

The development and evaluation of a pictorial metaphor technique in Cognitive Analytic Therapy

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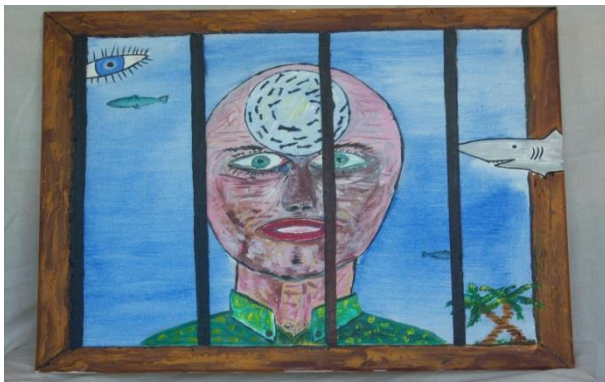
3rd International CAT Conference 1st-4th Jul 2009

The development and evaluation of the pictorial metaphor technique in Cognitive Analytic Therapy

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The Study

Stage 1 – Nominal Group
Technique (NGT1) for initial consensus development
at CAT International Conference (July 2009)

Stage 2 – Modified Delphi method followed
by further nominal group technique (NGT2)
to refine the method

Stage 3 – Training Programme for
recruited participants from NGT1, Delphi and NGT2

Stage 4 – Proof of concept, small 'n' study (n=10 x 2)
evaluating the effects on patient outcome/experience
of using pictorial metaphor as
an elaboration of
Cognitive Analytic
Therapy.



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Conference Workshops – CAT **International 1st-4th July 2009**

- 1) Workshop 1 – Thursday 3.45pm – 5.15pm
- 2) Workshop 2 – Friday 2pm – 3.30pm
- 3) Plenary - Saturday 11.30-11.45

Learning outcomes

By the end of the session the participants will have:

- an increased knowledge of the use of metaphor in CAT and psychotherapy,
- had an opportunity to discuss and debate the use of metaphor in CAT,
- develop possible steps towards utilising metaphor to pictorial metaphor in CAT,
- began to develop a consensus as to the use of metaphor and pictorial metaphor in CAT

Workshop Plan

Step 1 (10 mins) – Introductions and individual work

Worksheet 1 – What has been your experience of using metaphor in CAT?

Step 2 (10 mins) -

Lecture 1– The use of metaphor in psychotherapy

Step 3 Group exercise (20 mins)

What are the 10 most important factors in utilising metaphors in CAT?

Step 4 Lecture 2 (10 mins)

The use and development of pictorial Metaphors in CAT

Step 5 Small Group exercise (30 mins) metaphor to picture

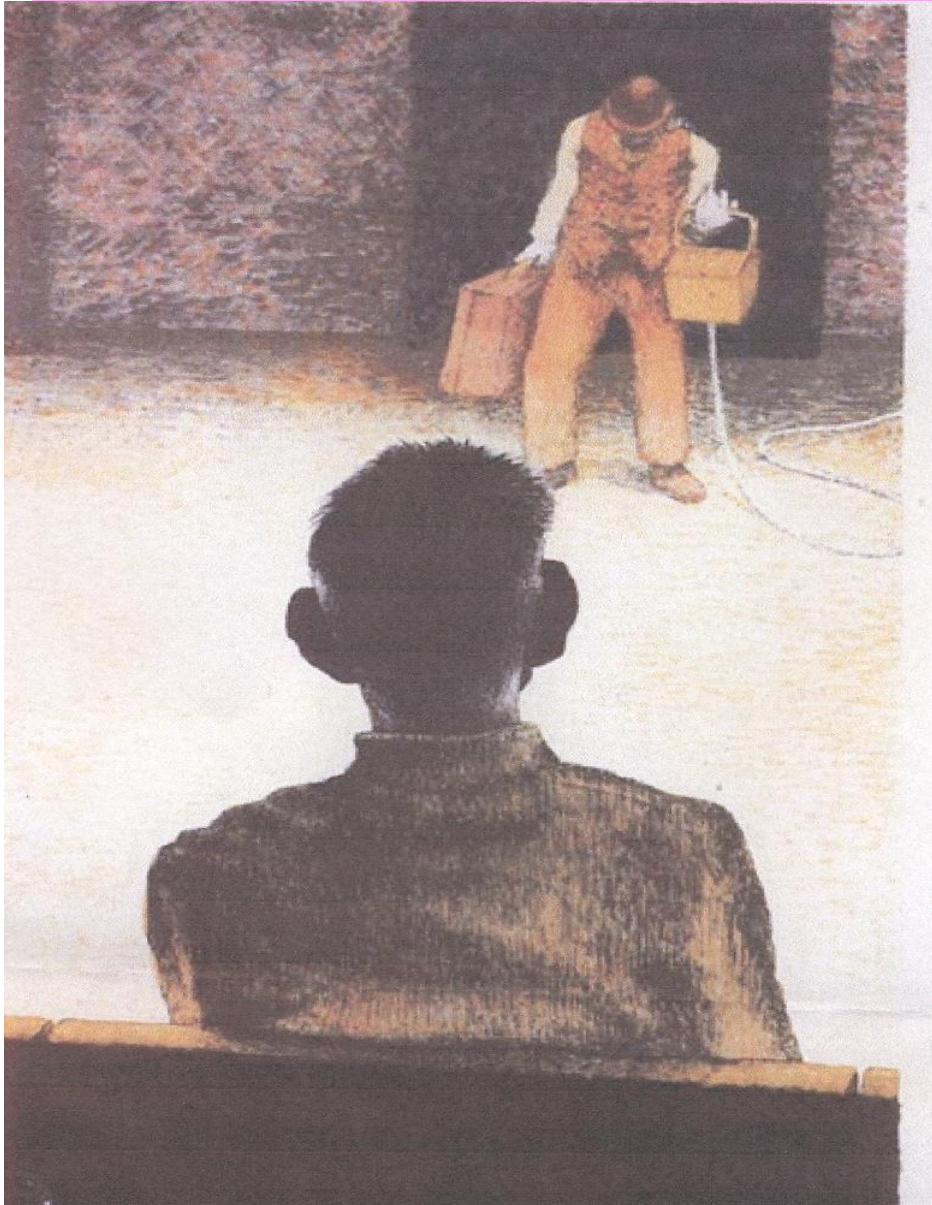
Step 1 (15 mins) - In groups of three set up a scenario with a client, a therapist and an observer. The observer makes notes on the process (Worksheet 2).

Step 2 (15 mins)– In three groups (client/patient/observer) discuss and record the factors that came up in the therapy session. What were the 10 most useful steps that you took? (record on Flip Chart paper)

Step 6 – Whole group discussion/feedback/closure (10 mins)



NO MATTER-TRY AGAIN-FAIL AGAIN- FAIL BETTER



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)

Step 1 (10 mins)

Individual work - ***Please can you Complete Worksheet 1 and consent form...Thank you***

- What has been your experience of using metaphor in your clinical work with CAT?
- Describe the types of metaphor you have used in CAT?
- How useful do you think using CAT and metaphor has been for your clients?
- Can you briefly outline an example of a metaphor you have used/worked with in CAT and how you used it in practice?



Step2 - Lecture 1 -The use of metaphor in psychotherapy

The theory bit...

Metaphor (*μεταφορά – metaphora*)

"a transfer", in rhetoric "transference of a word to a new sense", is language that directly compares seemingly unrelated subjects.



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The use of metaphor...

- Not only can metaphors be used in therapy (both the patient's spontaneous productions or the therapist's choice of words) but the process of psychotherapy can itself be explained metaphorically, in the interests of developing the treatment alliance (Blatner 2006)
- A metaphor is something relatively more concrete or conceivable which stands for something more elusive (Lakoff & Johnson, 1980).

