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TALKING IN IMAGES: CLIENTS' AND THERAPISTS' CONSTRUCTIONS OF METAPHOR AND ITS USES IN THERAPY

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APPENDIX 1 (a): telephone number

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This Thesis is dedicated to my family and particularly to my loving and much loved Grandmothers Koula and Anastasia, who watch over me in spirit. And to Phoebe.

Ong Namo Gurudevnamo

(I Call Upon Divine Wisdom)

Talking in Images: Clients' and Therapists' Constructions of Metaphor and Its Uses in Therapy

Abstract

In this research I employ a social constructionist and a discourse analytic approach in order to theorise the phenomenon of metaphor and its use in therapy. I draw upon critical social psychology debates on notions such as 'self', subjectivity and materiality. Sixteen participants took part in this study. Eight of those were practising therapists, five were clients and three were both therapists in training as well as clients. The participants were interviewed about their views on metaphor and its use in therapy, using semi-structured interview schedules. The three therapists/clients took part in a focus group to explore experiences and views from both positionings and to observe the co-creation of meaning in action. Two versions of discourse analysis were employed in the analysis of the resulting transcripts: Discursive Psychology (DP) (Potter and Wetherell, 1987) and Foucauldian Discourse Analysis (FDA) (Parker, 1992). I argue that while a number of competing and contradictory discursive resources regulate the meaning of 'metaphor', metaphor eschews reductionist conceptualisations. Instead, it is a complex discursive phenomenon with 'real' implications for subjectivity and action. As metaphor makes available certain world-views and subject positions, therapists are called to evaluate their awareness of the implications of the use of metaphor. I also observe that there are currently limited discourses that allow us to talk of metaphor as a process, rather than as a reified entity. I argue that, far from being a medium of mere representation of experience (the 'merely explanatory' account), metaphor actively *creates* experience. It is within a relational, contextual and collaborative (i.e. co-constructive) way, rather than a mere strategic and instrumentalist one, that metaphor can best be understood and utilised in therapy for the benefit of clients.

Metaphors and the Postman

Mario: Il Postino, the postman
P.N.: Pablo Neruda, the poet

Mario:	Metaphors, what are those?
P.N.:	Metaphors are…How can I explain, when you talk about something comparing it to another
Mario:	Is it something…you use in poetry?
P.N.:	Yes, that too
Mario:	For example?
P.N.:	For example…when you say, "the sky weeps" what do you mean?
Mario:	That it's raining
P.N.:	Yes, very good. That's a metaphor
Mario:	It's easy then! Why has it got such a complicated name?
P.N.:	Man has no business with the simplicity or complexity of things
Mario:	Excuse me Don Pablo, then I'll go. I was reading something yesterday: "The smell of barber shops, makes me sob out loud". Is that a metaphor too?
P.N.:	No, not exactly
Mario:	I like it too, when you wrote: "I am tired of being a man" That's happened to me too, but I never knew how to say it. I really liked it when I read it. Why "the smell of barber shops makes me sob"?
P.N.	You see Mario, I can't tell you in words different from those I've used
When you explain it, poetry becomes banal
Better than any explanation is the experience of feelings that poetry can reveal to a nature open enough to understand it
…
Mario:	How do you become a poet?

P.N.:	Try and walk slowly along the shore as far as the bay and look around you
Mario:	And will they come to me, these metaphors?
P.N.:	Certainly

[Mario on inventing his first metaphor]

Mario:	But it doesn't count because I didn't mean to
P.N.:	Meaning to is not important Images arise spontaneously
Mario:	You mean then that, for example, I don't know if you follow me, that the whole world, with the sea, the sky, with the rain, the clouds-
P.N.:	Now you can say etc., etc.
Mario:	Etc., etc., the whole world is a metaphor for something else? I'm talking crap
P.N.:	No, not at all. Not at all
Mario:	You pulled a strange face
P.N.:	Mario, let's make a pact. I'll have a nice swim and ponder your question.

'Il Postino (The Postman)' (1995), directed by Michael Radford

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The Journey Begins

"Follow the yellow brick road"
The Wizard of Oz

Note: Throughout my thesis I have followed the example of Shopland (2000) and Gridley (2004) in using interchangeably the terms *counsellor, therapist* and *psychotherapist* (i.e. likewise *counselling, therapy* and *psychotherapy*) as a way of subverting claims to status or effectiveness that these labels may suggest (Shopland, 2000).

1.1 On a personal note

Metaphor has been important to me, in one form of another, ever since I can remember myself, in the context of creative activities and self-expression. My father is a writer, a novelist, and books have always been an important part of my life. At school I was involved in a number of creative and artistic activities, such as theatre, dance and creative writing. Since then, in more recent years, I have been a bit of a film buff. When I was doing my first degree in Psychology, I became particularly interested in psychodynamic conceptions of metaphor in therapeutic practice, as well as in dreams and symbolism, in particular the work of Jung. I also worked with metaphor in my own personal therapy. Later on, I participated in drama and para-theatre and so the dramatic metaphors acquired prominence for me. I subsequently trained as a Dramatherapist, where I came in contact

with notions such as 'embodied metaphor', 'projected metaphor' and 'metaphoric content'. In my practice with clients, both as a Dramatherapist and as a Counselling Psychologist, metaphoric communications became a curiosity and a fascination for me. Physical ailments that seemed to have a symbolic component, images my clients had while in counselling or others I have had listening to them talk, seemed to communicate an inherent yet undisclosed aspect of the topic of the conversation, etc. I can think of countless examples of the presence of metaphor in my counselling practice, while it was always the focus of work in Dramatherapy. The more I read on 'the phenomenon of metaphor', the more intrigued I became by the multiple ways this was conceptualised and worked with by the various theoretical schools or models of practice. For me, metaphor immediately conjures up the issue of the nature of reality. Although the literature on metaphor from a constructionist perspective seems sparse, I was nevertheless excited by the prospect of exploring metaphor from a non-realist point of view, an approach that represents a marked departure from the norm. In so doing, I was hoping for a different understanding of metaphor in the context of therapeutic practice, a renewed understanding of topics such as constructions of 'selfhood', subjectivity and the ways in which engagement with metaphor has implications for therapeutic practice.

Deciding to do research on metaphor started as intrigue. I wondered what it would be like to take my previous research and turn it on its head. The previous research was conducted as part of an MSc. in Counselling Psychology and explored the topic of metaphor in therapy in 'realist' terms, using a version of Grounded Theory (Milioni, 1997). This time I wanted to explore 'metaphor in therapy' from within a social constructionist perspective. This was not an arbitrary choice of epistemology and method, rather it represented a ripe moment to attempt to do constructionist research, having arrived at a point where my personal and professional world-views and vistas were informed by constructionist thinking. I wondered in what ways the explorations would be different and what sort of 'conclusions' I would then reach. More importantly, being a counselling psychologist and a Dramatherapist, I wanted to explore any theoretical and political implications for therapeutic practice. My previous study explored the 'role' of metaphor; now I would explore 'talk' on metaphor. And so the journey began...As in any journey

into the unknown, I could not but be unprepared for the many challenges of conducting this research. Perhaps the most daunting challenge has been talking about the research and explaining it to other people!

'Metaphor' conjures up certain concrete ideas for some people, for others it seems to conjure up... well, apparently not much! A linguistic link with literature is certainly a dominant account of metaphor, having taken a strong hold through many years of schooling and English classes commenting on metaphor in literature, poetry, art. "What does the author want to say by having Mrs. X prune the roses in household gloves, why does he draw attention to her hands?" comes to mind from my Literature class as an Undergraduate. 'Metaphor in therapy' perhaps conjures up even less, unless the person you are talking to is a therapist. I quickly found out that when people asked me what my research was on, it was often easier to start by explaining the technical uses of metaphor in therapy than stress I was looking at the ways clients and therapists talk about metaphor in therapy. And how did I explain the 'talk' part? How did I even begin to talk about linguistic constructions, relativism, constructionism and all the other –isms in a way that actually made sense? More often than not I didn't. I also found there was an added dimension to my dilemmas. Language features twice in the title of the research: once in 'talk' and once again in the word 'metaphor'. I soon learned to drop the jargon, unless I was talking to a person familiar with the area I was researching and particularly with discourse analysis and constructionism. Not many people seemed to understand what I intended to convey or indeed why this might be important. I usually got questions like 'and what did you find?' or worse: silence and blank stares. Others put it politely: "hmm, that's interesting!". I also noticed other psychologists sometimes re-interpreting my topic in a way that made sense to them and their background so that my research became an 'evaluation of the uses' of metaphor in therapy. This got me in trouble, as I now had to explain a little about the social construction of versions of the world, while avoiding entering into a 'realism/relativism' debate. Sometimes I was unsuccessful in my resistance, once I had uttered the words 'constructing reality' there was no turning back!

Willig (2001) in the title of her book uses the metaphor of adventure for doing qualitative research. Well, doing discourse analysis was certainly an adventure for me. However, while it encompassed difficulties, I soon came to regard these as part of the territory of 'doing qualitative research' and it also encompassed times of excitement, pleasure and wonder. Reflections of this journey and the many journeys within the journey are included in my section of 'Reflexivity' (Chapter 10).

1.2 Situating the research- 'In the Beginning Was the Word'[1]

"There is one thought I have had, Govinda, which you will again think is a jest or folly: that is, in every truth the opposite is equally true. For example, a truth can only be expressed and enveloped in words if it is one-sided. Everything that is thought and expressed in words is one-sided, only half the truth; it all lacks totality, completeness, unity. When the Illustrious Buddha taught about the world, he had to divide it into Sansara and Nirvana, into illusion and truth, into suffering and salvation. One cannot do otherwise, there is no other method for those who teach. But the world itself is never one-sided." (pp. 204-5)

"Nirvana is not a thing; there is only the word Nirvana" (p. 208)
Siddhartha by Hermann Hesse (1998 edition). London: Picador

The research is influenced by and grounded in poststructuralist theory and is part of the 'turn to language' (Parker, 1989), a relatively recent trend in the social sciences to critique positivist thought in theory and research and to view language as constructing of realities and subjectivities, rather than as simply (i.e. un-problematically) reflecting them. Meaning is viewed as contextual, multiple and composed *in* language, rather than by the speaker. It also depends on different cultures and the *zeitgeist*. Social constructionism presents an alternative framework to these mainstream approaches. Indeed, some have focussed on the urgency this move necessitates:

"We move away from romanticism and modernism, not calmly and with reflection, but desperately and under siege."
(Robert Jay Lifton, in personal communication with Gergen, cited in Gergen, 1999, p. 194).

Social constructionism focuses on the centrality of language in human existence, but assumes a relativist stance, whereby language is viewed as *constructing* and not as reflecting reality (for discussions of the 'realism-relativism' debate in psychology, see Parker, 1998 and Cromby and Nighingale, 1999; see also Chapter 2). This notion of multiple, constructed realities is illustrated well in the sci-fi- film *Existenz* and in more recent years in the film trilogy *Matrix*. In *Existenz*, the actor/player of the game is able to pause the narrative/story and step out of that reality and into the next one. The 'stepping out' of realities emphasises the constructed nature of each one. In *Matrix*, Humankind is living under mass delusion in a constructed reality devised by machines. I can see parallels here with constructionism, deconstruction, critical work and discourse analysis as having the task of challenging the common sense and exposing the constructed nature of social worlds and realities.

Some theorists argue for an agnostic position, that it is impossible to know reality directly, regardless of its existence or not. Others take an even more extreme, relativist point of view.[2] For social constructionists, there is no one absolute and universal 'Truth'. Instead, 'truth' depends on the specific/local frame of reference. For example, the specific professional vocabulary used in each frame of reference, such as professional occupations and fields, is dependent on traditions of practice. The role of education therefore from a social constructionist perspective is nothing but a socialisation into different traditions, vocabularies and practices, as opposed to a predominant view of truth, objectivity, knowledge and rationality (Gergen, 1999).

If there is no one reality or if it is impossible to know it, then all the ways of talking about the world become metaphors (also, Gergen, 1999). Social constructionism emphasises the multiplicity of realities, where all versions are equally valid and none claims superiority over another (Gergen, 1988). Instead, multiple understandings are possible, depending on perspective. This point of view has the person as constantly engaged within a dialectical relationship to his/her environment, in a meaning-making process, which is located in the space that exists between a person and their social context. Therefore, ideas, beliefs and

memories arise through social interchange and are mediated through language (op. cit.). As a result, social constructionism looks into the ways culture and societal structures construct reality, within which individuals are called to operate (Parker et al., 1995). This emphasis on the historical and socially situated nature of knowledge has the implication that absolute knowledge is impossible. Instead, 'truth' is always the product of a specific community or social structure (i.e. organisations and institutions) that defines its limits, while, interactionally, 'truth' is nothing but language games. The work of Foucault has been particularly influential in the examination of power and its relation to 'truth', as well as with regard to implications for social institutions like mental institutions and prisons. Claims to truth become nothing more (or less) than power games. In this way,

"we are subjected to the reproduction of truth through power, and we cannot exercise power except through the production of truth" (Foucault, 1980, p. 235).

Social Constructionism rejects the idea that persons possess certain attitudes and characteristics that we may call 'human nature' and instead sees persons as embedded in the social and historical processes, which they inhabit. This rejection of 'essentialism' encompasses the notions of anything that has come to be viewed as relatively stable and inherent, such as the notions of traits, attributes and emotions. As persons are entirely constructed by their environment in ways that are specific and local and which we cannot have a final knowledge or understanding of, social constructionism presents as an anti-essentialist, anti-individualist and non-realist perspective (Burr, 1997; Gergen, 1999). As such, it challenges the deepest dimensions of our humanity as understood by mainstream, Western psychological theories. Some extreme relativist constructionists argue that there is nothing beyond the text, while others maintain that if there is an external reality we cannot know it directly. Instead, 'reality' is mediated in interaction through language and through our embeddedness within a given culture. Gergen puts it simply:

"Constructionism doesn't try to rule on what is or is not fundamentally real. Whatever is, simply is. However, the moment we begin to articulate what there is- what is truly or objectively the case we enter a world of discourse and thus a tradition, a way of life, and a set of value preferences. Even to ask whether there is a real world "out there" is already to presume the Western metaphysics of dualism, with the subjective world "inside" the head and an "objective" world somewhere outside." (Gergen, 1999, p. 222)

For the constructionist, 'talk' is a form of practice. Discourses, textual and socio-cultural practices that constitute a phenomenon, are seen as having real effects. Modernist discourses, characterised by a vision of a 'final solution' to the problems of modernity and their continuation, post-modern discourses, characterised by giving up the hope of finality (Sim, 2001), point to new possibilities and dictate very different forms of cultural practices. Metaphor is particularly suitable for examination within the language-focussed framework of constructionism, where language is regarded not as reflecting an underlying psychological reality, but as actively shaping it. In constructionist therapy, the centrality of metaphor arises through the contrast with rigid, literal language:

"The difference between literal and metaphoric words, then, is essentially the difference between the conventional and the novel...It is when we free ourselves from the sense of the literal...that we move towards renewal and reconstruction" (Gergen, 1999, p. 65).

This contrast can be traced back to the movement of Deconstruction and Derrida's (1978) notion of *'differance'*, where a tension arises between what is said and what is not said. For Derrida (op. cit.), words automatically include meanings that distinguish the word from itself and also relationships to other words not present. Therefore, meanings emerge as differences that signify relations, not as localised entities. Multiple understandings are possible through the distinction of what is present as well as what is absent in the text. Language is, therefore, a process of meaning already completed and absent and it necessitates a constant reconstruction, which will always pertain to a past event. Possible understandings are present in a text as 'traces'. The tension between what is said and what is not said allows new understandings to emerge. This represents a departure from either/or dichotomies, to a position of both/and, where disparate features can be held together. The tension between the present and the absent, what is said and what is not said allows the emergence of new perspectives.

In relation to therapy in general and metaphor work in particular, this understanding warrants the stance of some social constructionist family therapists (for example, Cecchin, 1992), who advocate that language and our interpretations of it must be held

lightly. They alert us to the fact that the meaning we attribute is far from fixed: by the time it has reached our awareness, it has already eluded us (Sampson, 1989). By the same token, "new narratives/perspectives can arise through the interplay of the client's metaphors and phrasing with those of the therapist" (Lax, 1992, p. 72). This last point has very important implications for therapy, where many theoretical approaches and therapists take an opinionated perspective, presenting themselves as 'expert' in the world of their clients (Milioni, 1997). In doing so, they willingly eradicate the potential for the generation of new meanings in therapy. This potential would not be based on a replacement of the client's story with that of the therapist, as is usually the case, but on the development of new narratives *based on the tension (differance)* between the two (Lax, 1992).

In the past fifteen years, a number of therapy applications have emerged, based on constructionist theory. For example, Narrative Therapy (see Epston and White, 1990), the 'not-knowing approach' (Anderson and Goolishian, 1992), the 'constructing solutions' approach (de Shazer, 1994) and the Hearing Voices Network, UK for people who hear voices (see Escher and Romme, 1993; Romme and Escher, 2000). What all these approaches have in common, in addition to their theoretical basis, is the centrality of the collaboration between therapist and client (Morss and Nichterlein, 1999), where the *client is the expert* and the therapist is the facilitator in this encounter. This represents a far different position from most, where therapy is simply viewed as a collaborative task between therapist and client, regardless of theoretical orientation. The differences lie in the conceptualisation of the element of collaboration or 'co-construction of understanding' (Lax, 1992, p. 73), the idea of *reflexivity* or 'authoring' and a view of the person that is anti-essentialist and not theory-driven.

Social constructionism is of course a constructed theory in itself with its own assumptions and it does not claim a 'God Trick' (Smith et al., 1995) position, whereby it would be possible to simply stand outside all frames of reference. On the contrary, it argues for the importance of *authoring* all assumptions and interpretations, by simply stating them openly from the beginning. It would then be possible to enter a process by

which a prior conversation is made the object of that person's observation, thus being able to change perspective and discourse (Lax, 1992). Theories, ideas and interpretations can be made explicit and alternative ones can be sought in an act of conversation. In this view, there would be no final truth, only alternative and unlimited ones. This process of enquiry is known as the 'hermeneutic circle' in hermeneutics, a branch of philosophy. This refers to the circle of interpretation necessarily involved when understanding some work of art. According to this theory, it isn't possible to really understand any one part of a work until you understand the whole, but it also isn't possible to understand the whole without also understanding all of the parts. Understanding and interpreting is thus viewed as an ongoing process, which takes time. Those who argue that no attempt at interpretation can ever reach any sort of closure will refer to this as a hermeneutic spiral, because it simply goes around and around forever. Moreover, dialogue in this context, has its roots in the work of Habermas (see Gergen, 1999). It is regarded as a transformative medium, based on relational responsibility instead of blame, as affirming the other and as integral to self- expression, self-reflexivity and the co-creation of new worlds. Here, the therapist assumes a novice stance in the world of the client, where the former person is curious and the latter 'expert'. This approach is particularly relevant for research in metaphor, where it has been recently suggested, that a collaborative stance, a shared understanding and the reforming of possibilities inherent in the original metaphor are key factors in success outcomes in therapy (Angus, 1996; Angus et al.1991; Angus and Rennie, 1988).

Most of the existent theoretical formulations and body of research into metaphor and metaphor uses in therapy assume a *realist* epistemology (e.g. McMullen, 1995). In accordance with the outlined principles of social constructionism, metaphor in this study is assumed to be a 'real' phenomenon, only insofar as such a construction facilitates the exploration of this topic, as well as communication with the interviewee participants to the study. I make no truth claims as to metaphor's ontological status, whether metaphor exists or not, as well as what it 'is'. I have instead explored the objective of the study, which is to present an analysis of therapists' and clients' discourses and constructions of metaphor and their implications for practice.

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The value of this research lies in its innovative choice of epistemology (critical realism), choice of theoretical perspective (social constructionist) and choice of method (an approach which utilises the two forms of Discursive Psychology and Foucauldian Discourse Analysis), all of which mark a departure from traditional approaches. It has also generated analytic observations that pertain to the constructions of 'metaphor' and 'metaphor in therapy', as well as dominant and suppressed discourses. In addition, the research explores applications of these insights in the form of suggestions to therapists in terms of metaphor work in therapy, as well as for a politically informed practice.

The study assumes a 'material-discursive' (i.e. critical realist) epistemology (see for example Willig, 1999b). This is an epistemological position, which asserts that discursive approaches deny or overlook the material dimension of human lives. It therefore seeks to attend to both discourse and the material world and also to the material consequences of discursive research. As such, it combines the main epistemological tenet of social constructionism, that any knowledge is local and context-specific, with ontological realism, in terms of phenomena being produced and maintained by underlying structures (e.g. biological, organisational, economic, etc.). There is an attempt (not without its problems, see Pujol & Montenegro, 1999) to reconcile a theory of knowledge with a theory of being (relativist epistemology with realist ontology)(op. cit.). The aim from this point of view is not to predict events, but to explain phenomena in terms of their underlying, structural potentials. This is particularly pertinent to the study of metaphor in the context of therapeutic practice, which is typically 'situated' (literally and metaphorically) within mental health units in organisations, such as the NHS, family centres, private clinics and the social services. Parker (1992) holds that discourses are bound with the structure of institutions, the former reinforcing the power of the latter. Therefore, within such a context, the issue of power becomes of paramount importance.[3] Many authors have written on the uses and abuses of power by therapists from different theoretical perspectives. For example, Killikelly (1995) and Webster (1995) have written on the re-authoring of dreams and life experiences of clients by Freud, while Parker

(1995; 1998) has addressed the positionings of 'client' and 'therapist' respectively as a discourse that necessitates and is based on an imbalance in the distribution of power.

Foucault's work has been particularly concerned with the relationship between power and discourse, but 'power' is also central to more discursive versions of social constructionism (e.g. Discursive Psychology, feminist studies, conversation analysis). For Foucault, practices are social structures in action (in Merttens, 1998), so knowledge and practice cannot exist independently as practice is informed and guided by the discourses generated and regulated by social structures (i.e. institutions and organisations). In the words of Cromby and Nightingale (1999): *"We pose the questions we do and frame the answers we obtain in ways which are fundamentally, profoundly and intimately related to the activities we carry out"* (p. 5). Furthermore, if knowledge is power, then the few 'in the know' will always oppress the majority who is denied access to knowledge and power. Foucault's concept of 'genealogy' refers to the process by which habitual meanings are traced historically and are deconstructed in order for their relation to power to be made explicit (Shapiro, 1992). Foucault talks about the disciplinary regimes (such as Mental Health, psychiatry and prisons), which force people to relate to them in their terms, classify them according to their own criteria and labels, ultimately resulting in a self-subjugation: a "dysfunctional disciplining of a population" (Gergen, 1999, p. 40). For example, the *cycle of progressive infirmity* describes the process by which the proliferation of dysfunctional discourses by experts leads to a self-definition of clients and service users in accordance with these terms. This in turn leads to the proliferation of such professionals, leading back to the abundance of dysfunctional discourses (op. cit, p. 40). This research examines in part the political implications of therapists' and clients' discourses of metaphor and resulting constructions of the 'self' and subject positions, in the context of the organisations (NHS/Mental Health) in which they are embedded.

Power (e.g. conditions like 'patriarchy' or 'capitalism) is inextricably bound up with social conditions and structures from which it rises. It is also 'enmeshed' (Cromby and Nightingale, 1999, p. xv) with issues of subjectivity, embodiment and materiality, all of which comprise important aspects of the human condition (op. cit; Burr, 1999), while

conversely, materiality impacts on discourse (i.e. it creates possibilities and imposes limitations). Some extreme relativist versions of social constructionism, focussing exclusively on language and refusing to consider any 'realness' of embodied experience and material existence, have resulted in a version of constructionism that is unable to theorise those aspects and to account for the process through which this takes place. A further criticism concerns the adoption of a single, monolithic consideration of materiality by social constructionism (Murphy, 1995). Therefore, neglecting an adequate theoretical consideration of materiality makes social constructionism appear unconvincing against positivist arguments (Cromby and Nightingale, 1999), where the 'real' is used for its 'immediacy' (Patten, 1981 in Cromby and Nightingale, op. cit) (see Edwards and al., 1995). Cromby and Nightingale (op. cit) acknowledge that there are good reasons why extra-discursive aspects of life have failed to be adequately theorised (i.e. their difficulty in reconciling them with relativism). They nonetheless condemn the all-encompassing relativist versions of constructionism as inadequate in their role in undermining the oppression typified by the 'truth claims' of mainstream psychology. The authors (op. cit), arguing for an inclusion of the extra-discursive, suggest that words fail us when we attempt to account for experiential aspects of our lives (p. 221), in that these aspects cannot always be captured adequately in language.

Social constructionism has focussed on the 'turn to language', thereby failing to theorise adequately the body. The body is empty of inherent meaning, conceptualised only as the enactment of socially constructed, discursive meaning (Willig, 2000). Some theorists have argued for its inclusion (e.g. Nightingale and Corby, 1999), as an inextricable part of the product studied by social constructionism (i.e. discourse) and as 'text' in itself (Montero, 1998), bearing the cultural, social and personal inscriptions, histories and practices. The body has frequently been left out of the debate, due to Cartesian notions of body-mind dualism, but there are recent efforts and arguments to overcome this dualism, by paying attention to the notion of 'embodiment' (see for example Theory and Psychology's special issue on Embodiment[4]). As Cromby and Nightingale (op.cit) point out, *"bringing the body into social constructionism will cause problems, but [we] emphasise that leaving it out has already done so"* (p. 11). The authors argue for an

inclusion of subjectivity as the negotiated product of embodied personal, social history and interpersonal and socio-cultural interaction (op.cit). Some (e.g. Willig, 2001) are pushing for the development of methods beyond the discursive ones for the study of embodiment. To this end, research from fields that focus primarily on the body, such as physical theatre and drama, might provide or inspire helpful relevant methodology.[5]

This research contributes towards the generation of theory, as it relates to issues of subjectivity and materiality. It attends to questions like 'How does discourse influence subjectivity?' (see also Cromby and Standen, 1999) 'How do therapists and clients construct 'self-hood' through their use of metaphor?' Moreover, the research as a whole explores the ways therapists' discourses are adopted or resisted and attempts to address the notion of embodiment through the inclusion of a Dramatherapist. Dramatherapy is a therapy field that primarily focuses on the notion of the 'embodied metaphor', and thus relates to the body and materiality in especially pertinent ways. The embodied metaphor perspective examines the body as communicator/constructor of meaning (Burr, 1999). Explorations of these areas yield a number of points that contribute towards implications for practice. Thus, the research generates theory, as well as contributes to applied practice and the training of therapists, as these relate to constructions of 'metaphor' and 'self', as well as the notions of subjectivity and materiality.

Applied aims of the research

Some of the questions that the research has explored in relation to application are the following:

- How can therapists work with metaphor, in ways that open up avenues for more empowering constructions and re-constructions of self and that the overall process becomes more empowering for the client and politically informed?
- What sort of use of metaphor would we be advocating from a social constructionist perspective?
- Can 'internalised constructs' (Harré and Gillett, 1994; Willig, 2001; Burr, 1995) be re-framed or shifted through this process, by opening up meaning through alternative

discourses? What are the subjective experiences of some clients of this process? What implications are there for personal agency (resisting/transforming discourses etc.) and social change?

1.3 The inclusion of a Dramatherapist- Embodiment and metaphor

Embodiment in therapy is "the totality of body-mind communications" (Carswell and Macgraw, 2001, p. 1). Rowan (2000) identifies three levels of viewing the body in Western psychotherapy. In most contemporary therapies, the body is seen as an 'accessory' (Carswell and Macgraw, 2001). This view relies on a dualist notion of mind-body separateness, that is the modernist view Rowan (2000) refers to as Level 1. The integration of the body back into therapy is seen as an important task by body-oriented therapies and practitioners. This for Rowan is Level 2. The monistic oneness of mind-body is expressed eloquently by Barnes from existentialism:

"I am not just a body or a combination of body and soul. I am rather this process of embodied consciousness which reflects on itself. There is no dualism: I am body consciousness, it is through my body that my consciousness exists. My consciousness is my body" (Rowan, op. cit, p. 199).

In the dominant modernist view individuals have inherent qualities ('essentialism') and the body, where it can enter the dominant scientific discourse (Carswell and Magraw, 2001), gives information (i.e. a conduit metaphor is used here) about the self. The type of information depends on the therapy employed. For example, Reichian bodywork therapists may consider the 'body armour' or body-mind rigidity of a client, the points in the body where energy is blocked due to emotional traumas and defences maintained in the character structure of a person. Others, like Grovian therapists (i.e. from the Stanislav Grov school of Hypnosis), may work with physical symptoms, such as chest tightness on a metaphorical level (see Rowan, 2000). However, focussing on therapeutic practices that touch the body as examples of bodymind work privileges these approaches as the sole claimants to this type of work (Turp, 2000). For others, the body enables the therapist to gain access to the innermost issues of the client. This notion relies on a view

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of the body as representation. The Psychoanalytic view is that all metaphors are bodily (Turp, op. cit).

Some forms of therapy that have evolved from psychodynamic theory, such as the arts therapies, rely on metaphor in particular as a vehicle to access suppressed or repressed material. Some of these also rely on the body to do this (for example, Dramatherapy and Dance-Movement Therapy). My own background in Dramatherapy made me familiar in theory and in practice with the notion of 'embodied metaphor'. Here, the body is seen as representing in some way the emotions, issues and dilemmas of the client. This can take the form of a physical position in space ('statues', 'fluid sculpts' and other drama forms) or the embodiment or personification of aspects of the self (e.g. moving in a particular way, posture, gesture, displaying a particular characteristic, shape/form, pace/rhythm, dimension in space, character/personality, etc.). I wanted to explore the notion of 'embodied metaphor' further in the research since it would look at metaphor in therapy, albeit try and understand it from a constructionist/poststructuralist perspective. As a result, I invited a Dramatherapist to take part in the research, though of course he was by no means to be 'representative' or speak on behalf of Dramatherapy or all Dramatherapists[6]. I decided to not specifically address the 'embodied metaphor' in the interview. The reason for this is that my aim was not to position the participant in a way that would make him rhetorically justify his position as a Dramatherapist, draw on this particular discourse or even repeat the definition given in the field. For me, that would not have been particularly interesting. Instead, I kept the interview schedule the same and hoped that he would draw on embodiment on his own at some point, so that I could explore these constructions in relation to metaphor. In this way I was curious to explore 'embodiment' discursively and the results of this exploration are included in the analysis section, in Chapter 6, where I explore among other things the rhetorical uses of embodiment as a discursive device.

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● ● ● Trying to save oneself from falling by kind of

grappling on, just grabbing any grasses on a slippery slope or

trying to get up from having fallen and it's all those things

that kind of twine around your feet and try to pull you

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back   [7]

[Description of the experience of depression]

2

Epistemology

"Truths are illusions which we have forgotten are illusions; they are metaphors that have become worn out and drained of sensuous force"

(Nietzche, 1873/1979, p. 84, quoted in Soyland, 1994, p. 106)

2.1 Problematising 'metaphor'

As already stated, this research takes a constructionist view of metaphor. As such it seeks to problematise metaphor. From the constructionist perspective of the research, metaphors can be explored for their rhetorical and discursive functions, the discourses they evoke and the subject positions they make available and those they restrict access to. The research therefore seeks to explore the ways that therapeutic practice itself is constructed through metaphor, as well as the implications of these constructions.

A number of theorists have identified the tendency for metaphor to be seen as an actual reality or entity (i.e. the reification of metaphor), which is pervasive in all conceptual systems, in theory and in science (e.g. Leary, 1990; Soyland, 1994). This is a premise at the very basis of the 'realism/relativism'[8] debate: whereas realism takes metaphors in language as representations of reality, relativism views all language as metaphorical and instead focuses on the constitutive aspects of the creation of 'realities', as well as the

rhetorical functions of metaphors. The position that it is possible to arrive at 'truth' through metaphor is labeled the 'primacy of metaphor thesis' (Cooper, 1986 in Soyland, 1994). As metaphorical statements acquire a life of their own, they become so ingrained in everyday language and in the 'common sense' that they are taken as statements of truth. There are countless examples of the process of reification at work, such as 'mental illness', a medical metaphor, and 'stress', an engineering metaphor, both of which have implications for subjectivity and subject positions. For example, by framing mental issues as 'illness', a medical discourse is mobilized and the entity is reified through the creation of diagnostic categories. As a result, whole professions are devoted to the treatment of 'illness', such as doctors, psychiatrists and psychologists. Medical and chemical interventions follow from this discourse as the 'appropriate' treatment and medication is used as a means of control, what Armstrong (1983) has called 'dispensary power'. A number of discursive positions are created, such as illness, diagnosis and cure, as well as the subject positions of 'doctor' and 'patient', with sufferers internalizing these, subsequently conforming to them and performing them accordingly (i.e. the positions guide the actions that are appropriate within them). Ultimately, the 'illness' metaphor constructs mental 'illness' as an issue of 'health'. It individualizes and pathologizes, as it locates these issues within the biological makeup of the individual, neglecting the social and discursive context in which these constructions were formed in the first place. Similarly, the 'stress' metaphor has become so divorced from its engineering, mechanistic roots, that it is now perfectly acceptable as a reality. Westerns societies are said to suffer from stress. People use the construction in their everyday talk and take precautions to manage stress, such as relaxation and exercise.

2.2 Realism/Relativism

Realism and relativism pertain to epistemology, a branch of philosophy, which is devoted to the study of knowledge and truth. Rorty (cited in Gergen, 1991) argues for abandoning the whole tradition of epistemology. In his view, the problem of knowledge in the 'mind as mirror' metaphor, inherited from the seventeenth century tradition of Enlightenment, is

optional, because of the dualistic metaphor it is based upon. His conclusion is that epistemology should, therefore, be optional too. By abandoning dualism we would have then to rework the problem in a 'more treatable form' (Rorty in Gergen, op. cit). The history of philosophy bears testimony to the ongoing debate on whether it is ever possible to have absolute (i.e. universal and context-independent) knowledge. In psychology, this philosophical question has been translated into the 'realism/relativism' debate (see Parker, 1998). The debate revolves around methodological and moral questions, the construction of life and people and potential benefits to society and humankind. Put differently, the issue at heart is 'where is the real in psychology?' (Parker, 1998). These issues of epistemology are represented through a continuum of 'reality', with realism on one end and relativism on the other, though there are recent efforts to de-couple this dichotomy. Constructionists also vary on the distance on the continuum they are willing to travel. 'Critical realism' represents a middle position, though some relativist constructionists view critical realist versions of constructionism as 'weak' versions, as they assume the existence of an underlying structure (i.e. institutions and organisation) and go beyond language to consider the extra-discursive, including materiality and embodiment.

Realism asserts there is a single, independent and unitary reality, which we can come to know through objectivity and research rigour. Nightingale and Cromby (1999) define realism as *"the doctrine that an external world exists independently of our representations of it"* (p. 6). These are the positivist roots of what has come to be known as 'mainstream psychology'. Scientific facts and universal laws are deducted and the statistical average typically gives rise to psychological theories (Turner, 1998). Relativism by contrast, *"repudiates this doctrine, arguing that since any such external knowledge is inaccessible to us in both principle and practice, it need not be postulated or considered"* (Nightingale and Cromby, 1999, p.6). It focuses on the construction of scientific and psychological facts, the discursive reproduction of subjectivity and a de-constructive analysis of what has come to be known as the 'psy-complex' (Parker, 1994). Metaphor is also at the centre of discourse and construction: *"systems of metaphors are revealed to be the stuff of psychology and the social world, they furnish the places where*

we study the mind and provide us with ways of speaking about what we find" (Parker, 1998, p.3).

Relativism has come to be identified with a social constructionist position, though constructionism is by no means unitary. Variation exists on both its theoretical and applied aspects (Potter, 1996). Edwards et al. (1995) wrote an influential counter-argument to realism, the now classic 'Death and Furniture'. In the article, they de-construct realist arguments about the nature of reality and show how these are rhetorically used as 'undeniability devices' to construct and justify 'the obvious'. These devices culminate in the performative aspects of banging furniture as a rhetorical move, used strategically to demonstrate the apparent brevity and immediacy of the furniture argument, compared with the apparent elaborate, long-winded nature of relativist arguments: 'bang!' (op. cit., p. 28). This constitutes a difficult rhetorical environment for dissent. They show how the employment of 'reality' serves rhetorical functions by providing justification for inaction. For example, arguments like 'life isn't fair', 'be realistic' and 'it's just the way things are' are against action and change, promote inertia and support the status quo (op cit., p. 34). The authors argue that there is no contradiction between being a relativist and having commitments, beliefs and "a common-sense notion of reality" (p. 35). They go on beyond relativism's defence to assert its moral and political strength as a tool for subversion, critique and resistance to absolutistic truths. However, as realists have argued for a bottom-line reality, so have certain constructionists, maintaining that the bottom-line reality is discourse (for example, Mullhauser and Harré, 1990 in Edwards, et al., 1995). Some also note the paradoxes of the debate. For example, the relativist claim that everything is relative is an absolutistic one (Montero, 1998), while others observe that constructionists often rely on essentialist and realist arguments and realists on relativist and constructionist ones (Gergen, 1998). Montero (1998) suggests that reflexivity, the ability to critically bend over ourselves, is the antidote to epistemological dogmatism.

Constructionism is by no means monolithic, unitary and unified. It consists of two main strands, the relativist discursive strand and the critical realist one. Some constructionists

have preferred the critical realism of a 'material-discursive' approach, maintaining that discursive approaches overlook the material dimension of human lives (Yardley, 1997). They also agree that constructions are relative, but assert that they are not arbitrary as they are governed by power and material influences (Nightingale and Cromby, 1999). Furthermore, critical realists acknowledge the importance of language, but claim it cannot on its own "drive social change" (Willig, 1999b, p. 155). As a consequence, they assert that relativism "denies the possibility of human emancipation" (Willig, 1999a, p.49), arguing that social and material structures like institutions already give discourse meaning. Discourses that pre-exist people are used to position them in ways that constrain experiences and practices and serve particular power relations (Willig, 1999a). Indeed, Parker (1999) identifies a predominant trend in social sciences as the almost exclusive reliance on texts. Montero (1998) also argues that relativist approaches constitute a kind of 'linguistic imperialism', which overlooks that actions also hold meanings. 'Material-discursive' approaches seek to attend both to discourse and to material factors and processes in an integrated way (i.e. by attending to the discursive power of the material world and to the material consequences of discursive approaches). The potential pitfall, however, is the falling back on essentialist and realist certainties and truth claims (for an exploration of 'material-discursive' approaches, see next section). Collier (1998) argues for a factual and objective discourse that generates practical conclusions (i.e. tied in with issues of materiality and its impact on people's lives). There is currently a fierce debate, framed as 'war' (e.g. Speer, 2000; Edwards et al, 1995) between discursive psychology, representing relativism and the material-discursive perspective, representing critical realism.

The 'realism/relativism' debate far from being just an academic exercise, has a strong political and applied aspect: critical approaches to mainstream psychology and psychiatry claim that psychology legitimises and perpetuates questionable practices, representing them as value-free social and psychological facts (Burr, 1998). This process of reinforcement of cultural assumptions and ideologies, through which social order is preserved is what Foucault calls 'disciplining' (in Merttens, 1998). Another important question for the field of therapy or for institutions is 'whose reality to relay and validate'.

