of self-understanding involves consciously recognising previously unconscious metaphors and how we live by them”. Further, as Ricoeur (1986) recognises, the metaphor needs to be isomorphic to the problem, the story and the situation of the client himself so that he can recognise himself in it and find out new ways to perceive his difficulties. ‘Isomorphic’ is defined in Goldenberg & Goldenberg (2000, p.440) as: “Exhibiting a similar form or parallel process, as in conducting therapy and providing supervision.”

I find that I often go on a metaphorical journey with a client in therapy. Green Cloud Woman (described in my individual depiction) is a typical example of a client who started in a dangerous place and eventually found a place of hope and safety. The words of Hoffman (1967, p.69) echo for me here: “we journey from the narrow place through the perilous place to a safe place.” My sense is that we create this mythical landscape to journey through together.

In the findings a number of participants commented on the construction *and* development of metaphors in their work and by way of example Maddie (Appendix 4) said:

"When somebody is talking to me I personally thinking – I have pictures going on in my brain so I have images flashing across my brain. So I use images and weave them into – it's hard to think of an example. Say I talking about somebody feeling tumultuous I start to talk about tornadoes and sort of weave that into something." "That's the most exciting thing – when

they realise that you've understood it, and you can translate it into ways that they can get."

Further, Jane (Appendix 5) said:

"If they start speaking in metaphors and I pick it up. Or if it's something that whatever they're talking about, I think of a metaphor springs to my mind. I offer it and then see what they do with it. If they look at me as if I'm barking then I'll back off a bit and perhaps try again a little later and perhaps modify what I've done. But if they pick up on it. You know they say, "Yes, that's right." It's like then I go with it more."

There appears to be a common theme of the therapists sharing visual images with their clients in an effort to build a sense of understanding. The metaphors can be developed by both parties once the joint understanding has been co-created. What would be interesting would be to find if clients are aware of offering visual images, and maybe this concept is emphasised during the therapeutic process. This process can also continue outside of therapy; as Angus & Mio (2011) found, co-constructed healing metaphors were also shared with the patients' doctors. Also, Alan (the participant) comments:

"And once the metaphor has been established, both I and the client understand, then I suppose it's a common ground - Short hand for both of us. I know that clients use things like that in future sessions and outside of the sessions as well because I've had experiences where clients, clients try to explain to their families and partners how they're feeling".

There is evidence in the literature that the co-construction and mutual development of metaphors can in the main be beneficial (Hobson, 1985; Marlatt & Fromme, 1987; Cox & Theilgaard, 1987; Goncalves et al., 2009; Angus & Mio, 2011). In the psychodynamic literature 'intersubjective construction' is encouraged (Ogden, 1997) and some of the CBT literature identifies the benefits of mutually developing co-constructed metaphors (Spandler et al., 2013). In the person-centred model, the reference to metaphors is more subtle and is based on the therapists' attitude influencing the relationship and in turn the client. However, in the dialogue and process forms of the model, co-constructed dialogue, mutuality and co-creative relating are identified as key aspects (Bohart & Tallman, 1999; Tudor & Worrall, 2006; Sanders, 2007).

7.5 Place

*"To see the world, things dangerous to come to, to see behind walls, draw closer,
to find each other, and to feel. That is the purpose of life."*

Reciting Life Magazine's Motto

From Walter Mitty (the movie)

7.5.1 Introduction

In this section I will reflect on the literature and findings pertaining to the impact that the environment and culture can have on metaphors used in therapy. I am proposing that the place in which the therapy occurs seems to influence the metaphors used and the amount of metaphorical language.

7.5.2 Environmental Influence

I was impacted by how the local environment can affect the metaphors that people use when I was presenting the interim findings of this research to The University of Chester. I suddenly realised when I stood and stared at the magnificent roman city walls outside the university that a significant number in the audience had talked about *wall metaphors* when working with their clients. Comments such as “it’s like you’re hiding behind a wall” or “it feels like you are breaking the wall down brick by brick” were conveyed. Maybe this was just a coincidence, although I did get to reflect on how metaphors are powerful methods of communication that have a ‘to hand’ quality to them. Indeed, the findings reveal many references to the nature and structures that surround us. I will expand on this later in this chapter along with how I believe the context and setting within which the therapy takes place can also influence the metaphorical language in the sessions. As I have indicated earlier in this thesis, my epistemological stance incorporates Heidegger’s (1962/1927) concept of ‘Dasein’ or the uniquely situated quality of human existence or ‘being’. We are thus, he proposes, situated in a world of things, people and language. In this context, the audience in Chester were uniquely experiencing ‘*being in the world*’ in Chester in January 2014, and were impacted by the environmental and relational aspects of that experience. As Hopper (2003) found, even a painting on the therapy room wall can have a significant impact on the therapeutic relationship and process. A client of mine would decide which cupboard in my therapy room she would open at the start of each session. One cupboard metaphorically contained all of her self-esteem issues, the other an ex-partner. We were also able to discuss how the two are connected and talked of the imaginary passage in the roof connecting the two ‘walk-in’ cupboards (an example

of a co-constructed movement metaphor). I am proposing here that we cannot avoid the experience or the environment (the walls).

The environment in which therapy takes place can also possibly impact on the use of metaphors, or lack of use of metaphors. Cox & Theilgaard (1987) provide numerous examples when metaphors in group therapy were influenced by the setting. For example, noises outside led the metaphoric narrative from grave diggers to concentration camps. Snow outside can be readily linked to snowing on the inside. The participant, Maddie, who works in a cancer-care unit, identified that none of her clients used metaphors in their narrative. She thought this was due to fact that, as cancer patients, they had been through the medical model, 'the white-coat syndrome', and that they were tired of their metaphors not being heard and worked with by their doctors and nurses, there was no co-construction of metaphors. She believed that they had given up on using metaphors as they had been misunderstood in the medical model process. David, who also works in a palliative care environment, did not report the following of clients' metaphors in his interview. This may be more of a reflection of how David and Maddie worked or recalled their memory of working. However, there is evidence in the literature which supports Maddie's thought process of doctors and other medical model professionals missing their patients' metaphors. In an illuminating study by Skelton, Wearn & Hobbs (2002) transcripts from 373 consultations were analysed for metaphoric content. This revealed that in many ways doctors and patients were not speaking the same language since the metaphors they used differed. This links to the notion that some metaphors do not travel 'cross-culturally' (Lakoff & Johnson, 1980, 2003). Doctors tended to use mechanical metaphors (the urinary tract was the 'waterworks', joints suffered 'wear and tear'); they spoke of themselves as controllers of disease (they 'administer' medication, 'manage'

symptoms, and 'control' disease) and problem-solvers (symptoms are 'clues' to be 'solved'). Patients, on the other hand, employed a wider range of vivid metaphors to describe their symptoms ('I'm like the cotton-wool man' for a sense of feeling out-of-touch), and metaphors of pain were used differently. These findings appear to be contrary to the U.S. study by Angus & Mio (2011), which highlights the benefits of counsellors and their clients co-constructing healing metaphors, which are subsequently also taken outside the relationship and used with the medical staff.

I am not surprised by the number of metaphors that related to nature and natural phenomena disclosed by the participants in this research. On reflection, the majority of my clients use metaphoric scenes from nature, for example, rivers indicate the *life journey* (another metaphor), cliff edges are dangerous places etc...Clouds, animals and nature apparently have a potent currency between people. As Rorty, Williams & Bromwich (1980) suggest, metaphors are a mirror to nature and Bateson (1979, p.232) proposes that "metaphor is the pattern that connects – a pattern that characterises the evolution of all living organisms". Weather metaphors and metaphors relating to nature are common in our language (Knowles & Moon, 2006). Anna questioned that 'pathway metaphors' may be so potent because they match the neural pathways in our brain. Also, she proposed that nature is a 'missing essential' apparent in humanity in the 21st century:

"Metaphors from the natural world really affect people because we are basically animals. So when we are using a metaphor to do with biology, with things that are found naturally, that feeds this profound connection that we've all got."

"There is something deep within the human psyche that wants to connect to the rhythms and textures and the essences of the natural world."