Metaphoric Tradition

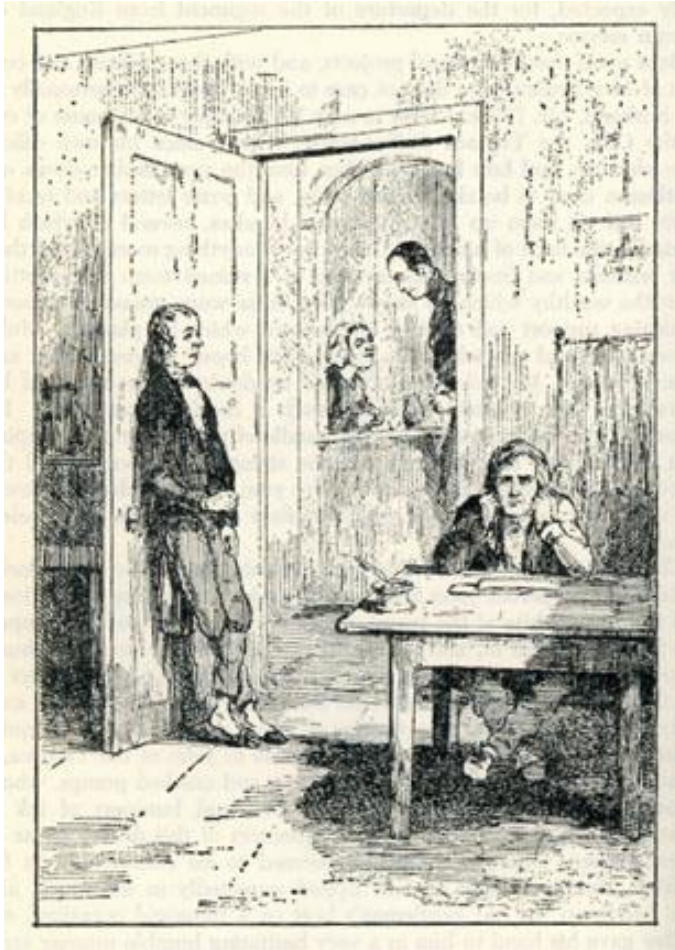
There is a long tradition of illustrated literature--texts with accompanying pictures. William Makepeace Thackeray, a 19th-century English novelist illustrated his own works and whose pictures are more than merely decorative (Kennedy 1994).

- They provide visual explanation and ironic commentary on the text through a subtle system of related metaphors. (Kennedy 1994)



Mr. Osborne's welcome to Amelia

Metaphoric Tradition



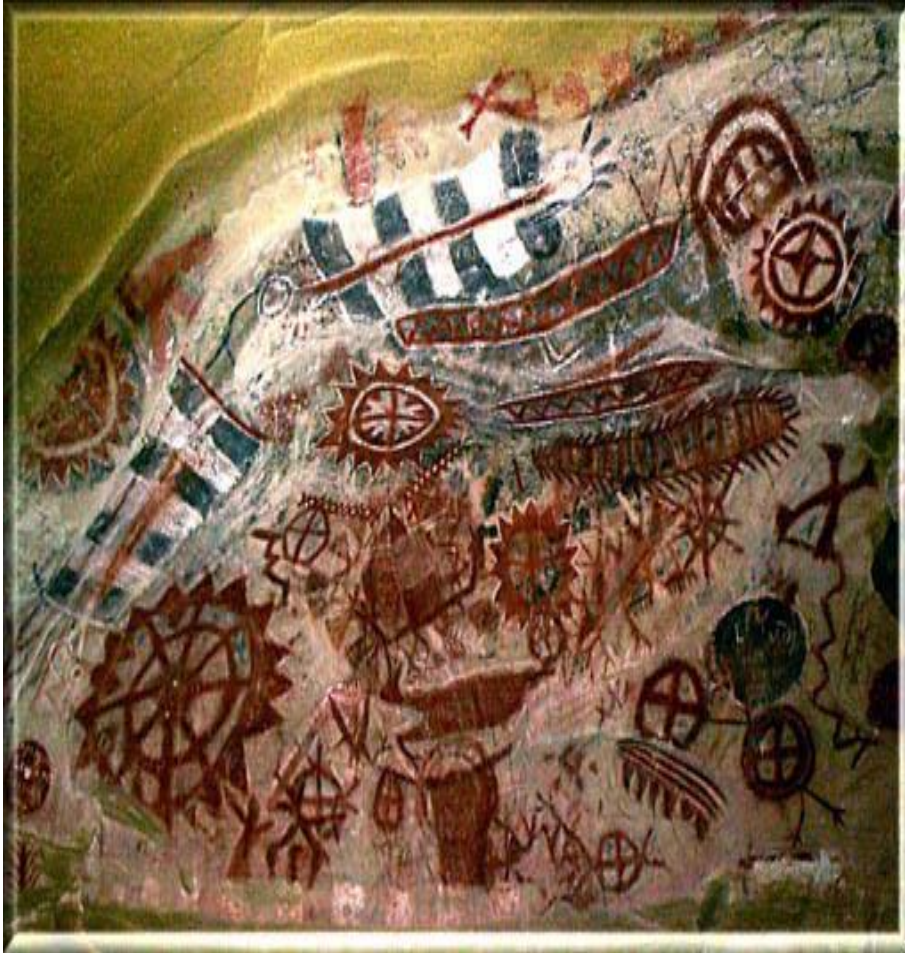
Mr. Sedley at the Coffee House

- The metaphors in Thackerays' illustrations range from simple to highly complex, and close analysis shows them to be an integral part of the narrative, adding depth and meaning... as in utilising metaphor as an adjunct to the SDR in CAT

But...

- The literature on the use of metaphor in counselling consists mainly on case studies and speculation (Rowan and Thompson 2000)

Pictures as metaphors tradition



However...

Metaphors have been an essential feature of human communication from time immemorial (Barker 1985)

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

Signs and metaphors

- Dialogue between any two people or roles consists of an exchange of signs (words, gestures, tokens)*pictures even* (Stiles 1997)
- Signs both reflect reality and are part of reality...bring earlier experiences that they embody into situations where they are used. (Stiles 1997)
- The sign is not merely as mirror, it is the true carrier of the reality it signifies (Leiman 1992)



The metaphor of the 'Scaffold' and the 'ZPD'

- The metaphor of the scaffold has proven particularly useful in this effort. Scaffolding is described as a "process that enables a child or novice to solve a problem, carry out a task, or achieve a goal that would be beyond his unassisted efforts" (Wood, Bruner, & Ross, 1976).
- "the distance between the actual developmental level as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers" (Vygotsky, 1978, p. 86)

Why focus on metaphor...

- Metaphor might be useful when treatment is impeded by the unwillingness of the clients to accept the ideas the therapist is trying to communicate (Barker 1985, p39)
- Natural metaphors that arise in therapy are used as educational tools. Metaphors begin to extend the boundaries of beliefs about thinking (Abbatangelo 2006)



Cognitive therapies and metaphor...

- CBT approaches rely almost exclusively on the propositional/syllogistic form of cognition when formulating a clients problems (e.g. self talk, automatic thoughts and irrational beliefs) and cognitive schemas.
- Metaphor therapy broadens the concept of cognition to include the imaginal and metaphoric forms of cognition.

(Kopp 1995, p133)

Some questions on change...

Ask yourself...

Do changes in psychotherapy take place mainly on a cognitive verbal level?

Do changes in the psychotherapeutic process take place mostly on a non-verbal level and that verbalization must not necessarily take place?

One Hypothesis...

Metaphor is a linguistic structure or trope that can be conceived as a “matrix” or “bridge” that furthers the working through of thoughts and affects in their symbolisation before affects appear in language as conscious speech. (Fabregat 2004)



Ontological Metaphors



These metaphors rise from basic bodily experience or from comparison with objects or things. Ontological metaphors also refer typically to container-contained experiences.

Usually the comparison between two physical objects or qualities is given by the physical quality or by form. Some authors refer to them as “nominative” because they define or name something about the subject of the sentence.

- Patient: “I feel like an empty cistern that must be invisibly refilled.”
- Therapist: “One can furnish oneself with women.”
- Patient: “As I came here, I turned on automatic.”
- Patient: “I put on the emergency brakes.”
- Patient: “I built my husband a sexual barricade”.
- Patient: “He devours me; he demands too much of me.”

(Fabregat 2004)

Emotion Metaphors

they express emotions.

- Patient: “I am torn up.”
- Patient: “And then comes the biting feeling.”
- Therapist: “One must discover the fire in oneself.”
- Patient: “The matter brings me to incandescence.”



(Fabregat 2004)

Orientation Metaphors:

They function like vectors that organize time-space dimensions. They give the idea of movement. They point to different directions; on top, over, under, in front, behind, here, there, past, or to come. Some authors refer to them also as “predicative” metaphors because they have a predicate function, in that they are related to verbs or action qualities.