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Any type of therapeutic practice has a responsibility not to legitimise oppressive practices. Institutions and fields such as Mental Health psychiatry and psychology have historically been oppressive for individuals and groups, because of their implicit vested interests. For example, pharmacological companies fund doctors' and psychiatrists' practices and conferences. For Foucault, knowledge and practice cannot exist independently, as practices are social structures in action (in Merttens, 1998). Though some realist arguments may justify the status quo and so have a paralysing effect for action, in therapy we cannot afford a totally relativistic stance, either, that may also be paralysing for action, as collectivity dissolves (Burr, 1998). Acknowledging the fragmentation of experience leads to the inevitable emergence of sub-categories, which in turn may mask important differences (e.g. categories such as gays, blacks, disabled, etc.) (op. cit). Instead, it might be necessary to adopt a 'utilitarian' stance, relying on arguments of 'usefulness', rather than truth, which is committed to a political agenda, which serves the interests of oppressed and silenced voices in mainstream psychology and psychiatry.

Potter (1998) discusses the 'realism/relativism' debate as a literary construct, which should be resisted as it reifies its elements. The answer for some is to exit the festering debate and get involved in the 'real', in other words in research (Speer, 2000). Moreover, if we take the constructionist view that there is no one reality or it is impossible to know it, then all the ways of talking about the world are metaphors (also, Gergen, 1999). The implications for the 'realism/relativism' debate for the study of metaphor and metaphor in therapy are summarised by Gergen (1999):

"The difference between literal and metaphoric words, then, is essentially the difference between the conventional and the novel"(p. 66) and *"by recognizing the metaphoric basis of the otherwise real, the way is opened for alternative actions"* (p. 67).

This research is underpinned by critical realist epistemology, as it seeks to theorise and explore the implications of metaphor work with clients in therapy in the context of mental health institutions.

2.3 'Differance'[9]: On semantics and ontology

Derrida's conceptualisation of language as a system of differences (i.e. the notion of *differance*) has implications for therapeutic practice. In this view, nothing in communication can be causal, as the only thing that exists is a system of differences (see Bateson, 1972) between sound forms and language within the same system. Therefore, for Derrida (1978), meanings emerge as differences that signify relations and not as present entities, which can be located. His concept of *'differance'* (composed of 'difference' and 'deferral') describes both the notion of 'difference' and a notion of 'deferral' (distance or lapse of time), between a presence and its trace. There is therefore an illusion of presence of meaning, but in effect this "may be read only in the past" (op. cit, p. 224). The trace left behind pre-exists any conscious awareness of it and thus forms the basis of consciousness itself and the foundation of presence itself. There is, therefore, no immediacy of language, but only a perception of a process already completed and absent.

This conceptualization of language as a process of meaning already completed and absent necessitates a constant reconstruction, which will always pertain to a past event. In relation to therapeutic work, including metaphor work, this understanding warrants the stance of some social constructionist therapists like Cecchin (1992), who advocate that language and our interpretations of it must be held lightly, "but with melancholy", as Cecchin puts it. The meaning we attribute is far from fixed: by the time it has reached our awareness, it is already eluded us.

2.4 The Material-Discursive position

The present research is underpinned by a critical-realist epistemology, according to which there is a basic structure (variously theorised, e.g. Parker, 1992) from which ideas and practice spring. Death, for example, is a reality (i.e. in contrast with a relativist approach where nothing exists beyond language). The research also attends to both the material and the discursive. The rationale for this choice of epistemology is that a single reliance on an interview-based discursive psychology analysis would have explored the interpretative

repertoires of the participants and the action orientation within the context of the interview and not the discourses that they rely on as they account for the phenomenon of 'metaphor' and its material implications. Some of these implications pertain to therapeutic practice, as well as their relation to institutional power, such as in the case of mental health services. The present research was informed by a material-discursive approach as it views clients' accounts as authored accounts of self-expression (Willig, 2004b) and considers the 'real' implications of clients' experience of metaphor in therapy. In this section, I outline the material-discursive approach in some detail.

Material-discursive approaches aim to address equally both the material and the discursive dimensions of human life. Such an approach maintains that language impacts on materiality, while conversely materiality places limitations upon language. This approach is therefore represented as a circular process. For example, death has material implications and impacts on discourse, while discourse will in turn dictate death-related practices. In the literature, the material-discursive is constructed as an alternative discourse or framework to topics, which are normally addressed within a traditional, modernist framework in the social sciences (for example, in the field of health psychology). Yardley (1997) and Stoppard (1998) have been credited with the development of material-discursive ideas and approaches (also, Brown, 2001).

The relationship between the material/embodied and the discursive dimensions of human life is identified as a problem with which various disciplines currently grapple (philosophy, anthropology, sociology, feminism, etc.). A material-discursive framework is suggested as an integrator or point of convergence for professionals from different theoretical/epistemological and methodological backgrounds, based on a collaborative spirit and clarification of theory (Yardley, 1997; Stoppard 1998). The term 'discursive' is used to designate *"a range of approaches which recognize the socially and linguistically mediated nature of human experience"* (Yardley, 1997, p.1). The umbrella term 'material' includes the body and its associated activities, as well as the environmental context, institutions and social structures, technology and artifacts (op. cit). For Cromby

and Nightingale (1999), 'materiality' refers to the solid world in which persons are embedded.

Dichotomies between the solely material and the solely discursive approaches consider the body, respectively, as a material reality, i.e. as flesh and action and as antithetical to the body as discourse, as sign and signifier and representation. As a result, the different constructions of these two approaches give rise to different questions as these relate to the arenas of the social environment, institutional control, culture, ideology and power. The material approach offers materialist explanations, constructions and theories (e.g. sexuality) with the body at their centre. This approach has in recent years been viewed as typically reductionist and has been criticized by feminist perspectives. For example, sexual behaviour is typically described within a heterosexual framework, where the male arousal and orgasm precede the female (Yardley, 1997). This account of sexuality has also been criticized for overlooking culture (Yardley, op. cit).

In another applied field, the field of mental health, the centrality of discourses of the body and realist approaches in general have been similarly criticised for typically overlooking social etiologies and the meaning of symptomatology, while reinforcing the power of the expert. The ideological standpoint, the influence of subjectivity and the role of scientific and legal discourse in social regulation and control have also been overlooked. The biomedical model in psychology, for example, is contrasted with discursive approaches, which challenge the model's own usefulness and appropriateness (Yardley, 1997). In addition, Stoppard (1997), considering depression, suggests that the women's body discourse and traditional versions of embodiment need to be informed by a more discursive turn, which views the body not just as a biological, but as a social product, enmeshed in socially constructed meanings.

By contrast, in a wholly discursive approach nothing exists beyond the text. The body is separated from its ontological status and exists only as a linguistic construction, text, symbol or sign. The focus is also on the regulatory power of discourse, the form of control Foucault termed 'the intelligible body' (for example, in representations of

'woman')(Ussher, 1997). Discursive approaches, though non-uniform and evolving, share a common assumption: human activities and social practices impact on the nature of reality (i.e. subjective vs. objective/scientific). As people cannot transcend their senses, their unique frame of reference, objectivity and value neutrality is a positivist illusion. Instead, it is proposed that we can focus on the way that our reality is impacted upon by aspects of human life, such as assumptions, aspirations, purposes, etc. (Ussher, op.cit.).

As some writers (e.g. Brown, 2001) point out, there is something missing in solely discursive accounts, such as some aspect of lived experience and everything extra-discursive. Moreover, too often, social constructionist discursive accounts serve to frame phenomena (i.e. objects under study) as belonging to the human kind, negotiated through discourse (op. cit). The solely discursive, in line with radical relativism, is seen here as a 'down side': if all versions are equally valid, if there are no 'real' categories, then this can be dismissive of the 'real' experiences of those who subscribe to these categories. For example, the socially-constructed categories and binaries of woman/man, heterosexual/homosexual if only critically examined for the discursive and rhetorical functions they fulfill, undermine the importance of these categories for the lived experience of those who subscribe to them (Yardley, 1997; Ussher, 1997). It is therefore pointed out that exclusive consideration of the discursive overlooks the material dimension of human life (e.g. Willig, 2001; Nightingale and Cromby, 1999). As a result, the 'real' consequences are overlooked, in the form of practices that ideologies dictate (for example, the 'age of consent' legislation as a practice derived from ideological debates as to what constitutes 'adulthood'). In certain areas of study more related to the material domain, this debate is more pertinent and goes beyond a merely theoretical, discursive exploration. For example, the social sciences and medicine are social arenas where the material-discursive debate has 'real' implications in the form of psychological or medical practices (Ussher, 1997).

The 'material' has so far been considered from a material-discursive perspective as assimilated with the discursive and as creating of reality mediated through linguistic and social practices (e.g. medical diagnostic practices casting certain behaviours as disorders

or symptoms). However, there is a call for consideration of the *ways* in which discourse relates to material existence (Brown, 2001). For example, questions such as 'how do beliefs about the material aspect of a category influence the activities of those subscribing to a category'? Or 'how do the practical consequences feed into the identities and social relationship of those belonging to a category?' are posed (op. cit). As I explored above, while the material and the discursive can be considered separately, constructionist writers suggest that these are ultimately linked. They maintain that in the social sciences and applied psychology real/relative dichotomies are not helpful. Material-discursive approaches are instead viewed as a more complex, inter-relational consideration of matters of discourse and materiality, constructed in turn as intertwined and multi-dimensional (Burkitt, 1999; Yardley, 1997). As divides and dichotomies of truth defined as either/or are a modernist legacy, there is a need to move away from these binaries, towards a position that acknowledges the interconnectedness and relationship between the two (Burkitt, 2000; Ussher, 1997). The material-discursive is viewed as a reconciliation between critical accounts and the material aspect of human life. It is also the integrator between the material and the discursive divide, which, it is suggested, has hindered the development of pluralistic, coherent theories. The split itself is viewed as false and inappropriate: both the material and the discursive must be included, as they give rise to and impact on each other (Ussher, 1997).

Embodiment in the material-discursive

This research also addresses some aspects of embodiment, as it considers in part metaphor as an embodied phenomenon. Embodiment is also central to a material-discursive account. Burkitt (1999) suggests that embodiment/materiality cannot be excluded from the study of the person, since it is bound with that personhood and identity. Yet, as he points out, it was only through the work of Bryan Turner (1984, 1992) that the body became part of the social sciences. Prior to that, the body was deemed too unruly to be studied in any regular way and designated the 'body invisible' (Burkitt, 1999). Instead, the social sciences preferred to centre on the mind.

Burkitt argues that "we are bodies of thought" (op. cit, p.1). This does not suggest a separation of mind and body, nor does it imply a body-level reductionism of personhood. Instead, it is argued that the representational/symbolic and the material divide is an artificial one. It is suggested that embodiment requires a multidimensional approach, as does all human life, in order to address such complexes. Burkitt (op. cit) argues that the difficulty discursive constructionist approaches have regarding embodiment, since everything is framed as discursive, does not permit a multidimensional approach. The symbolic/representational is seen here as neglecting the real and material. Furthermore, the interdependence of relations located in space can change and affect others and also affect reality. Emphasis is placed on a number of material constructions of bodies (e.g. the lived experience of productive, communicative, powerful and thinking bodies) and their implications for subjectivity, versus the linguistically *constructed* bodies, which exist and take shape solely within the parameters of language (op. cit) and which are denied a lived ontology.

Burkitt (1999) places emphasis on the socio-historical evolution of the human body. The social and the biological are seen as interdependent and interrelated, not as separate. This relational approach is illustrated through a consideration of emotions, which is neither solely constructionist (linguistic constructions) nor solely identified as bodily processes. This is contrasted with Cartesian dualism, where mind and body are divided and the objective world is contrasted with the subjective. Heidegger (in Burkitt, 1999) referred to this as a realist worldview, expressed in contemporary realist philosophies. This realist worldview is contrasted with social constructionism and the recent claim of 'light' (e.g. social psychological styles; for example, Harré, Gergen, Shotter, etc.) and 'dark' (e.g. Foucauldian theory) varieties (Danziger, 1997), as a reminder that constructionism represents a non-unified approach. The focus is away from the person as object and into a relational, conversationalist perspective of human interaction and communication, embedded in social systems and language. Burkitt (1999), however, echoes the frequently posed question of whether it is possible for social constructionism to theorise what is outside the discursive, in other words materiality, embodiment, physical settings and patterns of relations. Shotter (1993) has emphasised the material relatedness to the human

world but what is missing for Burkitt is the relationship to the non-human world, showing the changing material reality in addition to the communal reality. Burkitt (1999) further stresses the transformation of the real: the relational formation of the human world (Bhaskar, 1989), the dynamic interrelationship of the natural and the social worlds and the ability of humans to transform nature and society through labour and relations. The Cartesian 'mind' is deconstructed by a refusal to split mind from body and through the relocation of "*thought processes in embodied practices mediated by artefacts*" (Burkitt, 1999, p. 80). Artefacts permit a multidimensional approach, beyond dichotomies of culture-language and nature-materiality.

Bhaskar (1989) makes a distinction between ontology (i.e. the nature and existence of things) and epistemology (i.e. the nature and source of knowledge) and accuses most constructionists of falling into the epistemic fallacy of defining all being in terms of human knowledge. For Burkitt (1999) knowledge is always 'knowledge-in-the world' (p.73). Bhaskar has also been criticised for putting theory before action, a view Burkitt is opposed to. For him action comes from communities of shared practice and he suggests a phenomenological framework for a study of embodiment. In order to do this he draws on Merleu-Ponty's (1962) work on the bodily preconditions of action and thought and the unity of body and space-time.

Thought is also seen as embodied action (Varela et al. 1991). Burkitt (1999) gives the example of dance improvisation as an 'act of thinking', where thoughts are made flesh, instead of thought arising through the medium. Also, embodiment is directly linked to identity and the way it relates to cultural representations. With the body as the basis of meaning and its ability for symbolic function (projecting into imaginary situations), the cultural and the individual are interrelated.

Burkitt (1999) identifies some problems with the phenomenological view of the body, claiming that the effect of power relations on the body through history has not been considered. He sees a similar lack of acknowledgement of the transformation of social relations and materiality through human activity. He also argues for a need to develop the

relation of the bodily with the symbolic. Conscious reflection on thought or bodily sensation, which are at first located in space, comes through symbolism also mixed in with space and time. In Burkitt's words then,

" the symbolic deepens our understanding of, and our relationship to, the practical and embodied. The symbolic also makes possible the realm of the imagination, or the imaginary, through which we attempt to understand the world in various ways. Through this medium we are connected to the world more deeply because we can attempt to understand it and our own actions within it in an imaginative way, and we can give meaning to the world that it does not have of, or within, itself. But we are also partially separated from the world because the artifact/symbol creates an ability to 'stand back' and distantiate ourselves from reality. It gives us the capacity to disembody and imagine. Thus, the artifactual and symbolic does not simply separate us from the other dimensions, ripping apart bodies and minds, natures and cultures, but connects them in richer, more consciously thoughtful and imaginative ways. " (Burkitt, 1999, p. 84)

I have so far provided a socio-historical framework that accounts for embodiment, which includes recent conceptualisations of the body in a material-discursive approach. It is this position, that it is impossible to separate body from discourse that informs the current research. While I do not claim to provide an exhaustive account of embodiment, I nonetheless consider the embodied experience of clients in particular in relation to positionings in metaphor use in therapy. I have here provided the theoretical background for the extra-discursive, including embodiment, and in Chapter 8 I explore issues of embodied subjectivity in more detail as these arose in therapeutic practice with regard to metaphor and use of power.

2.5 Subjectivity-notions of Self

"the self is a piece of philosopher's nonsense consisting of a misunderstanding of the reflexive pronoun"

Sir Anthony Kenny in Sutherland (2001)

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Metaphor use in therapy in many models of therapeutic practice, particularly in psychoanalysis, is seen as giving the therapist access to the client's unconscious and as representing aspects of self (e.g. symbols). In humanistic psychology and therapies, metaphors of the self may be seen to represent the greater or lesser extent to which individuals are in touch with their 'authentic self'. Through a process of reification, the metaphors are then seen to be particular properties of this self (for example, a fragmented/threatened/defended self, a needy/neglected/thriving inner child, Archetypical characters as aspects of self, etc.). Traditionally, psychologists and therapists then go on to ask questions about the nature of those 'real' entities (Burr, 1995). Furthermore, the metaphors psychological and therapeutic models employ also guide our experiences and understanding of the 'self'. For example, a common metaphor accounting processes draw on is the 'opposing forces' metaphor, such as intra-psychic conflicts, resisting or giving in to temptation, resisting oppositions and so on (Burr, op. cit).

The 'self' most therapy models rely on is the Enligtenement self, a self relatively unchanging over time, stable, more or less whole and unified, monadic and private, independent and separate, self-contained and unique (see Markus and Kitayama, 1991; Geertz, 1975). MacMullen and Conway (1996) suggest that the clients' metaphoric communication in therapy, within the Western parameters, presents the self as less than integrated, known and intact. The task for therapy is therefore a process towards greater unity and integration of discordant parts of the self. Psychoanalysis though not relying on the unified self (Lacan in particular insists upon a non-unitary subject), nevertheless presents essentialist accounts of selfhood and subjective experience (for example, the self is seen as possessing underlying and inherent aspects, such as the id, ego and Superego, as well as instinctual forces).

Poststructuralist and social constructionist theory challenges this view of the self (e.g. Burr, 1995; Gergen, 1991; Shotter and Gergen, 1989). In this view, there is no 'real' self or internal (i.e. intrapsychic) structures. Instead the self is viewed as 'grammatical' (Harré, 1989), the sum of beliefs people hold about what it means to be a person, explicitly stated or implicit in the language. This means that the reflexive pronoun 'I'

deceives us into believing that there is actually such a thing as an autonomous, coherent and unified person. Social constructionism holds that there are as many grammatical selves as there are uses of the reflexive pronoun. While a 'real' self may not exist, the concepts of self are real and so are their implications and effects on subjectivity and social experience. For example, as Western societies rely on a discourse of choice, our ways of experiencing these societies give rise to a self that is mediated by choice, accountability and responsibility and people draw on this discourse to account for their choices (Harré, 1989). So not only do these discourses reify notions of self, but they also function as ways of self-accounting. The self is therefore conceptualised in constructionism as multidimensional, fragmented, multiple, indeterminate, socially and linguistically constructed, irrational and contradictory. Harré (1989) and other social constructionists like Potter and Wetherell (1987) see the person as attempting to represent themselves in accordance with socially sanctioned rules and acceptable ways (Burr, 1995). The subject is considered a relic of modernity and the source of subject/object dichotomy. Even embodiment and physiology are linguistic practices, though some social constructionists have gone beyond that to theorise the body and materiality (op. cit) (see Nightingale and Cromby, 1999 and next section below). The differing views of the self give rise to implications for subjectivity and agency.

The Enlightenment or Western self is underpinned by a determinist notion of cause and effect, which in turn is used to account for behaviour and motivation. The social constructionist self is shaped by narrative accounts and warranting socio-cultural devices, rather than 'real' motivations and reasons for actions (Burr, 1995). Moreover, self-narratives as well as wider narratives and discourses 'position' (Davies and Harré, 1990) people in ways that are limited and oftentimes restricting or even oppressive. The self from the standpoint of positioning theory is viewed as *"the sum total of the subject positions in discourse they currently occupy"* (Burr, 1995, p. 152). Positioning also permits certain world-views and not others. Therefore, not only is the self *in* narrative, but it is also *as* narrative. This point has been developed extensively by Narrative Therapy (see White and Epston, 1990; Gergen and Gergen, 1986). Narrative Therapy as well as other constructionist forms of therapy, such as Solution-Focused therapy

(O'Connell, 1998; deShazer, 1994) seek to collaboratively re-author stories of self and to re-position clients in ways that are more positive and affirmative for them.

It is the constructionist notion of self and also positioning theory that allow us to consider metaphor in therapy as a collaborative task that allows and encourages multiple constructions of 'self' to emerge, which position people in more favourable and empowering ways. In the next chapter I will present the main theories on metaphor, tracing them historically from modernism to postmodernism, presenting and exploring their differences in the conceptualisation of self and metaphor.

> **"** The metaphor I used was like a ball with kind of snags
>
> around like a teaser or a bur or a conker you know that kind
>
> of thing, so it had snags and it was within me and it was
>
> **"**
> snagging in everything

[Description of bereavement]

3

Reviewing the Literature

3.1 Theories of Metaphor

Lakoff and Johnson's view of metaphor in their seminal book 'Metaphors We Live By' (1980) has been hugely influential for cognitive psychology. Furthermore, psychoanalysis, Eriksonian Hypnotherapy and systemic therapies also have a keen interest in metaphor. Linguistic views consider the differences between metaphor, metonymy, synecdoche, parable, allegory, etc. and metaphor as figurative as opposed to literal language. Definitions of metaphor differ, depending on the context metaphor is examined in. For example, literary or linguistic definitions are different from those of cognitive psychology or psychotherapy. In linguistics, 'metaphor' is considered in its etymology, as a word comprised from the Greek *meta* meaning "above or over", and *phorein* which means 'to carry or bear from one domain to another' (Winner, 1988). This view regards metaphor in its linguistic function, better known as 'the comparison theory' by Aristotle (Angus & Rennie, 1988), in which a comparison is made between two dissimilar entities. So, in metaphor, distinctive characteristics of one thing are used to describe aspects of another. Metaphor has largely been considered within an Aristotelian framework, that regards language and communication as representing external reality. A binary is therefore constructed between either literal or metaphorical communication, which are regarded as qualitatively different, known as 'the Double-Language Thesis' (Beardsley, 1972). The 'Double-Language Thesis' has received much criticism for

failing to adequately theorise the nature of language and the nature of metaphor (Muran and DiGiuseppe, 1990). As the Aristotelian view is concerned with literal language, it makes metaphor redundant as an inaccurate vehicle by which to communicate reality.

The Platonic view, by contrast, regards our grasp of reality as only faint compared to the more enduring truth it attempts to represent and is concerned with perceptual organisation. As a result, metaphor within a Platonic framework is viewed as a means of understanding conceptual knowledge (Mio and Katz, 1996). It is from within a Platonic framework that most recent and current research in metaphor is conducted in cognitive psychology and psycholinguistics. However, a singular, agreed-upon definition of metaphor has yet to be established. Muran and DiGiuseppe (1990) suggest this is precisely due to the non-literal nature of metaphor, which makes itself unyielding to definitions provided by literal language. In their words: *"it may be impossible to capture the nature of metaphor without the language of metaphor"* (op. cit, p. 71). Fixed views about metaphor are mocked as reductive explanations of a process that is immediate and vital (Hawkes, 1972).

Metaphor has long been used for didactic purposes, in the forms of stories or holy teachings such as the Bible, the Koran, the teachings of Zen Buddhism, myths and fairy-tales (Muran and DiGiuseppe, 1990). This function of metaphor as a didactic tool is what is frequently referred to as the 'merely explanatory' (Soyland, 1994). This conceptualisation regards the metaphoric as an aid to the literal, where the latter fails. As an example, Freud's inability to verbalise literally his ideas in his mind would result in the employment of metaphor (op. cit). Given the current interest in metaphor in the context of therapy, it is important to keep in mind that it was in the 1970s that metaphor became recognised as *"a pervasive aspect of ordinary language and as the primary vehicle for language change"* (Winner, 1988, p. 16). Metaphor as a phenomenon of interest has recently enjoyed a Renaissance in many disciplines, including psychology, medicine, linguistics literary criticism among others (Berlin et al., 1991). In the 1980's the role of metaphor in therapy has been increasingly recognised in the context of

interdisciplinary inquiry between philosophers, linguists and psychoanalysts (Angus & Rennie, 1988).

In the past, metaphor was regarded as a phenomenon more suited to the study of literature or poetry. This was the 'merely decorative' account. The positivist tradition, which emphasises logic, facts and objectivity, has contrasted metaphor with the 'literal' and regarded it as somewhat frivolous or even parasitic on ordinary language, as metaphors, as carriers of knowledge, are not literally true. Reality and meaning in this perspective are confined in the domain of logic; language is straightforward and contains objective meaning that people can agree on. In this view, metaphor actually impedes good, clear communication and attempts have been made to 'root it out' (see Milne and Sheikh, 1999). Though positivism assumes that it is possible to use language without being metaphorical, Lakoff and Johnson (1980) have shown the all-pervasiveness of metaphor in everyday language and have thus refuted this claim. Indeed, a number of 'pragmatic' attempts have been made to consider metaphor in a number of real-life contexts, such as in psychotherapy (Mio and Katz, 1996).

The 'pragmatic' approaches focus on the implications and effects of using metaphor within a given context. Cognitive linguists, who regard the human conceptual system as inherently metaphorical, have shown that it is impossible to avoid using metaphor (Milne and Sheikh, 1999). In other words, *"all knowledge is ultimately rooted in metaphorical (or analogical) modes of perception and thought"* (Leary, 1990 in Milne and Sheikh, op. cit. p. 4). All theories are rooted in metaphor. Two such examples are Freud's hydraulic model of psychic energy and Skinner's environmental 'selection by consequences' hypothesis (op. cit). Paivio's frequently-cited metaphor of metaphor suggests that it both highlights and conceals aspects of what is being described:

"metaphor is a solar eclipse [that] hides the object of study and at the same time reveals some of its salient and interesting characteristics when viewed through the right telescope" (Paivio, 1979, p. 150).

Therefore, dissimilarities are obscured as similarities are highlighted (Katz, 1996). For this reason cognitive linguists identify some drawbacks for metaphor, echoed in the psychotherapy literature in terms of the therapy process (i.e. presented as warnings or advice to therapists using metaphor). Leary (1990) (in Milne and Sheikh, 1999) identifies three misuses of metaphor: 'representational imperialism' as the belief that there is only one true representation of a phenomenon, that may be more simple or complex than the metaphor used to describe it (op. cit), the 'mixed metaphor' that after becoming increasingly elaborated ceases to make sense and finally 'reification', which refers to the tendency to see metaphor as an actual state or reality. These misuses result in theories and hypotheses being perceived as if they were literally true (op. cit.). By contrast, Ortony (1975) argues that the vividness and compactness of metaphor make it an efficient vehicle for imparting a message by reducing its ambiguity. Milne and Sheikh (1999) advocate the use of "good metaphors" in therapy process research (p. 6), which will withstand empirical testing and suggest a number of empiricist structural and functional criteria (including appealing to elegance and parsimony) for evaluating metaphors in research.

Research and theory development in the field of metaphor use has been documented from a variety of psychology fields and each time different aspects are emphasised. For example, several studies from a cognitive/learning viewpoint emphasise its insightful and educational/learning properties. For Garner (in Ely et. al, 1991): "metaphor-making signifies a high quality of learning" (p.181). Moser (2000) uses a cognitive definition of metaphor: metaphors are analogies that map one experience in the terminology of another and allow us to gain understanding of complex topics or new situations (after Vosniadou and Ortony, 1989, op. cit). This is a different definition to the Aristotelian where metaphor is a linguistic ornament. Cognitive linguistics define metaphor as an analogy (Lakoff, 1987), where the context determines whether something is a metaphor.

In cognitive linguistics, metaphor has been studied within an experimental paradigm that showed how they are used in order to make sense of the world (e.g. Johnson-Laird, 1983; Vosniadou and Ortony, 1989). Moser (2000) draws on a cognitive linguistics view of

metaphor and advocates the combination of a qualitative and a quantitative approach for the study of metaphor. She suggests that metaphors are context-sensitive and abstract models of reality (i.e. metaphors are a representation of reality). She agrees with Lakoff and Johnson's work (1980) that metaphors are an expression of the structure of thought, but also influence action. For example, more recently, a study demonstrated how the participant's interest in the content of metaphor determines their communication process and interest in the metaphor. When sports metaphors were used for people who were interested in sports, they paid more attention to the information presented in these metaphors (Ottati et al., 1999). In other studies (Gentner and Gentner, 1983) metaphors were shown to guide understanding, decision-making and action via the study of electricity and to influence cognition of self and the world (Ottati et al., 1999). Moser (2000) maintains that the cultural and historical specificity of metaphor is frequently overlooked in psychology, whereas in other field, such as anthropology and linguistics (e.g. Liebert, 1993; Strauss and Quinn, 1997) and social psychology (Ottati etr al., 1999) this has been well established. Gibbs (1987) has put forward the 'mutual knowledge hypothesis', which suggests the metaphor user and their audience will be united in the sharing of 'privileged knowledge' through the metaphor. This is similar to the reinforcing effect metaphor is said to have on the therapeutic alliance in therapy. As metaphor, though, may unite those in the 'know' (i.e. those able to follow the cultural or other referents of the metaphor), so does it exclude and alienate those 'not in the know'. As metaphor is context- and culture-specific, a good if rather extreme example of this is cited in Weatherall and Walton (1999). The metaphor 'I've got massive Tegel turkey timers' refers to erect nipples, in the context of research on sexual experience. 'Tegel' is a turkey brand sold in New Zealand.

3.2 Lakoff and Johnson's (1980) 'interactional' view of metaphor

In linguistics, the Interactionism view advocated by Lakoff & Johnson (1980) in their seminal book 'Metaphors we live by' sees meaning in metaphor as borrowed between different contexts. Interactionists regard metaphor as an experiential phenomenon of images and sensations only partly (inefficiently) conveyed through language (op.cit).

Lakoff and Johnson (1980) suggest that, based on linguistic evidence, most of our ordinary conceptual system is metaphoric in nature. They argue for the pervasiveness of metaphor in language (often without our awareness), in 'thought and action' (p. 3) coupled with the departure from traditional views of metaphor as the peripheral, the simply decorative or frivolous. They are at odds with the objectivist tradition, but also with the subjectivist. They view metaphor as an agent of change and heuristic discovery. Theirs is an 'experientialist' approach (op.cit, x), rejecting absolute truth and objectivity. They view thought processes as inherently metaphorical and meaning as interactional rather than inherent and universal. They argue that all metaphors are conceptual and they are not simply decorative but actively shape experience and meaning ("understanding and experiencing one thing in terms of another" (p.5)). Moreover, they view metaphors as actively guiding our actions. They give the example of the metaphor of 'argument is war' (p. 4) reflected by many metaphorical expressions such as 'your claims are indefensible', 'he attacked every weak point in my argument' (op. cit), etc. The metaphors are not simply conceptual, but they actively shape the action of 'doing arguing' by setting a context in which the two people perform arguing as if it were war: by treating the other as opponent, by attacking, defending, counter-attacking arguments etc.

Another important component of the 'interactional' theory is that metaphors are physically/culturally determined and understood. Metaphorical ways of conceptualizing phenomena are not necessary in themselves and they are tied to a specific culture (i.e. other conceptualizations and metaphors are possible). For the authors, it is part of the nature of metaphor that it highlights certain aspects and hides others and as such, they provide only a partial understanding. In addition, some metaphors to be clear are context-dependent and can mean different things to different people. They can be extended, because of their partiality of meaning, to include the poetic and the figurative. For example, 'the mind is a machine' metaphor can be expanded to include statements such as 'I'm a little rusty today', 'we've been working on this problem all day and now we're running out of steam' (op. cit).

Lakoff and Johnson identify a systematic organisation (i.e. predictable organisation of characteristics) in metaphors that makes them coherent, based on physical and cultural experience. Two such examples are 'orientational metaphors' (e.g. conscious is up, unconscious is down; happy is up, sad is down, etc.) (p.14-15) and 'ontological metaphors'. The latter refers to cases where we use a metaphor in order to bring something into being, to see it as a separate entity and to relate to it (e.g. when we talk of 'inflation'). The authors give a number of examples of reifying metaphors and note that, like orientational metaphors, ontological metaphors frequently pass without awareness as they perform a very limited task, such as quantifying, referring etc. (p.27). As ontological metaphors are taken as literal descriptions of entities, the fact they are metaphorical escapes us, resulting in a number of pervasive metaphors being taken as truthful (for example, the 'stress' metaphor, 'he cracked under pressure' being acceptable as a description of a brittle self, etc.). The authors offer additional examples of metaphor, such as, among others, 'container' metaphors, of 'personification' and metonymy (i.e. using one entity to refer to another; a different, symbolic process to metaphor).

Because of their systematic organisation and coherence, the authors maintain that it is possible to import metaphors from one domain to another (e.g. to use structural metaphors to talk about theories, such as 'these facts are the bricks and mortar of my theory' (p. 53)). These new metaphors will have literal as well as figurative components. They are also likely to be 'novel' metaphors, outside our normal conceptual system, as a new way of thinking about something.

Another important contribution of this view is that they distinguish between 'alive' and 'dead' metaphors. The former permeate our language and are systematic (even though they may be common or conventional), the latter are atypical cases understood in terms of marginal metaphoric concepts. In addition, they distinguish between 'conventional' and 'new' metaphors. New metaphors produce a *"reverberation down through the network of entailments that awakens and connects our memories of our past love [as an example] experiences and serves as a possible guide for future ones"* (op. cit, p. 141). It is through the highlighting of aspects of the metaphor that new meanings can become

available and future action can be guided. This effect is what some have termed the 'insightfulness' of metaphor or 'a-ha' experience, while others have emphasized the connective aspects of it as a generator of new meaning. However, they also point out that an individual's meaning will partly be determined by culture and partly by past experience. As an example, they quote the case of the Iranian student at Berkley who having heard the metaphor 'the solution of my problems' had imagined that referred to a chemical metaphor of a solution where all his problems would either lie or be dissolved, a beautiful, novel metaphor (p.143).

Overall, the main assertion of Lakoff and Johnson that metaphors can create realities represents a departure from traditional views of metaphor:

"The idea that metaphor is just a matter of language and can at best only describe reality stems from the view that what is real is wholly external to, and independent of, how human beings conceptualize the world-as if the study of reality were just the study of the physical world. Such a view of reality-so called objective reality-leaves out human aspects of reality, in particular the real perceptions, conceptualizations, motivations, and actions that constitute most of what we experience." (op. cit, p.146)

The political implications of the 'interactional' view of metaphor concerns 'metaphors and truth': objective and absolute truth is socially and politically dangerous (p.159). However, those in power impose their metaphors on the rest of society and define 'truth'. The authors assert their belief in a multiplicity of truths.

The authors also examine the historical roots of 'metaphor'. Traditionally, metaphor is viewed as an indirect representation of truth, by paraphrasing something literal (op. cit). The empiricist view casts metaphor as obsolete, misleading or dangerous (for example, Locke). This, the authors describe as a 'fear of metaphor' (p.191), which is a fear of subjectivism. The romantics brought metaphor back in the centre of interest via their emphasis on art, emotions and nature (subjectivism). The authors suggest 'experientialism' as a third alternative for truth. They reject objectivism's single, absolute truth and subjectivism's only path to truth through the imagination. Instead, they propose a path through metaphor's unification of reason and imagination ('imaginative

rationality', p. 193), all pervasive in everyday life through the use of metaphor, as a path to new truth:

'ordinary words convey only what we know already; it is from metaphor that we can best get hold of something fresh' (Aristotle, Rhetoric, 1410b in Lakoff and Johnson, op. cit., p.190)

The authors also consider the applied implications of metaphors. They maintain that as metaphors highlight one aspect of the entity and hide others, blindly accepting a metaphor can be politically dangerous. For example, the authors consider the metaphor 'labor [sic] is a resource' (p.237). This conceals aspects of labour, which may involve human exploitation. In this way, cheap labour becomes acceptable as a good thing and degrading realities become hidden from view.

3.3 Metaphor in therapy

Mio and Katz (1996) argue that it is only by examining metaphor in the Platonic tradition (as opposed to the Aristotelian) that metaphor can be viewed as a vehicle of change in therapy, as it captures some truth about the client. It is from within this essentialist framework that most recent and current research into metaphor in therapy is conducted, though itself a departure from the previously commonly-held Aristotelian perspective. In this view, metaphor is revelatory of the client's self or aspects of self, a conceptualisation that rests on the traditional, modernist and Western view of the Self as a whole, unique, integrated entity, separate from social context. For example, Freud (1965, in Muran and DiGiuseppe, 1990) and Jung (1961 in Muran and DiGiuseppe, 1990) both emphasised the role of metaphor as an expression of the unconscious evidenced in dream communication. However, whereas Freud saw dreams as guises for other persons, emotions or things ('dream displacement'), Jung saw the dream as "expressing itself as best it can" (op. cit), for example, through Archetypes. Consequently, metaphor use in therapy from a psychodynamic perspective, sometimes functions as avoidance of direct confrontation, going beyond the defences of the client, as it presents itself in a form that may be less threatening to the unconscious mind (Muran and DiGiuseppe, 1990).

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As a contrast to views of a whole, unified self, postmodernism and social constructionism view the Self as multiple, multidimensional, socially-embedded, open-ended, indeterminate, contradictory and linguistically constituted, what Gergen (1991) calls 'multiphrenia'. However, the view of metaphor in most research in therapy rests upon a modernist view of the self, which regards metaphor as a representation of some underlying truth of the client. McMullen and Conway (1996) even maintain that this view of the self is the desired one, as evidenced in client metaphors of wholeness, while the constructionist view of the self is pathological and undesirable, as evidenced in metaphors of fragmentation.

From a constructionist perspective all language and descriptions are metaphorical (i.e. language is non-essentialist with no fixed meanings and does not reflect reality, but actively constructs it) (also, Edwards, 1997). The 'all language is metaphorical' position is in part attributed to Mary Hesse (1980) (in Soyland, 1994) and rests on a definition of metaphor as 'constitutive' (i.e creating reality and experience). Indeed, while cognitive linguists may argue that all communication is metaphorical, constructionists argue in reverse, that communication is a metaphor (Edwards, 1997). This suggests that there is no 'real' reality to communicate like a 'transmitter' to a 'receiver' (i.e. using the conduit metaphor), rather we speak of communication in a number of metaphors which construct it in particular ways (for example, again the conduit metaphor).

Billig (1987) observes that a one-sided bias exists in cognitive theory, as evidenced in the current interest in metaphor, whereas "*it might just as reasonably be asserted that human thinking is fundamentally metonymic, cognitive psychologists have paid nowhere near as much attention to metonymy as they have to metaphor*" (p. 262). Cognitivist notions are criticised among other things for their reliance on objectivism in the form of 'experiential realism', "*a kind of phenomenological bedrock driven by perception and physiology that provides an interpretative anchor for the words we use, and enables us to understand each other*" (Edwards, 1997, p. 256). It is for this reason that Lakoff and Johnson's work has been mainly criticised by discourse theorists (op. cit). Metaphors are instead

examined for their *discursive functions* ("*what they allow us to say or do*", Edwards, 1997, p. 189) and the worldview they make available (and those that they restrict or deny). For example, metaphor has been found to be central in the initiation and perpetuation of sexism (see Weatherall and Walton, 1999). It has also been considered in terms of its more imaginative and strategic use as liberating, resisting and subverting dominant meaning systems (op. cit). This is understood in the context of the metaphor's ability to invite multiple understandings and versions of reality, which can invite new understandings and action in subjectivity (Weatherall and Walton, 1999). Metaphors can also function as euphemisms or dysphemisms, when they make a rather taboo subject more socially acceptable or conversely when they portray it as more offensive sometimes in a humorous way (Pfaff et al., 1977). Coyle and Wright (1996) suggest the use of the interviewee's metaphor in research as a way of promoting empathy. The effectiveness of metaphors as rhetorical and political devices of persuasion is also well documented (e.g. Mio, 1996; Johnson and Taylor, 1981; Bosman, 1987).