These powerful words (that seem to arise from the 'person' rather than the 'professional') resonate with my own experiences generally in life and when working with clients. Clients will sometimes connect their concerns or issues to a metaphorical internal 'landscape' that often relates to nature. They relate their problems to like being in a dark cave, being stuck in mud or fields with high fences or in desolate deserts. Through developing the metaphor (often a journey through a natural terrain – for an example see 'Green Cloud Woman' in Jonathan's Individual Depiction) they eventually arrive in a far more agreeable landscape that they can rest and feel safe in. This refers again to the interactive process of the mutual development of the metaphor and the therapist inviting the client to change the image. Charteris-Black (2012) indicates that weather metaphors are often apparent in the narratives of depressed clients and Herring (1992) found that Native Americans often used natural world metaphors to express their thoughts during counselling sessions.

7.5.3 Cultural Considerations

Lakoff & Johnson (1980, 2003) postulate that our physical and cultural experiences influence which metaphors are chosen and that metaphors differ from culture to culture. Kövecses (2005, p.189) suggests that "cultures can be partially constituted by "foundational" metaphors "all the way down" to cultural physical reality." For example, in Western cultures, Kövecses (2005) suggests that foundational metaphors such as 'life is a show' or 'politics is a sport' are

universally employed. Metaphor and culture therefore have a fundamental connection as the communication of shared meaning always carries cultural overtones. I do not wish to open a full discussion around cultural metaphors in this thesis, as this could be a thesis in itself. Briefly, I acknowledge that there is cross-cultural diversity in metaphorical conceptualisation (Kövecses, 2005). There is evidence within the literature that culture and environment can influence peoples' metaphors and counsellors are encouraged to be mindful of cultural difference. Marsella (1993); Wickman et al. (1999); Pedersen (2001) and Duran, Firehammer & Gonzalez (2008) are all examples of studies that recognise the potential pitfalls of misunderstanding metaphors from different cultures. I agree that we need to be mindful of the environmental, cultural and situational influence of our metaphors and our clients' metaphors. I understand that my cultural background can influence the metaphors that I introduce in therapy sessions. I acknowledge that my 'therapy culture' (Füredi, 2004) influences many of my 'bank metaphors', like the 'wheel of relationship' metaphor and my 'Northern England' culture will no doubt influence many of the metaphors that I voice. I am mindful of the different cultures at an intrapersonal and interpersonal level in the therapy room and may well refrain from introducing metaphors which may not be understood by my client. Wickman et al. (1999) also highlight that metaphors can also be unique and personal. In the examples of co-constructed metaphors provided by myself and the participants above a range of personal and cultural metaphors are revealed. I believe that you cannot separate metaphors from culture (Kövecses, 2005). As a method of shared understanding all metaphors will be influenced in some way by the culture that the person connects to, even if they appear to be individual to that person. One view which I can identify with is that there is nothing beyond culture (Dalal, 1993): even non-culture is a culture of sorts. Hobson (1985, p.60) eloquently defines my thoughts on this phenomenon: "The meaning of metaphor is revealed within a

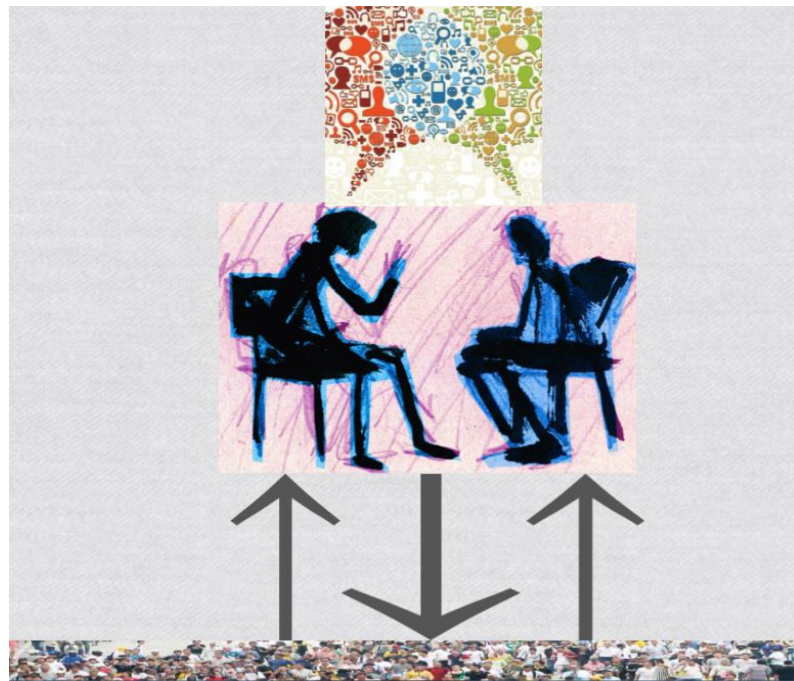
personal and cultural context, within a society of utterances". Cox & Theilgaard (1987, p.153/154) also add to the discussion on cultural influence on metaphors in therapy, in that: "shared, allusive frames of reference are part of common cultural heritage". However, they emphasise that the culture of 'university studies of literature' are unlikely to be shared by all. I agree that all clients may not have a grasp of what might be regarded as emanating from an elitist educational culture. My experiences match that of Cox & Theilgaard (1987, p.154) in that shared metaphors are: "more likely related to the titles of pop songs, fairy tales, myths, media advertising, slogans, or other aspects of current affairs and public life." Many co-constructed metaphors are brought by both into my therapy room in the guise of songs or television programmes.

In summary, there are challenges to communication in a shifting multi-cultural environment and metaphors can be useful to bridge cultural gaps when they are mutually understood (Lakoff & Johnson, 1980, 2003). However, this is not always the case. For example, I recently used a metaphor of 'hopping on and off the bus' to describe options when stopping work to focus on parenting. My South African client struggled to understand this metaphor and we had to continue the narrative in a more rational and logical manner.

The following image displays, in a creative way, my reflections on the social and cultural aspects of metaphors in therapy. Here, in part I return to the relational aspect of the co-construction of metaphors, and suggest that the client and therapist bring in their metaphors from their culture into the subculture of therapy. These metaphors are then co-constructed and mutually developed and have the potential to return to the outside of therapy culture (Angus & Mio, 2011). As Füredi (2004) purports, psychotherapy appears to have a culture of its own. This

subculture I would tentatively offer, has the potential opportunity to 'ingest' through symbolic interaction those cultural metaphors previously owned separately by the client and therapist (Blumer, 1994).

Figure 4 Social & Cultural Aspects of Metaphors in Therapy



7.6 Standing-in-for



"The therapist is a metaphor for a lover, a care-giver, a teacher, a maiden, a shaman. You are a shape shifter, a chameleon, whoever your client needs you to be."

Anna (participant in this research)

"I do argue that the 50-minute hour is nearly all transference. And I could argue that the language that we often use in the transference is metaphorical in itself."

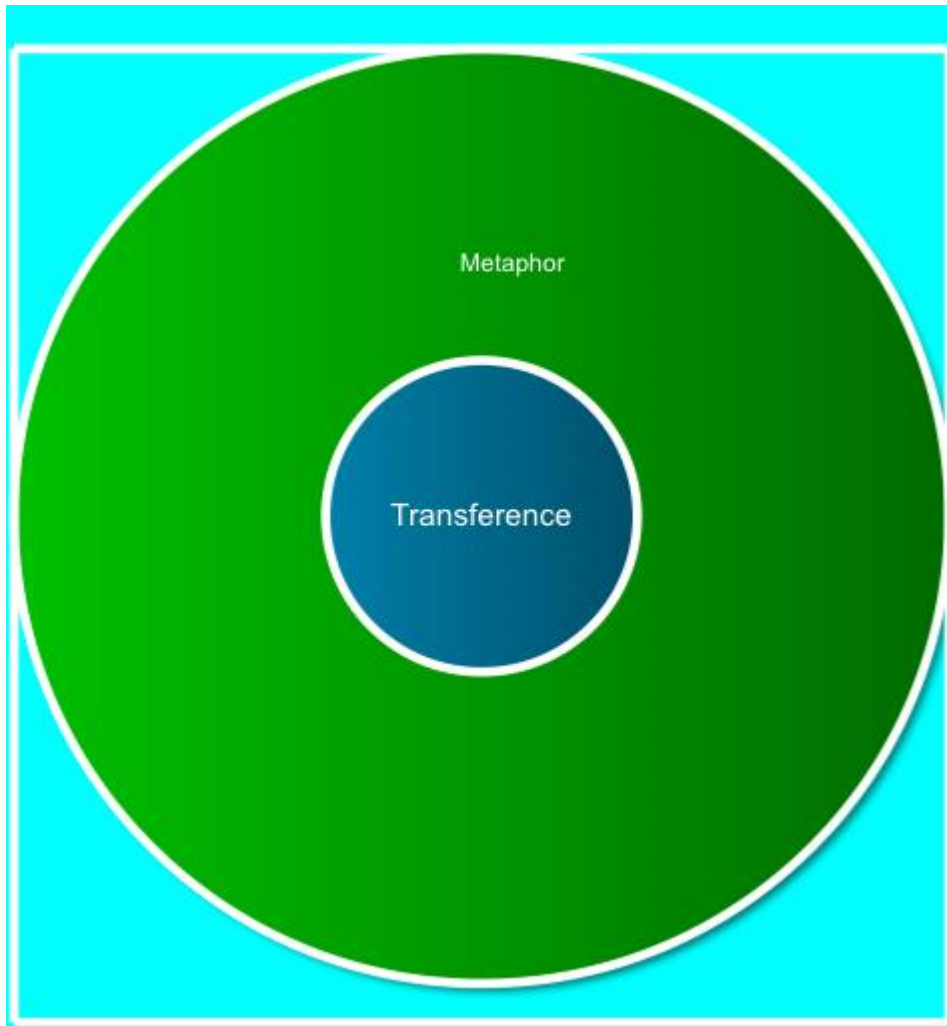
Brian (participant in this research)

