

An introduction to working with metaphor and pictorial metaphor in the therapeutic encounter

TURNER, James <<http://orcid.org/0000-0002-8360-1420>>

Available from Sheffield Hallam University Research Archive (SHURA) at:

<http://shura.shu.ac.uk/26200/>

This document is the author deposited version. You are advised to consult the publisher's version if you wish to cite from it.

Published version

TURNER, James (2012). An introduction to working with metaphor and pictorial metaphor in the therapeutic encounter. In: 18th International Network for Psychiatric Nursing Research, Oxford, UK, 26-27 Sep 2012. (Unpublished)

Copyright and re-use policy

See <http://shura.shu.ac.uk/information.html>



Literature

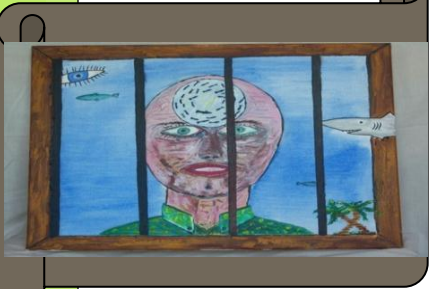
'Metaphors can be a powerful bridge between thought and emotions, can enhance the therapeutic encounter for a wide range of mental health problems and often become a central theme that can both contain and extend emotional awareness. This workshop will help you understand the theoretical underpinnings of working with metaphor, more easily recognise metaphors in your session time, focus on working with them in the encounter and begin to enable you to develop a pictorial representation of the metaphor that can support and enhance emotional management'

Clients in successful therapies develop a core metaphorical theme in relation to the main issues of therapy (Angus 1996; McMullen 1989 in Levit et al 2000)

When the metaphoric mind is acknowledged, accepted and celebrated there is no longer a distinction between rational and metaphoric minds there is only mind' (Samples 1976 in Welch 1984)

Strong's three responses explicating what is implicit in a metaphor and therapeutically extending or modifying it the counsellor creating and delivering a 'therapeutic metaphor' (Bayne et al 2000)

Stages...Notice metaphor... **Explore** the metaphoric image (When you say What image/picture comes to mind? What do you see in your minds eye? Could you describe?)
If client **does not respond**...If I were seeing it (the metaphor) the way you see it what would I see?
Exploration of the metaphor as sensory image (What else can you see? the scene?)
Explore and define feeling in relation to the metaphoric image
Drawing image – agree not to intrude but to create and explore
Revision (If you could change the image in any way how would you change it?)
Back to the tea party What parallel's do you see between the image of picture and original picture/metaphor?

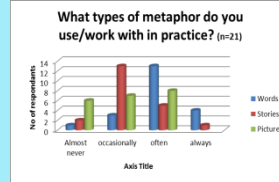


Initial Findings

Analysis of these figures show that 86% of participants noticed metaphors in their work with 72% often or always noticing/working with them. Qualitative comments ...

- I do not use metaphor unless it comes from the client then I might adopt what they suggest
- I like metaphors and find them very useful but at the same time I am sometimes concerned that my lack of expertise means that I am likely to impose them rather than develop them collaboratively
- It feels like a fundamental part of finding a shared language
- I am trained in a method that utilises metaphor

Mio and Katz (1996, p76) 'therapists in good outcome studies develop and carry forward metaphor phrases initially generated by their clients'.



Methodology - Action research, using mixed methods and dialogic approach whereby reality is tested and developed as on going in relation to the collaborative relationship with the research subjects.

Clients perspective:

'I was attracted to (CAT) therapy due to its practical nature. I was hoping to get actual results and understanding. I wanted to gain a set of actions for continuing future use. The investigations during my therapy lead to some important points. Knowing these and their background allows me to act accordingly when situations arise. Jim summarised these points with a picture, having three areas. A glance at the picture reminds me of all the major points and the relevant thought behind them. It summarises the important findings that I need to keep fresh, clear and forward in my mind. The picture gives me a precise, practical view of the therapy, why it was required and the outcomes it produced.'

Cycle 1 Prelim work

Workshops x 3 CAT Community (Regional, National and International conferences)
Workshops x3 CRUSE (National, Regional Northern Ireland and Guernsey)
Workshops x2 Nursing/Counselling (Region)
Pilot of training materials
Literature reviews (CAT, Metaphor, Cognitive neuroscience)

Cycle 2 Delphi Study

Consensus methods are based on the belief that sufficient widespread agreement from a group of experts generates an empirical generalisation (Powell 2003 in Cook and Birrell 2007)
Delphi employs a series of iterative questions (rounds) in order to poll and organise opinions of a sample of expert individuals (panellists) enabling a decision making process to occur among a sample (Delbecq 1975).

Cycle 3 - Training programme and evaluation

Cycle 4 - A Single Case study efficacy design (S) utilising a small 'n=10' study (Todman and Durgard 2001, McLeod 1999, Dallos and Vetere 2005, Elliott 2002) of CAT practitioners engaged through local CAT meetings
James.turner@shu.ac.uk

4 Cycles