As language is *constructing* reality and experience (subjectivity) and meaning is determined by context, so is metaphor responsible for permitting or denying access to certain (more or less desirable) subject positions. I want to argue that metaphors have *implications* of paramount importance for therapy. For example, the metaphor 'psychotherapy is war' (in Lakoff and Johnson, 1980) positions client and therapist as opponents in different camps, rather than collaborators on the same side. It also suggests that therapy is competitive and that there must be a winner. Perhaps the process turns out ugly or bloody, too (though, hopefully not literally!). The client might be encouraged to be more passive and technological options against the opponent (disease) would be acceptable (in Berlin et al., 1999). Other metaphors that construct therapy in different ways and emphasise collaborative and egalitarian qualities are possible, such as 'therapy is dance' or 'therapy is orienteering'.

This *constructionist* view of metaphor has found several applications (through mainly text, narrative and story) in therapeutic practice, particularly in the domain of systemic and Narrative therapy, for example through 'personification' in externalising the problem

(White, 1990). It is reported that up to 95% of systemic practitioners use metaphor in therapy (Bryant et al., 1988). Smith (1992) emphasises this constructive sense of metaphors, which becomes denied or obscured, resulting in the constructive link being forgotten. He gives the example of viewing 'the family *as if* it were a system', rather than 'the family *is* a system' (op. cit., p. 72). He argues that as metaphor is all-pervasive, to do therapy is to do therapy for the client's metaphors. As metaphors are typically used without awareness or without awareness of their metaphorical nature, Smith (op. cit) urges therapists to be aware of metaphor and suggests a number of options for therapy. These include helping the client choose from metaphors based on the options they make available and questioning the ones the client may hold dear if they are restricting.

Hill and Regan (1991) added an additional component to the definition of metaphor to include the 'visual image' alongside the 'non-literal use of words' and the 'implicit or explicit comparison'. Through its imagery and verbal components, metaphor is thought to unite the left and right brain hemispheres or to help people enter into what some (e.g. Ley and Freeman, 1984) call the domain of 'right brain functions'. However, the psychotherapy literature regards the use of imagery as problematic, because people are seen as differing "markedly on how visual they are" (Bayne and Thompson, 2000, p. 38), including of course therapists (op. cit). Others refer to this as the 'concrete client' (Hymer, 1997). Within this context, *client* difficulty or disinterest in the use of metaphor is attributed to pathological causes ('levels of disturbance')(Rasmussen and Angus, 1996), while no such claims are made for the therapists. In the same counselling literature, several studies document the extensive use of metaphor by clients in therapy (Angus et al., 1991; McMullen, 1989). Despite their apparent widespread use there is actually a limited number of such empirical studies into metaphor in therapy, which theorise and conceptualise the meanings of metaphor in an organised and systematic way (McMullen and Conway, 1996). Moreover, the literature tends to focus on client generated metaphors (Angus, 1992). A number of papers have considered ways of responding to those (e.g. Bayne and Thompson, 2000; Smith, 1992; Strong, 1989). Strong (1989) proposed a model of three responses, now known as 'the Strong model'. These include "*explicating what is implicit in the metaphor; therapeutically extending or*

modifying the metaphor; and creating and delivering a 'therapeutic metaphor'" (Bayne and Thompson, 2000, p. 37). Psychoanalytic literature tends to focus on metaphor as a therapist-generated interpretation, though there are examples of other approaches being explored, such as relying on the ambiguity of metaphor to open up meanings with the client, avoiding the dangers of reification (Hymer, 1997).

All in all, metaphor in therapy presents therapists and researchers with the problem of conceptualising and theorising the personal and particularised meanings of metaphors for clients, as well as utilising them in the process of therapy. Berlin et al. (1999) present a utilitarian argument for the evaluation of metaphor in therapy: rather than discussing their 'truth' value, they suggest therapists consider their 'appropriateness or inappropriateness', their usefulness or revelatory potential (op. cit). They urge therapists to use them in non-prescriptive ways that allow the clients to use metaphors in their own way. However, they themselves ignore the importance of context when they advocate the importance for research that looks into developing a *universally* 'useful' metaphor, depending on the client, the problem being treated or the therapist's own theoretical orientation (1999, p. 365). They particularly emphasise the ability of metaphor to highlight certain elements of an issue rather than others, thereby disrupting and challenging previously held ideas of the client. The same authors (op. cit) also emphasise the potential for destructiveness in metaphors when they are not understood or are misunderstood. This concern (i.e. the 'dangers' of metaphor) is shared by many others in the literature (e.g. Milne and Sheikh, 1999; Angus, 1992; Muran and DiGiuseppe, 1990; Petrie, 1979; Pylyshyn, 1979; Reddy, 1979; Schon, 1979). Indeed, Fraser (1979) reported little agreement between people about the meanings of metaphors. Angus (1992) found in her research that collaborative styles of communication in the therapeutic dyad gave rise to meaning conjunctions with non-collaborative styles having the opposite effect.

Metaphor is now commonly accepted as holding a central role in psychotherapy: *"characterised by many as 'the language of change' metaphor has naturally become central to psychotherapy where change is a definite aspect"* (Muran and DiGiuseppe, 1990, p. 69)(also, Small and Manthei, 1986). This is in contrast to metaphor's apparent

absence (or its limited input at the very least) from many training programmes and thus presents as a paradox. In the psychotherapy literature metaphor is constructed in a number of technical and functional ways and clinical examples abound. Metaphor is constructed as a tool or sort of trick, the use of which must be timely: *"Metaphors are often **best kept in storage for future use** until the analyst has a sufficient understanding not only of the patient's life issues and level of self-development and object-relations, but also of how the patient conceptualizes reality"* (Hymer, 1997, p. 138) [my emphasis]. Metaphor has been considered an important intervention on the part of the therapist (Evans, op.cit). It is considered distancing, thus enabling work with painful, sensitive or spiritual material, a shortcut for communication and a gateway to empathy (Bayne and Thompson, 2000). Metaphors have been found to have a powerful and transformative potential for the process of therapy (McMullen and Conway, 1996; Siegelman, 1990; Cox and Theilgaard, 1988). This relates in particular to metaphors of self-change with the self being intact as leading to positive therapeutic outcome, while those with the self being fragmented were not (Mio and Katz, 1996). Indeed, the facilitative role of metaphor in therapy has been well documented (Strong, 1989; Barlow et al., 1977). Metaphor is seen by Ortony (1975) to have a mnemonic function, due to its vividness and memorability, and thus a place in therapy as a didactic tool or aid. Others have suggested that metaphors open up avenues for self-growth and new solutions (Berlin et al., 1991), as well as reinforce the therapeutic alliance (Angus and Rennie, 1988; McMullen, 1995; Rasmussen and Angus, 1996). Other studies have focussed on metaphors as indicators and potentially predictors of the quality of the therapeutic alliance (e.g. von Kleist, 1987; Buchholz, 1993, 1995; Roderburg, 1998 in Moser 2000). Angus (1996) found that clients who used a core metaphor in relation to the main issues of therapy had the best therapeutic outcome, compared with those who used metaphor to refer to experiences external to the main issues of therapy (also, McMullen, 1989). Some research identifies metaphor as a useful marker for change and for the evolution of clients in therapy (Levitt et al., 2000). Angus and Rennie (1988), reviewed the literature on the role of metaphor in therapy and found that it has been linked to insight and change in the psychotherapeutic process (also, Evans, 1988; Kopp, 1995). Levitt et al. (2000) encourage therapists to explore the meanings of metaphors with their clients as they relate to their own lives and to establish

emotional connections with the metaphors. They go as far as suggesting that metaphor can be a technique that targets experiences of depression (among others), as well as shifts in these experiences (op. cit). Metaphor has largely been regarded in the therapy literature as either a defensive, primitive device of the client (Ekstein, 1962; Barker, 1985) or as an expression of subjective meaning (Evans, 1988).

Despite all these studies, Barker (1985) calls for systematic research into metaphor use in therapy, claiming that *"the literature on metaphors in psychotherapy is sparse, and hard research data are in short supply"*(p.27). This sharply contrasts with the actual widespread use of metaphor in therapeutic practice, be it in the form of anecdotes, stories or rituals (see Van der Hart, 1983 for more on this), etc. There are even therapies, concerned with the use of metaphor *par excellence*, such as the arts therapies, each addressing metaphor through its artistic/expressive medium. However, despite the interest shown by a variety of schools of psychotherapy, there is an apparent gap in the literature, in terms of systematic research into this area (Angus and Rennie, 1989). Furthermore, most of the existing research assumes a realist perspective, theory-driven in general and psychoanalytic in particular (e.g. Siegelman, 1990; Hymer, 1997; Lacan, 1977; Cox and Theilgaard, 1988).

Dwairy (1997), considering the sociological context of metaphor, views therapeutic intervention with metaphor as particularly suitable for clients from nonwestern cultures. He regards these cultures as based on metaphor, while individualized, psychological explanations of health and illness as sparse or undeveloped. This is in contrast with western clients who are viewed as well-versed in the psychological languages and explanatory theories (i.e. they are 'psychologically-minded'). When a western psychologist works with a nonwestern client, they have to come to the unavoidable decision between translating the client's experience to psychological language based on their theoretical orientation or fitting the metaphorical language of the client into the intervention, in accordance with the client's language. He also quotes a number of applications and interventions based on imagery, as an outcome of a number of studies that have shown a positive relationship between imagery and health. These include

applications in physical health such as pain-management, heart disease, as well as psychological ones. The psychological correlates he addresses include psychoanalysis, phenomenology, cognitive-behavioural therapy and hypnosis. Socio-cultural correlates relate to the socio-cultural basis of metaphor as conscious and unconscious representations of collective experience, revealed in myths, symbols and proverbs. He regards non-westerners as more grounded in their cultural metaphors than westerners who speak a language based on scientific empiricism. He goes on to propose a bio-psychosocial model of metaphor therapy that demystifies it.

Linden (1985) from phenomenology, considers the 'eureka' experience typically associated with a good, novel metaphor. This property links it to both the creative and the scientific processes (op. cit). For Shengold (1981, cited in Linden, op. cit), the most indispensable and shared feature of both metaphor and insight is the making of connections. Metaphor for Linden (1985), seems to be a " *'transitional phenomenon' (in Winnicott's sense), mediating and providing links in both directions between the inner and the outer worlds. "(*p. 389), while for Turner (1974, in Cox and Theilgaard, 1997) it is a metamorphic, transformative phenomenon. Metaphor has also been extensively studied in Hypnotherapy (e.g. Erikson, 1980).

Sarbin (in Allen and Scheibe, 1982) is one of many theorists and therapists who regard the role of metaphor as central to the process of therapy and vital for psychology. Sarbin maintains that attention to metaphor can help bring back psychology to its humanistic roots. He regards metaphor as the only avenue of communicating novelty in a world that is constantly changing and as a useful tool in promoting understanding of human actions. Similarly, Evans (1988) suggests that metaphor permeates human experience and that the role of the therapist is to help the client make a bridge and connect with that world of "unrealised possibilities" (p.550) and to strive for psychological growth through *a change of consciousness.* He therefore condemns a stance of expertise in pathology and adaptation as unhelpful. While this perspective seems closer to social constructionism, in terms of its emphasis on possibilities through metaphor and rejection of the

adaptation/maladaptation dichotomy, it nevertheless retains a realist epistemology in that it retains a notion of the self as real and of metaphor as uncovering 'real' qualities.

In similar, realist terms, Gordon (1978) regards metaphor as a way of talking about an experience where the experience itself is unavailable to anyone but the person having that experience. In a sense then metaphor becomes the closest one can get to sensing a person's experience. This he regards as having obvious and important implications for a process in which empathy and empathic understanding (*verstehen*) play a central role. Gordon regards the process of using metaphors as a *"stacking of realities"*, where *"experiences are simultaneously represented at more than one level of meaning"*(p.173).

Conducting a Qualitative study of metaphor in therapy, Angus and Rennie (1988) came up with the following results: a collaborative style of meaning construction in therapy was found to stimulate discovery and sharing of personal meanings, which in turn facilitated a mutual understanding of the metaphor. Important factors in the collaborative styles were the curiosity and the attentive listening on the part of the therapist, which helped elaborate and explore the metaphor, thus helping therapist and client reach a new understanding. In non-collaborative styles the therapists persuaded the clients to adopt their constructions of reality regarding the meaning of the metaphors. Since the metaphors were not explored or elaborated upon, the therapists assumed a mutual understanding, which in most cases was disproved. Moreover, non-collaborative styles lacked the creative and the sharing aspects of collaborative styles, which proved so important in the client's expression of hidden thoughts and feelings associated with the metaphor (Angus & Rennie, op.cit.). In a different study, collaborative styles also gave rise to elaborated metaphors (Angus, 1996). In another study, the same authors (Angus & Rennie, 1989) found that therapists, largely of non-collaborative styles, often assumed incorrectly a shared context of the meaning of a metaphor, resulting in misunderstandings (also, Angus, 1992). The study found that where there had been a shared context of meaning, clients felt their therapist was deeply connected with them (op. cit). The study also revealed that metaphoric expression was embedded in a context of meaning underpinned by 3 organising principles: an associative link to other elements of the

meaning context, a representation of aspects of self-identity and a representation of role-relationship patterns characteristic of the individual (op. cit).

3.4 Some examples of uses of metaphor from realist perspectives

This section explores a number of realist approaches to metaphor work in therapy. A number of authors have provided prescriptive ways of working with client-generated metaphor, in a way that is said to capture aspects of the client's experience or self. Gordon (1978), for example, suggests strategic ways for the therapist to manufacture metaphors, in order to address the client's experience in an unobtrusive and covert manner. This, however, implies the therapist is able to correctly capture and accurately represent the experience of the client and then produce the appropriate metaphors. He further suggests it may be particularly helpful to utilise metaphors in the form of anecdotes or fairytales with 'yes/but' clients that may be resistant to suggestions or other interventions and as such advocates a strategic and instrumental use of metaphor for the therapist. Barker (1985) also proposes the use of stories in therapy, as they convey a message in an interesting, non-threatening and non-didactic way, while re-framing a problem by addressing it from many different perspectives. Gersie and King (1990) among others have written on the uses of story-making in education and therapy as a tool by which to represent client experiences. The healing is said to be in the story itself (i.e. stories are represented as inherently therapeutic). All these methods have at their centre and advocate an instrumentalist and strategic employment of metaphor by the therapist.

Metaphor is not only viewed as evident in linguistic terms as a symbolic communication of meaning. The body is also regarded as a carrier of meaning, especially as a communicator of pre-conceptual experience. For example, for Cox & Theilgaard (1988) psychosomatic symptoms can be 'translated' via metaphor to other representational systems. Some Systemic theorists and practitioners have also argued for a non-verbal metaphoric communication in the form of physical ailments and symptoms (McDaniel et al., 1995). These authors view both mind and body as united within the metaphoric structure of individual reality. Certain therapy forms are devoted to working with

metaphor addressing both verbal and non-verbal levels. Dramatherapy and Dance-Movement Therapy are two forms of Arts therapies that make use of the body's metaphoric communication (e.g. body gesture, mask, movement) to create, re-create and explore reality with therapeutic intent (Gersie, 1996; Bartal & Ne'eman, 1993). Gersie (1996) writes that the symbolic representation of experience in these forms of therapy is a useful and sometimes necessary mediator in cases where metaphor is the only access to psychic reality or where the psychic reality is unconscious, preconscious or undisclosed out of fear.

In the previous section of this chapter, I reviewed a number of studies, which claim that collaborative approaches to metaphor work yield positive outcomes for therapy. Authors such as Angus and Rennie (1992) advocate a collaborative style of metaphor work, but appear to take for granted the meaning of 'collaborative' as designating 'a good thing' and an egalitarian approach. However, in 'collaboration' the expert can be covert. For example, working in a collaborative way with the client does not guarantee that expert meanings will not be imposed and meanings are clarified and co-constructed. Such an example is Kopp's (1995) Metaphor Therapy, which claims to be collaborative, but in which the therapist has a knowing position in that he or she produces metaphors that are said to accurately capture the dynamics of the client's experience (op. cit). The active role of the therapist in 'transforming' the client's metaphors also sharply contrasts with an allegedly non-directive role.

I will next present in turn two examples of realist approaches to metaphor, Kopp's Metaphor Therapy (1995) and Cox's Aeolian Mode (1997), a psychoanalytically-based approach.

Kopp (1995) suggests a specialised way of working in therapy, in which metaphor is viewed as central to the process of change. Gordon (1978) maintains similarly to Kopp (1995), that a vital component of metaphor in terms of enabling change is its ability to be re-framed. 'Re-framing' is then the process by which painful and unwanted experiences are re-cast as valuable and helpful ones and this property represents what Kopp (1995)

calls 'the transformative potential' of metaphor. It is based on the belief that human beings structure reality metaphorically at individual, collective, sociocultural and transcultural levels. The transcultural level is similar to the transpersonal Collective Unconscious proposed by Jung, saturated with Archetypical, symbolic representations of humankind's collective life experiences. Exploration and transformation of client-generated metaphors occurs within the worldview of the client, as metaphoric speech reflects the individual's culture and as such the process is said to be particularly well suited to culturally diverse clients.

Kopp (op. cit), proposes that the therapist refrain from interpreting the client's metaphor, thereby introducing an external frame of reference. Instead, the emphasis is placed on staying with the image, facilitating the client's exploration of it (for instance by asking investigative questions that address the senses-sight, smell, sound etc.) and avoiding the introduction of new/foreign content to it. In client-generated metaphors, the therapist explores and transforms the client's imagery and Kopp maintains that this ensures the client owns the process as it originates in him or her and also that the metaphor reflects the client's experience and not the therapist's understanding or perception of it (Kopp, 1995). Precisely because client-generated metaphors are 'proximal' to the interaction between client and therapist they have been found to play an important role in affecting positive therapeutic outcome (Kopp, op. cit; Sue & Zane, 1987). Two broad categories of interventions are identified for client-generated metaphors: *"(1) exploring and transforming the client's metaphoric language, and (2) exploring and transforming the client's early memory metaphors."* (p.xvi). It is unclear, however, in what way exactly 'transforming' a metaphor fits in together with 'staying with' the client's metaphor and how it also fits in with a purported therapist's non-directive role. In addition, in therapist-generated metaphors, the therapist offers a metaphor that is seen as accurately capturing the dynamics of the client's experience, in itself a knowing and expert position.

Metaphor has also been described as a pattern. Kopp (1995) also refers to Bateson's (1979) view that there is a pattern that connects all organisms and nature and suggests that that pattern is metaphor. In this light, metaphor is represented as the pattern that

connects the rich tapestry of life: individuals, groups and cultures. Even though the meaning metaphor holds may differ somewhat for different theorists, there seems to be a general consensus on the idea that metaphor represents a gestalt of images, feelings and thoughts, a sort of a bridge between the right and the left brain. For Kopp a metaphor can be viewed in terms of a word-picture that creates a resemblance between an image and a situation. Similarly, for Lakoff and Johnson (1980) metaphor unites reason and imagination, thus integrating non-linear/imaginal communication with linear/verbal communication. This is also consistent with the psychoanalytic point of view that maintains that metaphor integrates primary with secondary process thinking (i.e. sense impressions and conscious, verbal processing respectively) and left brain/right brain functions (Muran and DiGiuseppe, 1990).

Kopp's more collaborative, though still knowing, approach is here contrasted with a psychodynamic way of working with metaphor, which emphasises the role of the therapist in analysing and interpreting the metaphor from a position of authority and expertise. As an approach, it is also contrasted with findings from the studies conducted by Johnson-Laird (1981) and Kosslyn (1980) on the verbal description of spatial relations among objects. These studies have suggested that when clients are encouraged to stay within their own metaphors and elaborate on them, the meaning and insights they gain can be more profound than if the metaphor is analysed or discussed. This has profound implications for the extent and the mode metaphor is engaged with in therapy and evidently points to the direction of collaborative instead of non-collaborative styles.

Cox (1997) called his approach to metaphor work the 'Aeolian Mode': the utilisation of metaphor that emerges spontaneously in sessions by either client or therapist. It engages with metaphor in a way that is congruent with analytic orthodoxy, which essentially means that as an approach it is largely theory-driven. Similarly to Kopp (1995), Cox sees metaphor as central to the therapeutic work, recognises in it 'the pattern that connects', and avoids inserting images from the outside. However, the main difference with Kopp's model is that once metaphor has arisen Cox adopts an interpretative stance, consistent with psychoanalytic theory, rather than staying with the metaphor and exploring it further

like Kopp suggests. Here is a clinical example to illustrate the Aeolian Mode (Cox & Theilgaard, 1997):

Cox's 'patient' is regarded as having a history of 'pseudo-psychotic phenomena'(p.37). Referring to a variety of animals in his hallucinations he makes the following remark: *"I've seen rabbits...in fact I've seen a snake eat a rabbit in my cell"*, to which Cox enquires *"Head or tail first?"*. The patient replies *"By the tail."* (p.38). Cox's understanding of the metaphor is as follows:

"This vignette clearly demonstrates the double effect of the mutative metaphor, linking the described current experience (snake eating rabbit), the affective transference identification (Bill 'caught' unexpectedly 'from behind'), and the 'trapped feeling' with his mother-his repressed early experience"(p. 39).

Although Cox is 'going with' the metaphor and explores it to a small extent by asking questions about it, he nonetheless imposes his analytical perceptions on the metaphor, which then are 'justified' by the content of the image, because they cannot be disproved either. It remains doubtful whether his client gained any understanding of his metaphor, other than what is dictated by psychoanalytic theory. Cox maintains that the criterion by which this way of working is to be judged is whether it adds to the 'armamentarium' of techniques available to the therapist. However, no mention is made of its usefulness to the client, in terms of allowing the metaphor to speak for itself (i.e. the client's own meanings). Rather, Cox assumes a re-authoring of client material, which is a feature Psychoanalysis has been much criticised for, mainly in terms of dream analysis (see Killikelly, 1995; Webster, 1995 for example).

To conclude, these two examples from realist approaches share a view of metaphor as a representation of self and experience and work in ways to uncover these. Even Kopp's model, said to be collaborative and client-centred in terms of meaning-making, cannot avoid ultimately relying on the knowing expertise of the therapist who guides the process and 'transforms' according to their 'expertise' the client's metaphors. In the section that follows, I present some examples of constructionist uses of metaphor in therapy as a

contrast to this view, where metaphor is instead regarded as constitutive and constructing of experience and the therapist's role is facilitatory rather than knowing. I want to argue that these approaches present a better alternative to realist approaches to metaphor work, where meaning is universal and stable, dictated by theory.

3.5 Social constructionism and metaphor work in therapy

Before I elaborate on a constructionist view of metaphor, I wish to add here that I have maintained a distinction between constructivism and constructionism, as there is an ongoing debate in psychology whether or not and the extent to which constructivism forms part of a constructionist, non-realist approach. While for some constructionism in psychology is an extension of constructivism, attending to social processes aside from mental processes, for others it remains a mentalistic, cognitivist approach with a 'bottom line' of physiology and mental structures. Gergen in particular is keen to maintain the distinction between the two (e.g. 1985; 1989) and suggests that we gain by thinking of the processes that shape the world as linguistic rather than cognitive. He states that in this way we move away from the mentalistic solipsism of looking into private minds and move into the arena of the social and the political. A constructivist view of metaphor also presents as an interesting approach (for example, Mair, 1977). However, it is ultimately the point of language that precluded a constructivist approach to theory and method in this research, as I was interested in the linguistic construction of realities, a primary focus and vehicle for discourse analysis.

Social constructionism addresses metaphor in therapy from an entirely different perspective to realism. If there is no 'real', then all ways of talking about the world are metaphors. Gergen (1999) states that recognition of the metaphorical basis of everything opens up the way for alternative actions. Social constructionism shares the claim that the body is a lived metaphor for experience, but views the body not only 'like a text', subject to meaning construction, but as 'text' in itself (Montero, 1998) (i.e. embodied text). This concept was beautifully illustrated in Peter Greenaway's film, 'The Pillow Book'. Here, the body was not only used as a book, bearing inscriptions and discourse, but comprised

the book in itself: the book was made of human skin, thus containing the history, the lived experience and the stories of its bearer.

Nowhere is the use of stories more widespread and pertinent than in Social constructionist approaches (Gergen, 1999). The 'turn to stories', represents an interest further strengthened by Narrative Therapy (Epson and White, 1990) and hermeneutic approaches (McLeod, 1999).

From a Social Constructionist point of view, it is the exploration of metaphor (through its imagery content or linguistic function) that is placed in the forefront. The therapist's role is regarded as an engagement in a 'conversationalist' role with the client(s), through which meaning can begin to emerge in sessions. This represents another major difference: the therapist does not position him/herself as the 'expert'. In this view, there is no "privileged standpoint for understanding" (Wachterhauser, 1986, p. 399). Instead, meaning is *co–constructed* between therapist and client and not as externally *imposed* on the part of an objective, 'expert' therapist, who offers meaning based on his/her interpretations and inferences (Cecchin, 1992). In this way, applications of social constructionism also represent collaborative approaches.

Here, the role of 'reflexivity' is of paramount importance. The therapist acknowledges their own assumptions, theoretical and social baggage, as it is impossible to leave them outside the therapeutic process. Their opinions are viewed as just that and are 'authored' or owned and are placed in a *"wider context that creates the 'becoming' and not the being of a therapist"* (Cecchin, 1992, p. 93). This permits the therapist not to hold on to their views too dearly, but to constantly put them in perspective and look for alternative possibilities. Hence, the challenge lies in the co-construction of ways of being and viewing oneself and the world that fit with the client, the therapist and the cultural/societal views on ways of being.

Regardless of whether metaphoric structures in the client's discourse are regarded as 'reality' by them or not, they nonetheless open up a forum for exploration. The

requirement is, however, that the therapist does not introduce an external frame of reference, such as his/her own ideas as to what represents 'reality' and what doesn't. The metaphor is not interpreted in line with a particular theoretical framework, such as in theory-driven models of practice (e.g. psychoanalysis, Jungian Analysis etc.). Instead, the possibility arises, for a re-construction of self and life in ways that are not pathologising, but are more empowering and helpful for the client (Burr, 1988). However, I also want to acknowledge potential criticisms of this approach. In a recent review of a Narrative Therapy book (Monk et al, 1997), Hollway (2001) writes that one of the main problems with constructionism, the problem of agency, has seeped into this form of applied constructionist therapy. This refers to assumptions about the nature of the subject, which, through the privileging of language, is supposed to draw (in social life including the enterprise of therapy) on different discourses, while remaining a discursively *constructed* subject. While on the one hand subjects are positioned unfavourably as 'puppets' (Drewery, 2001) of discourse and their problems are located outside the self in external structures, the same subjects are simultaneously viewed as active meaning-makers. Thus, the ability to draw upon different discourses necessitates an *agentic* self, something that goes against constructionist assumptions. The editorial team's representative (Drewery, 2001) acknowledges the need for a re-conceptualisation of agency that signals a departure from the current liberal-humanist form to a view that agency in constructionist terms is not possible except in relationship (op. cit).

3.6 Applications of Social Constructionist ideas

In the next section, I present a number of approaches to metaphor in therapy, all of which sharing a focus on the element of meaning co-construction and a view of symptomatology as a metaphor. In this way, work by the Hearing Voices Network neither discredits nor wishes to suppress people's experience of hearing voices, but rather seeks to explore them and create meaning out of them, viewing them instead as metaphors. For example, their message might have parallels with the person's life and current experiences. Similarly, the 'not knowing' approach and Narrative Therapy

presented here, share a preoccupation with language and narrative, which includes the use of metaphor, using the 'text analogy'. Instead of considering the truth value of metaphors, these approaches share the exploration of 'choice' or 'preference' of metaphors (Spellman, 1994). So, while metaphor may be seen by realist approaches as separate to reality (i.e. 'detachable') (Spellman, op. cit), constructionist approaches view metaphor as intertwined with language and constitutive of realities.

i) The Hearing Voices Network

In the field of Mental Health, people who suffer from what psychiatry terms schizophrenia with 'auditory hallucinations', have had in recent years the opportunity to explore the voices, through innovative work. This has been pioneered by Romme and Escher (1993) and has come to be associated with the "Hearing Voices Network" in the UK. In this context, clients formed self-help groups and learned from each other how to cope with voices. The emphasis is on understanding and *coping with*, rather than *controlling* the voices. In this approach, clients give their own versions of truth and interpretation of the voices, after engaging with them, externalising them in a type of 'projected metaphor' work (i.e. by sculpting, drawing etc. the voice or the person/entity behind it) and exploring them. Their interpretations as to the origins of these voices range from the psychological, to the spiritual and the paranormal. Therapist and client are engaged in collaborative, co-constructing work, creating together the meaning of the voices.

ii) The Not-Knowing Approach – The client is the expert (Anderson and Goolishian, 1992)

This approach is evolved from systemic therapy, as did Narrative Therapy. It is based on social constructionism and hermeneutics. This approach sees therapy as dis-solving the 'problem', through the 'therapeutic conversation'. The 'problem' exists in language only. The expertise of the therapist lies in the asking of questions from a position of not-knowing, not from a theory-driven, method-informed position, however the client is

regarded as the expert in their own experience. Therapy becomes a mutual search for exploration and understanding. The focus is on opening space for new exploration and not on the production of change. The therapist communicates genuine curiosity and a need to be informed. He or she does not offer a priori knowledge or opinions. These are held aside, in favour of allowing curiosity to develop and the client's reality to emerge. This not-knowing stance can be used in metaphor work, where the metaphor is explored and different meanings are allowed to emerge, based on the aforementioned principles.

iii)   Narrative Therapy

Narrative Therapy uses the 'text analogy' to describe lived experience across time. It assumes that people give meaning to their experience through the storying of these, thus giving it structure and shape. However, it is in the performance of these stories that aspects of experience are re-lived and re-constituted: performance is constitutive. Experiences that are not 'performed' in this way remain unstoried, unexpressed and amorphous (White and Epston, 1990). The stories permit a multiplicity of different stories or a multiplicity of selves to emerge. The process begins with a 'dominant story', often 'problem-saturated'. The externalisation of this story can then allow the externalisation of the problem and *"the mapping of its influence in the person's life and relationships"* (op. cit, p. 16). Alternative stories or narratives can then be plotted, after the person becomes separated from the problem. This assists in a sense of personal agency and a re-authoring of personal stories and subsequently of the client's life and relationships. There are two further important aspects of this process: previously suppressed, neglected or unavailable aspects of the stories or narratives can be expressed. The other lies in the act of witnessing: the audience contributes to the writing of new meanings, which in turn the client experiences as extensions of their original story. This context *"brings forth new choices for persons regarding the authoring of themselves, others, and their relationships"* (p. 18). Stories can, therefore, be viewed as inherently metaphorical from a social constructionist point of view, where there is no single reality or truth of experience. The 'truth of experience' is then multiple and there can be an infinite number of stories or truths. Metaphor and narrative are inextricably bound from a

social constructionist perspective. In the absence of reality or absolute truth, what remain are stories, constructions and re-constructions of a narrated life. Furthermore, stories are here viewed not as testament to the unity of a person, but of a tradition: stories are a way of belonging (McLeod, 1999). They are situated in time and are part of a socio-cultural tradition. Stories in therapy are further part of an oral tradition: they are told. As stories are embedded in previous versions, each subsequent telling of a story reproduces its previous versions, by altering them in important ways (op. cit). Here lies its value for therapy in general and for a metaphoric understanding of narrative in particular.

66

You often get clients who come and they want everything

sorted and you say oh I haven't got a magic wand, I'm not

the Fairy godmother who's gonna go *ding* and everything's

99

wonderful again for you

[A therapist disclaiming magical solutions in therapy]

4

Methodological Considerations

This chapter addresses the ethical considerations of the research and access to participants. It is also concerned with formulating a methodological approach that attends to the discursive resources drawn upon for the construction of 'metaphor' and 'metaphor in therapy'. A theoretical framework is outlined based upon the definition of 'Discourse Analysis' and the distinction between the two discourse analytic forms, Discursive Psychology (DP) and Foucauldian Discourse analysis (FDA). The implications of the two approaches in relation to ethics are also presented. Finally, I address the issue of the evaluation of qualitative research in general and discourse analysis in particular.

4.1 Ethics and recruitment

Ethical clearance for the research was granted by the City University Ethics Committee before any advertisements were circulated. NHS ethical access was not sought as the research would not take place on NHS grounds nor would clients be internal NHS clients. Where a client was an NHS client, they had sought to participate in the study on their own volition, by responding to an external advert (see Appendix 1). Contact with the participants was established via telephone when they either responded to advertisements or to word of mouth. At that point I explained the topic of the research, clarified any issues, answered questions and emphasised the recorded nature of the interviews, issues of confidentiality and that participants could withdraw at any stage during the interviews. I also explained that they would have to sign an 'informed consent' form and fill in a

short demographics form (see Appendix 5) prior to the interview. All potential participants opted to take part in the research, while none withdrew during an interview.

4.2 Discourse Analysis

Discourse Analysis is a postructuralist, qualitative research method and methodology, based on a constructionist epistemology. Parker (1997) and Potter (1997)(also Willig, 2001) suggest that there are two distinct versions of Discourse Analysis. Others point to a difference in emphasis (Potter & Wetherell, 1995; Billig, 1997) between discursive resources and discursive practices. Wetherell (1998) has advocated a *synthetic* approach, while in Willig (1999a) and Yardley (1997) there is an attempt to apply a modified form of Discourse Analysis to health psychology issues, the *material-discursive* approach. However, it has been pointed out that it is possible for Discourse Analysts to adopt different epistemological and methodological frameworks (Willig, 2000; Parker, 1998).

4.2.1 Versions of Discourse Analysis

i) Discursive Psychology

Discursive Psychology[10] (Potter and Wetherall, 1987) is a psychology concerned with psychological phenomena, but conceptualises these in a completely different way to cognitive psychology: they become discourses/constructions, instead of cognitions/mental processes (Willig, 2001). There is an emphasis on the action orientation of the text (i.e. what discursive functions it performs), such as blaming, justifying, accusing, etc., instead of perceived 'real' phenomena. Its epistemology is relativist social constructionist (see Chapter 2). It emphasises the fluidity and variability of discourse and has its roots in ethnomethodology and conversation analysis (Willig, 2001). The focus of the analysis is on the fine grain *rhetorical functions* of the discourse - how people use language and what is accomplished by the employment of certain discursive strategies. For example, disclaimers manage accountability, footing as owning the speaker's position, extreme case formulations as strengthening an argument or

justifying an account, constructing corroboration and consensus as a way of shoring up an explanation by citing others and high status witnesses, etc. (Edwards and Potter, 1992). Attention is therefore paid to the *action orientation* of talk, which represents multiple ways of reading talk (e.g. Edwards, 1997; Edwards and Potter, 1992). This does not, however, tell us anything about the motivation of the people engaging in these strategies. It conceptualises 'subjectivity' as a transient, localised construction, subject to re-constitution across different contexts (Willig, 2000). The context is always of paramount importance and readings are 'local' (i.e. context-specific) as opposed to universal or general. For example, variability in one account in terms of interpretative repertoires (i.e. contrasting and contradictory explanations of phenomena) (Parker, 1997b), suggests that objects are constructed through language and that discourses are inherently dilemmatic (Willig, 2001). Though 'Discourse' in Discursive Psychology is restricted to the solely discursive, Parker (1997b) has included the extra-discursive, such as non-verbal communication and artistic imagery.

Schegloff (1997) has tried to cultivate a standard of technical discipline for the Discourse Analyst, as he considers the case to be for the Conversation Analyst. Schegloff (op. cit) suggests that the analyst select for analysis those aspects of talk relevant for the participants and not the analyst. This seems inconsistent with a claim for reflexivity on the part of the analyst and an avoidance of imposition of *a priori* knowledge, assumptions and expectations, as the analyst decides what is relevant and what is not. Wetherell (1998) makes precisely this point when she emphasises the *"highly occasioned and situated nature of subject positions and the importance of accountability"* (op. cit., pg. 394). Meaning is viewed here as highly localised and contextual and the authoring of interpretations by the analyst is, therefore, of paramount importance. Wetherell (op. cit) adds that even though there have been a number of discourse analysis versions in recent years, it is possible and desirable to assume a *synthetic* approach. This could take the form of utilising discursive psychology analytic concepts such as positioning, interpretative repertoires etc., while drawing from a poststructuralist, inclusive definition of discourse (op. cit), which considers the role of ideology, power and politics.

Willig (2001) distinguishes between problems inherent in the method of discourse analysis, as opposed to those stemming from choice of approach and its focus. Limitations in focus include an interest that is limited to discourse only and how this constructs phenomena. The implication is that 'subjectivity' (i.e. people's sense of self, memory, intentionality and self-awareness) and motivation are not addressed. It fails, for example, to account for cases where people use discursive resources that do not serve them well and why some people do more discursive leg-work than others (op. cit). As it is concerned with public discourse, it also fails to explore and theorise private discourse, such as thought. So, while discursive psychology assumes discursive resources are self-serving (i.e. they manage stake and interest), it fails to account for cases where people adopt or fail to adopt certain strategies, even when it would have been advantageous to do so. There are further objections that the 'extra-discursive', in addition to the discursive, needs to be explored, as that also produces possibilities and limitations on discursive experience (Brown, 2001). For example, materiality, the *"elemental, physical nature of the world in which we are embedded, its 'thing-ness' and solidity"* (Cromby and Nightingale, 1999, p. 11) and embodiment, are typically absent from discursive accounts except as discursive entities, while playing an important role in the production of subjectivity. For example, a discursive 'reading' of a suspect's silence at a police interview would require the knowledge of whether or not the policeman was holding a gun (in Willig, 2001). While mental states or processes are not to be done away with in this view (i.e. they can still be explored as interpretative repertoires), they might nonetheless lead to fruitless arguments (e.g. Potter and Wetherell, 1987) as to their reality or non- reality in the form of the realism-relativism debate (e.g. Brown er al., 1998; Edwards et. al, 1995; Parker, 1998). Discursive Psychology also cannot explore the societal and institutional sources of habitual knowledge, in the form of historical accounts and their relation to power (e.g. Foucault's concepts of an 'archaeology' of culture and a 'genealogy' of knowledge). As it focuses on situated interaction, there is a lack of focus on the wider social context. As discourse is conceptualised in linguistic terms only,

power in the institutional sense, including its relationship to embodiment and materiality, is not sufficiently explored.

ii) Foucauldian Discourse Analysis

Foucauldian Discourse Analysis (Parker, 1992) is a version introduced in the '70's through the writings of Michel Foucault and the influential book 'Changing the Subject' by Henriques et al (1984). It represents a more critical realist position on the 'realism/relativism' continuum (Hollway, 1984; Willig, 2001). Critical realism is deemed appropriate in the context of therapeutic practice within organisations as a commitment to action and change. It is also more reconcilable with an applied framework. Foucauldian Discourse Analysis is concerned with the role of language in the construction of social and psychological life and the 'common sense'. For this perspective, it is the *availability of discourses* that determines the extent to which language will facilitate or will limit "what is said, by whom, where and when" (Willig, 2001, pg. 180). Discourse here is conceptualised as constitutive of an object and its position, bound up with institutional practices and their role in organising and regulating social life. It also goes beyond the spoken or written text. For example, Parker (1999c), in association with the Bolton Discourse Network, has produced a discursive analysis of other 'texts' such as gardens and cities. The role of discourse is considered in terms of social legitimisation and power, particularly in terms of 'common sense' discourses that are so entrenched they are difficult to challenge or even acknowledged as 'the common sense'. Parker (1997), for example, refers to 'regimes of truth', such as the 'psy complex', a network of theories and practices that shape and regulate experience about the 'self'. However, other, counter-discourses are possible and they do eventually emerge. As language always does things (Parker, 1997), certain effects such as legitimation, supporting or subverting are created. Language utterances are therefore 'speech acts' (Austin, 1962). As discourses have functions, power is a central concept to this form of discourse analysis, influenced by Foucault's notion. For Foucault, power is bound up with knowledge (Foucault, 1982) and institutions, which organise and regulate social life. Discourses are enabled because of the wider systems that support them and are then played out in interaction. Some of

these discourses are oppressive and so difficult to resist that the user can even participate in the reproduction of their own oppression (e.g Walkerdine, 1991). In Foucauldian Discourse Analysis the relationship between language and subjectivity is emphasised, which includes materiality and therefore goes beyond discourse, unlike Discursive Psychology. The concern is what can be experienced (felt, thought, etc.) from the various positions of the different discourses, what can be done from these positions (i.e. action), the existing material conditions and material effects that are produced. The notion of positioning has, therefore, received special attention (e.g. Harré and Van Langenhove, 1999). A historical perspective is further employed in the examination of dominant discourses over time and their role in shaping 'historical subjectivities'. Positions, once taken up, have implications for experience (Willlig, 2001) and dictate practices. For example, within a medical discourse the positions of the 'doctor' and 'patient' become available, which in turn specify appropriate behaviours and actions for each one, such as the doctor legitimisation of administering care, scrutinising the body and the patient being passive in the encounter.