I was deeply moved and impacted by Anna's words as I left her interview. I reflected on the overarching concept of who therapists are like metaphorically to their clients and vice versa. It feels that this is an important point and relates to the 'live metaphor' concept introduced by Enckell (2002) or 'archetypal transference' (Samuels, 2003) in that the client and therapist are relating towards each other

metaphorically. There have been numerous studies on transference and counter transference (Gill & Hoffman, 1982; Joseph, 1985; Levy, Meehan, Kelly, Reynoso, Weber, Clarkin & Kernberg, 2006 etc.) and this is not the subject of this research. However, I believe it is of interest to discuss briefly in this chapter the similarities and differences of the concepts of metaphor in the sense of who the client and therapist are metonymically to each other; how they stand in for each other.

I have introduced the concepts of transference and countertransference in the Literature Review, both unconscious processes which inherently introduce the symbolic. Rowan (1994) adds a further element to counter transference which falls outside the traditional definition, that of 'aim attachment counter transference', where due to professional demands the therapist wants the clients to change for their own sake, not the clients. This is interesting, as this concept offers an alternative to traditional notions of transference, the symbolic 'transfer' to significant others. In other words, the client is possibly standing in metaphorically for money, status, good statistics etc. to the therapist. When Anna says: "The therapist is a metaphor for a lover, a care-giver, a teacher, a maiden, a shaman. You are a shape shifter, a chameleon, whoever your client needs you to be" she is referring to a symbolic relationship in the room and there may be more than memories and emotions that connect to significant others in our past here, or what would be classically described as 'transference'.

Figure 5 Transference as part of Metaphor



What I am endeavouring to allude to here is that transference is a technical concept with metaphorical overtones, one person standing in for a significant other. I am tentatively introducing the wider concept. Rather than just transference there is a wider possibility that we can stand in for someone or something that is not a significant other in your past. Hobson (1985, p.54) refers to what could be regarded as transferential as metaphorical “metaphor is a way of thinking of one thing in terms of another...This important suggestion has profound implications for psychotherapy, as for example when Freda saw me (topic) as her Father (vehicle)”. Also, certain schools have differing metaphorical terms for the therapist.

As described to earlier, Jungians often refer to the therapist as the ‘wounded healer’ for example (Samuels, 2003) and in the USA therapists are called ‘shrinks’, a derogative shorthand term for a ‘head-shrinker’ or shaman (Sedgwick, 2003).

Introducing an experiential viewpoint to the discussion, dependent on the stage of the therapeutic relationship, I feel it can be a brave question to ask a client “who or what am I to you?” (Interestingly, Cox & Theilgaard (1987, p.19) believe that there is always an element of “risk taking” when working in the Aeolian mode). I was a ‘direction sign’ to the client with the whale in the desert metaphor (see my individual depiction). I have been a safe-base or safe island to other clients. In a recent conversation that I had with a supervisee, he commented that the client reminded him of Spider Man from the first session and image kept getting stronger – a cartoon figure that is one minute a mild mannered studious man and the next can turn into a strong masked individual who can trap others in his web. This, I cautiously suggest, may be different to a counter transference issue (and may have Jungian Archetypal undertones). The client appears to the therapist as a metaphor. He reminded him of the cartoon figure, not necessarily a relative or friend of the client, and the careful feeding back to the client of this information at the appropriate time later in the therapeutic process, the therapist believed, was of therapeutic benefit.

Szajnberg (1985), from the psychoanalytical model, suggests that the German term introduced by Freud (1912) ‘Übertragung’, when translated into English as ‘carrying or bearing something from one place to another’ can include not only the technical, important concept embodied in the Latinate word *transference* but also the broader concept embodied in the Greek term *metaphor*. Szajnberg (1985) posits that metaphor is the wider field which incorporates transference. In this

paper the author also highlights the psychological strengths of metaphor, such as its capacity for ambiguity, as an intermediate area of experience, as well as its structure, consisting of signified, and signifier.

In summary, I believe that there appears to be a broad concept highlighted by the participant Anna of who or what the therapist stands in metaphorically for each other. I believe this is broader than the more 'technical theory' of transference. Further research into this area may reveal interesting data into how therapists and their clients relate to and view each other metaphorically. This may be a more palatable concept for the more person-centred counsellors who struggle with the possible avoidance of responsibility contained in the concept of transference (Shlien, 1984).

7.7 Hope

Hope

*The absence of hope
Is like a child lost
The Agnostic Death
A fireless hearth*

*Life without hope
Is a life without love
The endless dark with no chance of light*

*Hope is the chance of love
The glimpse of light
The possible
The end of hopelessness*

J Lloyd

*“Hope is the thing with feathers
That perches in the soul
And sings the tune without the words
And never stops at all.”*

Emily Dickinson

The final illumination on the list of significant impact on my self is the aspect of hope, described by Dufault & Martocchio, (1985, p.380) as:

“a multidimensional life force characterised by a confident yet uncertain expectation of achieving a future good which, to the hoping person, is realistically possible and personally significant.”

I was particularly struck by the idea of engaging with metaphors and hope cognitively and somatically when interviewing Yvette. Her conclusion was that therapeutic metaphors *must* incorporate an element of hope. For her, hope was at the core of the therapeutic use of metaphor. “I never use metaphor, I’m saying never very firmly, I can’t believe that I have ever used metaphor to hinder someone. It’s always about hope.” David also commented on his work in the palliative care environment. “In a kind of conversational, empathy-showing way, then taking upon kind of your own pictures and working with that, to create therapeutic metaphors as I see them, that there’s some kind of hope.” This was so profound to hear on both occasions that I then reviewed all the metaphors disclosed in the data, many seemed to incorporate an element of hope and on lengthy reflection this matches with my own experience of working with metaphor with clients in the many cases. For example, the Green Cloud Woman (see my individual depiction) was purposefully looking for hope in her metaphor. Through

the deep metaphor work she found for herself 'Hope' as a place. The Whale in the Desert client had a busy and attractive town to explore on the other side of the whale. Anna's client appeared to retain hope through the possibility of finding his 'buried treasure' at some point in the future. Jacoby (1993) suggests that it is easier to describe hope in metaphorical terms to psychotherapy clients.

When hope is identified as a noun it is made a 'thing', something to be given, taken away, transacted and that is outside of the individual's control, for example within a medical setting the patient links hope with cure (Elliott & Olver, 2002). This idea of hope can lead to it being regarded as an absolute, and waiting for fate to be delivered by others can result in a lack of self-efficacy (Bandura, 1982), whereas hope as a verb highlights its subjective features, an internal process. For example, Elliott and Olver (2002) found that patients who referred to hope as a verb were less dependent on the doctors' pronouncements for maintenance of their hope; they were able to retain their own hope. The loss of hope can be a profoundly serious issue. Shneidman (1985) recognises that hopelessness is the common emotion in suicide.