- Patient: “I was totally under pressure.”
- Patient: “It is a trapeze-like relationship either I go up or fall down.”
- Patient: “I fell on my nose.”

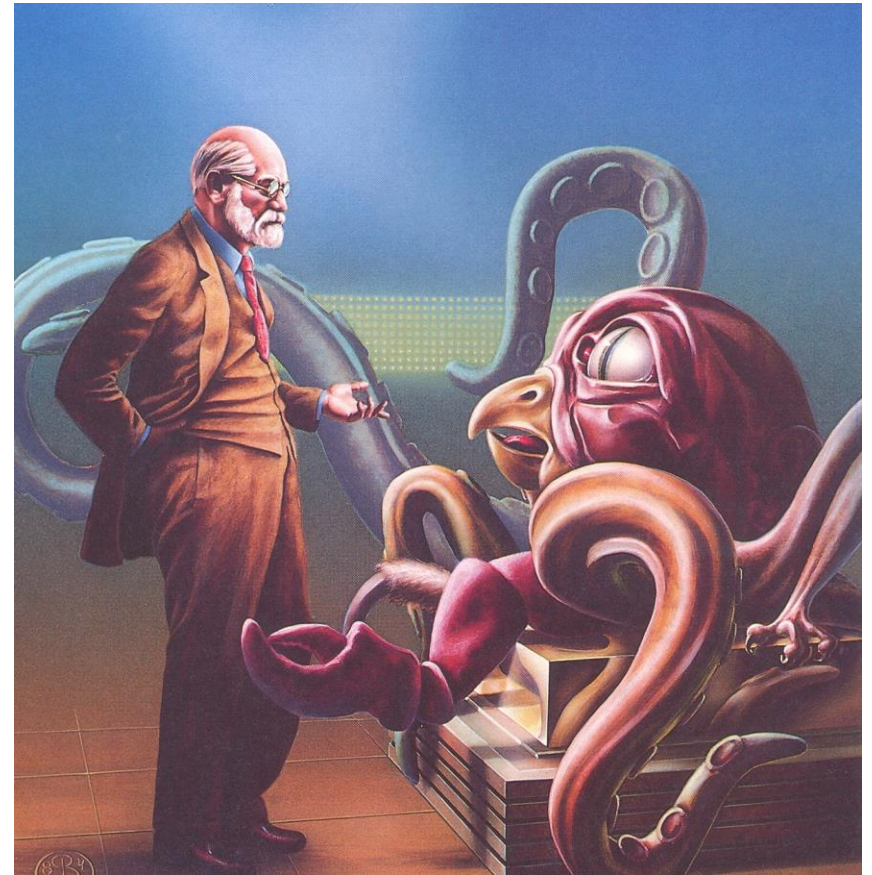
(Fabregat 2004)

Creative Metaphors

They compare abstract concepts, like love, freedom, death and can be a mixture of ontological and orientation metaphors.

- Patient: My husband is an octopus; he takes my vital space. I need a little room to grow.”

(Fabregat 2004)



Step 3 Group exercise (20 mins)

What are the 10 most important factors in utilising metaphors in CAT?

In groups of three:

- Brainstorm Metaphor in CAT (two examples from each participant if possible- record on Flip Chart paper)
- Rate each item and try to create a consensus of the 10 most important factors (record on Flip Chart paper)
- Feedback to the wider group

Step 4 - Lecture 2 (10 mins)

The use and development of pictorial Metaphors in CAT



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Pictures as Metaphor

Apparently there are eight types of metaphor...

1. Major stories
2. Anecdotes and short stories
3. Analogies, similes and brief metaphorical statements
4. Relationship metaphors
5. Tasks and rituals with metaphorical significance
6. Metaphorical objects
7. ***Artistic metaphors – giving the pain a tangible image gives the (patient) a sense of knowing what she is dealing with...of moving from the unknown to the known (Mills and Crowley 1986 cited in Barker 1996)***
8. Cartoon therapy

Metaphors as Pictures

Thinking in pictures
(Freud 1924)

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)

Little is known about how metaphors
evolve over the course of therapy
(Levit et al 2000)

‘To understand the specific pathology of this disorder one should not look only for the possible metaphoric meaning of the anorectic behaviour, but for reflective Function itself- the compromised capacity of making mental representations; of metaphorisation’

(Skarderund 2007)

Pictures as Metaphor

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)

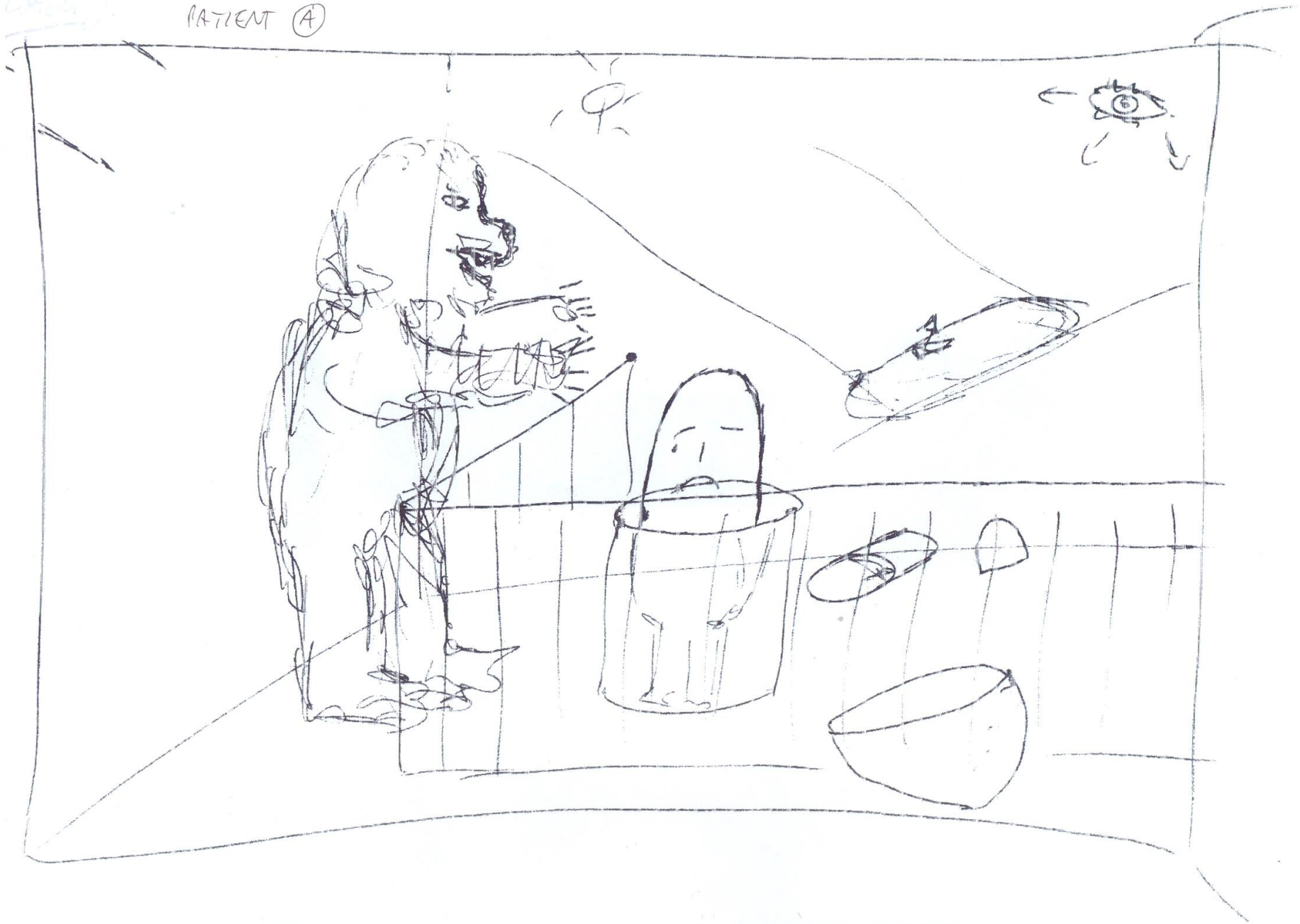
Client was
'either a battering ram
or modelling clay, one week she
spontaneously reached
a middle position which married
the positive value of each pole
of her dilemma...like springy steel'
(Wilde McCormick 2002)