Limitations of Foucauldian Discourse Analysis

Foucauldian Discourse Analysis is a more ambitious method than Discursive Psychology due to its wider focus (Willig, 2001), conceiving of 'text' in its widest sense (i.e. to include the extra-discursive) (see Parker, 1999b). However, FDA, in raising issues of subjectivity, power and ideology related to the construction of selves and realities through discourse, does not account for the question whether discourse is all that is required (Willig, 2001). Motivation is still not adequately theorised and some (e.g. Hollway, 1989; Urwin, 1984) have invoked psychoanalytic concepts to account for motivation in the production of subjectivity, for example in accounting for the reasons why some people affirm subject positions that are limiting. Similarly, as discourses are constructed by the self and also construct the self, still require an 'agentic' (Hollway, 2001) self that manipulates them. Agency, therefore, goes beyond discourse, which marks one of the most important inconsistencies at the crux of social constructionist theory as a whole. Another problem FDA presents is the fact it theorises realities and

truths as constructed and implications and effects of those as 'real'. This issue has generated the realism/relativism debate in psychology. Relativists have argued that because of the 'critical realist' truth claims FDA upholds, their principled questioning becomes impossible (Edwards et al, 1995). Some, such as critical realist constructionists, emphasise the interdependency of discourses, institutions and material effects and conceptualise power as a derived product of discourse. It is within this framework that FDA is called to operate. Others emphasise the situated nature of discourse as arising within a particular set of conditions and as a result view power as enacted, rather than originating, in these conditions (Willig, 2001). Power can therefore be conceptualised and understood in very different ways, depending on which position one takes.

4.3 Ethics and action orientation: differences between Discursive Psychology and Foucauldian Discourse Analysis

Discursive Psychology (DP) and Foucauldian Discourse Analysis (FDA) both examine language and its role in the construction of social and psychological realities. They do, however, conceptualise agency, experience and subjectivity in different ways. They also address different research questions and are underpinned by different epistemological assumptions. While DP takes a relativist position as to the nature of truth and reality, FDA assumes the existence of certain social structures that regulate social life, like organisations and institutions. In addition, it is concerned with theorising notions such as embodiment and subjectivity and aims to move beyond a preoccupation with language to the exclusion of the extra-textual. As such it holds a critical-realist epistemology[11]. On the other hand, DP has been criticised for a preoccupation with talk to the exclusion of the extra-discursive that can impact on a person's experience and subjectivity, such as materiality. A number of recent works attempt to bridge this gap and theorise the extra-textual (e.g. Cromby, 2003; Nightingale, 2003; Schouten, 2003).

There are a number of ethical dimensions that also present themselves when it comes to the employment of DP, a method that is concerned with the rhetorical uses of language. It has been criticised for its work as contributing primarily to the consolidation of DP

rather than its contributions to applied fields, such as Health Psychology (Willig, 2004b) or therapy. Furthermore, Willig (op. cit) raises the important question of 'how ethical' the analysis of vulnerable people's accounts is, such as clients in therapy, using an analytic method that overlooks experience and physicality and is instead involved with the action orientation of their talk. In her words,

"By treating such accounts as social performance rather than self-expression, DP denies participants their right to author their account, that is, silences them in a way that is not compatible with my vision of a health psychology which promotes empowerment and respect for its research participants" (Willig, 2004b, p. 168).

Moreover, as interviews are usually conducted in a supportive style (for example, Coyle and Wright, 1996, on the use of counselling skills in semi-structured interviews), participants may not be aware that their experience will not be taken at face value, but will rather be interpreted in terms of the strategic employment of discursive resources in the context of the interview. It is, indeed, a question of ethics, particularly as this relates to the 'informed consent' of interviewees, the ways analyses construct participants and the effects of these constructions on the participants themselves in cases they read the analytic accounts (op. cit.). Willig (2004b) concludes that it is not appropriate to employ DP when it comes to personal accounts of suffering, because DP denies the participants' experience as self-expression and as an authored account.

I have at times struggled with the employment of DP when analysing, not 'accounts of personal suffering', but *therapists'* accounts. I felt that analysing the therapists' accounts for discursive strategies I was in some ways betraying the trust, willingness and openness of these participants and colleagues (some had literally been former colleagues of mine) in taking part in my research and in wanting to contribute to what they perceived as development of theory in the field of metaphor in therapy. I had taken pains to explain prior to the interviews that I will not make assumptions what metaphor 'is' and that I was interested in exploring how people *talked* about metaphor (thus hinting at the constructive nature of the interviews). I nonetheless felt awkward analysing their 'expert' positions and devices that allowed them access to this position, having already 'set them' up by

positioning them as 'experts' in the first place, through my research. While their choice in affirming this expert positioning instead of resisting it (in most cases) also had to be acknowledged, I worried what these participants would think when they read my published work and read the ways this research had constructed them.

Furthermore, client participants presented me with a different sort of ethical dilemma. Some of them had expressed an interest in participating in the research out of their own wish to 'be of help to others'. For example, Jay, an artist struggling with the stigma of 'mental health difficulties', had said he wanted to inspire others in a similar position through his story and the ways art had been intrinsic in him unlocking his creative potential and finding some balance in life. He was keen for me to publish my 'results' in magazines that would be accessible to people with mental health problems. Again, though I was careful to explain that my research might not find its way to the kind of publications he envisaged and that it may be of use to academics or therapists, it was clear from the beginning that we had different agendas (Jay consented to taking part nonetheless). I wonder what he would make of my 'results' on the clients' affirmation of dominant discourses and what use these would be to him.

The clients' accounts of power in therapy could not have been analysed and interpreted as accounts of experience and self-expression using a DP approach. FDA is particularly interested in and is vocal about accounts of power and power positionings, as well as their wider implications on the macro-level, as these relate to institutional use of power. This makes FDA particularly suited to these kinds of explorations by taking the accounts at 'face value'. A DP approach would have also been possible, but implications for power and positionings would have been inaccessible questions. Rather, the focus would have been on the action orientation of the accounts and the ways the client participants managed stake in the interviews. I therefore suggest that the FDA approach was the only approach appropriate for accessing and exploring the issue of power in therapy and its wider implications.

As an example to this point, I cite a participant's positionings of himself as inferior or powerless in relation to the knowing experts. He says: *'I'm not a doctor, I'm nobody'* (Jay, 495) and *'they are the most powerful people [ ] remember I'm just a client'* (Jay, 510-512). These positionings and constructions of 'self' and 'other' (analysed in Chapter 8) would have been inaccessible were it not for FDA. While, DP would have examined the discursive devices used (i.e. 'extreme case formulations' and 'minimisation') and their effects in this discursive context, FDA allows us to say more about how power is represented within the context of therapy and the implications for practice this might have by taking this statement 'at face value' as an authored statement. In this case, using the example quoted, we can say that these positionings resonate with other work that examines note-writing and other forms of exerting control and power through institutional practices (see for example, Chapter 8).

4.4 Evaluating qualitative research and discourse analysis

The subject of the evaluation of qualitative research has long been contentious. A number of attempts have been made to extract and suggest criteria both for conducting and for publishing good quality qualitative research (e.g. Henwood and Pidgeon, 1992; Mishler, 1990). However, consensus is far from achieved while a continuous slippage into positivist criteria is evident (Lincoln and Guba, 1985)(see for example, Ratner, 2002 for a case in point). While traditional criteria like reliability, validity, representativeness, generalizability and objectivity used to evaluate quantitative psychological research do not apply in qualitative research, positivist concepts like 'reliability' and 'validity' continue to find their way into qualitative approaches (for example, Boulton et al., 1996; Fitzpatrick and Boulton, 1996; Turpin et al., 1997)(see Chamberlain, 2000 for a discussion). Despite the fact that qualitative and quantitative research are both underpinned by entirely different epistemologies regarding the nature of truth and knowledge, there are many examples noted in the literature where underlying assumptions are treated as the same. Furthermore, there is frequently the mistaken assumption that qualitative research presents a unified field and that all methods are based on the same epistemology. However, methods such as Grounded Theory and

Discourse Analysis frequently occupy different epistemological positions, as Grounded Theory makes itself amenable to such different epistemologies as naïve realist and relativist.

The long heritage of behaviourism and positivism in psychology has meant that qualitative researchers are called to justify their choice of method by reference to objectivity and measurement. It is also noted that psychology fields such as Health Psychology, which occupy a territory within a medical context, are also subject to notions of evidence, measurement, prediction and control precisely because of this location (Chamberlain, 2000). Not only are these positivist notions of objectivity irreconcilable with qualitative approaches, but also where they are in operation, they tend to stifle the creativity and the fluidity of meaning associated with these approaches. Chamberlain (op. cit) has also noted the lack of clarity at best and ignorance at worse associated with researchers distinguishing between qualitative and quantitative approaches and regards attempts to combine both as the work of misled (and misleading) 'charistmatics' (p. 288): those who want to appeal to everybody.

A number of authors have recently argued against a stance of 'methodolatry', where method is privileged over meaning and interpretation. Although methodolatry within positivism has been frequently addressed (e.g. Rennie; 1999; Fischer, 1998; Rennie et al., 1998; Elliott, 1989), methodolatry within qualitative research is a more recent occurrence. Otherwise known as 'method-fetishism' (Koch, 1981), it is a relic of positivism and its obsessions of prescription, control and measurement. First an issue addressed by Romanyshyn (1971), subsequently by Koch (1981), more recently by Reicher (2000) and Chamberlain (2000). Reicher coined the term in response to a breakthrough article that appeared in 1999 by Elliott et al., in which the authors attempt to present a number of criteria for the evaluation of qualitative research, as a-work-in-progress ('evolving'). The work was criticised for encouraging methodolatry. Elliott et al. (1999) present a number of criteria common to both the evaluation of quantitative and qualitative research. These are explicit scientific context and purpose; appropriate methods; respect for participants; specification of methods; appropriate discussion;

clarity of presentation; contribution to knowledge. They also identify a number of criteria, which pertain to qualitative research in particular. These are: owning one's perspective; situating the sample; grounding in examples; providing credibility checks; coherence; accomplishing general versus specific research tasks; resonating with readers (op. cit, p. 220).

Reicher (2000) took issue with the fact that Elliott et al. treat qualitative research in a monolithic way in terms of its epistemology, neglecting the diversity of the field, thus attempting to put forward uniform guidelines for the evaluation of all the different methods it consists of. He regards Elliott et al. as in danger of *"papering over cracks that are nearer chasms"* (p. 3) when they consider different qualitative methods under a singular definition. He gives the example of an approach that is willing to listen to what people have to say, thus being politically radical, while aiming to represent those people in a way that assumes that their contribution can be categorised as reflecting an inner reality, thus being epistemologically conservative. Therefore, not all qualitative approaches are immune to essentialism. He also argues against a conceptualisation and representation of language as an *epiphenomenon* (i.e. a description of inner states) inherent in some qualitative approaches and obscured by Elliott et al., and for its ontology as social action. Reicher's perhaps greatest contribution to the ongoing debate of the evaluation of qualitative research is the criterion of 'variability' he proposed instead of 'reliability' By that is meant that a sufficient variety of discourses must be represented. 'Sample size' and the criterion of 'representativeness' are therefore relevant only insofar as they guarantee sufficient coverage or variability of discourses. Furthermore, 'situating the sample' is not a valid criterion for a relativist form of qualitative research, such as discourse analysis. Demographic categories and other descriptions (e.g. age, sex, sexuality, ethnic origin, etc.) are only relevant when they are made relevant by the discourses they are employed in by the participants themselves. What is, however, of paramount importance is that the author 'authors' the analysis, really owns their claims. The role of reflexivity is of paramount importance in making it possible to assess an analysis using the proposed criteria for discourse analysis (Potter, 1997) (see Chapter 10). Elliott et al. (2000) in response acknowledge the omission of adequate exploration of

implications for discourse analysis in their 1999 paper on the grounds that it is rather under-represented in North America and non-UK Europe. And while they recognise that *"variations across situations are as important as variations across individuals"* (Elliott et al., 2000), they ultimately fail to recognise the importance of variation *in* individuals (i.e. that subject positions and discourses evoked are also variable), which discourse analysis highlights. Madill et al. (2000) by contrast acknowledge the epistemological diversity of qualitative research. They identify three epistemological strands, realist, contextual constructionist and radical constructionist (op. cit) as positions on a continuum and propose 3 criteria for radical constructionist research: 'internal coherence', 'deviant case analysis' and 'reader evaluation'. They emphasise the importance of stating that epistemological position outright and the role of reflexivity. In all, Willig (2001) states that the evaluation of qualitative research necessitates stating clearly the research question, the epistemological position of the research (the kinds of knowledge it aims to generate) and the appropriate method(s), informed by epistemology.

In recent years there have been a number of systematic attempts to address issues that specifically pertain to the evaluation of discourse analysis by proposing certain guidelines. Reicher and Wetherell (1999) first expressed this intention. Reicher (2000) though acknowledges that standards are currently in the process of evolving in the field of discourse analysis. Since then two more recent articles appeared in the online literature attempting to do just that. Antaki et al. (2003) and Burman (2004) have put forward a number of guidelines. Antaki et al. identify 6 shortcomings when doing discourse analysis: (1) under-analysis through summary refers to summarising without analysing, thereby losing the discursive detail, while also losing the verbatim constructions of the participants; (2) under-analysis through taking sides refers to expressing sympathy or scolding as a substitute for analysis; (3) under-analysis through over-quotation or through isolated quotation, as a substitute to analysis; (4) the circular identification of discourses and mental constructs, where circularity in discourses is involved in the explanation of discursive resources and to the interpretation of discourse as underlying mental constructs, such as thoughts and opinions; (5) false survey refers to the extrapolation of data to the world at large; and (6) analysis that consists of simply spotting features

without unpacking them and showing how they are used rhetorically (op. cit). While there are a number of valid points offered in this paper, it nonetheless seems to adopt a prescriptive in tone yet unclear in process form by not answering questions such as how we can keep a balance between quotes and analysis. In addition it appears to deliver a rather concealed critique of Parker's Foucauldian version of discourse analysis, despite (or perhaps because of) their ending disclaimer: *"We should be at pains to say that we do not think that identifying these inadequacies tends positively toward any one particular level or style of discourse analysis"* (Antaki et al., 2003, p. 17). As an approach to discourse analysis derived from ethnomethodology, it sidelines the institutional, the historical and the political. Moreover, in advocating not taking a position when analysing, the authors seem to slip into a kind of objectivism. In ethnomethodology all positions are open to deconstruction and are thus equally valid (what Edwards, 1997 calls 'methodological relativism'), which some have argued is a useful rhetorical position for discursive psychology to take in the context of Academia which privileges objectivism (Doherty, 1995). Nonetheless interpretation and a personal stance are intrinsic parts of the research and cannot be left at the door. They do however need to be made explicit from the start as well as the type of discourse analysis used. Burman's contribution is also critical of elements of Antaki et al. She mainly argues that the Antaki et al. argument relies on a limited definition of discourse that excludes the political (for a discussion of the differences between discursive psychology and Foucauldian discourse analysis notions of discourse, see Potter et al., 1990). She identifies an additional 3 shortcomings that take the limitations of some discourse analytic work further and offers a number of critical arguments she identifies as 'contextual questions' and 'questions of part-whole relations'. In the first section she is critical of the article for not emphasising the importance of declaring an analytic framework in offering summaries in discourse analytic work, which also works to de-contextualise the analyst's own account, thus also obscuring a political position (op. cit). Moreover, the assumption that one can avoid taking sides is misleading as any discourse analytic interpretation or 'reading' of the material presupposes an authored 'take' on observations and the agenda of the research. Taking a position is therefore inevitable, it is the extent to which that position is declared that constitutes good analytic work. In the second section she takes issue with the Antaki

et al. concern that under-analysis can also be achieved through over-quotation or isolated quotation. She argues that this can lead to a limited range of analyses that preclude the poetic or performative. Further, she problematises the suggestion that 'piecing together' (Antaki et al., 2003, p.11) quotes from different participants removes them from their discursive context. Instead, she suggests that the discursive context and its conceptual framework be stated explicitly. In this she includes elaboration on institutional and systemic practices as a way out of the circularity of referring to participant's quotes. However, what lies inside and outside the text is a highly contested issue among discourse analysts (e.g. Parker, 1998). Burman (2003) goes on to add her 3 analytic shortcomings to the discussion. These are: (1) under-analysis through uncontested readings, (2) under-analysis through decontextualisation and (3) under-analysis through not having a question. Number (1) refers to identifying other possible ways in which the analysis could be conteptualised, (2) refers to situating the text as well as the analysis historically, socially and politically. Number (3) refers to identifying why the analysis is done and being critically selective in the analysis of quotes. Burman concludes that the evolvement of guidelines for discourse analysis needs to be made less linear and prescriptive and more open-ended and reflexive (p. 8).

In conclusion, Squire (1995) has suggested that discourse analytic research should be evaluated in terms of its ability to achieve social justice. Indeed this is a point also raised by Burman (2004), suggesting that an action rather than reflection orientation should be the focus of discourse analytic work, as this relates to social accountability, particularly in fields such as mental health, feminist work or political activism. This aim is formulated in the light of moral and ethical tensions for some in constructionism and relativism, where all versions of 'truth' are considered equal. I suggest therefore that this research is evaluated in terms of persuasiveness and coherence of the arguments (Coyle, 1995). Quotations from the texts assist in this. Discourse analysis, by its nature, produces situated readings of texts; no claims to objectivity or neutrality are advanced. The analysis offered is not definitive, rather it is the product of the researcher's reading of the text. Different interpretations might be put forward by different analysts and be equally valid as discourse analysis does not subscribe to empiricist assumptions of a single

objective reality and the 'value neutrality' of positivist research (see also the section on my own reflexivity, Chapter 10).

66
There was one client that I'm thinking of and she was a

musician and she played in an orchestra, that was her job.
And she was struggling with putting together a small ensemble
for about seven or eight different musicians and selling their
services and she was the one who was kind of the manager
and she was finding it very difficult if you like to orchestrate

99
these people

5

Method and methodology

5.1 Mobilizing key concepts

Before presenting my chosen method and methodology, I identify key concepts I refer to throughout this and subsequent chapters and briefly present their respective meanings.

(i)   Discourse

Parker (1994) refers to 'discourse' as: "sets of statements that construct objects and an array of subject positions" (p.245). Discourses are textual and socio-cultural practices that construct a phenomenon. For example, 'metaphor' in my research was constructed by drawing on technical/functional, anthropological and art discourses among others. Discourses are both construct*ed* and construct*ive* of subjectivities.

(ii)   Discursive construct

A discursive construct is a statement that describes a phenomenon and a way of linguistically constructing that phenomenon. For example, 'it's a leap-frogging thing' in the context of metaphor work in therapy refers to the collaborative nature of meaning construction through metaphor.

(iii)   Subject position

A 'subject position' within a discourse refers to the *"location for persons within the structure of rights and duties for those who use that repertoire"* (Davies and Harré, 1999,

p. 35). Discourses construct subjects as well as objects, making certain discursive spaces available with direct implications for subjectivity (Willig, 2003). Therefore, a person will construct their experience by locating it within a particular discourse. For example, a therapist drawing on a biological discourse of metaphor, where metaphor is 'a first feed', positions herself in his discourse as the client's mother.

5.2 Introducing the participants

When I started writing this section, I was faced with a problem. Traditional psychological research, including some forms of qualitative research, dictates that information about the participants to the study must be included in the form of a 'demographics' section, under the rationale that it gives the reader a sense of the space in which the participants are located. Discursive constructionist work on the other hand, renders such demographic categories meaningless. They are not relevant to the discourses evoked by participants, unless the participants themselves make them relevant. An example of this would be a participant who specifically addresses her age, ethnicity or gender in talk, thus making these categories relevant as part of the discourses she evokes. Though I have come across some examples of discursive research where some demographics or descriptive statistical information were included, I nonetheless find this to be at odds with the epistemological position and theory of constructionism. However, I still had a sense that failure to include any information about the participants would effectively render them disembodied voices in space. This would also create an alienating element in being unable to 'visualise' in part and humanise the 'authors' of the texts they produced. I have therefore decided, exercising my authoring right, to include elements that are relevant to my research question as well as those that bring the participants to life. In the table that follows, I have chosen a number of categories that I saw relevant to the topic of the research (e.g. the therapists' model of practice), the positions occupied relevant to the production of expertise in the case of the therapist participants (e.g. as the therapists' highest educational qualification) or otherwise included as they help bring the participants to life (e.g. age, gender and ethnicity). There was a further rationale for my choices that

obtaining such information just before conducting each interview in the shape of a stylised form, would save me time and effort later trying to track down the participants where they did bring up such categories in the interview. I therefore chose those 5 categories 'just in case'. In doing so I realise this might be problematic. It also raises the question "where do we draw the line?" when it comes to including certain categories rather than others. I reiterate that the categories included reflect my choice, based on the reasons explained above, and also guided in part by what the participants themselves have made relevant in the interviews. Ultimately, I aim to produce a certain effect on the reader, namely the 'realness' of the people who took part in the study. I do not make any positivist claims about the 'representativeness of the sample'. I have, however attempted to adequately represent in my recruitment of therapist participants in particular, a range of models of practice as stipulated by the BPS (British Psychological Society), as this is related to the variability of discourses produced (i.e. the criterion of 'variability' in the evaluation of discourse analysis). I also note that there are few published works that make the problems associated with the description of participants in constructionist research explicit.

Below, I include a list of all the people who took part in the research. Names have been altered, while retaining the gender of the participant. They are in no way indicative of the ethnic background of the participants; they are random. The first 8 names listed are therapists (including a Dramatherapist), the next 3 names are both therapists in training and clients and the final 5 names are clients. There were a total of 16 participants in the study (12 women and 4 men). The descriptions of the categories, such as model of practice and ethnic background, are phrased in the participants' own words. I also want to add here that as gender was not considered to be relevant to the research question that participants were recruited solely on the basis of their availability.

TABLE 1

NAME	GENDER	AGE	ETHNICITY	HIGHEST EDUCATIO-NAL QUALIFI-CATION	MODEL OF PRACTICE
MICHAEL	M	37	WHITE	DPSYCH.	INTEGRATIVE (EXISTENT-IAL/DYNA-MIC)
ALISON	F	42	WHITE BRITISH	POST-MSC.	INTEGRA-TIVE (CBT, CORE THEORY, CLIENT-CENTRED, PERSONAL CONSTRUCT)
ETHNE	F	35	WHITE	MSC.	INTEGRATIVE (CBT, PSYCHODYNAMIC,SYSTEMIC, HUMANISTIC)
ETHAN	M	31	BRITISH	DPSYCH	ECLECTIC (COGNITIVE ANALYTIC, PSYCHODY

					NAMIC, CBT, SYSTEMIC)
ANOUSKA	F	42	BRITISH	POST-MSC.	INTEGRATIVE (PERSON-CENTRED, CBT, PSYCHODYNAMIC)
DORA	F	59	CAUCASIAN	MEDICAL	NEUROBIOLOGICAL, PHYSIOLOGICAL, PSYCHOANALYTIC, (BION), PHILOSOPHICAL)
ROBERT	M	33	BRITISH	PGDIP.	JUNGIAN/HUMANISTIC
CLAIRE	F	58	MIXED	MSC.	VARIOUS
LINDA	F	33	OTHER	MPHIL.	N/A
DREW	F	26	GREEK	MSC.	N/A
SARAH	F	25	BRITISH INDIAN ASIAN	MSC.	N/A
ELAINE	F	31	GREEK	MA	N/A
RHONA	F	58	WHITE	MA	N/A
AIMEE	F	44	WHITE	BA Ed.	N/A
JO	F	44	WHITE	A LEVEL	N/A
JAY	M	33	INDIAN	ACCESS	N/A

A number of therapists were recruited from two NHS Trusts. Due to the nature of the topic, an attempt was made to recruit experienced therapists, where possible. This consideration aims to counter-balance issues such as the novelty of the practitioner or a lack of familiarity with metaphor in therapy and its uses, all of which may impact on the richness of data. I therefore approached a number of experienced former colleagues, as well as current colleagues who I knew had an interest in metaphor. This was an attempt to ensure that data will be sufficiently rich by only including practitioners with an expressed interest in metaphor work in therapy. I also used a 'snowballing' technique, where the research was advertised by word of mouth, asking therapists I knew to notify other therapists they might know about the research. The Dramatherapist was recruited on the basis of availability, but an effort was made to approach distinguished or senior practitioners in the field to produce expert accounts of metaphor. Clients were recruited in four ways: 1) via posters placed in the psychology department at City University aimed at students training in the Counselling Psychology MSc. and Post-MSc. (i.e. for the dual positioning of client/therapist focus group). This method yielded two responses, Drew and Sarah. In addition, I invited a former colleague, Linda to take part alongside Drew and Sarah in the focus group. 2) I also placed advertisements in alternative health centres in my local area, which offered counselling and/or psychotherapy. I got one response from Jay. 3) I circulated the advertisement via the email list of the Critical Mental Health Forum notifying participants to the Forum of my research. Jo and Aimee replied. 4) I also invited a couple of friends who had expressed interest and I knew had both been clients to therapy as well as had had experience of metaphor work in that context (Elaine and Rhona). Overall, I made an effort to include lay people in order to have access to a wider variety of discourses. 'Clients' refers to people with experience of counselling or psychotherapy (including Dramatherapy), but who were not actively in crisis.

5.3 Interviews

Interviews are now widespread in the social sciences in fields such as Ethnography, Phenomenology, Psychoanalysis, Narrative Psychology and qualitative research methods such as Interpretative Phenomenological Analysis, Grounded Theory and Discourse

Analysis (Potter, 2004a). However, their employment is far from unproblematic. Their relative problems have been highlighted extensively in the psychological literature. They can be summarised as addressing 'positivism' and 'interactionism' (Silverman, 1993). Interviews within the positivist tradition were meant to act as mirrors of reality, aiming to get to the real experiences of their 'subjects'. This sterilised approach that aims to delete the interviewer from the interaction has been criticised in terms of both its suitability and its desirability (Miller and Glasser, 1997). By contrast, traditions of interactionism do not share this assumption, though there are different ideas within interactionism as to whether interviews provide access to external realities, as opposed to constructed ones and instead focus on the interaction between interviewer and interviewee in the production of accounts (Silverman, 1993). For constructionist versions of interviews (i.e. underpinned by constructionist epistemology) an interview is a situated reading as participants orient to this context and does not tell us anything about 'real' entities or 'truth' (Silverman, op. cit). Though generalisability is rendered meaningless, some argue it is possible to acquire knowledge about social worlds through interviews (e.g. Harding, 1987b; Miller and Glasser, 1997). These writers attempt to move beyond realism/relativism dichotomies and argue that dominant discourses are not necessarily totalizing and disempowering and that truths can be utilitarian and liberating in orientation. For example, dominant discourses can have an empowering character, such as the individualistic discourse of 'trusting your inner voice' or 'gut feeling'. Miller and Glassner (op. cit) point out that the interviewee responds in ways that are consistent with familiar narrative constructs or prior cultural understandings and that the interview inevitably fractures the stories being told. Others recognise the importance of the recipients to the interview (i.e. who the interviewee addresses) and the stories the interviewer's positions restrict or pre-empt (for example, the interviewer's age, background, class, gender, etc.). This is what Potter (2004a) also problematises as 'footing' and 'category-memberness' in an interview (i.e. the speaker's position in relation to the interviewer in terms of class, gender, age, etc.). More recently Potter from discursive psychology has argued for the complete eradication of interviews from discourse analytic research (Potter, 2004a; Potter, 2004b) and made a case 'against interviews' (Potter, 2004a). After having published extensively on interview-based research in the last 20 years, he has gone on to say that, "there are some uses for

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interviews...possibly!" (op. cit). Potter argues that interviews as a method of inquiry in the social sciences should be abandoned altogether in favour of 'naturalistic studies' because of the many problems associated with them. He identifies a number of those problems, as 'contingent' and 'necessary'. First, 'contingent' issues include ways of quoting participants in a literary form where the context is unclear, which effectively deletes the interviewer from the interaction. Observations in this form, he argues, are usually global, the representation is conventionally orthographic with no line numbers, all of which fail to consider the interview as interaction. Secondly, 'necessary' issues are the recruitment story and the set up of the interview, as a social sciences agenda that participants invariably orient towards. Psychological categories in the historical trajectory of psychology further flood the interview. In this way, cognitivism in interviews privileges a cognitivist model of the person in a conceptually ruminative way about life stories and the self in the form of organised talk with abstractly formulated categories, so that the interview generates a generalising kind of answer (op. cit). Potter maintains that the social science agenda of the researcher is undercover, with a clear investment in topic on the part of the interviewer, usually within the remit of a Ph.D. He contrasts these problems with 'naturalistic records', which avoid flooding the social sciences agenda while remaining analytically available (e.g. the study of cognitivism), are interactional and create new questions. However, I want to argue that despite my agreement that there are many problems associated with interviews and therefore access to interactional data should be the first line of investigation when doing research, equally there are substantial problems with 'naturalistic records'. Primarily, this involves defining the term 'naturalistic' making explicit that no truth claims are advanced, separating it out from an objectivist and positivist form of naturalistic, which pertains to a 'true' understanding of the world through its observation. There is a danger here with slipping back to a kind of objectivism (for similar concerns see Camic et al., 2003). Furthermore, going to great lengths to ensure that access to naturalistic records is obtained might not be viable as a possibility in certain contexts, such as in the limited time allowed for the completion of an MSc. or even Ph.D research. Anecdotal information (Potter, 2004a) that in some cases 18 months were required in order to obtain access is a case in point!

A pragmatic view of ethical access involves practical considerations. While I would have preferred to study the interaction and talk between clients and therapists discussing metaphor in therapy, this was soon precluded as a line of action. A number of therapists participants suggested that they would not be willing to participate in the research in a live one to one recorded interaction with their client on the basis of confidentiality. While 'confidentiality issues' can be understood partly as a way for the therapists of managing stake, indeed the length of time I would have needed battling against these arguments as well as to gain the notorious NHS ethics access soon became an unrealistic option in terms of time-planning (for a discussion of access issues, see Seale et al., 2003). I argue that no matter how we conceptualise these sorts of arguments in terms of investments, nonetheless it is unlikely I would have been granted access for a naturalistic observation with clients by the NHS or by the therapists themselves to observe them in conversation with their private clients. For this reason, I opted for semi-structured interviews, aware of the issues they pose, but relieved to be able to find people who would more readily consent to that form of enquiry. Finding clients and therapists who were willing to talk about the 'difficult' topic of metaphor was hard enough without the additional method-related problems an interactional study would present, such as securing ethical approval.

I am aware that one of the shortcomings of using the term 'interview' is with regard to its associations. Job interviews and police interviews suggest that the interviewee is being asked to respond correctly to a number of set questions and also implies an element of discomfort or distress. While I use the term 'interview' here in describing my method of data collection, in explaining the research to the participants I tried to avoid such terminology and where I used the word, I would follow it with the friendlier 'talk' or 'discussing your experiences, beliefs and ideas'. I also referred to 'participants' or 'interviewees' and not 'subjects' or 'respondents'. Both these latter terms are associated with positivism, which views research as something being done 'on', rather than 'with' people, sometimes without their knowledge (i.e. such as in cases where the participants are not informed of the research agenda).

5.3.1 Generating the interview schedules

In generating the interview schedules, I followed general advice in considering interviews (e.g. Flick, 1998; Hayes, 1997; Kvale, 1996; Banister et al., 1994) as well as more specific advice from Smith et al. (1995) about constructing interview schedules, such as using short, specific questions and reading them out as on the schedule (p. 11). I included more open-ended than closed questions and some were specifically unstructured, such as asking participants for anything else they might want to comment on or add. In so doing I wanted to remove as much restriction and limitations on what the participants were saying, while still attending to the areas I was interested in. I also incorporated probes and prompts that might help me depending on how forthcoming answers were or the form of the response. The semi-structured form gave me the advantage of still retaining some structure in terms of the areas I wanted the participants to focus on (e.g. issues of power in therapy when interviewing the clients). While I tried to stick to the order of the questions as stated in my schedule, I felt free to alter their sequence so that they fitted in more naturally to the response of the interviewee, thereby making them less artificial or de-contextualised. This also helped to establish rapport with the interviewees, helping them feel that the questions were not 'fired' at them, but were integrated more with their talk. In determining the schedule I first considered broad themes I wanted to explore and subsequently more specific areas I wanted addressed. The sequence of questions followed the logical order from more general to more specific and from main topic questions to more narrow aspects of these (e.g. from defining metaphor in therapy to asking for examples of its use). More sensitive questions (e.g. power, the quality of the therapeutic alliance, etc.) were also left late, until I had established some rapport with the participants. Finally, an open-ended question at the end provided the opportunity for preoccupations not addressed by the schedule to be stated. More importantly, I used 'realist' language in the formulation of the questions when talking about the topic of metaphor in order to aid communication with the participants. For instance, I gave some examples of ways of working with metaphor from the literature in order to aid exploration and elaboration of this theme.

The interview schedules used for the Dramatherapist, as well as the other participant therapists, were virtually the same, bar Questions 2 and 3 (what is a Dramatherapist, what areas are of particular importance for a Dramatherapist), used as 'ice-breakers' and in order to establish some background as to the nature of Dramatherapy. In addition, Questions 3 and 7 on the therapists' schedule (why do metaphors come up, present examples of metaphors and ask for information) were omitted from the Dramatherapist's schedule, for reasons of brevity, exchanged with questions 2 and 3, as above

5.3.2 Procedure and process

The research interview agenda was to generate rich data in the form of discursive accounts of metaphor and its uses in therapy. Utilising a critical realist and constructionist perspective, where no claims as to the ontological status of metaphor were made, I was instead interested in the participants' discursive resources in accounting for the phenomenon of 'metaphor' and 'metaphor in therapy'. In order to achieve this I decided to conduct a number of semi-structured interviews with therapists and clients to therapy (interviewed separately), as it had not been possible, for ethical reasons, to work with interactional data (i.e to conduct interviews where therapists and clients discussed metaphor together). The purpose of these interviews was to collect a discursive account from each participant that pertained to their multiple constructions of metaphor and other discursive considerations, such as the discursive and rhetorical strategies participants employed in these accounts. In addition, I wanted to explore the subjectivities of the clients in relation to metaphor use in their therapy. In order to make up in part for the lack of interactional data and to observe co-construction of meanings in action, I ran a focus group in which participants were invited to contribute their views from a double position of being both 'therapists in training' and having being 'clients' to therapy at some point in their lives. While my own research agenda was guided by theoretical and epistemological concerns, it was soon clear to me that some client participants' agenda differed from mine. In particular, some clients viewed the research as informing a wider audience of the merits of particular metaphor-based approaches to therapy and others viewed it as a platform from which to air concerns and troubles they had had with their

counsellors. I also suspect that some therapist participants, aware of my personal and professional interest in metaphor, sought to air views that warned of the dangers of working with metaphor or even tried to remain consistent with what they saw as my advocating a particular collaborative style of working with metaphor. Though I tried to remain transparent as to the aims of the research through my adverts, conversations and debriefings with participants, ultimately I had no final control over the meanings that they chose to attribute to the experience.

At the point of initial contact with my participants, in an effort to allay anxieties as to the rather demanding and theoretical topic of research, I broadly outlined the areas and questions I planned to discuss with them and explained that I would ask for specific examples from their practice or therapy. This, I suggested, they might want to think about in advance, as thinking back in the interview might be more difficult. I also stressed that the interviews and the focus group would be recorded, they would be confidential and I also explained the 'right to withdraw'. All interviews bar two and the focus group took place on University premises. Two interviews were conducted over the phone using a microphone that attaches to the phone receiver and internally records the two-way conversation. The reason for this was that the two client participants lived in North England and finances in the psychology department in terms of travel were limited. The phone interview was decided upon as a good alternative. Though the quality of the recording was not as good as for those conducted face to face, I additionally feel that there was an effect on establishing rapport with the participants, with phone interviews producing less rich data. The times of the interviews and focus group were those convenient to the participants. Interviews were conducted in small rooms that seem to encourage rapport and disclosure, potentially because of their similarities with therapy spaces. Interruptions and excessive noise were avoided by placing a sign on the door. Prior to the interviews, the participants were asked to read the consent form and sign it, as well as to fill in the short demographics questionnaire. I would then stress the informal character and confidentiality of the interview. All interviews including the focus group were recorded on a mini disc player for maximum clarity of sound, using an external microphone. I would bring awareness to the point I would start the recording, as well as

the moment at which the recording was stopped. Before proceeding with the first question, I would briefly summarise the topic of the research. Interviews lasted variable lengths of time, more commonly an hour, though I generally allowed about an hour to an hour and a half. The actual length of time was less important than the richness of the responses. Conversely, if I felt the data was rich enough, all areas on the schedule were covered and the interviewee indicated there was not much more that they would add, the interview would finish sooner. Phone interviews lasted the least amount of time, possibly because it was difficult to establish good rapport over the phone. The focus group lasted two hours with a fifteen-minute break for refreshments and nibbles halfway.