O'Hara (2013) suggests that many counselling clients come to counselling because they have lost hope around relationships, self-belief, health or social functioning. Cox & Theilgaard (1987 p.45) poetically capture this sense of hopelessness: "many patients embark upon therapy because of a sense of being imprisoned within themselves for life, and fear they may never know release." Some clients expect to find hope (as a noun) through the process of counselling (this may also echo the '*standing in for metaphorically*' as discussed above – the therapist stands for a hope-giver). Also, research reviewing many different models has identified that the hope of the client (as a verb) in the process of therapy is a

significant indicator of positive change in psychotherapy (Lambert, 1992). Larsen, Edey & Lemay (2007) suggests that metaphors can be extremely potent for engendering a sense of hope in clients as an internal process or dynamic, which Yvette appears to say is her intention. O'Hara (2013) advocates the use of metaphors in counselling to enable the client to recapture hope as they allow us to build a platform of new possibilities from which to challenge old dominant hopeless narratives. He suggests that the client can imagine possible new ways of being through the facilitation of the 'reorganisation of self' (Lakoff, 1993) offered by metaphor utilisation. Meares (2005) compares metaphor to the external play space of the child. The adult no longer has a sandpit to play in but she does have the 'mental screen of metaphor' upon which she can project her thoughts and ideas and thus retain an essential element of hope.

Isolation, concurrent losses and poor symptom management were listed as hope-hindering strategies in Herth (1993) a study conducted to explore strategies to foster hope with the caregivers of terminally ill patients. This study revealed that the relational aspects of warmth and empathy and reframing were positive indicators in hope of the client. I would own the argument that these are also apparent in the hope inspiring metaphors described in this thesis (Green Cloud Woman etc.). Larsen et al. (2007) recognise that hope is a dynamic process during which counsellor and client interact in ways that can be mutually influencing, which could link to the co-construction and mutual development of metaphors described earlier. Also, O'Hara (2013, p.69) contends that the deep empathic connection preferred in most therapeutic relationships (and apparent in deep metaphor work) is one of the key aspects in hope generation:

“When the therapist is able to *feel with* or *suffer with* the client, the client at some level, partly consciously, and partly unconsciously, realises that another is deeply caring for them and holding out a positive expectancy for their movement towards greater wholeness and well-being.”

In Cutcliffe (2004), a study which sought to explicate how bereavement counsellors inspire hope in their clients, it was the implicit projection of hope and hopefulness by the therapist that was the core theme which was identified. The counsellors also suggested that the direct reference to hope was not useful. Edey & Jevne (2003) consider that hope mostly operates as a silent factor in therapy. This leads me to tentatively submit that the non-literal aspect of metaphors of hope may be useful in this context.

Yvette firmly believed that to incorporate an element of hope within her metaphors was essential. It is interesting to ask “whose hope she was talking of”. I believe that she was talking of retaining hope in her clients by offering these metaphors, or she wanted to communicate some aspect of hope (noun) towards her client with the wish that they can retain their own hope (verb). Studies have identified that the hope-oriented qualities of the therapist influences the client’s level of hope (Snyder, 2000; Flesaker & Larsen, 2010). This fits neatly with Rogers’ (1957) basic assumption that individuals, given the right conditions, have a tendency to move towards self-healing and growth. It is apparent that sources of hope include many aspects: family, friends, spiritual beliefs, symbols, and metaphors (Hollis, Massey & Jevne, 2007; Snyder, 2004). Finally, Meares (2005) refers to working with a deeply depressed client who had been abused in a previous relationship. One session she stepped out of her usual narrative and said that she wished she could

be a gypsy. The therapist asked why being a gypsy would be so wonderful. The client replied that gypsies have the opportunity to travel, listen to music, dance, sing and be free. Meares (2005) proposes that this type of metaphorical musing is cathartic as it takes the individual away from their normal script and allows them an opportunity to see differently, even if for just a moment.

7.8 Negative Aspects

I would like to acknowledge that the use of metaphors in therapy is not all positive. I was taught a salutary lesson very early in my counselling career. I was on placement in a doctor's surgery and one client (who happened to be an English teacher) threatened to leave the room if I verbalised one more metaphor. I was overvaluing the use of metaphors (Siegelman, 1990); too much of anything in therapy and life can be sickening to some. The participants Brian and Yvette warn there are a number of possible problems and considerations with this phenomenon. Brian was adamant that appropriate training is required for the therapist before they start to engage with their clients' metaphors. Yvette believed that they can be used by the therapist to rescue the client (Etherington, 2000) and avoid going to difficult places in the therapy: "am I then using metaphor in a way that someone might use a tissue?" Similarly, metaphors can be used by clients as a way of avoiding conflict or as part of a power struggle with their therapist (Rennie, 1998). Cox & Theilgaard (1987, p.112) observed that: "the patient who tried to hide within his metaphor was eventually trapped by his own trap."

Brian also voiced one of my concerns. "The problem with metaphor.... it can be seen as a technique." I note that there are models of therapy which uphold the introduction of therapist generated metaphors for certain presenting issues

(Freidberg & Wilt, 2010). I consider that this could be regarded as a technique which may not match with the client's experience which can also result in the therapist becoming pre-occupied with their usage at the expense of other therapeutic or relational processes (Siegelman, 1990). For me, there is something about the person of the client which can be missed when the agenda of the therapist is paramount which can reveal a lack of congruence and empathy (Rogers, 1951, 1973).

David stated "I've always found some people where metaphor doesn't work, or imagery doesn't work with" and this links to Amundson (1988) and Siegelman (1990) who both suggest that there are some people who struggle with metaphors due to low self-esteem or an inability to visualise. I have also found that there can be cross-cultural differences in the communication of metaphors and I need to be mindful of this when working with clients (Kövecses, 2003). Alan also referred to the potential of miscommunication when using metaphors.

"Supposing I talk about theatrical stuff and talk to clients about you know, sometimes we have to play roles in life and wear masks and act out different parts. That's fine as long as the client is comfortable with theatrical metaphors."

The literature alerts counsellors to be aware that clients' metaphors can become 'concretised' (Skarderud, 2007) or 'sticky' (Mendlesohn, 1989) (the opposite of the moving metaphor) due to the client's concrete self-concept, particularly with regard to body image or if the therapist has the same issues as their client. Interestingly, I am not aware of mention of these types of metaphors in the findings which may be due to the fact that none of the participants specialised in eating disorders or were

psychoanalysts. There is also a possibility that this type of rigid form of metaphor was not noticed or deemed not to be therapeutic.

7.9 Summary

During this research I have been surprised, excited, frustrated, fascinated, bored and engulfed by the process. This is a similar experience to others completing a heuristic study, including Etherington (2004, p.9), and like her “I have learned from *all of this*”. I have *felt* my way through this process. The amount of ‘felt shifts’ (Gendlin, 1978) around the connections identified has created a plethora of surprise and influence that I have described in this chapter and it appears to be an ongoing process.

On reflection, I have unintentionally linked the use of metaphors to some of the major contemporary concepts in counselling. I believe that in this Discussion chapter I have introduced novel ways of viewing the following through the lens of metaphor use:

- *The therapeutic relationship* (Lambert & Barley, 2001). Often, as reported by the participants, the therapist forms a visual image in their mind which resonates metaphorically with the client’s world. The client and therapist then seem to co-construct and mutually develop the metaphor in their relationship. Thus, it seems to me that all metaphors in counselling appear to be co-constructed and mutually developed in different ways within the therapeutic relationship and are a reflection of the culture and environment in which the relationship resides. “The meaning of metaphor is revealed within a personal and cultural context, within a society of utterances”

(Hobson, 1985, p.60). Co-construction has links to gaining knowledge and collaborative learning (Resta & Laferrière, 2007).

- *Deep Encounter* (Tebbutt, 2014). When working with deep metaphors a level of empathy and understanding can ensure that creates a level of deep encounter. This level of empathy appears to be as described by Cox & Theilgaard (1987, p.73) as “holistic..emotional and kinaesthetic”. These moments could be described as connecting to the realms of the interpersonal, intrapersonal and transpersonal (Thorne, 1991; West, 2010; Tebbutt, 2014). The findings suggest that when therapists are working with clients at this level they are both developing a bespoke metaphor together. Something appears to happen that is purposeful and present, in the moment and without judgment which is done mindfully and the joint understanding seems to evoke mutual empathy and understanding. This in turn seems to influence and deepen the therapeutic relationship and working in this way could be aligned to what Hobson (1985, p.61) describes as ‘moving metaphors’ which can “open up depths of experiencing ‘where silence reigns’”. It is one kind of living symbol – a term that needs elucidating”.
- *Transference* (Freud, 1912, 1935). A broader concept of transference could be considered. That is, who the client and therapist stand for metaphorically for each other as a ‘live metaphor’ (Enckell, 2002). Not all therapists adopt the ideas of transference and counter transference (e.g. Shlien, 1984). There is some evidence in the literature that suggests that clients view their therapists metonymically and vice versa (Samuels, 2003). This way of

viewing the therapeutic relationship can offer interesting insights into the dynamics involved in counselling and psychotherapy.