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)

Seigelman (1990) 'many of these worn
out metaphors are unconsciously
determined figurative expressions that
may have vivid sensory connection
and potential for affective charge'

A

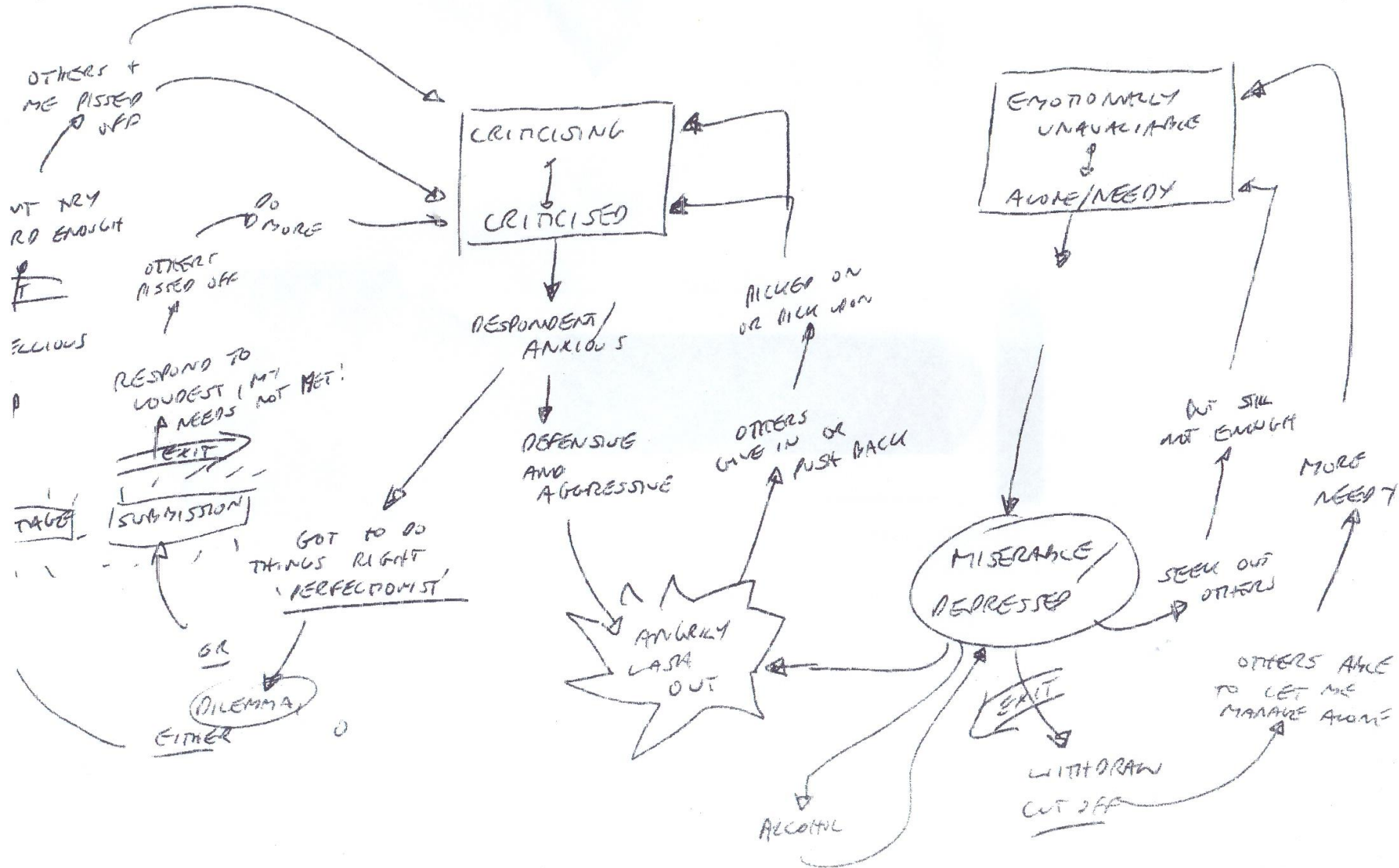
PATIENT (A)