I tried to limit my input in the interaction as much as possible in order to avoid co-constructions of meaning, often opting for minimal probes (e.g. 'that's interesting, can you tell me more about that?' or 'can you elaborate?'), more commonly doing the 'nodding dog' technique or reiterating 'hm m' or 'right' to encourage elaboration. While in doing so I am not assuming that this deletes me from the interaction, rather my focus was on maximising the contribution of the participants and not on the rhetorical effects of the interaction between us. Ultimately, some co-construction through verbal or non-verbal means is inevitable.

In conducting interviews with the client participants, I was aware that depending on the level of disclosure, some distress might occur. Indeed, preparedness to manage this was emphasised by the Ethics Research Committee at City University who granted me ethical approval. In this, I relied on my professional skills as a trained and qualified Counselling Psychologist, as well as on the excellent paper by Coyle and Wright (1996) on using counselling skills in research on sensitive topics. Though the topic of metaphor cannot be deemed 'sensitive' in itself, nonetheless I could not preclude the possibility that other, more sensitive material might arise during the course of the interview, when clients talked about their experiences in therapy. While, as it happened, this was not the case and therefore there was no need for me to suggest counselling or therapy as appropriate spaces for further processing such issues, nonetheless some clients' stories contained an element of distress for which counselling skills were very useful. The ones I used were:

communicating acceptance and empathy, genuineness, establishing rapport, being supportive, and debriefing (not recorded for confidentiality reasons and viewed as outside the research agenda) (see Coyle and Wright, 1996). Debriefing took the form of informally asking clients if they were okay to leave the interview there, asking them whether there was anything they would like to talk about, etc. In all cases, though this space was allowed for all eventualities, it was (thankfully) unnecessary.

Interview participants frequently told me how the interview had provided them with the unique opportunity to think aloud and think through metaphor. Likewise, the focus group participants commented on the opportunity they had to discuss metaphor with other people in general and the use of metaphor in therapy with colleagues in particular. However, it became clear at some point that some participants had a different agenda to my research agenda. For example, Jay saw the interview as an opportunity to exalt the merits of art therapy, based on his personal story of artistic success and victory over mental health issues, in the hope that others in a similar position may be helped too. This put me in a position of increased responsibility to give meaning to other people's lives and to evangelically 'spread the message'. I was careful to explain in depth to Jay that the research would be read by only a limited number of people, most likely academics. I could not promise him such a scope for the research, though I happily accepted the photocopy of a magazine article he had appeared in that documented his story. For me the interviews were a time of enjoyment and socialising as they involved leaving my isolating desk and office for a public encounter. Indeed, this was a rare opportunity in the context of social research, apart from meeting with my supervisor, to be social!

I also tried to reflexively reflect upon my experiences of conducting the interviews in terms of what placed limits on the content and form of accounts I elicited. Research is conducted within power relationships (Banister et al., 1994). I considered how the interviewees perceived me in terms of category-memberness: my age, gender and professional status, all interacting with the interviewing relationship. Participant therapists inevitably oriented towards the interview as an exercise on expertise (i.e. set up to elicit expert discourses) based on their knowledge of me as a colleague and Ph.D

student. Clients knew me as a counselling psychologist and Dramatherapist, but some also as a friend, as well as a Ph.D student. Clients that were friends probably had a higher stake as the experience might have altered our friendship, normally based on equality. Therapists that were former or current colleagues equally had their professionalism and expertise at stake.

In total, thirteen interviews were conducted, eight with therapists and five with clients. An additional focus group was run with three participants, positioned by the research in terms of their dual status as therapists in training and clients to therapy. Fourteen texts were subsequently transcribed in a style that emphasises readability rather than intonation.

5.4 Analysis of interviews

The texts on which analysis was based were interview transcripts. I would like to add here that as Coates and Thornborrow (1999) note, that how something 'sounds to the ear' is not an unproblematic issue as the task of interpretation of data begins with transcription. This challenges the view of a 'perfect transcript' (op. cit) and highlights the fact that transcription is a never-ending process: each time a recording is revisited new transcriptions (i.e. representations of data) and interpretations emerge.

Upon embarking on the research I had initially stipulated that I would be using the two versions of discourse analysis, Discursive Psychology and Foucauldian discourse analysis side by side towards different analytic ends. I planned to use Discursive Psychology for the therapists' accounts, based on their expert positioning by the research and Foucauldian discourse analysis for the clients' accounts, as this version seemed more suitable to an exploration of discourses, the degree to which those were affirmed or resisted by clients, as well as to an exploration of implications for practice. The discourse analytic method represented an analytic decision based on differing research interests in terms of each research group (therapists and clients) and it finally became crystallized in the research as representing a difference in *emphasis* between the two methods. In

discursive psychology, the focus of the analysis is on the fine grain *rhetorical functions* of the discourse-how people use language and what is accomplished by the employment of certain discursive strategies (e.g. disclaiming, footing, extreme case formulation etc.). Attention is therefore paid to the *action orientation* of talk, which represents multiple ways of reading talk (e.g. Edwards, 1997; Edwards and Potter, 1992). The context is always of paramount importance (i.e. local readings). For example, variability in one account in terms of interpretative repertoires, suggests that objects are constructed through language and that discourses are inherently dilemmatic (Willig, 2000). In the therapist's accounts, the focus was therefore on the functions performed by language, under the assumption that there is 'stake' in the way the therapists are positioned by the interviewer in relation to the topic of metaphor use in therapy (an 'expert' positioning). As a result the action orientation of the texts was explored, as well as the rhetorical effects of language. The only exception to this was the Dramatherapist's interview, which, owing to its more narrative form, being almost a monologue, was also analysed with a Foucauldian emphasis. Foucauldian discourse analysis is more reconcilable with an applied framework. For the client's accounts, the Foucauldian version permitted an exploration of the extent to which expert, therapist discourses were affirmed, resisted or altered by clients. It also enabled the exploration of multiple and varied constructions of 'metaphor' and constructions of subject positions. In addition, some of the resulting political, theoretical and applied implications were considered. Finally, the focus group's combined version looked into all of these analytic aspects. I therefore ended up doing discourse analysis that represented a shift of *emphasis* rather than a sharp contrast between the two methods. I therefore consider my analysis as an example of data guiding and dictating the choice of method, rather than the other way around.

When doing the analysis, I soon opted for a thematic approach that does justice to both questions of the researcher as well as the preoccupations of the interviewees (Banister et al., 1994) and was used to deal with the complex constructions and discourses produced and chaos of the process. I had many moments of doubt in terms of my chosen method, particularly as the bottom-up categorisation of the texts reminded me of grounded theory (e.g. Glaser and Strauss, 1967; Strauss and Corbin, 1990). The boundaries between

grounded theory and discourse analysis therefore seemed at times to blend, making me doubt or even lose my discursive focus. An additional difficulty was my limited familiarity with some of the discourses evoked by certain participants. Examples of these were economic/political discourses of the 'Blairism'/ 'on yer bike' type, British cultural objects that I as a Greek abroad had limited exposure to and awareness of. Other moments of doubt concerned my competence and ability to do discourse analysis as via my Counselling Psychology background I initially imported many categories of the 'psy complex' (Parker, 1994). It took me a good while to adjust from content to function when considering language, to do a particular way of reading texts for action orientation (Willig, 2001) and overcome my well-ingrained essentialisms.

Some therapist texts were available first, as therapist interviews had been easier to organise and therefore I started analysing those, interviewing and analysing as I went along. For twelve months I analysed interview transcripts, month after month trying to extract constructions and discourses and eventually yearned to change focus and do some 'theoretical stuff'. Letting go of the analyses was also very hard as I soon became aware that the process of analysis is never complete. I could have easily gone on analysing forever, each time adding, altering or expanding, if it weren't for the realisation that other things needed work too and the Ph.D itself also had to come to an end eventually.

"
She drew a picture of a very young child and a flower

inside a flower and this child was kind of hiding her face and

"
was crying

[A therapist describes a client's representation of an aspect of her Self]

6

What Metaphor Is: Convergent Discourses of Clients and Therapists

This chapter will explore the convergent client and therapist discourses of metaphor and metaphor in therapy. I begin with the discursive resources of the therapists and proceed with those of the clients, showing this way their diversity and breadth. There is no particular reason for this order of presentation. Throughout the Thesis I use the sequence 'clients and therapists' interchangeably, in an attempt to subvert claims to status these labels may suggest.

As noted in the method section, all therapist interviews were analysed using a discourse analytic method with a discursive psychology emphasis. This approach emphasizes the action orientation of the text, owing both to the positioning of participants by the research as 'experts' and my own interest in exploring the discursive work of the therapists in resisting or affirming this expert positioning. The only exception was Robert's interview, where data guided the method used. Robert's interview was atypical of the accounts as it involved a large amount of monologue, therefore reading as narrative, while interaction with the interviewer was limited. His account was therefore analysed with a Foucauldian emphasis, concentrating on the discourses he evoked.

Although therapist excerpts were analysed using the discursive psychology approach to discourse analysis, the decision on which excerpts to include in the final write up was

based on the criterion of interest and to the extent these contributed to the richness of the analysis. Some excerpts were included as they illustrate constructions and the way these evoke certain discourses, but they might not necessarily exhibit particularly interesting discursive features. Therefore, not all excerpts in the write up are followed by a discursive exploration; a small number of extracts are included as good examples of the construction at work.

The action orientation of the texts analysed was justifying of the use of metaphor in therapy and to present and maintain the participant therapists in a positive light. A number of discursive strategies were mobilized to those ends, which are addressed in the analysis. In addition, expertise was mostly affirmed, again via different strategies, as participants constructed themselves as 'knowing experts'[12].

There were a number of discourses mobilized by therapists. These contributed to an overall 'reifying' (Potter, 1996) discourse of metaphor. The process of 'reification', by which something is brought to existence, is fact constructing (op. cit). The discourses served to regulate the meaning of 'metaphor' and were employed strategically in order to manage the stake and interest of the therapists, in addition working on the micro-level as explanatory devices. A rather stark example of the management of stake involved the therapists drawing on a 'trait' discourse (Coyle and Morgan-Sykes, 1998), as a disclaiming device, in order to account for cases when metaphor failed. This was attributed to the makeup of the client (i.e. the client being 'concrete' or 'not getting it')(see 'trait discourse' section), rather than anything else (for example, the therapist's own regulation of metaphor use). Others (e.g. Harper, 1998; 1999) have explained how a trait discourse is implicated in psychiatric contexts in regulating responsibility for medication failure away from professionals and medication and onto users by blaming the failure on the biological makeup of the service user.

The discourses themselves were variable, multiple and often contradictory, which is in line with one of the main tenets of discourse analysis. They each make available a particular way of looking at the world and offer implications for subjectivity. Therapeutic

discourses were mainly convergent with clients' accounts (i.e. they drew on the same discourses). I suggest that this is a reflection of the dominance of these discourses, as reflected in lay people's talk, as cultural objects to which people have access.

Dominant discourses (Potter, 1992; Gee, 1992; Gergen, 1995) or what has been termed *cutural texts* (Denzin, 1992) and *master narratives* (Mishler, 1995) are culturally-available and pre-existing discourses, regarding what constitutes truth, knowledge and good values (Talbot et al., 1996). By drawing on dominant discourses, speakers align themselves with culturally held notions of the good and the moral, which cast justification and defending of these positions as redundant. I argue that it is only by identifying the dominant discourses that we can acknowledge suppressed discourses, their potential for voicing pluralist views and by doing so determine their liberating and empowering force. It is equally important, however, to determine the implications of the subject positions (Davies and Harre's (1990) notion of '*positioning*') that dominant discourses make available and those that they deny.

Note to the reader: In the analysis that follows, I have used <u>underlining</u> in order to draw attention to particular constructions and **bold** for identifying interesting discursive features (unless otherwise specified in the brief analyses of excerpts I provide).

As sometimes the analysis precedes the excerpts provided, due to the length of the excerpts, the reader will be required to flip-flop between text and analysis. I hope this will not prove too cumbersome.

All names have been changed to protect the identity of the participants.

6.1 Therapists' constructions and discourses (convergent with clients')

In the section that follows, I identify the convergent discourses evoked by both therapists and clients, as these emerged in therapist and client interviews and in the focus group (comprising of therapists in training who had been clients themselves), using a descriptive label for each one. Divergent discourses are discussed and their implications are considered in the next section. In making analytic decisions I draw on my own embededdness in the world. However, these decisions sometimes proved somewhat of a challenge. This was particularly the case with regard to discourses I was not sure I identified or labelled correctly due to my lack of (cultural) familiarity with them (for example, economic discourses, such as 'on yer bike' and political discourses such as 'Blairism'). In other cases, I decided to label a particular *type* of discourse within a greater one (for example, I argue for a 'Jungian' type of discourse within the 'psychoanalytic' discourse). This analytic decision was reached as certain words such as 'Psyche' and 'synchronicity' seemed to evoke a Jungian discourse *in particular* (as opposed to a merely psychoanalytic). In another case, the consistent use of the term 'unconscious' suggested to me a 'psychoanalytic' discourse, rather than a simply 'psychological' one. These decisions are a product of my own 'authoring' and interpretation of the material and are not meant to be the 'right' ones or indeed the only possible ones.

A frequent occurrence in the interviews conducted was that participants found it difficult to talk about metaphor without using metaphors themselves! This is an observation consistent with the psychological literature on metaphor (Angus et al., 1991; McMullen, 1989). As one participant commented: *"it's quite difficult to talk about metaphor without being metaphorical"* (Claire, 514-515). Discursively, the therapist participants used laughter after using a metaphor to communicate awareness of this. Claire provides many examples: *"like I'm saying like a broken record* (laughs)" (Claire, 482-483), *"they may see themselves as going along the track* (laughs)" (Claire, 254-255), *"in terms of blockages* (laughs)" (Claire, 203), etc.

Discourses evoked by therapists were largely shared. The Dramatherapist's analysis of his interview has already been integrated in the overall analysis of all therapists' interviews. More specifically, discourses he evoked were the cultural-anthropological one, a functional technical discourse of metaphor (i.e. constructions of metaphor as a bridge, representation pillar, steering wheel, food, distancing, etc.), an art discourse and a psychoanalytic/Jungian one (i.e. metaphor as a safe container for material from the client's Psyche). These are all consistent with the prevalent discourses of metaphor in the Dramatherapy literature and field. I want to draw attention to the fact that some of Robert's contributions to these constructions and discourses are included in the text of the Thesis as examples of these (see relevant sections). Analytic insights from his account have therefore already been fully integrated with those of the other participant therapists in the general section of the analysis. However, the Dramatherapist's account yielded further analytic insights that are unique to this account. These issues are addressed below. They include the 'embodied metaphor' and 'the body and Dramatherapy'.

Embodied metaphor

Part of the research is about any possible differences between the constructions of 'verbal therapists' as opposed to therapists who also include the body in their work. For this reason, I recruited a Dramatherapist (Dramatherapy is part of my professional background) in order to explore notions of the body and of 'embodied metaphor', a term frequently employed in Dramatherapy.

Robert initially defined the body as an 'equally as powerful' medium of communication as speech. By defining a physical site for metaphor (' real container') he reifies metaphor in the form of embodiment:

"the embodiment of a character which doesn't necessarily speak can contain an experience which <u>can be equally as powerful</u> and <u>the body in terms of its shape and its movement can be a real container for a metaphor</u>" (Robert, 394-399)

The body is portrayed as a much more direct and immediate (*"immediately there'll be this sense of old"*) medium of communication than speech. It is also described as making available a different kind of experience (*"and experiences maybe different"*). As Robert performs this superiority of physicality by acting out an old man during the interview, the performance element becomes a corroborating device that, though extra-discursive in character, becomes part of the discursive and becomes part of the argument, persuading that indeed, the body is more effective and engaging medium:

*"so [he gets up and enacts an old man] we'll do an old man and then **immediately** there'll be this sense of old, I'm playing this old man and you get **immediately** this sense of the old man you've got this [enacts] huddled over shoulder and then I might be in a story and I'd be walking, so the body is encouraged to experience something and there can be a sense of rather than just thinking about it, my body is engaged and experiences may be different"* (Robert, 403-407)

The reification of metaphor as acquiring a physical ontology in the body is constructed as offering a number of new possibilities not previously available through 'literal representation' alone (this echoes a technical/functional discourse). Robert describes the embodied metaphor, using qualifiers, as adding an extra dimension (*"the body's working in space"*). This extra dimension is not normally available through speech alone. As above, in the next excerpt the performative quality of Robert's account of the embodied metaphor when he enacts the waterfall, supports his argument and becomes part of the discursive. He suggests that, in this way, anything can be represented in a more imaginative way, as the embodied metaphor is seen as flowing and changing. The situ of metaphor is described as being 'in the mind', hence constructing metaphor as a 'representation' or 'way in':

"My experience is that the quality of, the flourish of metaphor can really help 'cause the body's working in space and you know just thinking about a metaphor tchu tchu [makes sharp noise and enacts with hand, making like a chopping movement] it's about

imaginatively engaging with it and that when you're working with the body in space it can really fuel that experience and equally it might be that you've got a waterfall in the session and a waterfall might be like this clap clap [claps his hands rhythmically] you know everybody thinks it might go fshewww [makes a noise of gushing water] you know, the automatic, literal representation, but actually a client might do any number, a huge amount of possibilities of embodying a waterfall, so the metaphor is not static, the metaphor is in the mind and I don't think it can ever be in the body, but there's an image which is then drawn out" (Robert, 402-418)

It is worth noting that all these constructions still refer to metaphor and its use as 'getting something mental out'. Furthermore, they represent the 'embodied metaphor' as offering a larger number of possibilities for therapeutic and communicative use than the verbal metaphor and so construct both the body and the embodied metaphor as somehow superior to speech and thinking.

The body in Dramatherapy

In the next section I examine the construction of embodiment in Dramatherapy. This is not meant as an exhaustive account or a review of the Dramatherapy literature. Indeed, I refer the interested reader to any Dramatherapy book. Rather, I would like to focus on some aspects of embodiment, through the construction of the 'embodied metaphor' (i.e. a concept often cited in Dramatherapy literature) and the construction of 'vulnerable groups'. In this way, I aim to show how the notion of embodied metaphor is used discursively as a persuasion device for the construction of bodily communication as more direct and effective that verbal communication (i.e. by relying on the binary of the verbal vs. the embodied). Moreover and in line with this Chapter which examines power and its implications, I briefly explore the notion of 'vulnerability', which is based on the construction of embodiment as an invasive use of power. I propose the extension of the notion of 'vulnerability' to include the out-of-context engagement with embodiment.

One of the reasons I chose to explore constructions of 'metaphor' in the first place, dating back to my MSc. Thesis, was the importance of metaphor for the field of Dramatherapy. As a Dramatherapist, I had frequently been enchanted in my training by the use of the body as a carrier of meaning or as the embodiment of metaphor. And while embodiment has a central role in Dramatherapy, Carswell and Macgraw (2001) identify the embodied client in therapy as a blind spot for the majority of the psychotherapy literature.

In Dramatherapy literature and practice, the body is viewed as a site of possibilities and opportunities and as amenable to change (see also Parker, 1992). The therapist's body is represented as able to inspire the spontaneity, creativity and interest of the client (Chesner, 1995). While Dramatherapy theory regards the body as a carrier of meaning by embodying symbolic and metaphoric communication, it nonetheless draws heavily on psychodynamic discourses, which can be pathologising. These view the body's communication or engagement in space, in accordance with psychodynamic and object-relations theories, as a site of intra-psychic conflict and outward expression of repressed, shadow material of the unconscious. Still, and despite these discourses, embodiment as an arena of possibilities through the engagement with the medium of drama is never far from sight.

Furthermore, Dramatherapy literature also constructs bodywork, including the use of touch, as only appropriate under certain conditions or with certain client groups, through the construction of 'vulnerability'. A number of 'vulnerable' groups are identified, such as survivors of sexual abuse and clients with learning difficulties, among others. The construction of 'vulnerability' refers the use of the body and touch being represented as threatening and invasive for the client. For example, Chesner (1995) writes on using Dramatherapy with clients with profound learning difficulties: *"The client may need to know that the therapist is close at hand, perhaps even touching; alternatively the need may be for the therapist to keep a distance, physical closeness being perceived as invasive and threatening"* [my emphasis](p. 36). This representation of touch as invasive is frequently conceptualised as a result of previous lack of control by the client over their own bodies, either in cases of abuse or else where the client is physically helpless (i.e.

such as in clients with cerebral palsy and quadriplegia, wheelchair confinement, etc.). The link with a lack of control over the body is further viewed as impacting on the sense of self, whereby the client becomes withdrawn: *"If I am not master of my body and of my own physical boundaries, then how do I know who I am, and how do I inhabit my world?"* (Chesner, 1995, p. 40). This body-self connection stems from a view of the body as inextricably linked with a sense of self. This is what Dramatherapists call 'embodiment', drawing from theories of play and development, the 'body-self awareness' (Jennings, 1995). Dramatherapy then is viewed as setting new terms of touch and as a consequence new terms for relationship and role (Chesner, 1995). Furthermore, 'vulnerability' is constructed as encompassing the therapist as well as the client, as a feature of the 'human condition'. Touch then may be regarded as a way of demonstrating this common humanity by positioning the therapist as 'vulnerable' when he or she invites or allows the client to touch their face (op. cit). The relationship of touch with sexuality is constructed as necessitating mindfulness and respect for the client's sexuality and personal boundaries. Touch is, however, largely legitimated as a helpful and intrinsic part of Dramatherapy as an action based form of psychotherapy by drawing on its antithesis, verbal psychotherapies, which by large do not rely on touch or indeed do not encourage engagement with the body. This is drawing on a discourse of embodiment, which relies on a construction of the body in space as threatening and invasive, even within a body-oriented form of therapy, such as Dramatherapy. However, the body in space out of context can also be a threat and power in this case can be invasive. For example, bodywork or engagement with the body in counselling sessions may be viewed as incompatible with a 'talking therapy' and therefore as threatening for the client who is prepared to 'come in and talk'.

Embodiment as a persuasive medium

I have so far provided a brief background of notions of embodiment for Dramatherapy. As I have already noted, I wanted to include a Dramatherapist in the research, in order to explore the notion of 'embodied metaphor' discursively. Robert, in the extract that follows, provides an account of telling stories of baking with clients. At this point in the

interview I probed him further on whether he would also enact these stories with clients, to which he replied that he would. Then I specifically addressed the notion of the embodied metaphor (i.e. here, in story-telling) through a further question (see below). Robert then goes on to talk about embodiment as a means of expression and communication and as a symbol and metaphor, drawing on this dominant discourse:

"Daphne: and you know I'm quite interested in this particular point about re-enactments or embodiment of a metaphor or of a story in Dramatherapy *[R: hm::]* why do you think that's important? To enact *[R: hm:]* as opposed to just listen?

Robert: *okay so I could tell you that the, let's have a think here, baking of the cake when we were doing the baking of the cake in this context with the clients, people were, they were throwing in lots and lots of different ingredients to the cake so I can say that sitting here and speaking to you like this **or I can get up [gets up]** and say describe it **and say [mimes/enacts]** we were in the room and we there was a process of baking this cake and clients were around and **there was a pile over here** and clients were starting to throw in different ingredients **to this pot** [enacts], which was going to be the baking of cake and in the process of doing that she was engaged in the holding of the story line the other people were involved and she was contributing something to the baking (laughs) the baking, so **immediately my body's describing something that there's an involvement**, I mean in Dramatherapy terms it would be embodiment, you could go to Sue Jennings' personal play in terms of Peter Slade's work, **but the body as a symbol is interesting, the body as metaphor and often with movement work and (laughs) I'm getting up [gets up]*[13]*,** but with movement work I think the body is also very interesting in terms of looking at the body as a metaphor and especially with drama there's the opportunity to link the two together"* (Robert, 350-372)

In the extract above, Robert uses enactment and engagement with embodiment as devices of persuasion. He contrasts the talking/narrating of the storyteller and the listening on the one hand, with enacting and watching on the other. His juxtaposition draws on the contrast already present in my question, which suggests that enactment of the story is somehow important or even more important than simply listening to the story. Though I could have presented this question in a more open-to-interpretation way, my aim here was to assist in the clarification of my question. Robert, nonetheless, does not resist my construct. Rather, he goes on to affirm and expand on it rather impressively: he performs the enactment in front of me, positioning me as the audience to his performance. This has the effect, extra-discursively, of allowing me to witness first hand the so-called impact of

an enactment. By first setting up the contrast of 'just talk' by narrating the story and then by enacting it as he went along, placing special emphasis on creating the space before my eyes (e.g. 'there was a pile over here', 'to this pot'), the enactment itself becomes a medium of persuasion as a more immediate and engaging form than narrating or talking. This construction is further reinforced by the seeming seductive power of enactment and embodiment, 'evidenced' (i.e. read 'performed') when Robert is almost unable to contain himself and resist getting up again from his chair once he had engaged in enactment (e.g. '(laughs) I'm getting up [gets up]'). Other, alternative constructions are possible here, such as the power of engaging the imagination that narration (i.e. listening to story-telling) may hold over enactment, which is ultimately one person's interpretation of the story in action. Perhaps it is possible to understand this device of persuasion used here by Robert as an action orientation of justification, which draws on a dominant discourse in Dramatherapy of the body as a more engaging medium that talk. This seeks to justify the existence of Dramatherapy as an action- and body-oriented form of therapy and represent its relative merits over other, competing forms of psychotherapy. A further aspect to this understanding is the relative newness of Dramatherapy as a form of psychotherapy in its own right and not as adjunct to other psychotherapies in the form of drama or role-playing methods in psychotherapy (Jones, 1995).

6.1.1. Discourses

i)   A 'reifying' discourse of metaphor

The research itself mobilized a 'reifying' discourse of metaphor, since I utilized reifying language in the interview schedule, in order to communicate with the participants. For example, when I asked for examples of metaphor in one of the interviews:

"[Interviewer] *and has there been like an example that you can think of that you're not sure if it was a metaphor, something that may have come up and you're not sure at the moment if that was if it can be classed as a metaphor for you, if you can think back"*

Asking questions about metaphor in therapy brings 'metaphor' into being as a real phenomenon 'in the world' with particular properties. The participants evoked a 'reifying' discourse of the use of metaphor, rather than drawing on a number of alternative ones, such as metaphor as pattern or process. Metaphor is instead described in ways that suggest a solid entity, as 'object' or 'thing' and discourses subsequently construct an out-there-ness for metaphor (Potter, 1996). For example, not only was metaphor constructed as a solid 'thing', but also its meaning was seen as unproblematic and consensual in a way that makes definitions and further clarification redundant:

"I am not defining metaphor because we both know what it is" (Claire, 26-27)

Similarly, the literature on metaphor was described as consensual (i.e. authoritative):

"there's a literature <u>out there</u>, some people talk about it in a very prescribed way but so yeah so oftentimes I'm not quite sure whether, I mean I think it is, but I'm not, I wouldn't argue with somebody if they said no it's something else, I would be 'okay!'" (Michael, 180-189)

Metaphor was viewed as present in certain therapeutic models in particular and also as present in greater quantities. Claire uses a 'magnifier' ('more')[14] when she talks about her personal counselling experience. Metaphor is described as particularly present in 'holistic' and 'looser' ways of thinking, represented here by Psychosynthesis:

"But I think in certain models, again my personal therapy was with a psychosynthesis counsellor and I chose that 'cause I was more tuned in to that more holistic, looser way of thinking and <u>there I found more metaphor,</u> yeah" (Claire, 274-277)

Metaphor can be 'seen' in a variety of forms of narrative. The choice of verb used in the next example, though not literally accurate, performs a powerful function of warranting the construction of metaphor as something with a 'real' ontology (i.e. it can be seen):

"I find myself seeing metaphor as when we start talking relevant but other languages telling stories wondering about fairy tales, the Harry Potter books, natural history stuff" (Michael, 32-34)

Different reifying words were used to describe metaphor, such as those in the three-part list, used to summarize a greater number of items (Edwards and Potter, 1992), of the next excerpt (underlined). The list is presented as a complete representation of a larger group:

"the metaphor describes a pattern of behaving or a part of a history, instead of the long description we've now got like an image or a word or an object that encapsulates it" (Ethne, 319-322)

A description of metaphor that is characteristically 'reifying' is the construction of metaphor as 'representation'. Sometimes object metaphors were used as a representation of metaphor in therapy. These included metaphor as 'key' (Claire, lines 449-452), 'through line' and 'pillar' (Robert, 508-509), 'box' (Ethan, 139), 'bridge' (Robert, 481), 'steering wheel' (Robert, 316) and 'food' (Dora, lines 353-354, 553-556, etc. and Robert, 430), among others.

The meaning of metaphor is represented as somewhat elusive. For example, Alison gives a qualified response ('kind of'), trying on a number of different terms to describe metaphor, such as 'analogy', 'representation' and 'symbol', as none seemed to fit perfectly:

"well, when I thought about that, I thought that in my mind there were a kind of a number of different sort of words that came into my mind. One was metaphor, one was a kind of analogy, you know similar kind of words, so when I thought about it metaphor for me meant something that kind of represents in a way what the other person is saying or meaning, it's a kind of representation of a similar you know a similar idea or something, so it's a kind of representation which isn't literal" (Alison, 85-92)

Metaphor was also described by therapists as having replacing effects, i.e. it is described as a replacement of the 'real' thing (using a three-part list to summarise a greater whole)(in bold), that somehow cannot be talked about directly, but only in a round-about way (aspects of this construction will be further discussed under the section of 'metaphor a way of addressing sensitive material'). This construction is part of a technical/functional discourse of metaphor that suggests it aids clients to represent their 'inner' life and as such it also resonates with a psychological (particularly psychoanalytic) discourse, i.e. metaphor as a representation of aspects of self:

*"but basically [I] see it **as a representation or as an analogy or as a kind of symbol**, something else that <u>may be easier to represent in that way rather than talk through</u>"*
(Alison, 215-218)

Metaphor was also described as a representation of the client's 'subjective experience', part of a psychological discourse:

"you can interpret the situation and then select a metaphor or story-line <u>which might indirectly represent what you're assuming to be their experience</u>" (Robert, 568-570)

The participants used a range of different terms that can be grouped under the umbrella term of 'representation' and they describe a process by which metaphor gets something that is inside, out. These included, 'portrayal', 'personification', 'substitute', 'description', 'analogy', 'symptom', 'manifestation', 'embodiment' and 'expression'.

There were a number of different ways in which metaphor was constructed as 'representation'. These are:

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┌──────────────────────────────────────────────────┐
│  Metaphor as 'a way of addressing sensitive        │
│  material'                                          │
│                                                    │
│  Metaphor as 'distancing'                          │
│                                                    │
│  Metaphor as 'safe container'                      │
│                                                    │
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Metaphor as 'a way of addressing sensitive material'

This construction is part of a technical/functional discourse (to be explored in a section that follows) and it also seems to fit well under the description of metaphor as 'representation', hence why I include it here. It is described as a way of *representing* what cannot be addressed or talked about directly (i.e. sensitive material) and as an oblique therapeutic tool:

"[metaphor] could be a way of [ ] easing away towards talking about say if somebody was severely traumatized it may open the door for them and give them a language or whatever and then it could be a verbal way of opening (laughs) using a metaphor, opening things up yeah so it can have a whole number of functions really" (Claire, 422-427)

In the next example, Ethan describes using metaphor to facilitate a process of working with difficult material in a way that seems 'safe', in this case the client's own aggressive thoughts regarding women:

"so we actually used I would call it imagery. I don't know whether it's metaphor or not, but we would make him actually re-enact the thought or the fantasy or whatever it is and so it would involve him being aggressive towards a woman and so what I would do I would say for the moment let's put this person in a safe place, what for you is a safe place? And he would say "well I'd like to put him behind bars", so I said "okay let's re-

run this image and what you've done you've been powerful and you can you know take him and put him behind these bars, now what are we gonna do with this you know this man?" and he said "well I'd actually like to understand why he's doing this" and so we could use that as a way of sort of looking at, obviously he's a very frustrated man"(87-98)

Metaphor as 'distancing'

Metaphor as 'distancing' is a common construction in Dramatherapy training and literature. Robert, the Dramatherapist, employs it as part of a technical/functional discourse, contrasting literal stories with metaphorical ones. Metaphor is described as providing an opportunity to work with the client's experience in a removed way:

"going back to the tools I would say it's a tool, it's a means by which either a story line can be told from the patient, whether or not that's a story line which is real, say in some Dramatherapy, Playback you would work with the literal story or Psychodrama, whereas through the metaphor I think that's very interesting in itself 'cause of the distance and the difference there" (Robert, 293-297)

Metaphor as 'safe container'

Metaphor was represented as a container for the experience the client is unable or reluctant to address directly and therefore as a safer and more oblique option of working with the trauma. The excerpt evokes a psychoanalytic discourse of metaphor, suggested by the use of the word 'Psyche' and the assertion that the disclosure will be regulated by the client's own Psyche:

"under the descriptive umbrella of the metaphor we'd say we would offer an opportunity for a client to work with the story or with the symbolism of movement or with play, to explore their experience, rather than it being a literal communication, because there's

lots of reasons for that I think but it's not, <u>we're not expecting the client to disclose</u> <u>anything other, anything more than their Psyche wants to</u>" (Robert, 528-234)

This function of metaphor as safe container extends to dreams, where we are told that the unacknowledged material can be expressed in a less threatening form. Again there are psychoanalytic overtones here:

"clients sometimes presented with dreams in which as we explored that, they realized that <u>the dream represents different aspects of their life</u> that they weren't keen or that they haven't recognized in a literal sense and therefore in this alternative way as if it was something else" (Ethne, 168-172)

This construction of metaphor also seems to imply that the 'thing itself' cannot be addressed directly. It can only be 'represented' (i.e. via metaphor) or talked 'around/through'. However, this also implies that whatever the metaphor is representing *can* be got at in this way (i.e. via metaphor):

"it may make a lot more sense to do that, rather than spend a lot of time on kind of <u>talking round something</u>" (Alison, 199-200)

"but basically see it as a representation or as an analogy or a kind of symbol, something else that may be easier to represent in that way, <u>rather than talk through</u>"(Alison, 215-218)

Books were other containers of metaphor, as described by therapists. In the following example, the therapist disclaims enforcing Harry Potter books on his clients, to prevent himself being viewed as doing just that, by first acknowledging the possible interpretation and then denying it. He then goes on to describe using Harry Potter as a way of addressing client material in an oblique way:

"I don't enforce Harry Potter books on every client who walks through the door, but where I've had a client or two who've been reading those things sometimes they've been able, they've struggled to talk about other people in their lives in a certain way and then I said, but you've talked about Harry Potter. Who in there might be similar and he's come up with ah! He's just like Professor Snape or oh I wish I had Professor Dumbledore in my life" (Michael, 54-60)

He elaborates on this construction (second excerpt) as a 'sideways grasp of meaning' in the second excerpt, where he describes a direct approach as 'much more threatening', while metaphor becomes less resisted and defended against ('less fought'):

"I think part of the reason that metaphor may be helpful is that it's a bit of a sideways grasp of meaning, it's a naturally evolving manifestation of meaning. It can be much more threatening for me to say to a client "you mean this", whereas if we talk about "well, it's just like the way Harry Potter saw his father as a unicorn" or whatever, it then doesn't make it my enforcement of meaning on somebody else, it's there, it's out there, it can be right or it can be wrong and so it's less fought maybe" (Michael, 449-456)

ii) A 'technical/functional' discourse of metaphor

There are a large number of variable and related constructions of metaphor that fit under this descriptive label and evoke a 'technical/functional' discourse. It is also the single discourse drawn on the most[15] by the therapists interviewed, as an explanatory and justifying device for the use of 'metaphor' in therapy. Metaphor was primarily described as a *'tool'*, *'technique'* or *'therapeutic aid'* by the therapist (and the client) participants. These descriptive terms were later expanded and refined in meaning by the participants, as the interviews progressed, to describe metaphor as tool, technique or therapeutic aid as being, for example, an 'explanatory tool', a 'catalyst for change', 'powerful aid', etc., among a large number of additional constructions (see below).

Metaphor was represented as a sharp tool, like a scalpel or knife, in itself a metaphor that is part of the archaeological and the medical discourses[16]:

"also metaphor can be very emotionally penetrating"(Claire, 31-32)

The implications are that not everyone is trained or able to use it and that the appropriateness of its use is in part dependent on the client. In the excerpt that follows, Claire, a therapist, uses the latter point to manage stake for potential 'failure' of the metaphor technique, by drawing on a 'trait' discourse (Coyle and Morgan-Sykes, 1998, to be explored further below), in this case by blaming the client's ability to symbolize:

"it depends how skillfully it is used but I think some people have difficulty with symbolization anyway whatever the symbolization so you can't in those cases, then I won't work with it at all"(Claire, 465-468)

The construction of technique is amplified in the next excerpt, through the frequent repetition of the word 'use', which functions as an emphatic validation and justification of the therapist's own use of metaphor in her practice:

*"and I do **use** imagery, I do **use** guided imagery occasionally, so that again is **using**, I **use** metaphors, so you can **use** metaphor and metaphor I suppose comes into certain yeah stress management types of techniques"*(Claire, 282-285)

Metaphor is described as a technique that also requires skills and education; clients can be trained to use it themselves as a therapeutic tool. In the next excerpt, it is the private clients who are said to be educated in the use of metaphor, as a function of their differences (compared to NHS clients):

"I can sort of immediately pinpoint several private clients who really do use that technique themselves, they may actually bring metaphor" (Anouska, 128-9)

Finally, although technical constructions proliferated, metaphor as 'technique' was used by therapists in a way (determined by context) that evoked a 'psychological (Counselling)' discourse of metaphor, where metaphor was described as technique only as secondary to 'person in relationship' (what Buber, 1958 described as 'I and thou' vs. 'I and it'). This discourse will be explored at a later stage (see section on Psychological/Counselling Discourse of Metaphor).

In the section that follows, metaphor was constructed in a number of different ways within a technical/functional discourse for which I use the labels 'positive' and 'negative'. This is meant as solely descriptive of the consequences of the use of metaphor as constructed by the therapist participants.

a) Technical, positive constructions of metaphor

These consist of the following:

- Metaphor as 'empowering'
- As 'all pervasive in therapy'
- As 'under-represented in training'
- As 'part of certain therapy traditions'
- As 'enhancing the therapeutic relationship'
- As 'agent for change'
- As 'healer'
- As 'explanatory tool'
- As exemplifying psychological process
- Representing subjective experience
- As carrying/processing meaning
- a) as 'rich'
- b) as 'encapsulating meaning'
- c) as 'carrying meaning'
- d) as 'adding meaning'
- As 'attunement'
- As 'powerful'
- As 'idiosyncratic/congruent with client'

I will next endeavor to explore them individually.