- *Hope* (Larsen et al., 2007; O'Hara, 2013). Lambert (1992) suggests that the retention of hope by the client is a significant indicator of a successful outcome in counselling. Cutcliffe (2004) also suggests that (particularly in bereavement counselling) the retention of hope by the therapists on behalf of their client is of high importance, although the direct reference to hope can be counterproductive. Metaphors offer the non-direct opportunity of seeing the world differently (Cox & Theilgaard, 1987; Meares, 2005). There were numerous examples of metaphors of hope in the findings and for one participant (Yvette) the retention of hope for her clients through metaphors was paramount.

I would also cautiously indicate that I have presented an original heuristic review and discussion on the construction and development of metaphors in therapy along with the (possibly unavoidable) impact of the environment and culture from which they emanate. Also, an alternative overarching view on transference issues has been discussed. I have highlighted the positive and negative aspects of the use of metaphor (including deep metaphors) in counselling and there is ample evidence in the literature to support this (Mathieson & Hoskins, 2005; Spandler et al., 2012).

8 CONCLUSION

8.1 Introduction

Researching aspects of what Freud referred to as 'the impossible profession' can feel like nailing down fog at times. In this study I am not claiming any truths and this is a small study which reflects my thoughts and feelings and those of others relating to a particular phenomenon. The difficulty in reflecting on strengths and weaknesses (a standard discussion in the conclusion of a thesis) is that they can be the same depending on context and the world view of the reader. For example, the fact that this research has been carried out by a researcher/practitioner could be seen as a strength and a weakness (Robson, 2002). I do believe that the findings do have some relevance to current practice (McLeod, 1999). Also, as I have alluded to earlier, this study can be criticised for its inherent subjectivity, although others would say that its exploration of subjective experiencing is its strength. Linked to this is the danger of me imposing my meanings onto the participants' words. I did apply checks and balances but I accept that there are limitations on how far you can do this. I could not 'take myself out' of the process, and I believe that I have been transparent about this throughout this thesis. For example, the Findings I have accepted as a co-construction.

Completing the heuristic process (Moustakas, 1990) can be challenging (Scott, 2007) but also rewarding (Stiles, 1993). I have been changed as a result. My understanding of the intriguing phenomenon born in the research question continues to develop and grow. I am starting to disseminate my thoughts and

findings on the topic and have already listed a number of workshops that I have presented on the metaphor and counselling.

This study, I believe, contributes to knowledge in the fields of counselling, psychotherapy and heuristic methodology. It links the experience of therapists' work with their clients using metaphors, the models of therapy and current research. Original perspectives on the construction of metaphors, environmental impacts, relational and transference aspects have all been introduced in this thesis.

As a counsellor and hypnotherapist in private practice I have witnessed the power of metaphor in therapy, almost on a daily basis. Not only as a way of communicating and building rapport, but also the co-construction and mutual development of deep metaphors, leading to a therapeutic process of change (Stern, 2004).

The literature reveals the pervasive use of metaphors in the therapeutic setting (Moore, 1998; Wickman et al., 1999). The majority of models of therapy have some reference to metaphors, therapeutic language is itself littered with them. However, the reference to client generated metaphors is surprisingly sparse. Kopp (1995) and Grove & Panzer (1989) are two of the few but seminal texts in the field of client generated metaphors. Therapist generated metaphors are more likely to be technical and abstract, whereas clients are more emotional, (Romainoli & Contarello, 2012). The concept of co-constructed or mutually developed metaphors is reflected to a minimal degree in the literature. However, Cox & Theilgaard (1987) offer a strong reference for mutuality forming an important part of working with metaphors in therapy.

The findings and conclusions of this study add to the discussion on the use of metaphor in therapy in a number of ways, which may promote the use of metaphors in therapy in a more structured, theory driven and evidence based format. A new understanding of deep metaphors and co-constructed metaphors may aid therapists' understanding of what type of metaphor is around in the room and aid with appropriate timing. Strong (1989) suggests therapists require certain skills to utilise metaphors as a vehicle for change, including attuning to the client's language and Cox & Theilgaard (1987) set out a complex criteria for the timing of engaging with clients using metaphors in a particular way.

Developing client metaphors appears to be lacking in other areas outside the arena of therapy (Skelton et al, 2002). Those working within the medical model, for example, would theoretically build rapport, and reduce anxiety and resistance if they were attuned to their patients' metaphors and metaphors that augment aspects of hope could improve clinical outcomes and therapeutic change (Stern, 2004).

8.2 Future Research

This has been a relatively small qualitative study based on the experience of eight therapists using metaphors in their therapy practice. It would be of interest to widen the participant group to include therapists using different models, or even based in different countries and cultures to observe any differences. Future research could even compare the metaphor use in different professions: teaching, social work, general medical practice etc. Depending on ethical clearance the views of clients and their use of metaphor in therapy would be fascinating along with who the therapist stands for metaphorically. Transcripts or video recordings of

counselling sessions could be reviewed and analysed for metaphor use. The more that I reflect on this matter, the reviewing of previously recorded sessions would be a useful method for future research.

Another 'missing pieces of the jigsaw', to coin one more metaphor, is the research into the effectiveness of Grove & Panzer's (1989) model and the use of Clean Language to develop and mature embodied metaphors related to earlier trauma, this, I believe, has some neuro-biological implications. Further investigation of deep metaphors, the co-construction of metaphors and their mutual development would be of value. I am also interested in more research into the metaphors of hope in different counselling settings and who the client and therapist stand for metaphorically, and how this influences the perceived outcomes of therapy.

I would contend that I have identified what Elliott, Shapiro, Firth-Cozens, Stiles, Hardy, Llewelyn & Margison (1994) would describe as 'insight moments' or helpful events in therapy when using metaphors at a deep level. Moments of new insight (or poesies) (Cox & Theilgaard, 1987). Levitt, Butler & Hill (2006), in a qualitative outcome study, found that the therapeutic relationship aligned with structuring a focus in which to encourage reflexivity and client self-discovery were key moments that led to positive client outcomes. Further research into the ways which metaphors influence this process would be productive.

8.3 Contribution to academic knowledge and professional practice

To be creditable a piece of qualitative research needs to incorporate appropriate discussion, clarity and contribute towards the existing bank of knowledge on the

phenomenon in question (Morrow, 2005, 2007). The contribution of knowledge should also be timely (Tracy, 2010). I will detail below how this thesis contributes to fields of counselling and qualitative heuristic research in a timely fashion.

O'Neill (2002) and Ponterotto (2005) foresaw an increase in qualitative research in the sphere of counselling, psychotherapy and counselling psychology. It seems that we are at the crossroads of a change of emphasis from quantitative to qualitative research. As a practitioner/researcher I can more easily identify with qualitative research (McLeod, 2001). The study augments the body of heuristic research of the experience of counsellors and psychotherapists in essential elements of their practice (West, 2001; Ankrah, 2002; McKenzie-Mavinga, 2005 etc.). It also introduces new concepts and links of metaphor use in therapy with major contemporary concepts of counselling and psychotherapy. I believe that I have also added to the discussion of the epistemological roots of heuristic research as described in Moustakas (1990) and introduced an alternative social constructionist lens to the model.

The literature which incorporates the concept of metaphors in therapy is immense. As alluded to earlier, most models have something to say on the subject. However, the research specifically aimed at the therapeutic use of metaphors is limited. This study, I believe is unique, in that it is a heuristic study of the experience of therapists using metaphors in therapy. It incorporates findings around major themes of counselling in 2015. Positions on therapeutic encounter, construction of metaphors, transference, environment and hope have all been considered.

I propose that the 'acid test' for any piece of qualitative research is how it is received by its audience. In this context, are the findings and discussion of interest to other therapists? The number of well attended workshops by an interested and engaged audience is a positive indicator so far. I also believe that I have added to the discussion around heuristic inquiry (Moustakas, 1990). I understand that incorporating a social constructionist epistemology within an openly subjective methodology may be challenging to some. I hope that I have been clear in my argument that all knowledge is socially constructed in some way. The social constructionist audience may, I suspect, learn from Moustakas' (1990) subjective stance and particularly the use of the 'self'. This blend could provide a useful template for others to follow.

