

**Development and evaluation of a pictorial metaphor
technique in the therapeutic encounter: A Delphi Study**

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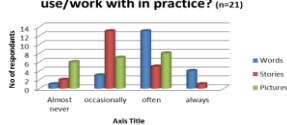
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What types of metaphor do you use/work with in practice? (n=21)



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

Development and Evaluation of a Pictorial metaphor technique : A Delphi Study

A review of the literature offered extensive guidance for the use of metaphor in therapy. Often therapies are very focussed on cognitive processes, especially cognitive and behavioural therapies, and yet the use of metaphor is well documented (Kopp 1995, Abbatiello 2006, Barker 1996, Welch 1984 and Palmer 2006) and is an often used utterance (Leiman 1994) in all therapeutic and social encounters. Holmes and Bateman (2002) consider metaphors 'inherently integrative as they coalesce a number of complex strands of thought into a single memorable image. Mio and Katz (1996) found that positive outcomes are achieved if therapists utilize metaphor with their patients but a lack of confidence or expertise can restrict their use (Barker 1999).

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)...

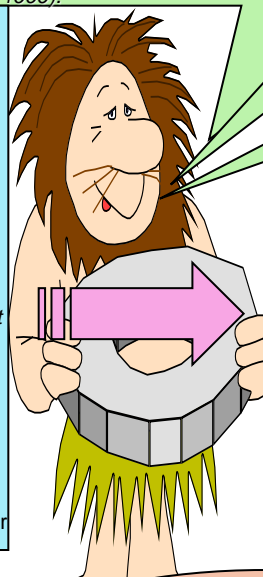
Strong's three responses explicating what is implicit in a metaphor and therapeutically extending or modifying it the counsellor creating and delivering a 'therapeutic metaphor' (Bayne et al 2000)...

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

Clients perspective:

'I was attracted to (CAT) therapy due to its practical nature. It looked like a method with a procedure. 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.'



Delphi Findings 7 themes and arose from the 76 Delphi statements...

- Qualities of the Therapist:** being attuned, willing to work with metaphor, confidence.
- Training and Supervision:** 'I've realised I used metaphors more frequently in supervision. This I am now very aware of. I am now aware how useful this would be in clinical work.'
- Therapeutic encounter:** clients own words develops a shared language. But therapist can offer an image collaboratively.
- In session process:** art materials to hand, willingness, confidence, checking out.
- Potential of metaphor:** can help manage affect, one step removed, central theme.
- Pictorial metaphor:** If it works use it, non-judgemental, simple not perfect drawings, less threatening.
- Cautions and barriers:** pejorative art experiences, keep checking out agreement with client.

Training Programme Findings

90% of responders were 'attuned' to metaphor having scored their metaphor experience as 'Yes'... 'I almost can't help using them! I think that they can be a very powerful tool to encourage the patient to understand something/see from a different perspective'.

The 'no' or 'limited use' responders clarified their position as lacking confidence, 'only just started to experiment with them' or 'only with some patients'. There was a sense of not paying enough attention, not being focussed to metaphor as if 'in passing' rather than an 'integrative part of therapy'. Also there was a reflection on metaphors usefulness 'as I have missed so many opportunities'.

Case examples of patient-derived metaphors were provided including use narrative, images, meaning during clinical work' within SDR's: A smashed up TV, a top dog, a rickety ladder, opening and closing doors.

Action research

Focus groups

Opportunistic sample of CAT therapists at 4 conferences. general support for approach and key concerns to take forward, like the role of art and the therapist as art maker in collaboration.

Study 1 has been reported (Turner 2011, 2012 and 2014)

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).

Training programme

Focus group evaluation using questionnaire. Developed from findings in Study 1 and Study 2. Five 'pilot' workshops delivered with data capture from 3 fields; CAT therapists CRUSE counsellors and MH counsellors.

Self Rating Scale

The MaP-SELF: Self assessment developed from the Delphi consensus exercise and tested in practice. Participants found the scale helpful to support key aspects of metaphor and art metaphor practice.

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