Metaphor as 'empowering'

Therapists constructed metaphor as an opportunity for empowering the client by using client-generated metaphors in therapy. Metaphor is also described in reifying terms, as an object of empowerment the client can then take away with them:

"That gives a sense of empowerment that you're using their metaphor and you can take it with you and also you're understanding their metaphor" (LindaFG,[17] 103-105)

Metaphor as 'all-pervasive in therapy'

A number of participants framed metaphor as 'all pervasive' in therapy (c.f. earlier construction of 'all-pervasiveness' of metaphor in *language*). They initially constructed an 'omnipresence [of metaphor] in language' (i.e. language as inherently reifying, to be explored in a separate section) and then elaborated on the construction to include therapy. This serves to legitimise the use of metaphor in therapy as an inseparable part of language use:

"even in the more technical if you like tool laden areas I don't think it's excluded, no" (Claire, 314-315)

Elsewhere, metaphor is constructed as 'ever-present'. However, the therapist is positioned as an active agent as to whether or not he or she *decides* to pick up a client-generated metaphor:

"I don't think it's possible for it not to come up I think it's possible to ignore it but I don't see the point of that really" (Michael, 397-398)

Metaphor as 'all pervasive' in therapy is paradoxically also constructed as an elusive and difficult concept to talk about. This, on the micro-level, has the function of managing

stake and responsibility for coming up with specific examples of metaphor as requested by the researcher. Ethne uses an assortment of discursive techniques in order to manage stake. Her extreme case formulation (Pomerantz, 1986) ('all the time') supports her claim by justifying her account and making an alternative version difficult to put forward. She also uses a contrastive term (Clift, 2001) ('actually') in order to justify her assertion that it is difficult to talk about in concrete terms:

*"it's funny, although I do it **all the time** it's **actually** hard to pick it out because it's if you're talking about metaphor like this it's an abstract concept and yet I know in my work it isn't"* (Ethne, 183-185).

'Extreme case formulation' was by far the most common discursive strategy used (see also relevant section on 'discursive strategies') by which to establish the 'all pervasiveness' of metaphor in therapy. Here are some examples:

[when asked whether clients use metaphor in therapy] *'everybody, everybody does'* (Dora, 417)

And,

*"**all the time** it's part of everyday it's like **we** are using metaphor now I think but yes **of course** I use it **all the time** and particularly with psychosis"* (Dora, 70-71)

Her account constructs a 'matter of fact-ness' (using the qualifying 'of course') and establishes consensus via the extreme case formulations employed ('all the time') and footing (Goffman, 1981)(switching to 'we', which creates a collectivity).

Dora also describes metaphor as 'all-pervasive' through a series of 'extreme case formulations' ('all the time'), drawing on a scholarly discourse (language as inherently metaphorical) as an explanatory device. It also includes the construction of a human trait

in that there is a need to share understanding as a means of counter-acting existential isolation:

*"but you see that's the value of metaphor isn't it? That we keep testing reality **all the time** through linguistic metaphors to reach some kind of truth, otherwise one is when you think of it you're terribly isolated and you **all the time** in our communications and in groups, this is particularly so and in psychotherapy you're testing **all the time** whether we are both understanding the same thing "*(Dora, 336-340)

Another discursive strategy towards the construction of 'all pervasiveness' was the use of specific metaphors. The metaphors of 'through line' and 'central pillar' convey the centrality of metaphor in this therapist's work and training (used in conjunction with the 'extreme case' 'constantly'):

"on the clinical practice that we undertook I would say it was a through line, it was constantly referenced along the way as a sort of central pillar " (Robert, 507-509)

Metaphor as 'under-represented in training'

The therapist participants portrayed metaphor as under-represented in or even excluded from their training. For example, when asked whether she had encountered metaphor in her training, Claire's laughter suggests irony or the paradox between constructing metaphor as 'ever-present' or 'all pervasive' and also constructing it as 'absent' in training courses: *"no (laughs) no (laughs)"* (Claire, 261).

Again, extreme case formulations are used to strengthen claims, in this case to put forward a version of counselling psychology training as 'all very' intellectual and to construct a rarity for metaphor in the skills training module ('rarely', Edwards, 2000). Here, metaphor is described as 'practical' and contrasted with 'abstract', 'intellectual' work:

*"Supervision occasionally yeah but not in if that's part of considered part of the training yeah yes, but not in training as such no. That was **all very** intellectual abstract sort of level yeah*

> *[Interviewer: so what*
>
> *[Interviewee: skills training metaphor, **rarely**"* (Claire, 265-270)

In other instances, metaphor use was represented as absent in training courses:
"I don't think I did encounter it to be honest" (Alison, 364-367)

Some therapist participants remained consistent by constructing metaphor as all-pervasive ('it was there throughout') both in therapy and in training:

*"Well <u>it might make a sad point really</u> <u>it was there throughout</u> <u>but **not necessarily** in a</u> <u>fore-grounded sort of way</u>. Where it was fore-grounded it was in my Jungian seminars **as you can imagine"*** (Michael, 490-492)

Metaphor is also described in the example above as being part of certain therapy traditions, such as Jungian Analytic therapy (framed as an obvious connection, 'as you can imagine'), where it is said to be fore-grounded, as opposed to other approaches. This represents an accusing action orientation but it is couched in tentative language by framing it as a 'sad point' rather than using stronger language. This manages stake in the form of eschewing potential retribution or appearing as too demanding.

Similarly, Ethne subtly accuses her training for not openly acknowledging metaphor ('not officially'), using hesitant and qualified language. The absence of metaphor, like before, that is constructed here, is a particular kind of absence that of metaphor as a *tool*:

*"**not officially** in terms of having sessions that tell you how to work with metaphor (laughs) **openly** acknowledging it but **I suppose** it has come up as I say"* (Ethne, 124-125)

Ethan uses minimization (Edwards, 2000) in order to de-emphasize the use of metaphor in his training ('a little bit' and from the second excerpt, 'bits').

"a little bit I mean that's where the systemic stuff comes in because it's not really my area of expertise" (Ethan, *295-296)*

He disclaims any specialist and expert knowledge of metaphor (*"it's not really my area of expertise"*) as a way of managing stake and accountability, having made claims that pertain to a predominant absence of metaphor. Minimization is another discursive strategy used to put forward an argument and it is the opposite of extreme case formulations. It fulfills the function of de-emphasizing the importance of something.

The construction of binaries was another popular strategy for supporting arguments, in this case to suggest training precluded an acknowledgement of metaphor. Ethan constructs a binary of linear-logical and metaphor, which 'mainly' (having a pivotal function in establishing the claim) excludes metaphor:

"so *there were bits of it* I think but I think mainly training was more this sort of *linear logical I think*" (Ethan, 324-326)

Similarly, Dora, when asked the same question, does a lot of work, discursively speaking, to establish and defend the same claim, including contrastive lists and binary constructions, as well as extreme case formulations. Her construction is based on a dichotomy of concrete/organic vs. metaphorical (philosophical), her medical training representing the former thereby excluding the metaphorical:

*"Nah my medical training was **basic, non philosophical, hard work, anti female, kick in the arse, bullying, nasty, medical school just like all** medical schools even worse now, devoid of **thinking, truth or anything else**, it's how to pass exams, how to learn **biochemistry and pathology and forensic medicine and some science and symptoms and medicine** and even psychiatry was like that. It was **all very much** an organic you*

*know what tablets help ECT stuff and my psychiatry training at the Maudsley was rather similar with the I mean there were sort of structured philosophical areas to it, psychoanalytic training is in **all** schools is again it's treating metaphysics meta-psychology as concrete as real. Psychoanalysts and **all** psychologists will pick a model and **everybody** will argue about it as if it's you know the real Ego or the real something or other and **nobody** says you know this is **just** a model they sort of talk about whether it's split here"* (Dora, 480-493)

Her description creates the sense that school was more about basic survival (*"hard work, anti female, kick in the arse, bullying, nasty"*) and getting through the training, than philosophical pursuits. The first list (*"basic, non-philosophical..."*) presents her medical training as incompatible with metaphor. This claim is generalised to all medical schools and normalized with an extreme case formulation (*'[just like] all [medical schools]'*, while a three-part list (Edwards and Potter, 1992) is used to summarise its shortcomings (*'[devoid of] thinking, truth or anything else'*). Another long list is employed (*'biochemistry and pathology and forensic medicine and some science and symptoms and medicine'*) as a complete and representative array of items, which suggests a problematic version that is contrasted with the un-represented (i.e. the metaphorical and the philosophical). This claim is supported with the extreme case formulation (Edwards and Potter, 1992; Edwards, 2000) 'all very much', which follows the list, establishing the 'organic' content and defending against refutation.

Dora goes on to include her subsequent psychiatry training in this description, but establishes the 'philosophical' as an exception: psychoanalysis was in 'all' schools ('extreme case'). However, she draws on her previous construction of the 'concrete' and the 'organic' to suggest this was the context in which the philosophical ('metaphysics, meta-psychology') was addressed. She describes a process of reification of the metaphorical that becomes real. She justifies this claim with three extreme case formulations (Edwards and Potter, 1992s)(underlined), "*all [psychologists will pick a model*" and "*everybody [will argue about it] and nobody [says]*". The minimisation that follows (underlined) "*this is just a model*" emphasises that the argument (i.e. that the

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metaphorical is real) is weakened. The construction of the metaphorical as 'meta-psychology' or 'metaphysics' evokes a scholarly discourse, where language is viewed as reifying (as previously addressed). This construction is used to make an accusation about nobody objecting on receiving metaphors as realities (*"nobody says"*).

Anouska differs in her claims, in that she positions herself as an art therapist (instead of a counselling psychologist) to establish a case for the inclusion of metaphor in the training:

*"I'm pretty sure I have encountered it **a lot more** than is in my conscious mind at the moment (laughs) [Interviewer: hmmmm sure (laughs)] I think it's all I think it's to do with I don't know if it's Jung or I think it's Jung metaphor and Jung? I think yeah **I'm pretty sure I have encountered it about sort of archetypal images and the collective unconscious and you know symbols such as bonfire night and what the meanings of that is and visual symbols and things like the Halloween** for example yeah metaphor for everybody it taps into the collective unconscious so I think I we did a lot of stuff on Jung so I think I have engaged with it and also when we trained in art therapy we all painted ourselves? so we had the active experience of doing that so we're **actually** engaging with painting and with metaphor [I: hm m hm m I see] in the counselling psychology I'm not so sure although when the client speaks as I said when we [inaudible] I try to find new ways to un-package and re-package what they've said so I suppose yes **we all ought** to engage with metaphor but maybe if there's an omission I think <u>the counselling psychology there's not much focus on image and drawing and issues related to the unconscious and dreamwork</u> and I think that is a big omission 'cause like I said <u>I find it very hard to sometimes combine the two, I don't think they fit that comfortably together</u> and <u>I don't know that many people other than yourself actually (laughs) who trained in both things</u> **I think it's quite rare"** (Anouska, 235-256)*

She uses a maginifier ('more') coupled with a certainty marker ('*I'm pretty sure'*) to support that claim. As she locates metaphor use within the context of Jungian Analytic therapy, items representative of that model's conceptualization (we are told) of metaphor follow, which strengthen her claim that she has 'encountered' metaphor ("*archetypal*

images and the collective unconscious and [ ] symbols...like the Halloween"). Her extreme case formulation ('everybody'), supports her claim that metaphor fits in with a Jungian model as it 'taps into the unconscious' and establishes her claim that it formed part of her training; she '*actually* engaged with painting and metaphor' (the use of 'actually' solidifies this claim). Anouska, when she describes Counselling Psychology, goes on to create a prescriptive obligation that although metaphor may not be the focus of therapy, all therapists, including her, should engage with the client's metaphors *("we all ought to engage with metaphor")*. This extreme case formulation (underlined above) prevents an alternative version to be put forward and preserves her in a positive light as a therapist who actively tries to engage with the client's material (*"I try to find new ways to repackage and un-package"*). Her employment of a list contrasts possible uses of metaphor with what 'is there' in Counselling Psychology by showing what Counselling Psychology lacks (*"there's not much focus on image and drawing and issues related to the unconscious and dreamwork"*). Finally she creates a dichotomy between the metaphorical art therapy and the more concrete Counselling Psychology, describing the two approaches as almost incompatible. She constructs a 'rarity' for their integration by positioning the interviewer as a dual practitioner (who is a Counselling Psychologist and Dramatherapist). She then constructs that position as 'rare': *"I don't know that many people other than yourself actually (laughs) who trained in both things, I think it's quite rare"*. The function of laughter is used as irony, as not only does she not know 'many' people who trained in both things, she only knows me.

The only therapist who, as an exception, diverged from the construction of metaphor as 'under-represented in training' was Robert, the Dramatherapist. In contrast to the psychologists, he described his work as being *based* on metaphor. He uses an extreme case formulation to claim that the Dramatherapy training is not interested in the client's actual life story, but rather metaphors that may represent it:

*"we're not working with the literal story, we're working with **always** the metaphor"* (Robert, 522).

Metaphor as 'part of certain therapy traditions'

In addition to constructing metaphor as 'under-represented in training', the participants also constructed it as belonging more to certain therapy traditions rather than others (a description also employed by participants in the focus group, see that section). Anouska, for example, regards metaphor as a primarily psychodynamic construct (including Jungian approaches) in her qualified response (*"it's quite psychodynamic"*, line 111) and [asked what a therapist would need in order to work with metaphor] *"psychodynamic training, some knowledge of Jung..."* (292). Anouska, identifies metaphor as compatible with psychodynamic thinking and practice, which was a core model in her art therapy training (she uses a marker of emphasis, 'a lot', to describe the prevalence of metaphor). Person-centred approaches are also described as compatible with the use of metaphor as they are concerned with 're-packaging' (we are told), a function Anouska has identified as part of metaphor. She uses the 'extreme case' 'all about' to claim that 're-packaging' the client's material is what the person- centred approach is about. On the other hand, she portrays metaphor as rather incompatible (*"I'm pretty hard pushed..."*) with a CBT approach (lines 268-275):

"I think that metaphor fits in with psychodynamic thinking, which also is quite core to art psychotherapy, so I think in psychodynamic thinking there's a lot of use of metaphor, which would tap the unconscious and sort of rethink things in a different image if you like. I mean, I'm pretty hard pushed to see how CBT could use (laughs) metaphor. It may be there and I may be missing it but I can't quite see it. Person-centred I can see how it can use metaphor, because it's all about re-packaging back" (Anouska, 268-275)

She also uses magnifiers, such as 'more' and 'much more' to construct the CBT approach as not being about self-awareness (we can speculate that perhaps it is viewed as more instructive), whereas the psychodynamic approach by comparison is said to be, thus fitting in better with the use of metaphor:

*"I think metaphor is **more** to do with self-awareness and even though it's there, it's not so explicit. So, yes, you could use it with CBT and it could be brought in, **of course** it could, but I think it's **much more**, it's **much** easier to bring in with psychodynamic work. It worked for me* "*(Anouska, 285-289)

In the next excerpt, she relies on her previous construction of metaphor as located within an art therapy approach, which is in turn constructed as incompatible with her counselling approach, creating a binary that is difficult to overcome (*"I haven't really found..."*). She uses this construction as a disclaimer for her limited use of metaphor in therapy (*"maybe I could use it a lot more"*)(the maginifier 'a lot more' emphasizes the increase in use possible), by blaming it on the 'clients' expectations'. Her use of active voicing (Hutchby and Wooffitt, 1998)(*"right, here are your pens and paper"*) adds narrative detail, which makes her claim, that it is somehow inappropriate to introduce these methods in a counselling context (implicitly also constructed as perhaps less creative or action-oriented), more persuasive. Her subsequent laughter highlights this 'inappropriateness'(serves as a marker of irony):

*"maybe I could use it **a lot more** because of my training, but I haven't **really** found a way that feels comfortable for me of kind of bringing the art psychotherapy into the counselling psychology, because clients come along with certain sets of expectations that they're gonna sit and so I don't feel comfortable saying "right! Here are your pens and paper"* (laughs loudly)' (Anouska, 225-230)

She then goes on to tentatively ('if') construct an 'omission' of metaphor in counselling training. She further portrays a combined training in both counselling and an art therapy (which would include the use of metaphor) as a 'rarity'. She warrants this claim by portraying my training in both Counselling Psychology and Dramatherapy as an exception to the rule (*"I don't know that many people other than yourself actually"*):

"if there's an omission I think in counselling psychology there's not much focus on image and drawing and issues related to the unconscious and dream-work and I think that is a

big omission 'cause like I said I find it very hard to sometimes combine the two. I don't think they fit that comfortably together and I don't know that many people other than yourself actually (laughs) who trained in both things. I think it's quite rare" (Anouska, 249-255)

Metaphor as 'enhancing the therapeutic relationship'

As part of the reifying 'technical/functional' discourse, therapists described metaphor as having a multitude of functions or properties. In this way, metaphor is described in essentialist terms, as inherently possessing these qualities. The most salient constructions are explored below.

Metaphor is mostly represented as a 'joint creation' that improves or enhances the therapeutic relationship, either by creating empathy or by adding meaning. For example, the metaphor of 'leap-frogging' is used to suggest this process: Ethan uses the metaphor of 'leap frogging' for co-construction: *"it's like a slightly leap frogging thing, you use an image and [ ] they'll add a little bit to the image"* (Ethan, 231-233) The participants also commonly used a variety of building/construction metaphors. For example: *"building empathy with clients and as such I think it forms the basis of a lot of the other things that are done"* (Claire, 311-312)

This description of co-creation is sometimes located within the context of a 'special' kind of relationship that is different to everyday relationships. The difference between the two kinds of relationships is emphasised by the contrasting terms 'they' (other lay people) and 'you' (the therapist):

"you've both got what that means, whereas if someone outside on the street you know they wouldn't understand because they don't have the relationship that you have that's kind of brought meaning to that within that context so I think it can help the relationship" (Alison, 438-442)

Metaphor is also represented as a 'therapeutic aid', which enhances the therapeutic relationship. Anouska uses a series of magnifiers, which add emphasis:

*"yeah I think it can make the therapeutic relationship **much more** meaningful and **much more** exciting because it's using words and images in a more dynamic form"'* (Anouska, 150-153)

Metaphor is described as having a 'strengthening' effect. The implicit construction here is that the therapeutic relationship in itself is in need of reinforcement:

"it reinforces the therapeutic relationship" (Ethan , 456-457)

Metaphor is described as a 'warm and human experience'. In the example that follows, 'very' supports the construction as an extreme case (Edwards and Potter, 1992), but the qualifying 'almost' softens it. Edwards (2001) has shown how qualified versions of extreme case formulations are actually stronger rhetorically than unqualified versions, as they are more difficult to refute. Metaphor, by being 'almost this type of experience', is persuasively constructed as adding an extra aura to the therapeutic encounter that brings people closer in a human way; the implicit construction is that therapy without the metaphoric is lacking in this aspect:

*"I think that's **very** human [ ] it may be analogous to someone telling you a story, it can be a **very warm**, a **very human**, I think it's **almost** this type of experience"* (Ethan, 463-467)

Metaphor was additionally described by some of the participants as a 'shared point of reference' between client and therapist:

"and then we used it again going forward and we would refer back to it several times" (Alison, 141-142)

Another description of metaphor by therapists was 'connective'. Metaphors like 'bridge' or 'link' were used to denote this meaning. For example:

"in terms of that bridge" (Robert, 170)

"[we] began to make links "(Ethne, 64)

Metaphor as 'agent for change'

Metaphor was frequently referred to as an agent for change via a number of descriptive terms. For example, terms such as 'catalyst', 'un-blocker of emotion' and 'healer' (see below). Participants expanded the concept of metaphor to include music and poetry. In the excerpt that follows, Claire is uncertain as to whether music *is* a metaphor, but nonetheless says it *acts* as a metaphor, i.e. it accomplishes the same therapeutic function. She describes music and its metaphorical function in essentialist terms, by saying *'something in the sound'* is acting as a catalyst. The construction has a reifying effect, in that it suggests there is something inherently therapeutic in music and metaphor:

"also I use music a lot so I think music is a very, I don't know if you would call it a metaphor or not, but I use music very much as a catalyst because there are musical, there are certain kinds of music and may be different for each individual but somehow it acts as an unblocker of emotions and also as a healer of things and that again is difficult to talk about, but it does act as a kind of metaphor 'cause there's something in the sound" (Claire, 400-406)

In Ethne's excerpt, her description of metaphor as a 'catalyst' (suggested by the descriptions 'shortcut' and 'moved things on quickly') is supported by an extreme case formulation ('always') that frames her experience as overwhelmingly 'positive' and prevents an alternative version:

*"my experience has **always** been positive, it's generally I think <u>moved things on quickly</u> because you then have like a shared you have something you've created together in a sense in the therapeutic relationship, the way of it <u>it's like a shortcut</u>"* (Ethne, 306-309)

Metaphor as 'healer'

Metaphor was referred to as 'curative', which forms part of the 'healer' construction. In the next example, the participant therapist follows this claim with a disclaimer (*"the cure by the way is not a word I use"*), which protects against potential criticism that the employment of the word 'cure' in the context of psychological therapies can be construed as unprofessional and naïve. The use of 'for some reason' is significant in that it is reifying, establishing the claim that metaphor is inherently healing, though its workings may not be fully understood:

"the use of language seems to me to be <u>the curative or the cure by the way is not a word I use</u> because I don't think anybody's cured [ ] experiencing things by using the metaphor first, the experiencing of things within the therapeutic situation <u>for some reason manages to alleviate suffering or to get things into context</u>" (Dora, 58-65)

The construction of metaphor as 'healer' depends, in the next excerpt, on the construction of the person to keep it afloat. It constructs the human being as being somehow out of joint by definition. The construction that the intentional use of language is therapeutic justifies metaphor use in the context of communication and process-oriented growth:

"but <u>the use of language seems to me to be curative</u> or the cure by the way is not a word I use because I don't think anybody's cured. I mean life is a struggle through which one has to develop and grow so people can grow through the use of language" (Dora, 58-60)

Music is also deemed to be therapeutic, similarly constructed as corresponding to people in a unique way (*"[there] may be different [kinds] for each individual"*):

"I don't know if you would call it a metaphor or not, but I use music very much as a catalyst because [ ] there are certain kinds of music and may be different for each individual but somehow it acts as an un-blocker of emotions and also as a healer of things" (Claire, 400-405)

Claire also represents metaphor as more compatible with a 'healing' rather than a 'therapy' approach; this relies on the previous construction of metaphor as inherently healing:

"I mean the whole concept of healing itself as opposed to therapy carried with it a lot of different implications some of which can be metaphoric" (Claire, 279-281)

Metaphor as 'explanatory tool'

The participants used a number of terms that can be grouped under the general umbrella term of 'explanatory tool'. These were 'explanation', 'illustration', 'summarizing', 'clarification' and 'exemplification'. As in the quote that follows, metaphor is described as a tool in the hands of the therapist that enhances communication with the client. This description has a didactic element:

"I think of it in my work as a way of clarifying for myself or for my clients something, exemplifying it, making it yeah making something more known than it was before, metaphor can be very apt at summarizing certain elements or features in the situation, so as to make their significance very clear "(Claire, 27-30)

In the next example, Claire is using a 'three-part list' (Edwards and Potter, 1992) for representative examples that summarize the uses of metaphor ('clarifying or explaining or illustrating'):

*"I think sometimes if for instance I'm using a CBT approach and using metaphor as a way of **clarifying or explaining or illustrating** something [ ] yeah and I think metaphor can explain"* (Claire, 66-69)

Metaphor is represented as a simple choice of words, rather than a complex technique, which resonates with the client's experience. To de-emphasize the complexity of using metaphor, Claire uses minimization (Edwards, 2000):

*"sometimes it will **just** be the use of a word you know so that might be a particular word choice that might be more appropriate 'cause of the resonance that it carries"* (Claire, 219-220)

In the next examples, the therapist uses metaphor in order to educate clients about psychological concepts. The metaphor needs to be made relevant, though, to the experience of the client. In this way, Michael talks about the deer in Richmond Park and in the second excerpt about football. In the second excerpt in particular, metaphors also need to be relevant to the experience of the therapist (i.e. Michael says he would get lost if someone got too much into the offside rule in the football metaphor):

"I often find myself not so much here but where I used to work, was very close to Richmond Park and so many of the clients would know Richmond Park and rather than going on about anxiety with somebody and people are saying they don't understand being anxious, if you look at what deer do it's a bit like [that]" (Michael, 77-81)

"I can to a certain degree use sports metaphors with people, but if they get too much into the offside rule then I'm lost [ ] I don't know what it is but 'cause then you know this particular group of young men they don't care about the deer in Richmond Park, but if we talk about it in terms of it's like being on the left wing you've got to have an eye for here an eye for there you've got you know they can talk in these terms"(Michael, 142-148)

Dora also suggests, as part of the construction of metaphor as instruction or education of the client, that metaphor is akin to a label that makes physical pain, for example, more bearable. She uses two discursive devices to persuade the listener (i.e. me) of her claim: an extreme case formulation (Edwards and Potter, 1996)(*"we all know about this"*), which makes the experience common and active voicing (Hutchby and Wooffitt, 1998)(*"and they say ah! you've got x"*), which creates interest and therefore makes the account more persuasive:

"we all know about this. If you have an acre of pain you think God this is it and then you see someone and they say "ah! you've got x" and you think well that's alright then. I mean the pain hasn't changed, but you feel you've got a symbol, a metaphor whatever you want to call it and one often talks to patients about physical illness in that way" (Dora, 148-153)

Anouska constructs metaphor as an 'explanatory tool', used by the therapist in order to represent the client's experience in a new way (i.e. in order to 'add meaning', see below) that can be easily accessed by the client in terms of its meaning. The repetition of the magnifier emphasizes the expansion of meaning:

"if a client says something, I might turn it back as a metaphor, as a visual picture to make it more concrete, make it more accessible" (Anouska, 130-133)

Overall, metaphor was described in a dual way, as 'explanatory' of and 'exemplifying' of (a) psychological process and (b) of subjective experience. I will next provide examples for each one:

(a) Metaphor as exemplifying psychological process:

Here metaphor is described as having a didactic element; the therapists use it to educate their clients about psychological processes. In doing 'being educators' they also adopt an expert positioning, rather than, say, that of a facilitator. In the next quote, Ethan presents

his use of an image as an alternative ('rather than') to the rather convoluted psychological theory and potentially alienating terminology in order to discuss the client's personal experience:

*"so I use that image with them **rather than** saying well this is a classic case of thought intrusion and avoidance which wouldn't actually fit with their personal experience"* (Ethan, 193-5)

He next describes using metaphor *alongside* psychological theory with his client for the purpose of educating them about their 'intrusive thoughts'. He uses a corroboration device (Edwards and Potter, 1992) (alluding to CBT literature), which further constructs him as the expert educator. The client is constructed as rather passive and in need of education or instruction:

"the CBT literature would say that if you have more intrusive thoughts, the more you try to avoid it the more it becomes intrusive [ ] I might actually say well they did this experiment with the white polar bears or maybe just use an image, I'll say it's like a tennis ball that you can keep it in the water, you keep pushing it down and as soon as you let go it surfaces up, so you're giving this battle of trying to push it down" (Ethan, 182-191)

(b) Metaphor as representing subjective experience

Metaphor is described below as a representation of the experience the client brings to therapy. It is presented as used by the therapist as a way of turning back to the client the gist of what he has just said in a more interesting way or as providing an explanation of it (*"it's like your Achilles' Heel..."*):

"they say gosh somebody didn't ring me or something like that or somebody said this to me and I was just completely overwhelmed, I couldn't understand why I was feeling so strongly about this [ ]and I'll say well it's like your Achilles' Heel that's where it touches

on a raw you know sensitive nerve or something like that and so I'll say or it's a bit like you're walking down the road and suddenly you fall down a pit hole and you go so far down it's completely dark and everything's black around you and because you can't see up it feels as though there's no way out" (Ethan, 199-208)

Different ways in which metaphor was constructed as carrying and processing meaning

Metaphor as 'rich'

Metaphor as 'encapsulating meaning'

Metaphor as 'carrying meaning'

Metaphor as 'adding meaning'

These four descriptions demonstrate the different ways in which metaphor was constructed as carrying and as processing meaning. The function of these constructions is primarily to justify the use of metaphor by the therapists. One of the most common constructions of properties of metaphor for both therapists and clients was its 'richness' of meaning, sometimes referring to metaphor as 'dense'. Again, this construction contributes to an essentialist and reifying description of metaphor (i.e. metaphor possesses certain qualities and characteristics). As a construction, it is perhaps most aptly presented in the form of a metaphor. For this therapist: *"it's almost like gold dust because it's so rich"* (Ethan, 559). This description was used interchangeably with 'capturing meaning' and both terms are linked to the depiction of metaphor as a 'representation' of a psychological reality (see section of metaphor as 'representation'). This property of metaphor is variously described as summarizing meaning for the client, related to their psychological experience, family situation and their environment. It is suggested that this is particularly effective for therapy when it contains meaning that the client has yet to bring to their awareness:

"they are particularly useful if they capture something that the client hasn't yet captured [ ] so I suppose characteristics of a good metaphor would be that it captures what the client is talking about" (Michael, 431-443)

We are also told that metaphor is not only 'capturing' meaning, but also 'adding' meaning:

"any therapeutic intervention whether it's something straightforward or whether it's metaphorical can help <u>when it adds some meaning</u> which is why I don't think it can be check-listed, so I suppose characteristics of a good metaphor would be that it captures what the client is talking about, it <u>adds a piece of the puzzle</u> [ ] I don't think that's just metaphor, I think that's anything that's useful in therapy, recognizing the current state but <u>adding another perspective</u>. I think part of the reason that metaphor may be helpful is that <u>it's a bit of a sideways grasp of meaning, it's a naturally evolving manifestation of meaning</u>"(Michael, 439-451)

Again the construction serves to justify the use of metaphor in therapy. Therapy is constructed as evaluated in terms of its usefulness rather than as a tool that must be used (*"which is why I don't think it can be check-listed"*). The usefulness is attributed to the extent it can add new meaning. Metaphor is discussed as useful to the task of therapy, in itself described as a problem-solving or puzzle-like task (i.e. doing a jigsaw puzzle). Metaphor is also grouped with other therapeutic tools that have the same function (adding new meaning) (*"I don't think that's just metaphor…"*). It is also portrayed as a gradual and oblique processing of meaning (*"it's a bit of a sideways grasp of meaning…"*).

Metaphor is described as being amenable to amplification by both therapist and client. This is referred to in terms of generalizing from the metaphor, developing the metaphor, elaborating on it or using a variation (the client will respond to a therapist's metaphor with a similar one), and metaphor as evolving as part of the natural process of therapy:

"I thought <u>perhaps develop that</u> and she kind of warmed to it and then we would use it again going forward and we would refer back to it several times when there were other issues that weren't to do with this musical ensemble, they were to do with you know meeting new people or whatever [ ] and <u>generalize it to that</u>" (Alison, 139-144)

Dora describes using the amplifying property of metaphor with a client with psychosis, where she explores the metaphor of her client's experience further by asking questions about it and expanding on its meaning:

"I might say to that person, hang on a minute you were talking to me about something perfectly usual and ordinary you were going to Safeway's and suddenly your voice changed and you started talking about something else, who was that talking? It's as if something was telling you that there was a chap over the fence looking at you over the hedge and shooting flames at you, who is that? And then I'd pursue it and say well what shall we call that? What would you like to call that part of yourself" (Dora, 101-108)

She is using active voicing, citing an 'actual' conversation, both discursive strategies which provide narrative detail and thus increase the authenticity and the persuasion of the account (Hutchby and Wooffitt, 1998) and add credit to the use of metaphor as a valuable technique

Metaphor as 'attunement'

Some participants portrayed metaphor as 'tuning in' to the experience of the client. For example, Michael uses an extreme case formulation talking about metaphor *('the most')* to claim that metaphor works as a function of the attunement of the therapist with the client. He normalises this claim by saying it works for *'lots of people'*. He goes on to employ a three-part list (*"they're just too different or they're just too ambivalent or too reluctant"*), which attributes blame for a 'failed metaphor' to the client. He then uses a disclaimer (*"I'm not saying it's all about the client's stuff"*) which denies the client is completely to blame and acknowledges partial responsibility (*"or I'm just out of it"*), thus managing stake by mediating the previous blame on the client:

"but I think if the clinician, where I am, where the clinician is and where I have been the **most** *attuned you can find a metaphor that works for* **lots of people**. *Where it's difficult to*

find metaphor that works, is <u>where I'm not attuned</u> to the client, <u>they're just too different</u>
*<u>or they're just too ambivalent or too reluctant</u> or I'm just out of it or you know, **I'm not***
***saying it's all about the clients' stuff,** but where we're not <u>attuned</u> very well it's hard to*
pick up the metaphor" (Michael, 105-110)

Analysing Michael's interview, I identified two antithetical discourses evoked by him. On the one hand he draws from the discourse of metaphor as technique, a discourse that is consistent with and reflects the psychotherapeutic literature on metaphor. Having however disclaimed it as consensual (lines 180-181[18]), he opts for a construction of metaphor as 'idiosyncratic' (see section on metaphor as 'congruent with client's experience) and as a matter of 'attunement'. This allows him to construct his own practice as more open, collaborative and individualised, rather than prescribed. However, he still draws from the dominant discourse in order to secure his positioning and status as a competent practitioner and as expert. Both discourses are therefore employed in tandem, but towards different ends. This represents a typical example of dilemmatic discourses invoked to manage stake. Indeed, Billig (in Willig, 2001) suggests that discourses are *inherently* dilemmatic.

In the interaction that follows, the interviewer (myself) in summarizing Michael's response, uses a different word instead ('connecting'). Michael immediately corrected me, resisting this construction and modified it. 'Connecting' is defined as denoting intent, while 'attunement' is portrayed as an effortless state of making contact with the client:

"[Interviewer]: right right so it's a matter of <u>attunement</u> sort of tuning in to where
they're at or connecting? is that would you say that?

[Michael]: I like thinking more in terms of <u>attunement</u> than it's sort of connecting, but
connecting doesn't quite have the same quality connecting also sounds like something I
might do intentionally trying to connect with somebody, whereas again I might try to be
<u>attuned</u> to somebody, but the actual capturing of <u>attunement</u> is not <u>just</u> a cognitive intent

*[ ] I can't just tell myself I'm going to be <u>attuned</u>. There's something **less,** it's **less** about doing, it's **more** about being open to" (113-122)*

A number of minimization terms are used to play down the importance of conscious effort (*"it's not **just** a cognitive intent [ ] I can't **just** tell myself"*), while a number of markers that define quantity are employed to suggest the right amount or measure of the described state (i.e. 'doing' vs. 'being open to'). These strategies are employed in order to move away from constructions of metaphor as a technique to be used on the client in a prescriptive way, but rather to emphasize the employment of metaphor as an intuitive, relational medium. This is consistent with the Counselling discourse of 'I vs. Thou' (see 'Psychological discourses'), which also allows the therapist to construct themselves as facilitator, rather than an expert educator.

An example of a construction used to disclaim the therapist's accountability in cases of failed metaphor

Metaphor as 'idiosyncratic' and as 'congruent with the client'

These two descriptions of metaphor are employed concurrently or in tandem but serve different functions. 'Congruence' constructs metaphor as corresponding with the unique experience and makeup of the client and therefore rests on a construction of the client as idiosyncratic suggesting a uniqueness. The construction of 'congruency' functions as a warranting device that justifies the therapist's use of metaphor, where metaphor use has been successful:

*"if you get the right metaphor or analogy that fits with that person, **there's a clicking and I think it may be tapping into the <u>idiosyncrasy of that person</u>** "* (Ethan, 482-484)

The construction of the client's 'idiosyncrasy' (and by extension the metaphor's 'idiosyncrasy' in order to fit the person) also functions as a device that disclaims the therapist's own accountability for failed metaphor. The therapists who utilize this

construction evoke a 'trait discourse', at the center of which is a construction of the person as inherently 'unique' or 'different' from everyone else (see also 'trait discourse' section which includes the invocation of a trait discourse as a disclaiming device):

"that would depend on the individual client, because each metaphor would be different for each client and what they bring" (Anouska, 304-306)

The construction of 'idiosyncrasy' allows the participant to distinguish between consensual meanings and individual meanings. He can then use the construction of 'idiosyncrasy' of metaphor to position himself outside consensual meanings:

[when asked what metaphor means for him (lines 27-28)]

"there is a literature on metaphor which suggests there is a consensus about the meaning of it, but for me metaphor is a bit idiosyncratic I think" (Michael, 29-31)

b) Technical, negative constructions of metaphor in therapy

Metaphor as 'risky'

Therapists invariably described metaphor as 'risky'. The construction encompasses a number of inter-related descriptions, which function as disclaimers for the therapists' own involvement and responsibility in the use of metaphor. The 'risky' situations for metaphor are first evoked and described and by doing so the therapists show they have awareness of them and thereby construct their own practice as ethical. The therapist participants also account for cases of failed metaphor and negotiate the therapists' own stake. The therapists warn against a number of possible uses and outcomes of using metaphor. The construction of 'riskiness' consists of:

- Metaphor as 'seductive'
- As 'trap'
- As 'artificial element'
- As 'crossed-wires'
- Success of metaphor as depending on the 'goodness of fit/congruence'

These are explored individually below.