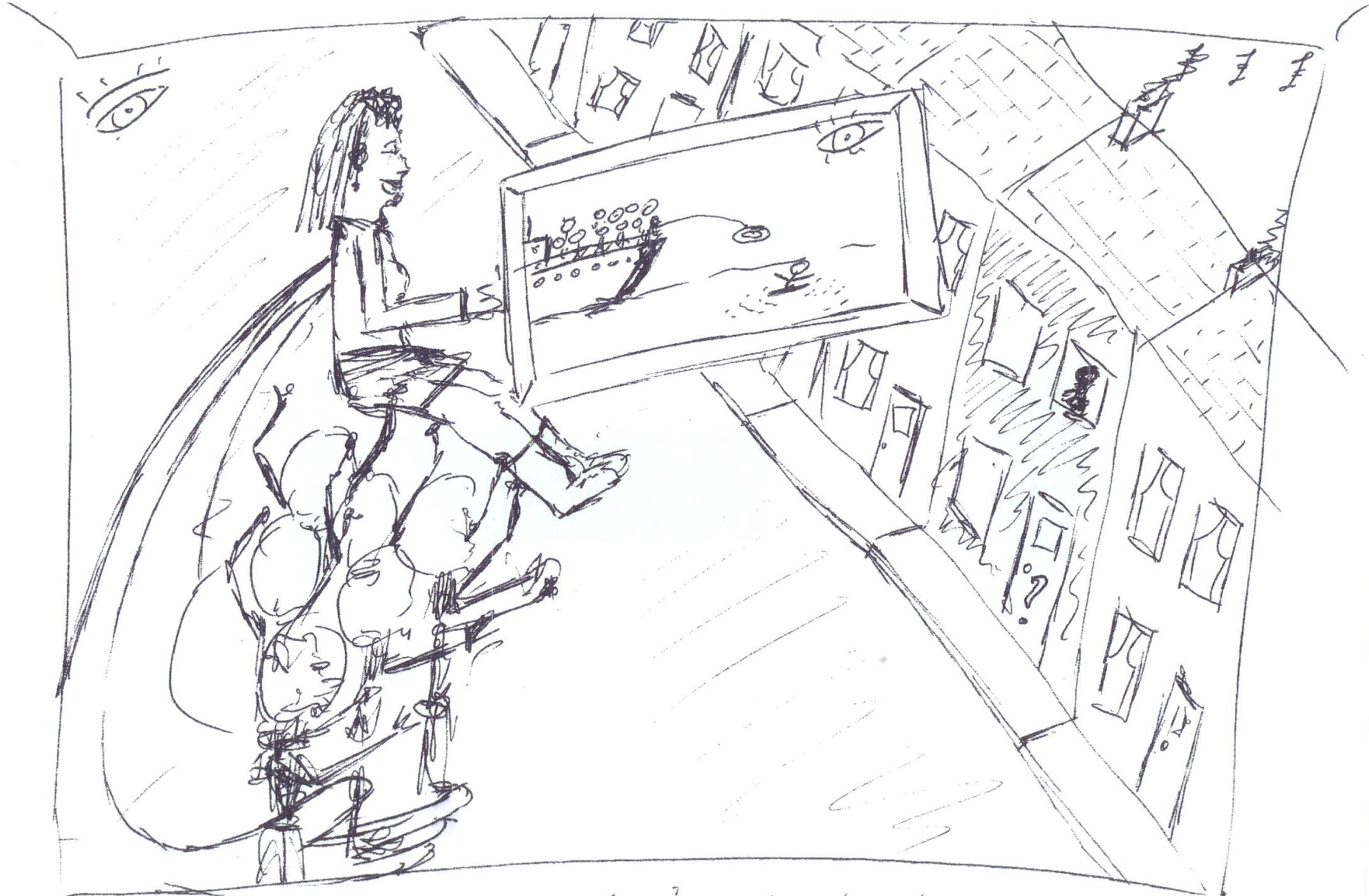


A

0/00
PATIENT A



D

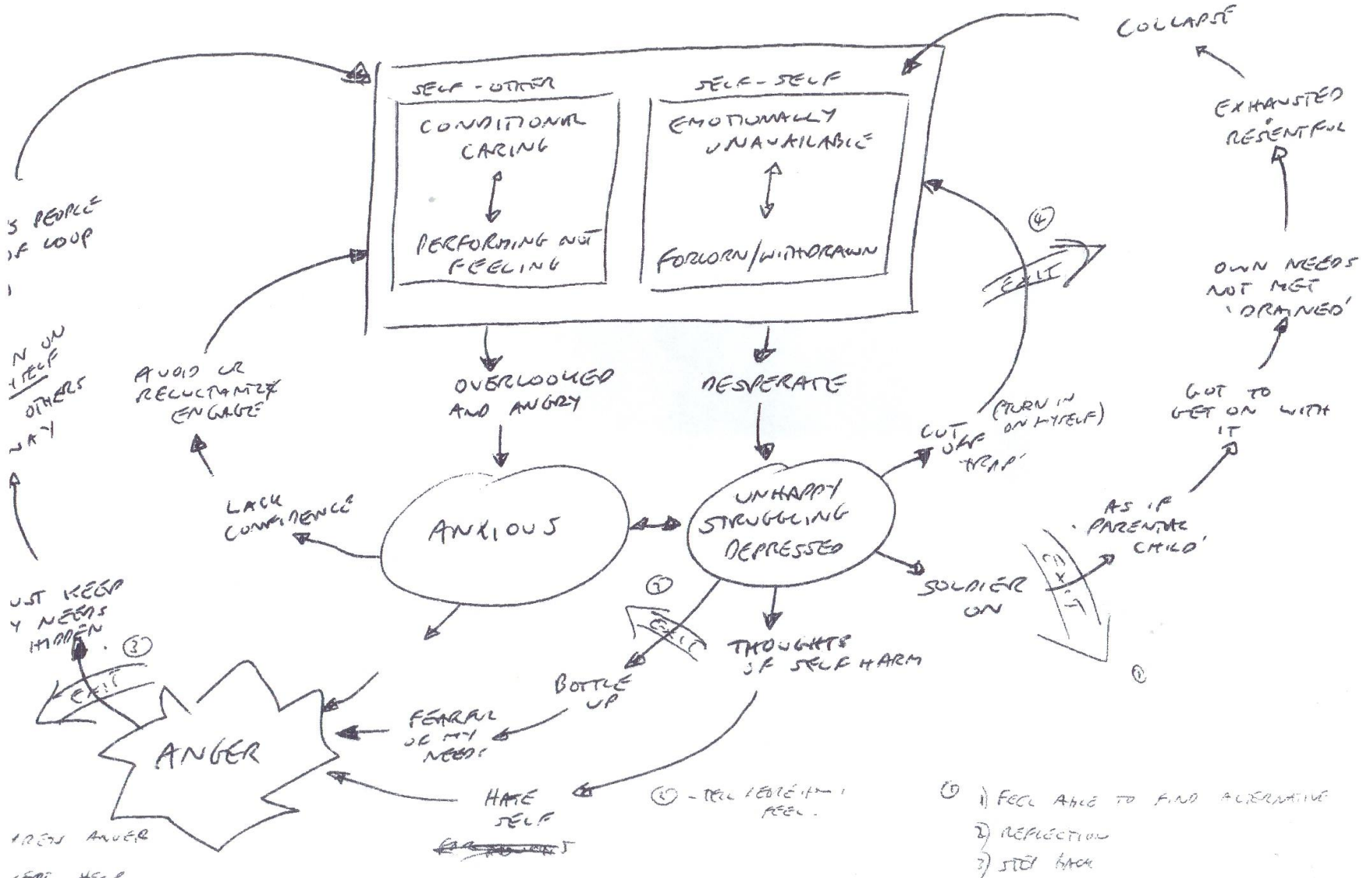


"The Blind Place", still in hell but just in another room

D

Pattern 4 SOR

④ - Take over
- Not in 'loop'

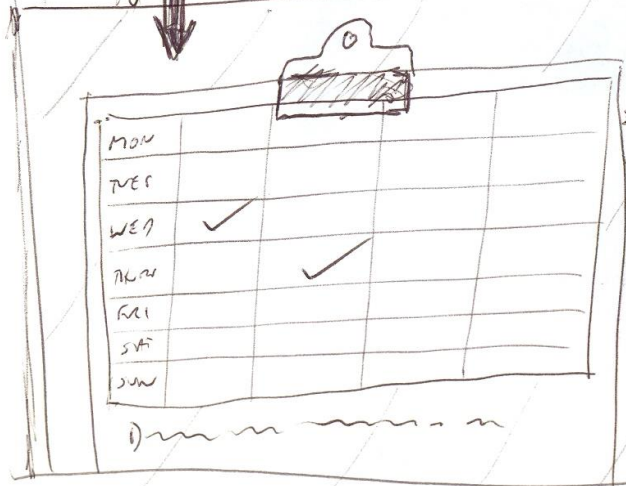
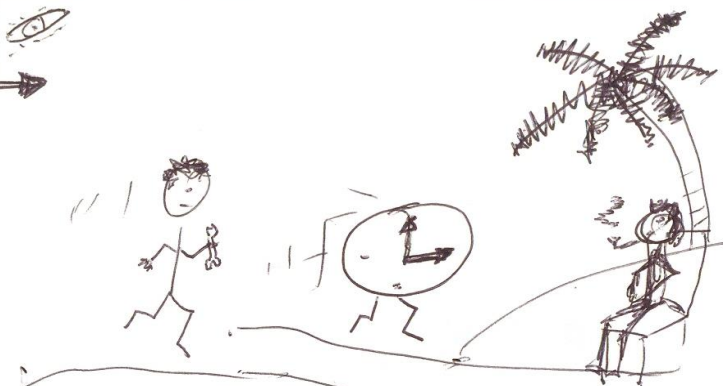
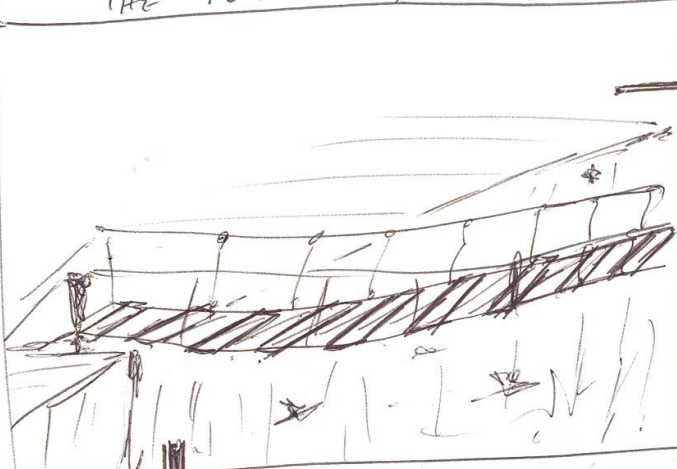


E

PATIENT (E)

