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

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**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 (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 utilise metaphor with their patients but a lack of confidence or expertise can restrict their use (Barker 1999).

**Delphi Findings**

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

A) **Qualities of the Therapist:** being attuned, willing to work with metaphor, confidence.

B) **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.’

C) **Therapeutic encounter:** clients own words develops a shared language. But therapist can offer an image collaboratively.

D) **In session process:** art materials to hand, willingness, confidence, checking out.

E) **Potential of metaphor:** can help manage affect, one step removed, central theme.

F) **Pictorial metaphor:** If it works use it, non-judgemental, simple not perfect drawings, less threatening.

G) **Caution and barriors:** 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 SDO’s: A smashed up TV, a top dog, a rickety ladder, opening and closing doors.

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**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 Sacle**

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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