Metaphor as 'seductive'

Metaphor was frequently represented as possessing a seductive power that leads astray: *"it can be very seductive metaphor as well"* (Claire, 251)

This construction suggests that the *therapist* can become so engrossed in their own metaphors that they lose a grip of a common reality with the client in the here and now of the session. This is described as alienating for the client. In the next excerpt, the therapist uses a self-protective, face-saving opening sentence to her claim:

"I've had very few examples of people sort of saying "no no that doesn't make any sense, what are you on about?" That's more I suppose the only bit that's uncomfortable it's a fear that that may happen, you know that I may go into this wonderful story or image or something like that and just get really, 'cause obviously I find it very interesting, that's probably why I've come to talk to you about it, 'cause I find it very interesting and I get really quite absorbed in it "(Claire, 524-530)

Metaphor as 'trap'

The construction of metaphor as 'seductive' is further expanded to suggest a 'trap' for the person who only sees themselves in a certain way, thus becoming 'stuck' in their own

metaphors. This construction relies on another, that of metaphor as 'representation' and is used discursively in order to account for the therapist's inability to move beyond talking about metaphor with the client:

"I think the limits lie where the metaphor is unhelpful or takes the thinking or the work down a path which sticks close to the metaphor. It takes you away from the sense or the impact or the meaning of whatever it is that's being discussed, yeah or thought about, yeah I think it can be misleading the metaphor can actually replace whatever it's symbolizing or representing yeah, so it can be very seductive metaphor as well I think yeah I think sometimes people can get trapped into their own metaphors really in that sometimes therapeutic change or insight can result in that people change their metaphor so instead of seeing themselves in a particular way, they see themselves in another way" (Claire, 245-255)

Rhona (a Dramatherapist) constructs the riskiness of metaphor by evoking a previous construction of metaphor as 'toy', to claim that it can become just play compared to a therapeutic tool with a therapeutic aim:

"there's also a danger in working with metaphor that you play around and don't actually get to the point (laughs)" (Rhona, 622-624)

She also constructs the danger of 'escaping or 'being led astray' by metaphor (*"going too far"*) by contrasting it with 'reality'. She nonetheless evokes a functional/technical discourse here, where metaphor is described as a therapeutic tool:

"I think you could ask people if someone was escaping in it or going too far I think you could bring them back [ ] so they're tying their imagination into something real" (Rhona, 61-2)

Metaphor as 'artificial element'

This is a description that places metaphor in an organic process of therapy and warns against importing it into that process as an artificial element. The construction is mobilized to preserve the therapist in a positive light, by constructing her approach as collaborative as opposed to expert, one way instruction:

"they see that the therapist really is working hard to understand and to arrive together at something that works for them, rather than them feeling there is something being done to them, then I guess it depends on how the metaphor is used, whether it is reached collaboratively or whether somebody tries to impose one on them" (Ethne, 330-334)

Metaphor as 'crossed-wires'

The construction allows this therapist to construct her practice as ethical by pointing out and disclaiming potential risks, in this case making assumptions for the client. Metaphor is not actually referred to in this quote provided (context has been omitted for brevity):

"it's important not to make assumptions and even if the client would say something that seems to be known to me, not to assume that I know what that means, because for them it might mean something different [ ] I can see that there might be a problem if the therapist was assuming that they knew what the client meant by that and actually they weren't talking the same language at all" (Ethne, 338-344)

Metaphor as depending on 'goodness of fit'

This construction is an experimental metaphor in itself. It describes experimental tests and therefore mobilizes a scientific discourse. As such, it also increases the validity of the account (i.e. it is fact constructing). The therapists employed it in order to explain and

account for cases of failed metaphor and to negotiate stake for the therapist. It explains cases of failed metaphor as resulting from an incongruence between the metaphor employed by the therapist and the personality and subjective experience of the client:

"it has to be something that fits <u>with the way that the client is thinking or the way the client would actually experience that</u>, if it's good, I suppose <u>it's a goodness effect</u>, so it would be difficult to say which particular metaphors are useful because maybe for one client it's not useful at all, so <u>it's not the metaphor itself it's a goodness of fit</u> I would have thought <u>between the client and the therapist</u>" (Ethan, 389-395)

A number of interesting metaphors are employed to describe 'metaphor failure':

"if you were talking to somebody about you know the tennis ball and that and they crossed their arms and they're going "yes I see", you think <u>this isn't their cup of tea, it's not working</u>" (Ethan, 605-7)

"Or sometimes I actually say '<u>am I barking up the wrong tree, am I completely off tracks here and are you following me?</u>'" (Ethan, 276-7)

"maybe it's <u>a wild stab in the dark, barking up the wrong tree</u> but would this make sense to you?" (Ethan, 535-6)

The function of this construction of 'goodness of fit' becomes more apparent in the quote that follows. Here, the therapist disclaims responsibility and credit for the success of metaphor by locating this success in a wider context (i.e. its congruence with the client's personality and experience) he also disclaims its failure:

"I will try to be open to it but I suppose <u>I'm not taking credit for when it happens, because it's more than just me having cracked it</u> [ ] it has to be meaningful to the clients. There's no point just banging on and on, I mean with example of me going on about deer

(laughs) it meant nothing to this woman and she was like 'okay, stop! Go somewhere else!'" (Michael, 163-169)

c) Scholarly discourse

I use this 'scholarly' label as a descriptive term, part of the technical discourse of metaphor, for a variety of occasionally disparate constructions that seem, nevertheless, to fit in the domain of 'scholarly language'. They include the literary constructs of 'metaphor and simile'. For example, *"like a broken, yeah that's a simile isn't it? (laughs)"*(Claire, 484), when Robert remembers in his school days *"[the difference] between metaphor and simile" (157)*, further references to English classes like *"being green with envy would be a metaphor I imagine would be classed in an English class as a metaphor"* (Robert, 225-226), and *"from when I studied English a metaphor is something which is as something"* (Anouska, 23-25). They also include more complex constructions of binaries of 'literal vs. metaphorical or figurative' and 'calculative thinking vs. meditative thinking' (explored below).

A number of participant therapists constructed language as being inherently metaphorical and its effect as being the reification of what it is being talked about. Perhaps surprisingly this is the social constructionist notion of 'talking things into being'. Claire, for example, noted that *'it is quite difficult to talk about metaphor without being metaphorical'* (514-515) and that *'it's generally in the language'* (Claire, 459) or put more strongly *'language itself is steeped in metaphor'* (Claire, 376). All these assertions suggest metaphor is all-pervasive in language. Perhaps another implication of this construction is that different languages give rise to different metaphors that may not translate across. This is what Claire says is important for a therapist to know in working with metaphor. Her warranting reference to her knowing *'some other languages'* and her emphatic, 'fact constructing' assertion *'it's definitely true'* leave little room for negotiations:

"a sensitivity to language and also an awareness that people who have other languages don't necessarily have the same linguistic metaphors and don't necessarily see things in

*the same way, so I think that's included in the sensitivity to language. I tend to use metaphoric expressions, proverbs and all this and <u>they don't translate</u>, I'm aware of that, I mean I know some other languages and **it's definitely true**"* (Claire, 371-376)

Metaphor is described as part of a process of reification, as language instantly reifies the very 'thing' it talks about. In the next two examples, Claire and Dora portray models of therapeutic practice as metaphors, rather than 'the real thing'. In this way, they construct a pervasiveness ('a lot') of metaphors that passes as reality in the therapy world:

*"contain is a word we use therapeutically, which is a metaphor and it's what I struggle with actually, although I do understand its therapeutic meaning and again it's a metaphor which widely informs our work and **a lot** of therapeutic modelling is again like that [ ] say psychodynamic, you've got all these hydraulic type of metaphors (laughs) or you know pressure (laughs) "* (Claire, 219-224)

Dora also constructs therapeutic models as metaphorical, but she uses a different discursive strategy. She employs two 'extreme case formulations' (Edwards and Potter, 1992) in order to suggest there are no exceptions to her claim ('whole'), they simply don't exist ('no such thing'). She also makes use of two three-part lists (op. cit)(in bold), which provide representative summaries of items, to suggest that no matter what you subject the brain to (*'dissect it up and chop it up and split it'*) you can't find physical or material evidence of the psychological processes said to be at work (*'shattering, splitting, disintegrating'*):

*"the **whole** theoretical basis of psychotherapy, psychoanalysis is a metaphor. There is **no such thing** as an Ego, id or Superego, you can't find it in the brain and **dissect it up and chop it up and split it**, you don't have something **shattering, splitting, disintegrating**, but it's a way of talking about something"* (Dora, 43-47)

Metaphor is described below as poetic truth, in the domain of art (see also 'art discourse' section). Reality is somehow accessed most successfully through metaphor. Again the

claim is put forward with and defended against possible refutation by a string of 'extreme case formulations' (Edwards and Potter, 1992)('the most', 'whole', most'):

*"that's where you get **the most, whole** reality, poets and artists are the people who can **most** successfully use the metaphor"* (Dora, 592-593)

In the next example, reference to the ancient Greek philosopher Heracleitus and the use of expert language and sophisticated terms (e.g. *'Psyche', 'par excellence'*) demonstrate access to wider forms of expert knowledge and scholarly expertise (the terms also function as an extreme case that blocks alternative versions). It also draws on the previous construction of metaphor as being 'in the language':

*"Heracleitus was the first man who described **the Psyche**, he is the metaphor **man par excellence**. He is much more metaphor oriented than the Homeric poets or Homer"* (Dora, 227-228)

In the next excerpt, the participant describes metaphor as a 'social construction', which goes unrecognised, taken instead as reality. By relying on extreme case formulations for this claim ('all', 'everybody', 'nobody'), she constructs a sense that there are no exceptions to psychoanalysts and psychologists who overlook metaphor, treating psychological theory as fact. The interviewer summarises this claim and Dora continues with another 'extreme case' with which she introduces the psychologists' claim as being sensitive to metaphor (*'all' [that they can see']*), only to refute it (i.e. use of irony):

"treating metaphysics as real, metapsychology as concrete, as real, psychoanalysts and all psychologists will pick a model and everybody will argue about it as if it's you know the real Ego or the real something or other and nobody says you know this is just a model, they sort of talk about whether it's split here, I mean you don't know[inaudible]? and

[Interviewer:] so they fail to see the metaphor in there, that it is a metaphor

*[Interviewee:] well they claim that it's **all** that they can see, but then they forget their own model is a metaphor"* (Dora, 488-498)

In the next example, the notion of metaphor as a socially constructed reality is further elaborated, by tapping into wider political and cultural discourses of spin-doctoring, Blairism and also philosophical discourses of meta-realities. Dora constructs a binary between 'calculative' and 'meditative' thinking, the former is said to be a constructed, goal-oriented and 'abuse-able' reality, of which metaphor is part, the latter is described as the 'real knowing', a state of pure being. The binary supports the portrayal of metaphor as a linguistic representation and not as the 'real thing'. The corroboration strategy (Edwards and Potter, 1992) used by referring to a wealth of figures from different fields (including names like Milne, Kekule, Narajuna, not found in the excerpt chosen below) contributes to the persuasiveness of her argument. The account is given in expert language and is incredibly 'knowing' (i.e. the therapist constructs herself as a 'knowing expert'):

"calculative thinking is not thinking directed at truth or uncovering truth, it is thinking that is involved in spin-doctoring, politics, statistics. It's useful for scientific rigour and one has to use calculative thinking , but it is not necessarily aimed at truth. Now where reality, truth, sanity lies is of meditative thinking, where you have what Herecleitus calls an un-covering or discovering where you open yourself to that where there is no object, but where you are looking to find something as yet unknown and which might change and where you have to be open-minded and allow this thing to happen, that is meditative thinking, which is to do with the basis of sanity and reality [ ] Popper, Medawar the two scientists called Karl Popper and Sir Peter Medawar both write about this in intuitive scientific thinking which precedes the calculation that goes towards it, but you're talking about reality, I think the two though meditative thinking is being at that moment you be and that is reality, the rest is not reality it's a metaphor, all these things, cognitive therapy , analytic therapy, you know, diagrams and physics and chemistry, they're all

they're meta- somethings, meta-realities and absolutely essential, but also totally abuse-
able, you can abuse them" (Dora, 196-204)

The downside of 'meditative thinking' is described as the ambiguities and paradoxes of meaning and the multiplicity of ontology. Meditative thinking to the exclusion of anything else is constructed as an impossible state of being (with the help of the 'extreme case' 'constantly'):

*"if you are **constantly** open to meditative thinking towards truth, you have to bear the possibility of things changing, of never knowing, of being both one thing and another thing, of being neither good nor bad or always doubt and sometimes you feel like saying "oh bugger, I'll just leave it at that, it's green, thank goodness I want to get out, get on with life", we do it all the time"* (Dora, 406-410)

Here, Dora uses active voicing (Edwards and Potter, 1992) (*"oh, bugger, I'll just leave it at that..."*) and lay language (*'oh bugger'*, *'thank goodness'* etc.), which is very different language to the rest of her account, to construct a common experience. This is helped along with the extreme case 'all', which normalises this experience of getting real, of accepting truth as factual rather than metaphorical (*"we do it all the time"*).

As part of the scholarly discourse, the construction of 'literal vs. figurative' language was used by some participants. In this way, metaphor is defined by reference to its 'opposite' pole, the literal. For example, when Ethne discusses 'metaphor': *'it's not a literal representation'* (Ethne, 152). Ethan constructs another binary of two antithetical thought processes he calls, on the one hand, the *'linear logic(al)'* (Ethan, 325) and on the other 'symbolism' (349). The former is said to be exemplified in his clinical psychology training and is devoid of metaphor. It is described as an intellectualized and scientific process. He uses a long list that encompasses a number of terms said to share the same meaning: *"cerebral thinking, scientific, logical, linear, cause and effect sort of thing"* (348-9). The other thinking process is described as connective, rich and human: *"symbolism is more symbol [ ], imagery, narrative [ ] it's sort of more things together,*

more co-current and that richness of detail which you lose a little bit with the more logical thinking'''(349-354). The two are compared a few times in the text as mutually exclusive:

"that's the distinction I've got between linear, logical I'm thinking and a more diffuse, rich, maybe is metaphor or image, where you can encapsulate a lot of meaning in a single, almost like a dream, you know dreams I think have got all of that, it's got symbolism, it's got imagery and it's very dense with meaning, whereas the linear logical thing it's one sequence after another" (337-343).

This distinction seems to be attributed to a natural order of things (the interviewee here evoking a naturalistic discourse of metaphor) and thus becomes normalized: '*that's how the mind works to be honest' (360)*. Ethan then goes on to use a disclaimer: "*I know that's probably a straw man thing the idea that thoughts precede emotions, I think it's not necessarily the case"* (362).

One therapist participant constructed metaphor using the binary sometimes used in psycholinguistic conceptualizations of metaphor, usually referred to as 'dead vs. novel metaphors' (e.g. Lakoff and Johnson, 1980). It suggests that metaphors acquire or lose some of their potency according to the context in which they are used and the familiarity of the metaphor for those receiving it. Robert, in the example that follows, introduces a novel metaphor of therapy as a process of 'baking', rather than the overused (in Dramatherapy and most other therapies), 'journey' metaphor (see section on 'metaphors of therapy' for a further exploration of this metaphor and its implications for practice). The use of this metaphor and the avoidance of 'journey' functions like an 'insiders joke' (the interviewer being also a Dramatherapist) as shown by the shared laughter that follows:

"I mean the process of baking for example, I was going to say 'journey' (laughs) (joint laughter), baking is linked to firing something, is linked to time, it's linked to ingredients,

it's linked to warmth and there's a sense of maybe an image or a metaphor of baking is that the temperature has to be right" (Robert, 264-272)

iii) Psychological discourses

In addition to the 'reifying' discourse and the 'technical/functional' discourse, therapists also evoked psychological discourses. These consisted of (a) a counselling discourse, which I termed 'I and Thou', and (b) psychoanalytic discourse (including a Jungian-analytic discourse, see below). In the next section, I will explore them individually.

a) The Counselling discourse

'I and it' vs. 'I and thou'[19]: Person and technique vs. person in relationship

Buber (1958) has written in his seminal existentialist work 'I and Thou' on the distinction between two modes of being, person and object and person in relationship. This concept has been translated in psychotherapeutic practice as reflecting a distinction between person and technique (the practitioner as a technical expert) versus person in relationship (the practitioner as in-relation with the client) (see Strawbridge, 2003 for a brief account of this). Other psychologists (e.g. Lomas, 1999) have also expressed concern over the primacy of technique over relationship, while others (e.g. Kirschenbaum and Henderson, 1990; Friedman, 1992) have focussed on the differences between Rogers (a pioneer on establishing the importance of the therapeutic relationship) and Buber (these approaches and their implications for practice, though significant, are beyond the scope of this thesis).

This dominant discourse from counselling psychology of participant therapists, which echoes Roger's person-centred approach, foregrounds the therapeutic relationship, instead of the primacy of technique *over* the therapeutic relationship. It is employed by the therapists in this study in order to de-emphasise the importance of metaphor as technique, when not used in the context of a satisfactory therapeutic relationship.

Metaphor was therefore described as arising from within the process of therapy, rather than being an externally-imposed (by the therapist), artificial element to the therapy:

"I feel it's something that arises from, so therefore it feels comfortable because it is in there in the process, you know, it arises from the process" (Alison, 496-498).

By evoking this discourse, which comprises the dichotomy 'person in relationship' versus 'person and technique', the therapists simultaneously resist the second part, the counselling discourse of 'I and it' or 'therapist and technique'. This is a construction that is more prevalent in technique-oriented models of therapy, such as Cognitive Behavioural Therapy (CBT). In fact, the therapists strongly resisted this latter discourse by first evoking it and then by arguing against the primacy of technique as something artificial, undesirable and risky. For example, as Michael positions himself within an existential-phenomenological discourse which foregrounds the interpersonal relationship in therapy, it would be perhaps something of a faux-pas to embrace an 'I and It' type of discourse. The use of the words 'person' and 'people' (rather than, for example, 'clients' or 'them') add weight to the suggestion that the text evokes an 'I and Thou' type of discourse, which shows respect for the individual. The primacy of technique is disclaimed, which preserves him in a positive light as a practitioner. Metaphor use as technique divorced from the interpersonal context of therapy is subsequently deemed 'problematic' and unwanted and is represented as an 'obstacle' to the therapeutic relationship ("if it's between me and the client").

"I think what draws me to primarily an existential phenomenological position is the fact that it privileges, it foregrounds the person in context and the centrality of meaning and so I think there is a space for metaphor as a form of engagement of understanding metaphor as a form of engagement. The reason I say it's Ph.D in itself really is 'cause I don't think that the theory should be the primary vehicle through which to engage with people" (Michael, 275-283).

In the next excerpt, metaphor is placed in the context of an interpersonal process between therapist and client and is also described as a response to client material or as a form by which to engage the client. Robert emphasizes the importance of preserving the therapeutic relationship over technique (in this case metaphor as role-playing), as the latter alone is constructed as something of a faux-pas for therapy. The undesirability of technique alone without the relationship is demonstrated in the next example, through the repeated use of the word 'still' and the role of metaphor as technique displayed as secondary and adjunct to the relationship, through the use of the word 'also':

"one of the tools or one of the ways in which a Dramatherapist could work is to incorporate imagination into their way of working so that there's still the relationship, so there's still Robert and the client whose name is Paul or they are still at that reality but there's also another opportunity to relate where I might be within the session, a travelling minstrel and might be a King or whatever" (Robert, 610-615)

b) The Psychoanalytic discourse-Metaphor and the Unconscious
Representations of self and identity

The participant therapists relied extensively on a psychoanalytic discourse in order to explain metaphor and its uses as a therapeutic tool. There are a number of ways in which this discourse is mobilised by the participant therapists. This includes mobilising psychoanalytic concepts and terms such as 'representation of aspects of self', 'externalising the internal', 'symptoms and manifestations', and the language used points in particular to a psychoanalytic discourse. This includes the use of specific terms such as 'unconscious', 'symbols of self', 'conversion symptoms', etc. Here are two examples of these terms employed:

"that's the thing, metaphor accesses the unconscious, as does dreamwork" (Anouska, 118-119)

"between two people by processes which are called, again metaphorical processes, called projective identification or empathy, healthy projective identification is empathy, you get a moment where you can empathize with another" (Dora, 608-610)

The construction of metaphor as a representation of aspects of Self, was used in order to explain the meaning of metaphor in therapy. Metaphor is described as externalizing the internal, as a 'way in' to the person's hidden self. In this excerpt, 'aspects of self' and 'symbols of self' are terms used side by side, as if they are interchangeable, and both mobilise a psychoanalytic discourse:

"it's about symbols, I mean it's about symbols of the self isn't it the metaphor? It's symbol of aspect of the self" (Anouska, 327-329)

The construction includes an 'as if' element. This is most apparent in the excerpt that follows, where, we are told, the client has a dream in which he sees himself as a bear, the therapist suggesting the bear as a metaphor represents an aspect of his Self:

"I think metaphor very much relates to self and identity and as I say everyone's got their own metaphor and in that image I gave you with the dream and the client who saw himself as a bear with the mother and the father and himself, that was very much his metaphor because each character in the dream was a part of himself so that was the metaphor for him" (Anouska, 326-330)

In the next excerpt, the client metaphorically 'becomes' the bear in the session (i.e. again, 'as if' he were the bear). The paradox of the assertion that a person comes along to and is present in sessions 'as' a bear is marked by the participant's laughter. Since a reality of a real bear being present in the sessions is unlikely, the function of the laughter is to point to a metaphorical use of that statement. The use of 'us' in the last sentence suggests a separate ontology for the 'bear', while the laughter that follows has the same function as before:

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"the bear has come along to each of the sessions routinely and the bear does different things and sort of has different aspects of self, but the bear is always very much in the room with us (laughs)" (Anouska, 353-356)

The separate ontology of the 'object' suggested by the metaphor portrays an additional function for metaphor. It becomes the 'personification' of aspects of self, a way of reifying the hidden self into a recognisable (and therefore workable, in therapy terms) object. It is suggested that this can be used as a technique by the therapist in order to address these, previously unrecognised, aspects of self. For example,

*"if you use the metaphor in talking to them about the psychotic process, which they might name as Mister Mad or She or whatever and you talk about it **as if** it is a separate personality and that's a metaphor"* (Dora, 78-91)

Different participants use this construction similarly in order to account for an array of aspects of the therapeutic experience. The personifying function of metaphor is discussed as a straightforward and unproblematic representation of self and identity (e.g. *"a problem is being played out in a certain way"*, Ethne, 37). It is also described as a therapist-led technique, such as an interpretation about what exactly is being represented (i.e. the 'bear part' of her client and possible therapeutic consequences, such as it being a 'wild' aspect of self, etc.). For example, Ethne and Dora view it as allowing the client to manage their experience, in this case chronic pain and psychosis respectively:

"we decided to actually name the pain, this specific pain that brought him to a point of despair when it happened and by naming it he was able to describe it and therefore you know, he called it the 'Winner'" (Ethne,189-192)

"[it can be] given a name of something personified or another example might be where a problem is played out in a certain way" (Ethne, 36-37)

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Metaphor as representation of aspects of self addresses the effect of metaphor on the client as 'facilitating insight'. Here, Michael speaks from a client positioning, drawing on his own experience of therapy to construct metaphor use as having promoted insights into himself, in this case a use of power that is traditionally non-masculine. He describes his insight using vivid description and active voicing (Edwards and Potter, 1992) in order to authenticate his account, making it more compelling:

"I had a period in my own therapy where I would find myself talking about Margaret Thatcher, Madonna, Joan Collins and there was something very much about the how to use power in a variety of different ways, not just in a traditional masculine bulldozer type way and for me work trying to understand powerful women like that rang a lot of bells with my own attempts to play systems and to achieve my goals, where people did not want to listen or only wanted to listen in a certain type of way. So as a client I've also used it but again it wasn't in a "oh today I'll talk about metaphor and I will pick these figures to do it", it was a sort of I'd be irate with Margaret Thatcher or something and so I'd be moaning and suddenly think 'oh hang on, the very thing I'm being irate about I actually think is quite seductive as well, I don't mean in a sexual sense this sort of the power the seduction of power'" (Michael, 370-380)

Embodiment - the body as container for metaphor[20]

This construction suggests metaphor can also be an embodied experience, where the body's morphology and action (i.e. 'shape' and 'movement') contains the metaphor. In the quote that follows, there is a sense that when Robert uses the word 'real' to refer to the body as a container for metaphor, he constructs the body as having a separate metaphorical ontology (i.e. the body as inherently metaphorical). In order to do this, he relies on a dualist mind/body dichotomy, which allows him to contrast the body's inherent metaphorical qualities with an 'as if' type of experience, which arises in the mind. Perhaps this also points to the impossibility of talking about embodiment without relying on a dualist construction of body and mind. The discursive function of 'real' is to justify and validate the participant's claim that the body's communication is just as

important as that of speech and not secondary to it. Below, Robert describes role-playing a character that does not speak in Dramatherapy as having an 'equally powerful' effect to watching one that does speak. In this way, he constructs embodiment as equally powerful to a thinking-based process, validating the body as a communicative medium in its own right:

"the embodiment of a character which doesn't necessarily speak can contain an experience, which can be equally as powerful and the body in terms of its shape and its movement can be a real container for a metaphor" (Robert, 396-399)

The separate ontology of the body and of bodily experience is evident elsewhere in the choice of metaphors selected in order to describe this kind of experience: *"I suppose sometimes clients find helpful thinking of the body as a metaphor and how the body can speak out"* (Ethne, 254-255).

In this way, the body is portrayed as a metaphoric communicator, an aspect deemed important in therapy as it can comprise a therapeutic tool, through which the client becomes aware of the hidden meaning of their bodily experience. In the following extract, the use of 'active-voicing' makes the construction of the bodily experience as having a separate ontology more persuasive, as does the use of the personal pronoun 'we' (*"we've got to get out of here"*), which presents the body's own perspective. The body communicates directly with the person, via bodily symptoms and in this case it can hold a conversation. What is needed is the facilitation of the therapist through which to interpret the symptoms:

"and as we were looking at this, it seemed like the client was able to realise that their body in a sense was telling them, trying to tell them "the stress is unbearable and I need to be given permission to leave this", but because that didn't fit with the client's belief system they were overriding that, until the body kind of said 'Enough is enough! We've got to get out of here'" (Ethne, 270-274)

Metaphor was also portrayed as embodied experience in the form of change in the client's facial features, which denotes a metaphorical process of embodiment at work. The client's subjective experience is literally 'incorporated' into the person's appearance. Again, the information received through metaphor is constructed as a tool by the therapist participant, in that it helped her diagnose and ascertain there was something wrong with her client when she had become unrecognisable:

"my patient who's psychotic [ ] came in one day looking very odd and sat there and she was fulminating and obviously taken over by the psychotic process *that she calls, I call it X and* I knew something was very wrong by her body metaphors if you like, the look on her face, the wrinkles on her skin, she's young, just her facial expression and the body language*"* (Dora, 355-360)

Metaphor as 'symptom'/ 'manifestation'

This is part of the construction of metaphor as embodiment. It evokes a psychoanalytic discourse as, like 'personification' and 'embodiment', it suggests the manifestation of something hidden about the self or an aspect of it being revealed through the body in the form of a physical ailment. Dora, herself a psychoanalytically-trained therapist, used the directly-derived psychoanalytic term of 'conversion symptom' when I initially asked her to comment on the concept of embodied metaphor. The expert and clinical language she uses, helps maintain her in a positive light as an expert. She also readily produces a three-part list (Edwards and Potter, 1992)(in bold), which provides a representative summary of embodied metaphors:

*"such as **the conversion symptoms or irritable bowel syndrome or asthma** being a cry for help"* (Dora, 274)

Other participants used the word 'manifestation' to describe metaphor as a communication of the psychological state of mind through the body, such as Michael talking about voice variation as an indication of anxiety:

"I would see the way somebody talks as being a manifestation of themselves and so I might draw links between how depressed they feel and how much they slow their speech or how anxious they feel and how much they can't concentrate or their voice indicates they're not concentrating, it's going up and down, changing topic here and there" (Michael, 242-248)

Ethne's disclaimer (underlined below) prevents her interpretation from being received as a generalisation by particularising her claim (*"this client"*), thus making it more persuasive as a claim that is context-specific (it also functions to disclaim a mind-body split, see discussion below). She describes eczema as a manifestation of stress:

*"[I'm] thinking of another client who had eczema [ ] and exploring this client's experience, I'm not saying that eczema is always, has always a psychological reason to it, there will be psychological components, but **this client** it seems they were in a sense out of touch with their inner feelings, their inner stress levels, their inner pressure points or stuffing all of that inside, until it reached a point, for example, normally at work it came out more in the adult life, they had a very severe bout of eczema and they would have to leave the job, be signed off sick and they were put in unemployment and then begin to feel better, because they weren't actually ill at you know the pressure cooker situation"* (Ethne, 257-270)]

In the next example, Ethne talks about a client's illness phobia as being an 'expression' of suppressed guilt. The metaphorical meaning of the phobia was the feeling of guilt that finds expression in the manifestation of the phobia. Ethne uses the term 'expression' rather than 'manifestation':

"just thinking of a client I worked with who [ ] presented with a phobia, an illness, phobia and when we actually kind of explored that, it turned out to be an expression of guilt or something that the client had done many years before and that guilt was unable to be expressed in any other way" (Ethne, 41-44)

Dora describes physical illness in carers or 'psychotic' clients as a product of poisonous introjections (another psychoanalytic term) and existential terror:

"people get infections as a result of stress but the stress you could say, <u>the illness that they get is a metaphor for being totally inhabited by the terror of annihilation of dread that the psychotic brings and introjects into you</u> and it's so difficult to express because often people who are very disturbed have pre-verbal disturbances and project into you. <u>The toxic introjections that you take in from patients like that are so painful and so difficult to express that actually what happens is that you get a physical illness"</u> (Dora, 295-311)

For Michael, symptoms typically related to HIV can be exhibited by people who are anxious about whether they have the disease or not. He constructs these symptoms as both organic and psychological for some people (see discussion below):

"over time I've worked in a number of settings but when I used to work in HIV settings it was some time you know when people are you know zero conversion and soon after being infected there's often a sort of flue-y type of illness and sweating and everything and very often <u>as well as being a purely physiological organic process</u> people may have known that they've put themselves at risk and they're waiting for this and there's a part of the sweating would also be an as well as being a purely physiological organic process [ ] whether or not this had happened 'cause <u>some people bring on these symptoms and yet prove not to have contracted HIV so we can talk about that as a metaphor for their anxiety about it. I mean the linguistic thing just runs through all the time I would see the way somebody talks as being a manifestation of themselves"</u> (Michael, 242-246)

What all these excerpts have in common is that participants disclaim an artificial separation of mind and body, constructing instead mind and body as inter-related and interdependent. This is evidenced in the construction of 'manifestation', as well as in 'personification' and 'embodiment' presented earlier. They resist drawing on a purely

medical or a purely psychological discourse of illness, opting instead for a combination of both, in itself a dominant discourse in the psychological therapies as a field seen to bridge body and mind dichotomies. This is particularly evident in the next instance in the form of a disclaimer (in bold):

"I do have conversations with clients about <u>*why did you faint at that point in time, why did you need to vomit at that point in time, is it a metaphor for something that you're doing psychologically?*</u> **My caution comes in about not wanting to reframe it as not medical or not psychological, because I don't believe in that split.** *I mean I think you know mind and body go together, but* <u>*my illness may also represent or be a metaphor for something about my psychological state*</u> *or the client's psychological state [ ]* <u>*I suppose metaphor doesn't just have to be a verbal thing"*</u> (Michael, 216-230)

Therapy as 're-parenting'

In the following excerpt, the participant relies on the construction of therapy as 're-parenting' (a central metaphor in psychoanalysis) and metaphor as 'food' (also see section on 'biological discourse'), to liken metaphor use to a 'first feed'. The construction of therapy as 're-parenting' raises questions about the implications of the subject positions it makes available, as well as for those it denies access to. If the client is an infant and the therapist the parent who reworks an earlier inadequate parenting, at what stage do clients individuate? Does the therapist ever let go? And why are clients positioned as dependents in the first place? These questions will be addressed in the section in Chapter 9 on 'metaphors of Othering'. Here I present an extract that utilizes this construction:

"I'm totally comfortable [with metaphor] and patients are so filled with relief <u>*it is like the first feed,*</u> *it is a great relief to people, it's a good interpretation,* <u>*it's a feed,*</u> *it relieves them"* (Dora, 553-556)

I decided to tease out this psychological type of discourse as a discourse in its own right, rather than grouping it under a 'psychoanalytic' kind of discourse. My decision reflected a feeling that this discourse was mobilised by reference to particular Jungian terms, such as 'alchemy' and 'psyche'. These were utilised as part of the Analytic discourse by making statements, such as metaphor is *"the primary language of the Psyche"* (Robert, 430). Though this reflects an analytic decision on my part that can be challenged, it is also a decision that has arisen through the ambiguity afforded by the questions of 'where discourses come from?' and 'how can one identify them?'. Dominant discourses are culturally-available, located in the macro-level of pre-existing meanings, beliefs and practices and subsequently interactively constructed. Participants who evoke these dominant discourses 'find them' in a number of potential sources. In the case of Robert, whose excerpts I use below, the source can probably be identified in his Dramatherapy training which relies heavily on Jungian ideas as well as his Analytic training (both of which he refers to within his interview). However, identification of these is dependent on the researcher's familiarity with the particular discourses and the ability to locate them to particular sources, bearing in mind they could be multi-referential. An additional researcher's skill is what Antaki (1994) calls *'cultural exegesis'*, the ability to critically interpret social texts. Though there are many analytic 'steps' described in the literature (for example, Parker, 1992; Willig, 2001) regarding the identification of discourses in the text, I have not found to my satisfaction any guidelines for identifying discourses in the wider social macro-level, other than to use my own social embeddedness in the world.

In the following example, Robert positions himself within the Jungian discourse by referring to Analytical psychology and describes how metaphor was included in his training as part of studying the Jungian conceptualisation of the Psyche:

"well we looked at symbolism when we were studying Analytical psychology, so in that respect we talked a lot about the nature of the Psyche [ ] so it's sort of the thinking about metaphor, how it is an opportunity to describe our experience" (Robert, 503-506)

Later on he elaborates on a Jungian meaning of metaphor as embodied and played out in Dramatherapy, where the group works with a story:

"meaning in Jungian terms, he talks about a balance of opposites, so it might be that the group is very very stuck and very difficult to move and bound [ ] there's many ways of choosing a story, but you could say choose a story about people being stuck or the metaphor might be, you know, slow progress of people moving from one place to another having lots of bags to travel with" (Robert, 565-570)

Metaphor as 'universal themes'

This construction describes metaphor as interconnected, archetypal, 'universal themes' used as therapeutic tool in the form of stories and myths:

"I suppose it's like a category or a box, where you can say well this is part of this, I mean I'm influenced by Jungian ideas and the idea of Archetypes, the sort of broader sort of structures of understanding things and Jungian therapists I think use a lot of Mythology in order to make sense of human experience and really I think that is just sort of telling a story, trying to encapsulate universal themes" (Ethan, 139-145)

iv) Cultural-Anthropology discourse: metaphor as 'return to the source'

Therapists mobilised this discourse through references to the life-giving source of the river of humanity. This source is accessed through metaphor and story, the 'drinking in' of which distils wisdom:

"the sense of the lovely Tortoise and the Hare is that I can from that <u>distil</u> a sense of learning or knowledge or wisdom or whatever for myself" (Robert, 201-202)

Robert constructs a single lineage of humanity via the telling of stories, which though different in form, remain part of the common ancestry: the oral tradition. He identifies this as an effort to reconnect with that which is lost, 'coming back to the river' of humanity:

"<u>stories have been told for many many years in lots of different cultures, in lots of generations and they're just told differently now</u>, the metaphors we receive are from billboards and the television. It's a different story line, but <u>that oral tradition</u> is in a constant flux and the inheritance, the identity has been very important and still is in many cultures, so I guess in a way <u>we're trying to sort of come back to the river</u>" (Robert, 332-336)

There are many references to a 'life-giving' view of story and metaphor (i.e. 'drinking in', c.f. 'come back to the river', above), which presents as an alternative approach to 'cut-throat' (i.e. 'death') methods. In short, the dichotomy refers to representations of 'life and death':

"<u>there's a feeling of a drinking in of a story</u> and stories which aren't this sort of medical cut-throat reductionist story that maybe as a culture we perpetuate" (Robert, 445-448)

Robert also constructs an opposition between the natural world and human psychology, as humans have become separate from their natural world. This represents a dominant view of humans becoming separate from their Mother Nature in cultural anthropology. By relying on this dichotomy he also constructs another between freedom (i.e. travel) and safety (return to the source). He portrays metaphor in a number of ways, using a variety of metaphors. It is a 'bridge' that connects us to the 'lost realities' (481) and also allows us to travel without getting lost (using the 'security blanket' and 'Ariadne's thread' as a metaphor). The descriptions resonate with an anthropological discourse, where the 'lost

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world' can be once again accessed via a lineage of metaphor and story. By drawing on this discourse the participant gains access to both 'liberation' and 'safety'. On the micro-level of analysis, the declaration that he is thinking aloud functions as a 'warranting device' (i.e. 'performing' thinking, adds credibility to the 'insights' he reaches):

"I'm interested where the split comes between the natural world and our psychology because we might then be discovering that metaphor is this, is a sort of bridge between the lost realities and our literal one, which we hang onto so tightly, that metaphor is the opportunity to travel and the metaphor in a way, the quality of the description that is a metaphor, I'm thinking out loud bear with me, is safety, is a security blanket we have for not getting lost, so it's like Ariadne's thread" (Robert, 481-488)

The anthropological discourse is mobilised in the next excerpt as part of a binary between dominant Western notions of metaphor and the non-dominant, non-Western notion of metaphor as 'dream time'. This construction relies on another binary of 'concrete reality' and 'as if' representation that the participant suggests is an artificial, European notion. By drawing on this anthropological/ethnographic discourse, he gains access to metaphor as reality in itself, a construction that feeds into the previous portrayal of metaphor as 'freedom' (c.f. freedom to travel and safety):

"I'm interested in the description of the world through image and whether the understanding is and I've had an ongoing debate about this with my brother for many years, so it's interesting in that respect, 'cause he says metaphor is a very Western notion, so in other cultures it's reality and the dream time is a reality so in that dream time there's a reality, actually what we construct as a reality that we think it's a reality would for some cultures be dream time, so that consciousness and that notion of what's behind metaphor is interesting to me, because that can be quite a Euro-centric notion, especially in psychology often thinking yeah metaphor is the as if, it's not real reality, it's a good way of describing something, but it's in itself a wayward description, which serves a concrete reality which everybody has" (Robert, 249-260)

v) Art discourse

This is a minor discourse in the texts. The Art discourse includes constructions of metaphor as an 'expressive medium' and 'art forms', such as poetry or music. These are frequently qualitatively contrasted with prose language, which is somehow deemed as less metaphorical:

"when I sometimes read a poem rather than prose, there's a different quality to it in terms of it describing human experience which might I don't know whether that's a metaphor but it has a quality of metaphorical" (Robert, 168-177)

Metaphor is also constructed as permeating the arts. Claire positions herself within an art discourse as an artist:

"my own background is in the arts and the arts world so that's steeped in metaphor "(Claire, 45-46)

Metaphor is also portrayed as a 'representation' in an Art form (i.e. a symbol that stands for something else). Dora's extreme case formulation ('all art') firmly establishes this claim and defends against alternative views. She also constructs the situ of metaphor as being 'in the transition' between mind and matter, ideas and artefacts (c.f. with alternative constructions, such as metaphor being 'in the mind' (Robert)):

"all art is a symbol of something, because it is actually neither only in your head, you see what it is is this: if you look at a picture, you and I can look at a picture and you can see some blobs of paint and I think it is neither the blobs of paint nor is it totally in your mind, it is somewhere in-between. It is in the transition" (Dora, 315-320)

Anouska simultaneously draws on an art and a technical/functional discourse, to account for the use of poetry with clients in therapy:

"maybe poetry

[Interviewer] poetry?