THE YOUNG (JUNG) ME

WORKING LIFE

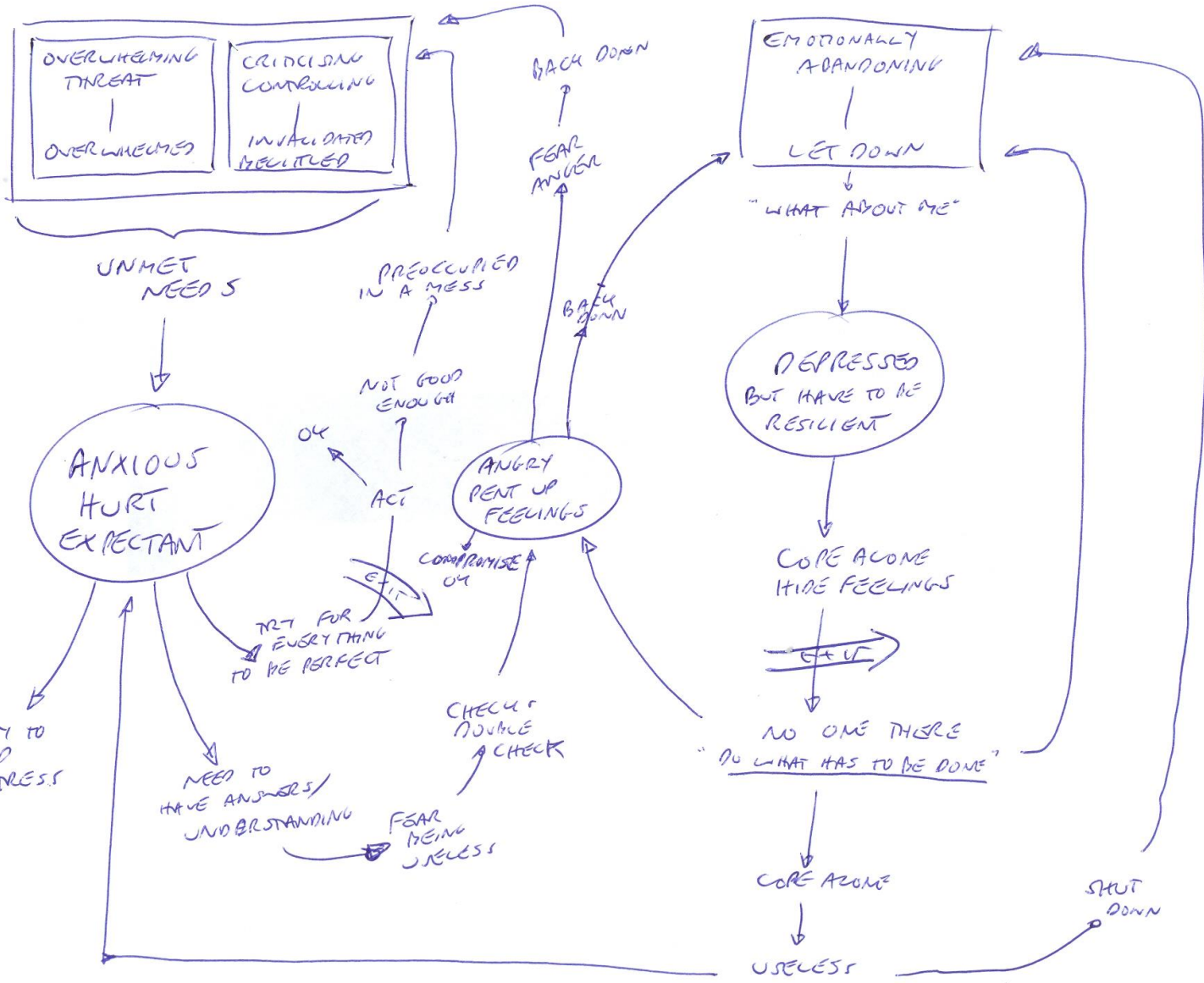


SOCIAL LIFE

HOME LIFE (CONNECTION)
ANXIOUS

E

PATIENT (E)



PROTECTED
SAFE BUT LIMITED

CORE BY STAYING WITH FAMILIAR

TRY TO AVOID DISTRESS

ANXIOUS HURT EXPECTANT

UNMET NEEDS

PREOCCUPIED IN A MESS

NOT GOOD ENOUGH

ACT

TRY FOR EVERYTHING TO BE PERFECT

NEED TO HAVE ANSWERS/UNDERSTANDING

OK

COMPROMISE OR

CHECK + DOUBLE CHECK

FEAR BEING USELESS

ANGRY PENT UP FEELINGS

BACK DOWN

FEAR ANGER

EMOTIONALLY ABANDONING

LET DOWN

"WHAT ABOUT ME?"

DEPRESSED BUT HAVE TO BE RESILIENT

COPE ALONE HIDE FEELINGS

NO ONE THERE

"DO WHAT HAS TO BE DONE?"

CORE ALONE

USELESS

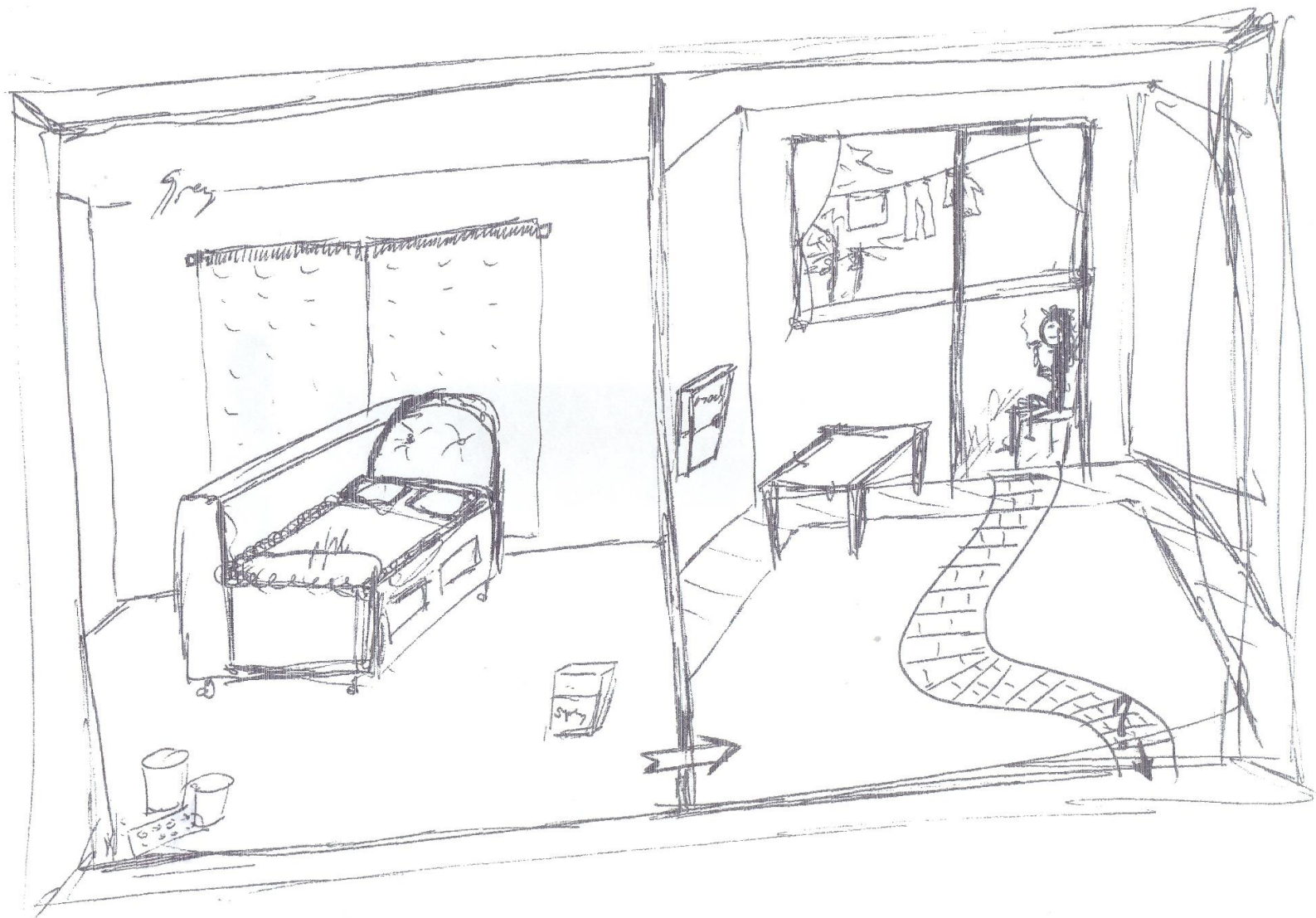
SHUT DOWN

G



P. Lisa

G



H

PATIENT (H)



J

PATICA (S)