8.4 Limitations

This is a small qualitative study, and whilst the participants have many years of experience, they were all White British, and all bar one were based in the North West of England. A broader base of culture and ethnicity may have produced different results.

As a practitioner/researcher I bring a lot of assumptions, biases and subjectivity and the chosen methodology actively promotes self-reflection and indwelling (Moustakas, 1990). However, this could be viewed as positive or negative as indicated earlier. Positivist philosophers would challenge me to bracket off these assumptions, put them to one side whilst I observe and report the experience of others. I would challenge that this is an impossible task (Gearing, 2004) although viewed through the lens of positivism my subjectivity or 'researching professional' (Bourner, Bowden & Laing, 2001) status is a limitation. The issues of

transparency, validity and trustworthiness are therefore important aspects of this study to counter the subjectivity issue. I have been obvious about my own voice and assumptions being apparent in this thesis. I have included the voices of the participants verbatim and indicated where I have done so (after checking the validity of their texts with them).

I could also have considered alternative methodologies as indicated in the relevant chapter. Auto-Ethnography (Ellis, 2004) and Interpretive Phenomenological Analysis (Smith, 2010) would have produced interesting and inevitably different results.

I acknowledge that some could argue that the Findings could be criticised as being perhaps more cognitive and on one level more surface level than you might expect for a heuristic study. I would say that this reflects in many ways the nature of the research question which was inviting practitioners to reflect on their professional experience of metaphor use rather than to dig deeply into some aspect of personal experiencing. This was a less overtly phenomenological question than say an exploration of the experience of loneliness. Unlike many heuristic studies I have clearly rejected the capturing of the essence of the phenomenon, which reflects my hermeneutic/social constructionist ontological standpoint. For me Moustakas' notions of an 'essential nature' seem to sit more with a realist rather than a relativist stance. I accept that, for some, this study misses the voices of the participants in what I argue to be a co-constructed or mutual process and the results therefore can only be viewed as partial and incomplete.

However, I would counter this view that the chosen methodology has encouraged the use of imagery, visual metaphors and poetry etc.; creativity which in turn has enabled fuller expression.

8.5 Improvements

A larger participant population, including more diversity (models, culture, gender etc.) would have produced richer data. However, practicalities and pragmatics linked to the usual participant numbers for a study of this nature influenced this aspect of the study. As Williams & Morrow (2009) suggest the integrity of the data is in its size, quality and how its interpretation fit together. Different methodologies would have impacted on the findings and the subsequent discussion. The voices of clients on this topic would also add an essential contrast to this research. As indicated earlier the use of previously recorded sessions, subject to ethical approval may prove to produce some interesting data.

8.6 Conclusion – a personal note



This has been a challenging project to undertake by a man in his late forties (and now fifty as I write this conclusion). To balance family, relationships, finances and

continue to focus on completing this research should have come with a Health Warning! I have included a number of my wife's comments on her thoughts on me completing this doctorate and some have not been repeatable here. There has been a heavy personal price to pay and I have been walking around in a fog for the last couple of years. However, we are still married, and overall this research has been worthwhile. Completing this research has enabled me to grow and become more confident as a person, a counsellor and a researcher. I have learnt many new aspects about models of therapy and how metaphors can be used in therapy. I have met many fascinating individuals along the way. But mostly, I have learned about myself, and maybe this is the biggest benefit of completing a heuristic research study? A process which will no doubt continue.

I met a woman recently who was wanting to leave her long and destructive relationship. She said that it felt like it was "ten to twelve". I think that she was alluding to the fact that it would not be long before she could end the relationship and she could 'start a new day/chapter'. Maybe it is always ten to twelve when it comes to the life of a researcher.

*This is the first thing
I have understood:
Time is the echo of an axe
Within a wood*

Philip Larkin

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APPENDIX 1

Participant Information Sheet

Title of study

You are being invited to take part in a study as part of a student project for a professional doctorate, the aim of the study is to capture the experiences of counsellors using metaphor in their practice. Before you decide it is important for you to understand why the study is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the study?

Jonathan Lloyd. The University of Manchester, Oxford Road, Manchester.

Title of the study

Counsellors (and similar therapists) experience of the use of Metaphor in therapy.

What is the aim of the study?

To capture the experience of counsellors (or similar) engaging (or not) with metaphor during their work with clients.

Why have I been chosen?

You have been chosen because you are a qualified counsellor (or similar) currently in practice who has expressed an interest in being involved in this research.

What would I be asked to do if I took part?

You will be asked to join an interview to discuss your experiences of metaphor in your practice. This will be digitally recorded.

What happens to the data collected?

The data will be transcribed by the researcher using a professional, encrypted service and emailed to you to check for validity, it will then be condensed (the irrelevant parts will be extracted) and the condensed data will be emailed to you for checking. Main themes will

then be identified and a creative synthesis formed. You will be asked to check the material at each stage. All the checking is optional.

How is confidentiality maintained?

Anonymity and confidentiality will be maintained throughout the process. Your name will not be disclosed. The voice recording will be deleted when the transcript has been agreed. Transcripts and other material will be stored on an iPad with password security and will be stored either in a locked and alarmed office or house.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason

Will I be paid for participating in the study?

Travel expenses up to a maximum of 20 pounds will be paid.

What is the duration of the study?

1 x 45 minute interview (or 1 x 45 minute focus group).

Where will the study be conducted?

At an appropriate venue

Will the outcomes of the study be published?

The findings of the research will be published in a thesis and at conferences and workshops.

Criminal Records Check (if applicable)

Not applicable as no children or vulnerable adults are involved in this research.

Contact for further information

You can contact me on email - jonathan@calmminds.com or my supervisor Prof William West - william.west@manchester.ac.uk

What if something goes wrong?

You can either contact myself or Doctor West. If you need further support we will provide appropriate counselling through a member of the BACP.

If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093

APPENDIX 2

CONSENT FORM

If you are happy to participate please complete and sign the consent form below

Please

Initial

Box

I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

I understand that the interviews will be audio/video-recorded

I agree to the use of anonymous quotes

I agree that any data collected may be published in anonymous form in academic books or journals.

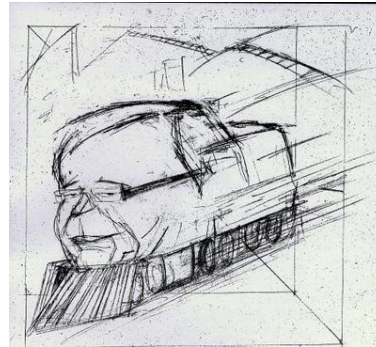
I agree to take part in the above project

_____	_____	_____
Name of participant	Date	Signature
_____	_____	_____
Name of person taking consent	Date	Signature
_____	_____	_____

APPENDIX 3

Alan's Individual Depiction

I describe myself now as being a solution-focused counsellor, I encourage clients to focus on what they actually want to resolve or change or stop or start. I tend not to deal too much with the past. It's much more the here and now and the future, grounded in training with in the integrative model



based on Egan's three stages. I tend to see clients who want to work relatively short term on more specific issues, between 4 or 10 weeks.

I see clients sometimes as being like presents, like Christmas presents or birthday presents, and it's something to unwrap and see what's inside.

When you first mentioned it to me, my immediate reaction was, it doesn't apply to me because I don't use metaphor and I kind of immediately then realised well perhaps this prompting from you that I do use metaphor a lot. But not just consciously or haven't been using it consciously until you raised it as a subject area. For me, it's always been a case of communication, I try to demystify things, I try to use pretty straightforward, simple language and avoid sort of technical psychotherapy type words, I use metaphor to describe what I mean or to paint pictures, it's a bit like colouring stuff in, if you exchange words with a client and you can come up with like a black and white picture. And then, bringing in some metaphor can colour it in. It helps clients to remember stuff as well - when I do use metaphor, they remember things and they take things on board more effectively. And I know that because they'll then repeat some of the metaphors in subsequent

sessions and say that they do find it useful to think about things in that particular way. One example that comes up quite a lot is the idea that clients representing their depression and describing depression as being like grey clouds and we're all living in exactly the same world. But when the clouds are grey, it means that it will look pretty miserable and drab and depressing. But then, when the sun comes out it's still exactly the same world and they're still exactly the same people. But the sunshine and the blue skies make things look much more attractive. Maybe it is better if I'm not particularly conscious about it because that way, for me, it comes into sessions naturally rather than me sort of conscious and try crow-bar stuff in because I'm too conscious about it.