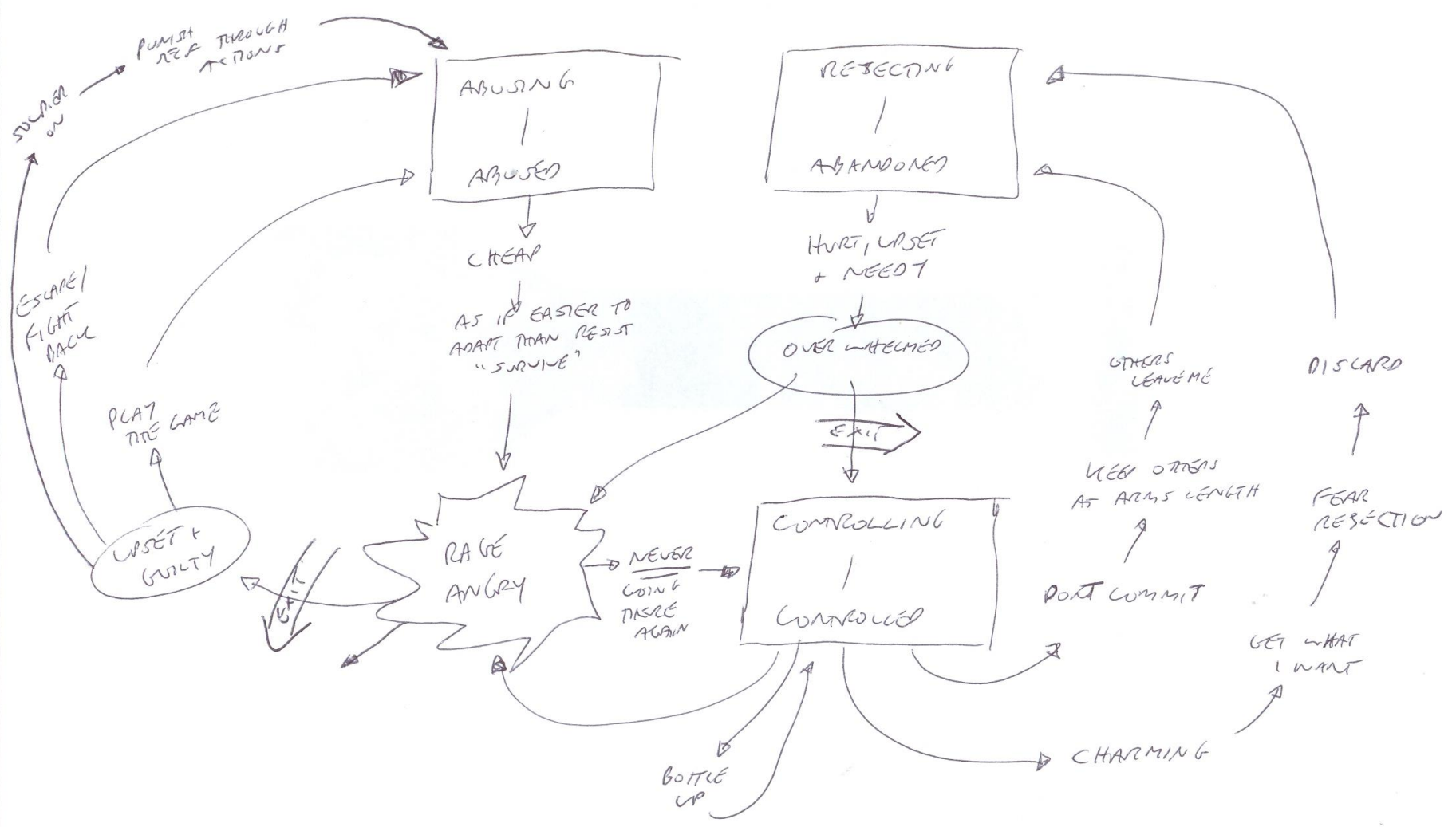
JOHN



Jim

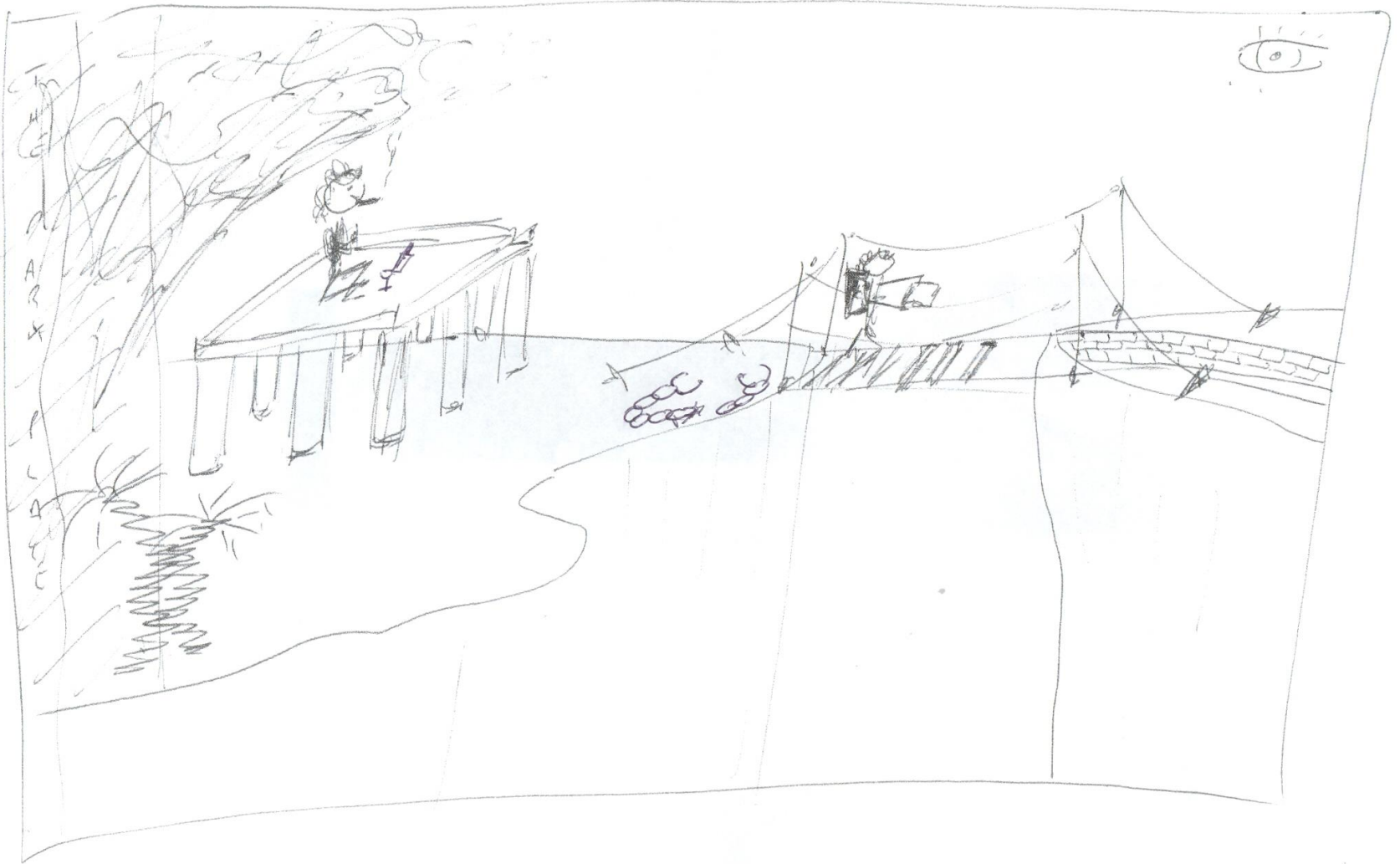
J

2/10/08

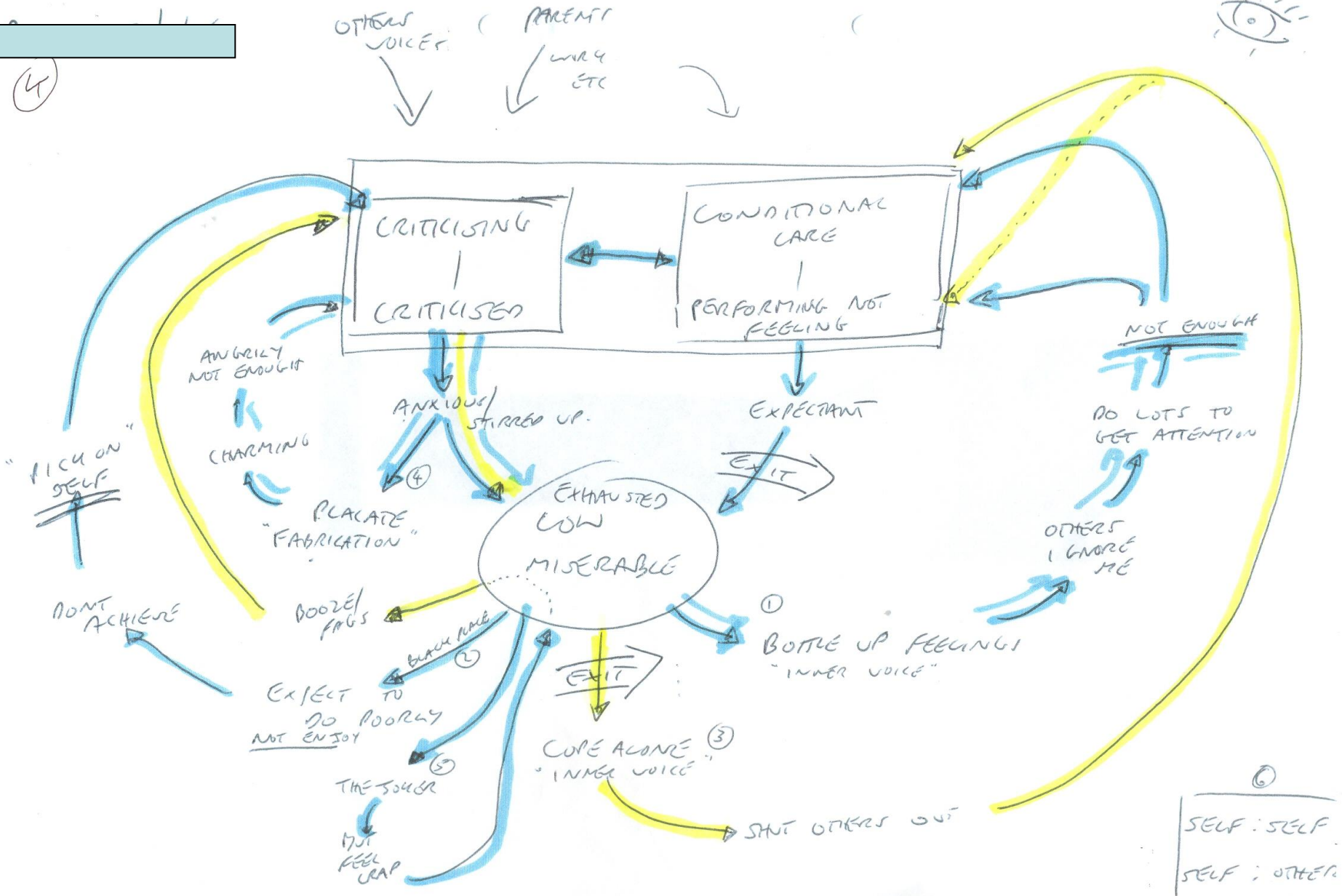
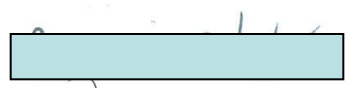


K

PATIENT (K)



K



Step 5 Small Group exercise (30 mins)

- Step 5a (15 mins)

In groups of three set up a scenario with a client, a therapist and an observer. The client describes a problem (imaginary or fictional) and uses metaphor in describing their experience. The therapist is alert to this and looks to utilising the metaphor more directly in the session and towards developing a 'picture' that is shared with the client. The observer makes notes on the process (Worksheet 2). See notes Kopp (1995) for guidance.

- Step 5b (15 mins)

In three groups (client/patient/observer) discuss and record the factors that came up in the therapy session. What were the 10 most useful steps that you took? (record on Flip Chart paper)



Kopp (1995) Through the looking glass...

Step 1: Notice metaphor

Step 2a: Explore the metaphoric image

When you say What image/picture comes to mind?
What do you see in your minds eye?
Could you describe?

Step 2a: If client does not respond

If I were seeing it (the metaphor) the way you see it what would I see?
May I tell you what image occurs to me?

Step 3: Exploration of the metaphor as sensory image

What else can you see?
Describe the scene?
What else is going on?
What are the other people doing/saying?
What happens next?

Step 4: Explore and define feeling in relation to the metaphoric image

Drawing image – agree not to intrude but to create and explore

Step 5: Revision

If you could change the image in any way how would you change it?
What if the e.g. 'x' part of the metaphor were an '?'
What would the image look like if you were feeling better?
What do you need to do to get there, what shall I draw on the picture to represent this 'exit'

Step 6: Back to the tea party

What parallel's do you see between the image of picture and original picture/metaphor?

**Step 6 – Whole group
discussion/feedback/closure (10 mins)**

*Thank you for taking part in this workshop
If you want to stay involved please contact
me.*

James Turner

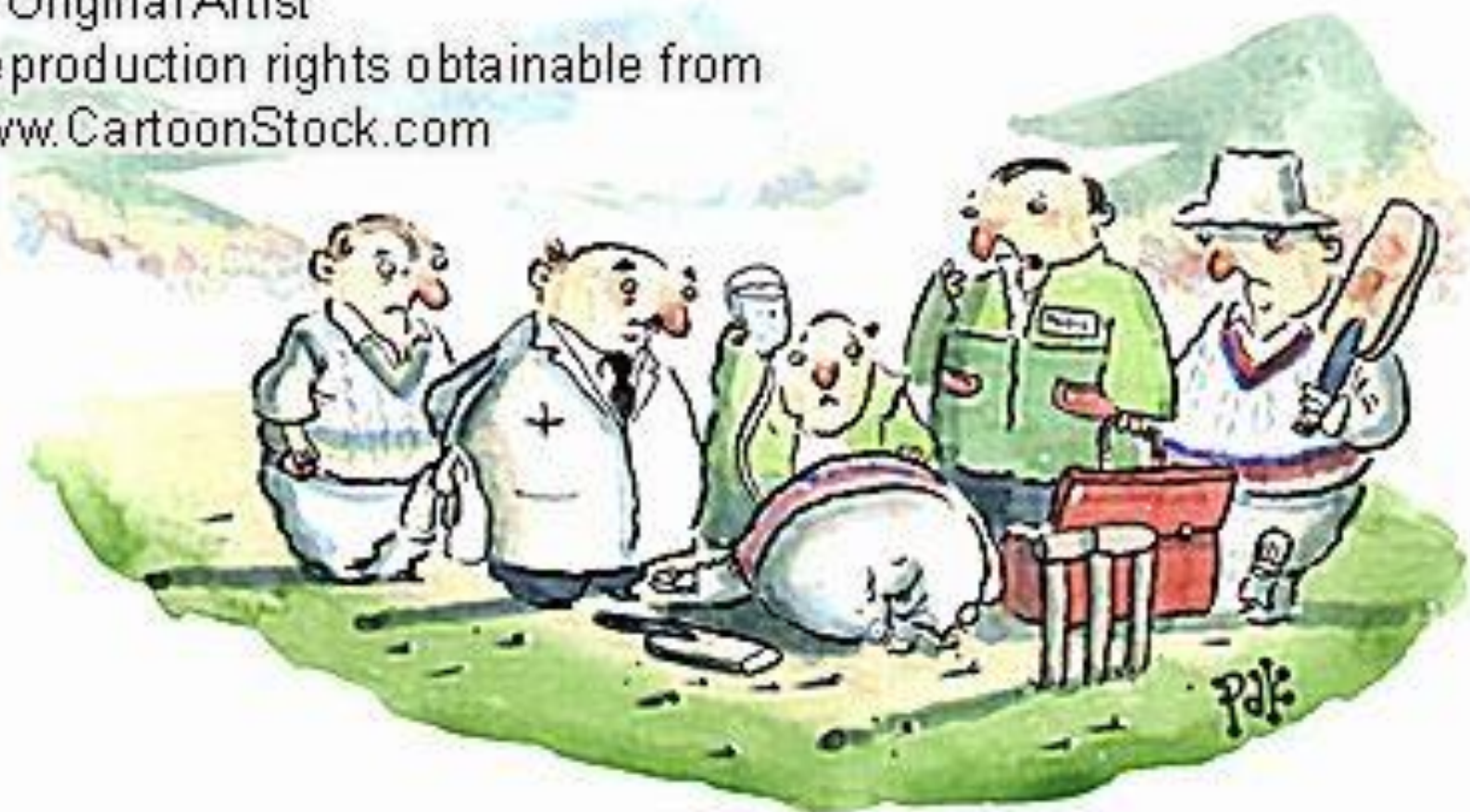
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"He's dead. Tell me, had he had a good innings?"

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