It's something I introduce...I think I perhaps talk myself more in sessions than perhaps the average therapist does, without using very flowery, high level language. Again, it's keeping things simple or at least, matching the level of the session to the client's comprehension.

You keep prompting me to think of different ways in which metaphor crops up. I mean the weather thing that I mentioned and the clouds representing depression. I can think of several clients where they then start using weather metaphors themselves to describe how they're feeling, they might say something like I'm having a rainy day today. Even if in reality the real weather is blazing hot and blue skies. I think clients do, on occasion start to use metaphor as a way of easily grading themselves, easily grading their feelings and emotions. And as a short term way of describing to me how they are at the moment. And once the metaphor has been established, both I and the client understand, then I suppose it's a common ground - Short hand for both of us.

I know that clients use things like that in future sessions and outside of the sessions as well because I've had experiences where clients, clients try to explain to their families and partners how they're feeling. And sometimes because they find it difficult to find the words to describe feelings, and sometimes, again as a verbal short hand, I know that clients do use metaphor that's been introduced in sessions outside of the sessions with friends and family to explain what's going on inside their heads.

In my experience, it's very rarely just the clients in the room that I'm actually working with, more often than not, friends, relatives, partners, children are kind of all metaphorically there in the room as well, just unseen.

I think actually in the vast majority of all cases with all the different categories of clients that I work with, it's me introducing the metaphors. It's perhaps largely dealt with in my approach to therapy because I am brief solution-focused and that's how I present myself in terms of my advertising, my clients are self-selecting apart from the charity ones. And it's only clients who want brief solution-focused therapy who will turn up at my door. And so, I think in those...I think in that situation, because clients are wanting solutions, I think they tend to look towards me to drive the session rather than if I was person-centred for instance, it would be the opposite way around. But I do tend to be per se directive.

One of the down sides I think that I've experienced is the metaphors only work successfully if both, I and the client, understand them, can relate to them.

Supposing I talk about theatrical stuff and talk to clients about you know, sometimes we have to play roles in life and wear masks and act out different parts.

That's fine as long as the client is comfortable with theatrical metaphors. If I'm

struggling to understand what the client's meaning, then it's the whole thing about balance of power, it's the client then sort of driving the session. And am I sort of losing control of it if I don't really understand what levels, what the client's talking about. I suppose when we've been in those kind of circumstances, we've had to revert back for want of a better phrase, standard words.

Sometimes, I bring in art stuff to sessions or ask clients if they would like to complete some art therapy type assignments between sessions. And I think if my understanding is correct, and I think those tend to involve metaphor as well. And in one, there's one particular exercise that I use occasionally where I'll ask a client to draw a train, complete with engine and carriages. And I'll ask the client to do two things. One is draw a train and draw in the carriages all the people who are in that client's train in life. You know, who are these client's passengers or fellow travellers in life? And I get him or her to illustrate those people as train passengers. And then, perhaps the following week between sessions, I'll ask the client to do another drawing of the train. And this time, put the people on the train that the client would actually like to help. So, it's their ideal passengers or fellow travellers. And when they then bring that piece of work back into the session, I'll start talking to them about, of course, why they've chosen particular people but also what position the people are on the train. Are they in first class or standard class carriages or who's driving the train and things like that? When I do exercises like that, it's always quite interesting at least to me how much detail the clients go into, some clients will just use one colour and it tends to be black. And they'll draw stick people and very, very simple cartoon type drawings. And other clients will go in...well, other clients have told me that they've gone out and actually bought art sets or you know, crayons or something like that. And they've spent quite a lot of time choosing colours and going into quite a lot of detail and really putting a lot of

efforts into it. So, that's usually quite a rich source of discussion. It gives the client or it can give the client permission to play.

This has never happened to me but I've certainly heard of other therapists who were into what sounds like serious trouble in sessions where they introduced either metaphor or other techniques which are completely unsuited to that particular client. And then the client then reacted very badly to it. And my view has been well, that's because the therapists just kind of plan things a bit in advance. And I thought, right, I'm going to do x, y or z in this session with this client rather than going with their gut feelings. And then, because they're not going with their gut feelings, it is a complete mismatch with what the client is open to. And so, things really go badly wrong.

For me, yes, it is. Immediacy and appropriateness.

And yes, what you said about the shelf of different metaphors for different situations as we've been discussing for me, depression can be illustrated very well by nature in general and particularly the weather. And I've been thinking as we've talking about when I work with clients who've had issues around stress and anxiety, I quite often end up talking about traffic and driving. You know, traffic jams and lights being all red and people getting annoyed but there's nothing we can do about it and it's outside of their control.

APPENDIX 4

Maddie's Individual Depiction

"Most of my work is either with patients with cancer or bereaved carers who have died from cancer."



"I was trained in the integrative model of counselling - but most of my work is person-centred."

"In the afternoons I work as a counsellor, in the mornings I work as a nurse."

Re: Metaphor - "Well I see it more as story-telling."

"I recently had a client with a number of issues, one of which was learning difficulties and found it very difficult to talk about what happened. So we used a file and there were pictures in the file and we used story-telling with him...and he didn't feel under threat."

Me - "So it's used as a non-threatening way of communicating how they are right now?" "Absolutely." "It is instinctive - very much what is going on in the moment in your head. I suppose you could have a stock of stories inside your brain - but that wouldn't go down very well." "It is in the here-and-now."

"It's like two people, and the atmosphere changes I think. I think the atmosphere can change to a more one of understanding. I think it's a leveller as well."

"It is a very creative way of dealing with major issues that are just too big to even get out there."

"It's like when you are driving on ice and there is that moment when two cars crash and the silence is deafening and it's that kind of moment" .."which gets them to that Aha! moment. I think that it is another way of connecting with other human beings. A very effective way - but not for everyone."

Re: Dealing with resistance - "..the more that you delve - the more resistant you see them becoming. If you can find a different way of them accessing their feelings and that's good for me - it's all about expressing, however you get there."

"When somebody is talking to me I personally thinking – I have pictures going on in my brain so I have images flashing across my brain. So I use images and weave them into – it's hard to think of an example. Say I talking about somebody feeling tumultuous I start to talk about tornadoes and sort of weave that into something."

Me - "so they're not useful for some people?" "No I don't think so."

"That's the most exciting thing – when they realise that **you've** understood it, and you can translate it into ways that **they** can get."

Alternative to paraphrasing? - "I think that it's sharing with them - it's putting what they are telling you and their emotions - you're just expressing back to them - maybe in a more interesting way as well - rather than just paraphrasing."

"yes it is playful and I would think in counselling it's a very serious thing that we do – very serious indeed – and a lot of the sessions are quite traumatic and dramatic in certain circumstances but it's also important I think for the clients to have a bit of a giggle and to enjoy the counselling. It's alright these things are happening but we can talk and we can be playful with each other."

"I think that one thing of I'm very wary of not been seen as patronising is that a lot – all my clients where I work have been through the NHS mill where feel very controlled and invariably by some nurse or some doctor – at some point in their cancer journey they have been patronised and feel belittled – so I feel that's probably one of the reasons why I am very wary of it and not wanting to appear patronising." "Well interestingly I think that is actually to do with where I work because when I do co-create – and maybe that is a permission thing – because a lot of my clients and patients come to me and they see it as part of the NHS. If you think about the way that the NHS works – you go in – you have your appointment – you are talked at – talked to – and then you go away again. You are not really that much part of the conversation." "And maybe when we start to work on metaphors together – they start to relax and they realise that it is alright to talk in that way. As opposed to – you come in and I tell you what to do sort of thing."

"I want it to be adult to adult. So it is more I suppose – you know back in the day there were shaman and even more recently there was the little old woman who knew everything about everybody and there were stories from way back when, and when people went to talk to them about problems within their community or within their lives – they would repeat things back to them in a story like way."

Me - "What about clients introducing metaphors, does that happen in your arena?"

"No – I'm trying to think if that's ever happened – (pause) I cannot think of one person. It possibly has – I do see a lot of people (pause) but nobody jumps out at me. I suppose what sort of happens is that I start and then people join in."

"I wouldn't necessarily use a long metaphor, but I know the way I do things – because the images are **so** clear in my brain I do sometimes just throw them out there. And I think short sharp ones people will accept they go "yeah yeah yeah ..you're a weird one!" (Laughter) no – but I don't think there is anything wrong with them thinking that their counsellor is a little bit weird. I'm happy with that, I am a little bit weird at times."

"I remember on our course – it was about us being true to ourselves and you do try, I think, stay true to who you are, but you have to tweak it for each person – you cannot be a one hit wonder for every single client."

Me - " I think if you are working in that intuitive way – and you are checking things out with the client – and sometimes they are going to pick up on it and sometimes they are not. But maybe there is just as much material in the ones that you get wrong." - M - "Especially if they have never been able to do that before. Or if they have done it before and it has gone terribly wrong for them."

APPENDIX 5

JANE'S DEPICTION

This came about whilst working with a 17 year old client with E.D.(eating disorder). After building the relationship for a few weeks, featuring usage of humour, the client mentioned her 'dog'. She described a



Rottweiler that would wait outside her bedroom door at night or outside the bathroom door when she was showering (sometimes climbing in the shower with her). Naturally this was extremely distressing and meant she felt trapped inside the rooms. She hadn't disclosed this dog previously to anyone else. Aside from exploring who or what this dog represented, I decided the first step would be to 'move' the dog so she could at least pay a call of nature in the middle of the night, and also manage the stress she was experiencing when encountering it. The client agreed with this strategy and we spent a session 'ridiculing' the dog thereby reducing the fear and power it held. We named it 'Scooby', visualised with a pink bow round its neck, wearing a 'designer' dog coat and wellies, gave it a 'Gnasher' cartoon grin, and made it 'run off' into the distance to the tune of Benny Hill. Our rapport in the session was collaborative and fun – much giggling, but it served as a resource for her – the process of dressing the dog and removing it when she encountered it. Most of the time it worked for her. It also provided us with a private, shared discourse that became a running feature of our sessions..."Is Scooby wearing Burberry this week?" I believe this approach provided us with a vehicle with which to slowly unpick the meaning behind the dog.

I work in private practice. I work for a school. I do their trauma counselling. But that's with the staff. And I do some agency work for a compensation claims company that's CBT. I have a degree. I do integrate but I probably use more lean towards the CBT and TA. I'm also quite person-centred. I qualified in 2008. I tend to blend a little bit of the hypnotherapy in rather putting myself as a hypnotherapist.

I listen first for them to see what's the feedback they give me. If they start speaking in metaphors and I pick it up. Or if it's something that whatever they're talking about, I think of a metaphor springs to my mind. I offer it and then see what they do with it. If they look at me as if I'm barking then I'll back off a bit and perhaps try again a little later and perhaps modify what I've done. But if they pick up on it. You know they say, "Yes, that's right." It's like then I go with it more.

So the more they're into metaphor the more likely I'm to respond with hypnosis.

I wouldn't say it's gone wrong but it's...it's reached a dead end quickly. And maybe that was before I got into this habit of (or is a technique really) of testing your client first. Because I think if you know people don't know what you're talking about or just not very implied they know, then they'll back off and you'll lose them. And then something will be lost in it. And as they enter and try to visualise what you're thinking rather than it being their stuff. So perhaps reach to dead end which I would call it not working. She's an art student and she was stuck as anything bless her. Absolutely **stuck** and shut down. It was just...and I thought that well she's an art student maybe we'll go in some metaphor but she couldn't, couldn't do it, couldn't talk it, couldn't verbalise it, couldn't visualise it. Yeah, that was one where we reached the dead end.

And certainly the deeper levels. I would certainly say for the trance work and I tend to use the more sort of conscious levels if you like. Something that would work. We create between us and then it becomes our link from session to session. So they might constantly talk of the 'hill'.

I shoot for the hip sometimes. And I end up finding my client laughing at what I'm saying even though they're agreeing with it. And I think I've done unintentionally because the humour is spontaneous. But it tends to be a lighter moment for us. Like using the elephants in the room. We build on that elephant, we might end up dressing him up or something like that which can get quite a humorous visual image. And also metaphor has the similar effect, it lightens the energy between the two of you. And I notice it excites me. It invigorates me. It energises me as I think it's my way of saying, "Yeah, I'm with you." And for some reason, I run away with it and that brings humour into it. Yeah, I'm not quite sure where I'm going with that. Yeah, but it is, the same energy that humour brings or something very spontaneous, a spontaneous energy. Even if it **sounds bizarre** which we end up laughing at. But then because the bizarre is sometimes so spot-on that we're laughing at the connection of what we're creating between us. All the metaphors. And that's where I think humour comes in because of the humour - because there's something a bit childish, childlike about the simplicity of metaphor. And that always generates or usually generates a laugh.

My metaphors are always bespoke to the client.

So we, we went to a beach. I didn't use a hypnosis technique but there was a very light trance if there was anything at all. But she thoroughly enjoyed putting...burying in the sand, building sand castle and also burying the problem.

And we never got to what it was. We just buried it. And then we brought various people in to, to help us dig this - which she enjoyed.

One chap. He was early 20's. He didn't want to go there with his childhood trauma. He told me that. And we dealt, I think I was quite convinced that the work we did and we never actually referred to specifics of his trauma. We both knew what we're talking about. And the whole thing was in metaphor. It was about colours. And it was about walking towards the light. The light was the good place because he was still in the dark at this moment. The colours changed as he walked towards it. Every week, he would give me an update of whether he walked toward at all, walk backwards. And we had six really powerful sessions. He never once referred directly to the abuse he suffered. And he was very happy with that. He gave me you know...you know this was a therapist thing because he led me thinking, have we really done what we needed to do? He was happy. But it makes me question whether I trust it enough. I think it was that client.

I remember saying to one lady who had an eating disorder who was struggling terribly because she had very low body weight to come out with to express herself and find the cognitive. And we talked a lot in colours then. And she was struggling with conflicts within her family and shame. And I said, I don't know why I said it. I said, "What colour are you?" She was describing to me a particular family incident and I said, "What colour are you?" She said, "**I'm green.**" And it came straight out of her. And I said, "Where is green?" And she said, "Well, green is sitting in the corner with the face to the wall." So then we had to come up, we talked about how we could move green around and how green could feel happier. And she loved that. I don't know colour, you can play with colours, can't you? She talked in

primary colours as well. I think about it, it is a playful...I feel playful when I'm doing it, when I join in. It's definitely a connection when you can do that.

APPENDIX 6

Confidentiality Confirmation from Transcription Company

Daryl Leigh

to me

Jonathan

Our team are used to working within a marketplace that is often exposed to highly confidential matters. These may be commercially sensitive or sensitive from a personal viewpoint.

We pride ourselves on how data is handled, starting with our hardware and software systems, and of course, with our personnel.

Our team all sign confidentiality agreements and if our systems were not proven to be stringent, we would not be able to attract our cross section of clients from NHS Trusts to Law Firms to interviews with high profile "celebrities".

To specifically address the point raised, we would return the transcribed work as if it were any other piece of work with no mention of the persons involved.

I hope this mail allays any concerns.

Kind Regards,

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APPENDIX 7

INTERVIEW SCHEDULE

- An 'informal conversational style' (Moustakas, 1990) was engaged in the interview process. The topics of interest were the models and working environment of the therapist being interviewed and any data pertaining to the use of metaphors (or lack of use) when working with their clients. I was not interested in their use of metaphors out of the therapeutic work context and occasionally had to encourage the participant back to the main topic.
- After thanking the participant for agreeing to see me and that consent forms have been signed. The opening question was used to place the participant in context, with regard to their preferred model and working environment. For example: "Could you put yourself in context of what kind of therapist you are and the settings that you work in?"
- I then reminded the participant that I am interested in their experience of the use of metaphor when working with clients. A typical question here was: "So, as you know we are here to talk the use of metaphors with clients. I am wondering what your thoughts or feelings are about that?"
- The main core of the interview involved; open questions - "Can you tell me more about that?"; clarification – "Is it a way of feeding those visual images back to your clients?"; - summarising – "So, it's enabling them to look back on their life and see the bigger picture." Verbal and non-verbal cues were

delivered when appropriate to encourage the participant to keep talking on the chosen topic.

- Before ending the interview I checked with each participant that they had finished and had no more to say on the topic. A typical response was: “Yes, it is really interesting and I think we have finished now.”