Poetry 'cause I have a client who writes poems and then recites the poems so that I think as well could be metaphor, yeah" (Anouska, 400-403)

6.2 Clients' constructions and discourses of the use of metaphor in therapy (convergent with therapists')

The clients' constructions were not found to be as variable and diverse as the therapists', nor were they as elaborate. It could be that clients performed 'being a client' by mainly talking about what had brought them to therapy, their 'feelings' about it, the quality of the therapeutic encounter and less about metaphor. Indeed, a common construction of metaphor was that it was 'challenging' and that 'examples of what metaphor is were required'. It is also possible that therapists likewise performed 'being a knowing expert' by performing in the interviews 'thinking' and 'reflecting'. This can be understood as conforming to the assumed expectations and positionings of the interview situation.[21]

Clients constructed the concept of metaphor as 'challenging' and examples of metaphor as necessary for understanding the meaning of metaphor. Elaine uses an extreme case formulation ('always') to establish the necessity of examples and their clarifying ability and constructs clients (using a negative case formulation-'it's not very clear for all clients') as challenged by the idea of metaphor:

"I think metaphor can be very helpful in therapy and <u>although it's not very clear for all clients</u> what metaphor is, if the therapist clarifies what metaphor is, this could help the

client a lot I think. Yes, I would find it helpful, because **examples always help** *[ ] I think it's quite challenging"* (Elaine, 571-580)

Clients, like therapist participants, also described metaphor in reifying terms. For example, by referring to metaphor as a 'thing', a 'dream' (Jo, lines 266, 268, 275, etc.) or an 'image' (Jo, lines 52, 59, 77, etc.), metaphor acquires a separate ontology. These examples also evoke a 'functional/technical' discourse, where metaphor is viewed as an adjunct to therapy and as a tool. For example, *"they [Dramatherapists] were using it directly as a tool of their trade"* (Rhona, 277). A striking example of a 'reifying' discourse mobilised by clients, was the portrayal of metaphor as a sort of a mysterious 'Rosetta stone', that requires deciphering. This description has a reifying effect as metaphor is something concrete with a solid ontology, yet unknowable:

"this is what I'm visualising when I heard the word metaphor. Not therapy, just metaphor. I found it as a big, giant stone and I'm standing there and I'm touching the stone like this [taps on the table] and I'm looking for answers" (Jay, 606-609)

In the next excerpt, when the researcher asks Jay to describe the stone, his description evokes something of an 'oracle', again part of a reifying discourse:

"[Interviewer] hm that's interesting and what does the stone look like?
[Interviewee] the stone is a big, giant block, but it's not a stone like you know you get on the seaside, this is a big, giant stone and it's like you know rough and some of it is smooth and some of it has pores in it, you know, little holes. You're touching it and where you touch the surface there's always something there to tell you different things, you know, you're touching the stone and there is all different shapes and like that and it's more spiritual, yeah it's more spiritual you know, you're gonna touch this stone and where has this stone come from, who is this, who's inside the stone, what is it made up of? You know, what ingredients has the stone you know, is it sand is it other things inside it, you know, I mean maybe it could be a magic stone for me, maybe it's not, but you know it's something, that's what I, when you gave me the letter, metaphor straight it

clicked for me something physical, something physical that I can maybe touch standing by the stone and what's inside it like, you know, a heart. I find that interesting, you know, that word" (Jay, 611-626)

Metaphor was also described by clients as primarily client-generated: *"she didn't say any images, it was always from me"* (Jo, 160).

i) Functional/technical discourse of metaphor

    a) technical, positive constructions

The section that follows includes a number of 'positive' constructions of metaphor, meant as illustrations of their variability, while showing their grounded-ness in the data and are not explored here in depth.

Part of this construction of metaphor as therapeutic tool, are the following descriptions of metaphor:

- as 'expression'
- as a 'catalyst'
- as 'rich'
- as 'distancing'
- as 'explanatory tool'
- as collaboration
    a) as 'connective'
    b) as 'reinforcing the therapeutic relationship'
- as 'penetrative device'
- as 'toy'
- as 'powerful'
- as 'capturing' and 'adding meaning'
- as 'representation'
- as 'promoting insight'

Metaphor as 'expression'

Clients, like therapist, constructed metaphor as 'expression'. The construction of metaphor as 'expression', however, is employed within different discourses. For example, it has been employed from within an 'art discourse' or from within a psychological discourse, where metaphor as a therapeutic tool is seen as aiding expression. In both cases, expression is constructed as *inherently and sufficiently therapeutic in itself.* This is portrayed as a therapist's aim for therapy. For example, a client describes how her therapists reacted with 'delight' to her emotional expression via metaphor work:

"on the day that I talked to you about, my birthday, that I had cried and all these things came out, they were delighted you know, they felt they had achieved something (laughs), I could see that they were pleased and I can see even now when some things come out even

in the group therapy now, the therapist is very pleased when something happens you know, like somebody really expresses himself" (Elaine, 318-332)

Metaphor as 'catalyst for change'

Metaphor was described as a way to speed up the process of therapy by promoting insights. Aimee refers to a sort of puzzle of self, composed of many pieces, where metaphor is intrinsic in letting the pieces fall in place more quickly than the normal, metaphor-free, process of therapy:

"actually it helps things to move on quickly, I find that things fall into place quite quickly" (Aimee, 133-135)

Metaphor as 'rich'

Clients also described metaphor as rich and dense and contrasted it with monolithic or one-dimensional representations: *"it's rich because it's got all different sides in it, it's not just cut and dry or black and white, it has all nuances"* (Rhona, 22-23).

Metaphor as 'distancing'

This is a construction related to the use of metaphor as a way of getting behind clients' defences and as addressing sensitive material: *"as I have said, it distances you so you don't feel so threatened"* (Rhona, 622)

Metaphor as 'explanatory tool'

Metaphor was described as a useful aid to the process of therapy by being both client-generated and therapist-generated. Clients described using metaphor as an 'explanatory tool' in order to communicate to the therapist their subjectivity (*'I was trying to explain how upset I had been'*, Jo, 70). For example, in the following excerpt Linda explains

'what it was like' for her to be bereaved, using the personal, original metaphor of a 'snagging ball':

"I had a friend that died quite suddenly, which was kind of the precedent to this therapy and it was the metaphor I used was of a like a ball with kind of snags around, like a teaser or a bur or a conker, you know, that kind of thing, so it had snags and it was within me and it was snagging in everything" (LindaFG, 442-446)

Clients constructed metaphor as 'aid', such as Elaine here talking about using metaphor in Dramatherapy: *"I liked very much to do things that I felt would help me talk afterwards"* (Elaine, 465-6)

Far from being superfluous, metaphor is described by clients as sometimes being the only possible way in which meaning can be communicated and as such was constructed as 'necessary' and 'indispensable': *"it was the only way I thought to express things, which really couldn't be expressed any other way"* (Jo, 48-49).

Similarly, clients said it was used by the therapist in order to augment the client's understanding of psychological process: *"I've found it very useful when my therapist has used metaphors to help me understand"* (SarahFG, 18-9). Clients utilised a 'trait' discourse (Coyle and Morgan-Sykes, 1998) when constructing metaphor as an explanatory tool, for example when Linda constructs herself as being a 'naturally metaphorical' person by thinking in metaphorical ways about her feelings:

"they were the ways I thought about my feelings, it was the way I explained it to myself so I shared that with my therapist" (LindaFG, 489-490)

Metaphor is described by clients as 'transparent' and therefore as relatively unproblematic in terms of their meaning being communicated: *"I'd like to think that the ideas conveyed within those metaphors are fairly transparent"* (LindaFG, 464-5).

Metaphor as 'collaboration'

a) Metaphor as 'connective'

Metaphor was described as enabling connections to be made (*"maybe it can help you in a away think faster and connect events or things"*, Elaine, 448-9). In addition, she referred to metaphor as a place where therapist and client can meet as equals (*"I felt we were partners to explore it"*, Rhona, 130) and therefore as more helpful and empowering for the client compared to theory-driven therapy:

"I felt she was helpful in that realm, but in certain other realms I thought she was a bit theoretical" (Rhona, 161-2)

The construction points to 'equality' and the reinforcement of the therapeutic relationship.

b) Metaphor as 'reinforcing the therapeutic relationship'

Metaphor use is described by clients as augmenting their relationship to their therapist, by bringing them closer together (*"I think for me as a client, I found that I felt much closer to my therapist actually"*, SarahFG, 237-8) and by the client feeling understood when the therapist takes up their metaphor (*"and it's not only feeling close but totally understood"*, DrewFG, 298).

Metaphor as a 'penetrative device'

Clients echo the 'penetrative device' construction of the therapists, however here it performs a different function and has different implications for subjectivity. Clients mobilize this construction in order to demonstrate their own engagement with metaphor, as well as to demonstrate the power of metaphor: *"metaphor got under my skin in a very powerful way"* (Rhona, 188-9).

Metaphor as 'toy'

This construction suggests that metaphor use can be playful (c.f. therapeutic uses): *"a metaphor can somehow be something you play with"* (Rhona, 22).

Metaphor as 'powerful'

Clients also described metaphor as *"very powerful"* (Jo, 253). The construction occasionally had an evangelical feel:

"I truly believe in the power of metaphor" (Rhona, 7)

Metaphor as 'capturing and adding meaning'

As in the therapists' case, these two constructions refer to the possession and the processing of meaning of metaphor. It is interesting to note that metaphors are used to explain this:

"it really hit the nail on the head" (Jo, 78)

Metaphor also, 'adds meaning':

"to use it in everyday conversation adds a kind of extra aura to a conversation, doesn't it? "(Rhona, 602-3).

Metaphor as 'representation'

Clients also constructed metaphor as representing a way of looking at things or 'worldview'. Here, Jo describes her experience of a 'mental breakdown' as a volcanic island:

"I said everything I see is like a volcanic island where it's all beautiful and palm trees and beaches and everything, but I don't see that and if you could see underneath the volcanic island it's like a big volcano under the sea like all darkness and turbulence and things and it's ready to erupt and explode and under the sea it's like all darkness" (Jo, 93-98)

Metaphor as 'promoting insight'

Metaphor was described as promoting 'insight' and awareness. The following quote reifies metaphor in a striking manner. It is perhaps precisely because metaphor is such an abstract concept that it needs to be made physical and concrete:

"the metaphor or whatever it is, gives you a physical picture, you can see the feeling and then it hits you" (Rhona, 207-8)

b) technical, negative constructions

As before with the therapists, 'negative' is a label I use to describe the clients' negative constructions of metaphor (i.e. metaphor use as posing some sort of 'risk'). The constructions of risk share common elements, central to which is the description of inappropriate use of metaphor. Primarily, clients talked about two misuses of metaphor: first, when the therapist misunderstands the client's metaphor and puts a different spin to it. This is described as 'destructive' and potentially damaging to the therapeutic relationship:

"I think when they don't understand you it's destructive" (Jo, 148-9).

Secondly, metaphor is used inappropriately if the therapist is at a loss as to where to take the client's metaphor or ends up ignoring it. This construction implies metaphor is used intentionally by the client and serves a purpose (i.e. it can lead somewhere). As such, it positions the client as an active agent, capable of influencing the process of therapy by

purposefully using metaphor. The client leaves 'clues' through the use of a metaphor and the therapist is positioned as a kind of detective who has to put the pieces together and make up the puzzle that is the client's subjectivity. In this case, metaphor use by the client is said to constitute an avoidance of talking about personal material directly. As such it is constructed as 'a way of addressing sensitive material'. This is below described in reifying terms, where metaphor is an object covered by protective material that makes it gentler (also related to the construction of a 'penetrative device'):

"it seems to make everything safer [ ] there's a sheath of something around it", (Rhona, 609-610).

Discursively, the action orientation of the text as it relates to the therapist 'not knowing where to take the metaphor' is accusing of the therapist for inadequacy:

"If I was doing my own counselling I'd have asked a lot more questions than she did. There were things that she could have picked up, like why I wanted to talk about the horses so much and not my family, you know? [ ] I think that they give you clues and there's a language you use in metaphor. I think a lot of the time I was talking about darkness and there's an awful lot and she never picked up on it [ ] she just didn't know where to take it" (Jo, 336-347)

c) Scholarly discourse

Clients, like the therapists, evoked this discourse by reference to the meaning of metaphor in literature. However, this was a rare discourse. This could be because the client participants were orienting towards 'metaphor *in therapy*' in the interviews, causing some tension with the scholarly discourse that perhaps seemed incompatible with the scope of the research. There was only a single example where this discourse was mobilised for the clients. Elaine, below, suggests the research interview 'made her aware' that its meaning differs in psychology:

"before we talked, okay metaphor I knew about it only from literature, what it is, you know, it's a different thing in psychology apparently" (Elaine, 584-585)

ii)   A Psychological and Psychoanalytic discourse

Metaphor as 'representation of aspects of self'

In the next excerpt, psychological/psychoanalytic language has seeped into the language of the clients (e.g. reference to 'inner child'), perhaps as a result of the 'education' of the clients through the therapy process:

"during the therapy I kept having dreams about babies [ ] which I took to be <u>my inner child</u>" (Rhona, 116-8).

Elaine also describes how imagery in the form of a photograph is constructed as a 'representation of self':

"The only time that we did something with image was when I had first started with the first counsellor, she asked me if I could bring some photographs to her, so she could see my family and I could choose anything I wanted. It's the only time that we worked with imagery and I remember giving, showing her a photograph I have that I'm a small child in and it's a photograph of me lying on a huge bed of daisies [ ] and <u>she found it very characteristic of me</u> and the sense of freedom that I want to have and not to be restricted by others" (Elaine, 141-150)

Another example where metaphor is taken as a representation of self is in the example of personality testing. Here, the client talks about tests, linking them with the 'imagery' used in therapy. She constructs them as an 'accurate representation of self' *("it came out perfect, I mean I was amazed!")* and she employs stake inoculation (Edwards and Potter, 1992) to prevent a reading that suggests she had vested interests in not doing them

properly (below, in bold). Instead, she disclaims this reading and claims she did them properly despite not having much faith in them:

*"In the group therapy that I'm doing now, when I first went to the centre [ ] I had done three tests that had to do with imagery [description of tests follows] When the results of the tests came out and we discussed them with the therapist and for some strange reason **I did not believe those tests too much, I did them honestly and with all my heart,** but I was not sure, it came out perfect, I mean I was amazed"* (Elaine, 490-509)

iii)   Cultural-Anthropology discourse - Metaphor as a 'collective imaginative experience'

Clients constructed metaphor in a way that evoked what Michael White (2001) calls "going naturalistic". Metaphor is *"a more natural way for a human being 'cause dreams are metaphors, so we think like that anyway"* (Rhona, 12-14). As part of this discourse, metaphor was also described as a 'realm': *"I felt we could meet in the realm of metaphor"* (Rhona, 155). Both constructions are mobilised in order to construct metaphor as a natural place where therapist and client can meet as equals on a journey of exploration.

Metaphor is also portrayed as a 'collective imaginative experience'[22], a construction related to metaphor as 'natural'. This construction portrays metaphor as a shared experience of humanity that all people can relate to, either through direct experience or through folk tales and traditions. The anthropological discourse is here mobilised through specific references and terms, such as 'culturally', reference to 'folk tales' and by emphasising the common link in humanity:

"it's going into a kind of collective imaginative experience 'cause [ ] if you use the word deluge then you think of the flood and all that and you know as flood and torrents of water coming down, it's a kind of shared experience of the deluge say [ ]
[Interviewer] *and when you're saying shared experience what do you mean by that?*

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[Interviewee] *Culturally. Most, well not most, say just using that as an example, **maybe three quarters of the world** would experience that or had experienced it in their folk tales or even directly floods as a shared human experience of some water rushing down, so if you use that as a metaphor it is connected to reality, but you're padding out something with a picture, so it's a kind of picture, sort of moving picture really"* (Rhona, 428-441)

By also constructing metaphor as a 'moving picture' Rhona portrays metaphor as a representation in flux (i.e. not fixed) that carries multiple meanings, which all people can relate to. She uses a quantifying discursive device ('maybe three quarters of the world'), part of a scientific discourse that is fact-constructing to make her claim factual and to corroborate it.

iv)   Art discourse

Metaphor was constructed by clients as 'art' in a number of ways, but all of these have at their core the description of art as carrying a combination of the elements of 'expression', 'freedom' and 'learning'. Metaphor in therapy is *"art again. Again, shapes, sizes, so many different things going around in your head"* (Jay, 290-293). As such its place is central: [it is] *"the basis of everything. Everything artistic, poetic, creative, imaginative"* (Rhona, 600-601). Additionally, it 'promotes learning': *"as soon as we got onto the realm of metaphor and dream I found her remarks and her help very good and I learned more from that in an artistic sort of way"* (Rhona, 42-44). It is also described as 'free expression', as part of the art discourse. Below, Jay positions himself within the art discourse and speaking as an artist, describes this kind of free expression that he found in art therapy work as empowering:

"it was free, it was really free [ ] you had your own free will to do what you want and make things, sculpture, paint, you could use pencils, charcoal, everything" (Jay, 388-393)

He talks about sometimes expressing negative content in art-work, but he constructs expression as therapeutic in itself, rather than as interpretation or processing of some kind. It is also interesting how expression per se is constructed as positive, irrespective of content: *"the art therapy was helping me positively. I would say there are times when it's negative, but then it all shows in my paintings "*(Jay, 356-7)

66
There was one amazing dream where a white bear came up

to me and took me by the hand and it had these black claws

that were lovely and it was showing me something and I

99
realised you know it was a messenger

[A client's dream]

7

Therapists' Divergent Discourses

In this section, I will explore those discourses evoked by therapist participants that diverged from those of client participants.

a) 'Trait discourse'

"it's part of me" (SarahFG, [from a therapist's positioning], 789)
"I think it's in all of us" (Rhona [from a therapist's positioning], 420)

The therapists evoke the 'trait' discourse (Coyle and Morgan-Sykes, 1998) as a disclaiming device, in order to account for the cases where metaphor fails. In the examples below, metaphor is not deemed suited to 'concrete' clients. Participants use extreme case formulations and other emphatic terms ('very') to secure the claim that metaphor use is not suitable for everyone ('they might not work with metaphors at all'):

"if you've got somebody who thinks in a very kind of concrete way, then you know either the metaphor might be more concrete, as I say a substitution for whatever it is or they might not work with metaphors at all" (Alison, 332-335)

Ethan identifies the 'level of psychological mindedness' and 'concrete-ness' of the client as two factors for the therapist to determine how and whether to use metaphor. He uses active voicing to show the perspective of the client, a device which ultimately supports his construction of the client as 'concrete'. An extreme case formulation ('completely')

further establishes the claim that a concrete client cannot follow the therapist's metaphor and such an attempt on the part of the therapist will only be unhelpful:

*"I suppose it depends, maybe that's another thing which I will think about when I produce it, is the patient's level of psychological mindedness, how concrete they are and you've got someone who is **very very** concrete, what may happen is that they may think "well, what's that got to do, my hands being cold? What's that got to do with what's going on in therapy?", you know, "I will wear gloves", you know or something like that, they're **very** practical, concrete about it, so I'll **completely** lose them if I was talking about hands thawing out and how that links to emotion"* (Ethan, 447-455)

The participant therapists, though describing metaphor as not suited to some people, by contrast construct themselves as somewhat of 'naturals' when it comes to metaphor. By constructing metaphor as natural for some people, people who already have a certain propensity towards it (i.e. imaginative, creative, visual, non-concrete ones) and by referring to these qualities in themselves, they create an 'us' and 'them' distinction with the clients. This becomes apparent in the excerpt below, where the therapist constructs herself as a 'natural' and her client as 'struggling':

"I tended to work quite creatively but I think I suppose I tend towards being a visual person and therefore when I'm working with a client sometimes an image comes to my mind as they're struggling to express their experience in some way and sometimes I share that image with the client and test out whether that fits their experience and whether that fits what they're trying to say" (Ethne, 111-116)

Rhona, a Dramatherapist, positioned by the research as a 'client' based on her personal therapy experience, flip-flops between these two positionings. From a therapist positioning, she describes metaphor as 'not for everybody'. This construction excludes or limits metaphor use with people with mental health problems:

"I have experienced working with people with mental health problems that if you ask them to sort of tell a story they start and they can't stop and it goes on and on so it may not always be appropriate 'cause it can be too much with certain client groups" (Rhona, 317-321)

The construction also warns against using metaphor (and so is also part of the 'risky' construction) with people with 'psychosis' and it differentiates between the content of imagery involved in psychosis and in metaphor. Rhona draws on an art discourse for the latter:

"if you're talking about psychosis and people seem to have coming into their minds not always very pleasant images and ones which seem to come up involuntarily, so get a bit obsessed with it, it's not always healthy, whereas if you use metaphor to express something very very healthy and lovely I think there's a slight difference and it would depend on the client group you're working with" (Rhona, 317-333)

Anouska constructs a binary drawing on a 'trait' discourse of metaphor, distinguishing between private and NHS clients:

*"again the private clients, especially one that's in my mind **won't stop** using metaphor and you know I can sort of immediately pinpoint several private clients who **really do use** that technique themselves, may **actually** bring metaphor"* (Anouska, 127-131)

She uses a number of emphatic terms to create a contrast between the private clients manifesting a number of appealing attributes, while the NHS clients are presented in a less favourable light. She therefore creates a 'representation of the Other' (Wilkinson and Kitzinger, 1996). Terms employed like 'won't stop' in the alleged use of metaphor create a sense of initiative, agency and ability, while the emphatic 'really do use' and contrasting term 'actually [bring metaphor]' suggest a sense of achievement and wonder. Another emphatic term from the second excerpt below is the persistent use of 'much more' (a 'magnifier' as it increases quantity), which describes the difference between

private and NHS clients as really quite marked. Anouska creates a binary as she constructs NHS therapy as being about clients functioning and private therapy as being about self-exploration and personal development:

"I think it's the nature of the difficulty that the client brings and I think sometimes in private practice clients are coming much more for self exploration and so the metaphor can be used much more freely and is an image which is somehow more available, it's more accessible and I think because private practice is more perhaps preventative, more about self awareness, it's the client's thought through a lot of those concepts beforehand, whereas in the NHS maybe a lot of the people that are being seen are much more nearer to crisis and so it's much more about them functioning rather than even though metaphors and dream-work is there, it isn't quite so high up" (Anouska, 93-100)

Likewise private clients are described as 'autonomous' and as 'functioning at a higher level', while NHS clients are 'in crisis'. Along these lines, metaphor use is described as not being a high priority for the NHS (*"it isn't quite so high up"*), while the reverse is emphatically claimed to be true for private practice (*"it's somehow more available, it's more accessible"*). This description constructs metaphor as a 'luxury item' (reifying) that NHS clients simply can't afford. She relies on a psychological/trait discourse to account for the differences in the clients (*"it's the nature of the difficulty that the client brings"*):

Another way in which the trait discourse was employed, was to disclaim the therapist's responsibility in cases where metaphor fails, but this time including a wider group of people, men. It is therefore a gender discriminatory employment of this discourse. Men are constructed as 'concrete' and therefore any employment of metaphor by the therapist is futile: *"the use of metaphor has sort of fallen on deaf ears"* (SarahFG, 351-352). Sarah anticipates criticism and initiates her sexist comment with a disclaimer (*"it probably sounds quite bad but..."*):

"if you're sort of using a metaphor and your client doesn't know what's going on and it probably sounds quite bad but I've worked with I've worked with very few male clients

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and with them I've found that the use of metaphor has sort of fallen on deaf ears as it were' (SarahFG, 348-352)

'Failure talk' (Harper, 1999) here functions as a shifting of the responsibility for the success of metaphor work away from the therapist onto the client. Harper (1999; 1998) has also explored this in the context of psychiatry. He has shown how health professionals rely on a 'trait' discourse to account for failed medication, by blaming the biological makeup of the patient, thus shifting the responsibility away from medication on to users and the illness.

b) Biological discourse

Metaphor as 'metabolic process'

One participant, talks about metaphor as an organic, metabolic process, tapping into a biological discourse:

"if it is terribly painful we can externalize it, I can metabolize your pain for you and feed it back and you can metabolize mine for me and feed it back in a digestible way and that is the whole idea of empathy and communication, which is what a psychotic can't do" (Dora, 320-325)

Below, Dora discusses metaphor as a guard or defense against the poisonous effects of the 'psychotic'. The construction is related to metaphor as 'symptom' (*"people get infections as a result of stress..."*), but is also part of the 'metabolic' preoccupation of this participant. She also constructs 'psychosis' as a process of 'contamination' and 'colonization' of the mind and the body of the carer by which the 'psychotic' person suffuses a noxious, poisonous substance and contaminates the people they come in contact with (*"being totally inhabited"* (297), *"brings and introjects"* (298), *"the toxic introjections"* (300)). This construction, particularly through a sense of mounting danger

the language used creates, produces a sinister effect and positions 'psychotic' people as dangerous and possibly 'lethal':

"people get infections as a result of stress but the stress you could say, the illness that they get is a metaphor for being totally inhabited by the terror of annihilation of dread that the psychotic brings and <u>introjects into you</u> and it's so difficult to express because often people who are very disturbed have preverbal disturbances and project into you <u>the toxic introjections that you take in from patients</u> like that are so painful and so difficult to express that actually what happens is that you get a physical illness because there aren't words. I mean that's the value of metaphor" (Dora, 295-306)

As part of this discourse, metaphor is also discussed as a **'digestive process'** and as **'food'**:

"they [metaphors] are the bread and butter of communication and how else can you understand pain other than with a metaphor" (Dora, 353-4) or

"I think it's the food, it's the why do we dream in images" (Robert, 431)

Here metaphor is constructed as the very substance of communication, as the essential ingredient, the stuff metaphoric communication is made of.

Metaphor acts a kind of filter, which helps 'digest' reality. The construction suggests reality is in this way re-worked and then absorbed by the organism (the person):

"metaphor is calculative thinking and it's necessary in order to metabolize and deal with reality" (Dora, 448-9)

Conversely, the absence of metaphor is the starvation of communication, as when psychiatrists talk only about the factual with their patients:

"of course you use it in psychiatry [metaphor] because we're using therapeutic skills all the time, we should be, I mean psychiatrists don't these days, they just ask have you taken the tablets and [ ] do you sleep well, so you eat well, are you gonna kill yourself, no, good, well you can go and bring the next one, I haven't got time to talk about much more and that is a sort of starvation of metaphor, if you like, it's starved of metaphor that conversation" (Dora, 138-143)

Another example of use of a biological discourse is when a participant talks about metaphor **as a 'live organism'**, part of the natural world. As such it is portrayed as fragile and subject to abuse and like any live organism it may die if tampered with:

"there can be malpractice in terms of trying to do surgery on them where they are, there is something in, there's a resonance within them you know which is alive just like there's in nature, there's a resonance which you know if we start sawing up it just goes" (Robert, 639-642)

The construction is used by a client, however this occurs from a therapist positioning (being both a 'client' and a 'therapist') where she talks of metaphor as a therapeutic tool. She contrasts metaphor as an 'alive being' with a 'cut and dry' technological and social world:

"but in this technological age everything is put down very just so cut and dry isn't it? Particularly all the different trends in this and that, whereas as a metaphor is something that is alive almost and can be enlarged on and it's fluid and it moves for not pinning it down exactly so I think that's something to be used all the time really not just in therapy or out of therapy, but as a therapeutic tool I think it's brilliant" (Rhona, 610-617)

7. 2 Discursive strategies

Both therapists and clients used a number of discursive devices. These performed discursive and rhetorical functions and were employed in order to negotiate stake in the

interview situation. In addition, therapists showed a readiness to access 'expert' subject positions and in addition used them as a way of displaying 'knowing expertise' (a small number attempted to resist the 'expert' positioning, see below). The most commonly used discursive devices were extreme case formulations, three part lists and other lists, active voicing and vivid descriptions and establishing out-there-ness. All these are analysed below for their function:

1) Extreme case formulations

Extreme case formulations are used to defend positions against refutation and to suggest that something is objective or commonly done (Pomerantz, 1986). They are designed to block alternative, challenging versions and to strengthen an argument, justification or account (e.g. Pomerantz, 1986; Edwards, 2000). They are represented by extreme terms such as all, none, every, less, most, etc. However, Edwards (2000) in addition argues for the inclusion of 'softeners' that soften or qualify these terms, but which work just as well and indeed in some cases better, than extreme terms alone by being more robust against challenge (op. cit).

Excerpt 1:

*"yeah I mean I suppose my existential take, I lean towards understanding that what the person brings is themself [sic] and **everything that they say and do** will indicate something about their self and their self concept and their identity"* (Michael 254-257)

Here, Michael, a therapist, maintains that clients represent their experience in a number of ways in therapy and that as a practitioner it is important to him to regard the issues of the person in the context in which they occur. He uses a number of discursive strategies in the section that follows, through which he makes his claim more persuasive. The extreme case formulations justify his work and defend against potential criticism by 'drawing on the extremes of relevant dimensions of judgement' (Edwards and Potter, 1992, p.162). In the first excerpt, he maintains that his therapeutic approach encompasses

the phenomenological experience of the client in its entirety, including the client's presentation in terms of their expressive means and behaviour. His extreme case formulation "*everything that they say and do*" puts this case across, as well as counteracting a dissenting version that suggests excluding the presentation of self in favour of subjective, intrapsychic experience (in addition, he uses a three-part list that gives a complete account of the aspects a client expresses, "*their self, their self concept and their identity*").

Excerpt 2:

"***it's how I always see it*** *about I think **not always but probably not exclusively** I also see that people exist in a context, but I guess I **seldom spend time just talking context and environment**. **I'm always thinking about context and person in context**"*
(Michael, 261-264)

Michael's view of the person is justified by a series of extreme case formulations ('it's how I <u>always</u> see it', 'I <u>seldom</u> spend time', 'I'm <u>always</u> thinking'). Additionally, he uses 'softeners' (Edwards, 2000) ('not always but probably not exclusively') that actually strengthen his claim by acknowledging the possibility of occasional exceptions in his thinking. His argument that considering only intra-psychic or social factors to the exclusion of the others is undesirable and that the 'person in context' is the desirable aim for reflecting in therapy is justified against potential criticism with this string of 'extreme cases'.

Excerpt 3:

"*I felt that you know I expressed it **all and everything** but [ ] I didn't gain **anything back**"* (Jo, 139-140)

In excerpt 3, Jo, a client, constructs the relationship with her therapist as one way and without gain. As before, 'extreme cases' and are employed in order to justify this claim.

They demonstrate the extent of her own contribution ('all' and 'everything') and contrast that with her therapist's, who didn't give 'anything' back.

Excerpt 4:

*"with my two counsellors I have not worked with imagery **at all** [ ] and in group therapy **never**. In Dramatherapy **of course** we used **a lot** of sort of drawing and making things and working with a story"* (Elaine, 140-170)

Elaine, another client, constructs the absence or presence of metaphor in the form of imagery in the different modes of therapy she has experienced. She claims that in the two verbal modes of therapy, individual counselling and group therapy metaphor was absent ('at all', 'never'). Both these terms extremity make it difficult to refute these claims (though Edwards, (2000) suggests that they can be weakened by finding one exception that makes the argument crumble). By contrast, the presence of metaphor in Dramatherapy is justified by a qualifying term ('of course') and numerous instances of metaphor ('a lot').

2) Lists and three-part lists

Elaine in excerpt 4 also uses a three-part list. Lists and three part lists are employed in order to summarise a larger number of items. Three-part lists in particular present items as complete or representative and are used as a contrast with problematic versions (e.g. Jefferson, 1991; Edwards and Potter; 1992). Elaine here suggests a complete account of instances of metaphor work and which summarises a greater whole (*"drawing and making things and working with a story"*).

3) active voicing and vivid descriptions

These are closely related devices that provide narrative detail and increase the authenticity of an account, thus making it resistant to refutation. Active voicing (Edwards and Potter, 1992; Hutchby and Wooffitt, 1998) consists of the reporting of 'real'

conversations and other people's words. Though these are supposed to be reported verbatim we cannot be sure of their accuracy.

Excerpt 5:

"people will be presented with a dictator like Hitler for example and be so frightened or the overwhelming mass of people will be so threatening and they'll say "well, I'll vote for Hitler and I'll keep my head down", so there you get you know the phenomenon of the camp guards or the Gestapo or Mengele who was torturing children and pulling their eyes out or whatever he did, experiments on them and then he goes home and listens to Schubert. He suspends all capacity for truth and he can justify by calculative thinking, quite perverse calculative thinking, that this is alright and then he can go home and behave as a normal person" (Dora, 430-440)

Excerpt 5 consists of a rhetoric of an argument that describes 'calculative thinking' as a perverse and paradoxical state of being. Dora relies on both active voicing by citing a hypothetical and imaginary way of thinking by a voter of a 'calculative thinker', as well as narrative detail that creates an engaging account with an authentic ring to it. The paradox of someone who 'tortures children' and then 'goes home and listens to Schubert' is a powerful discursive and rhetorical strategy that makes her argument extremely persuasive and engaging and also highlights the 'perversity' that lies at the core of her construction of 'calculative thinking'.

Excerpt 6:

"and she said 'oh!' and she then got really exasperated with me, she said 'oh, Jo', she said 'you can't see that real life isn't like riding a horse' and I said 'yes it is, it is like riding a horse, it is exactly like riding a horse'" (Jo, 306-314)

This excerpt illustrates the use of active voicing by a client, the vividness of which rendering greater authenticity to her account of an interaction with her therapist. This

device allows her to create a persuasive argument that highlights a conflict or constructs an antagonising relationship between this client and her therapist.

Excerpt 7:

"there's an experience I was in the engaged in a workshop. It wasn't specifically Dramatherapy, but it was very similar exploration of animation and one experience was the timing and this is interesting to me, a woman was working on a, I mean the group was working on a speech of this play, Equus, and the experience the boy had with the psychiatrist and so on and this monologue that she was doing when she was talking about wind as probably he was describing the wind of riding the horse and "the wind", it was very much that metaphor and this was in central London and "the wind" and she was talking like this and she kept going back to it and there was a coaching in the group of her engagement with the experience he was having with the wind and as she did it in one moment the wind ha (laughs) blew open one of the windows and then came in to the room, so at the right time really" (Robert, 462-472)

This is I believe a nice and amusing example of the use of active voicing (*"the wind', and she was talking like that"*) and vivid description. Robert, a Dramatherapist, provides a vivid description of an 'experience', providing great narrative detail. The result is an engaging and authentic-sounding account, also rendered persuasive due to a use of irony (i.e. the tension created between the metaphorical 'wind' and the actual).

4) out-there-ness

This device is employed as part of factual accounts and reifying discourse, which present phenomena as having an undeniable ontology and as existing 'out there' in the world (Edwards and Potter, 1992).

Excerpt 8:

"if you're talking about metaphor like this it's an abstract concept and yet I know in my work it isn't" (Ethne, 183-5)

Ethne, a therapist, is above constructing metaphor as a 'real' phenomenon 'out there'. She uses a contrastive term, 'yet', in order to highlight that although metaphor seems abstract in reality it is a concrete thing she does in her work. This establishes metaphor as a common practice for her.

Excerpt 9:

"I don't think I did encounter it to be honest. I mean it's not something that I thought about really before I began practising and it's something that I think I've become more aware of since I've been seeing clients really" (Alison, 364-367)

Alison, another therapist, described metaphor as something that exists 'out there' and can be encountered in the right contexts. For example, she claims it was not there in her training but she did 'encounter it' in her practice.

Affirming 'expertise'

In addition to the discursive *devices*, therapists used a number of discursive *strategies* in order to access expertise. Most of the participant therapists used a number of discursive resources in order to claim a position as 'knowing experts'. These included the use of corroboration and warranting devices and empiricist accounting. I would like to emphasize here, that although the therapists tended to either affirm or resist an expert positioning, there was intra-individual variability, in other words they constructed themselves as expert and as facilitator/collaborator for example, at different times within the same interview. This is consistent with discourse analytic theory that does not assume individuals are always consistent in thought and behaviour (Coyle, 1995). Both constructions were advanced concurrently, depending on the line of reasoning being advanced and depended on context. It is interesting to note that affirmation of an expert

position seemed most evident in the accounts of therapists who described their orientation as CBT (or where one of the models they used, if more than one, was CBT). Sometimes therapists alluded to a 'facilitator/collaborator' self-construction, but their text did not support this construction, as most of the text revolved around the activity/guidance of the therapist and the relative passivity of the client.

1) warranting devices; consensus and corroboration and doing 'knowing'

These devices are used in order to establish the factual nature of an account by presenting it as an agreed version or as espoused by others and to these aims they usually employ high status witnesses or cite others (Edwards and Potter, 1992). For instance, *"I think it was Beck who said"* (Alison, 154)

Dora used a corroboration device (Edwards and Potter, 1992) by referring to high status 'witnesses', when she 'cites others', in this case Winnicott. Her account of representations of past experiences also has an air of knowing and expert authority:

*"this fear in the future is generally something which has happened in the past and if it can be experienced in the metaphor of therapy in the present it can then be placed in its rightful place in the past and put to rest and I think, **I'm borrowing from Donald Winnicott** who was a poet as well as a psychoanalyst and a very wise man"* (Dora, 37-40)

Another example of a 'knowing' response is when Michael refers to the metaphor literature: *"I know there is a literature out there"* (Michael, 181)

2) empiricist accounting

This manner of accounting deletes or distances the observer and presents human actors as at the mercy of facts (Edwards and Potter, 1992). Alison, in the excerpt that follows, distances herself by representing her clients as 'other'. This is achieved by using 'them',

rather than a more personal pronoun. Other means by which an empiricist accounting is achieved is through the use of professional language (i.e. reference to techniques like Socratic questioning), reference to professional processes like (psychological) 'assessment' and psychological concepts such as 'distorted thinking'. She also refers to the client's feelings as 'not objective', thereby suggesting an objective process that needs to take place through which these feelings are addressed and corrected. Her request for examples (i.e. evidence) the client has to supply in order to justify their feelings also follows an empiricist process of evidence substantiating a claim. The whole account builds up a picture of an objective if impersonal expert:

*"as you talk to the client you learn more and more about **them**. You've done the **assessment** and you're kind of talking to **them** and when you're talking to **them** about their thinking, I mean it's based on the idea that **thinking patterns** can be quite kind of **distorted**, in other words, you know, somebody can be very down sort of in a **not objective** way, you know, so it's basically questioning their thinking, so you're going down the path with them of oh well you know if you think that you know you said x you know what makes you, **have you got any examples** of that and you're kind of going down an avenue to get them to support why they feel or think that way "*(Alison, 164-173)

3) Technical language

'Expertise' is also achieved when participants use sophisticated or technical language, particularly professional jargon (for example, directly referring to abbreviations such as 'CBT' without explaining what this refers to). This achieves for the speaker a higher and separate status from others, since not everyone has access to these terms or discourses they evoke. Such examples include: *"he is the metaphor man **par excellence**"* (Dora, 228), *"it's not quite the same as a **cognitive reframing**"* (Michael, 38), *"I'm using a **CBT** approach"* (Claire, 66), *"**directive guided discovery and kind of Socratic Questioning**"* (Alison, 150), *"in **Gestalt theory** the field was responding to the event"* (Robert, 468) and *"the psychotic brings and **introjects** into you"* (Dora, 297).

Out of the 8 therapists that took part in this research, 6 primarily used expert language, corroboration and warranting devices and other discursive strategies (as above) in order to affirm their 'expert' positioning. Only two therapists, one man and one woman, resisted that positioning and did a lot of 'leg work' to undo it. This included the extensive use of 'qualifiers', systematic vagueness, disclaiming expertise, resisting 'knowing', constructing their practice as 'collaborative' and readily taking up a 'client' positioning. I will in turn present examples from both 'resisting' therapists and contrast them with excerpts from 'knowing expert' therapists. As I go along I will draw attention to the discursive means by which they achieve these positionings.

1) Use of qualifiers and systematic vagueness

The systematic use of qualifiers (e.g. sort of, kind of, you know) distances the speaker from an expert position. Ethne answers many questions beginning with a qualifier, such as '*I suppose*' (Ethne, 54 and 111), "*I think*" (Ethne, 86). Other uses include giving a qualified and vague response to a question: "*I'm not quite sure, I haven't thought about that, but I suppose I have in a way*" (Ethan, 481). It has been suggested that systematic vagueness defends against potential criticism (Gill, 1995). In the case of Ethan and Ethne's accounts this seems to be consistent with their self-construction as non-experts. For example, when they talk about their practice their responses are tentative and vague, rather than authoritarian: "*I tended to use*" (Ethne, 30), and "*I don't know, well this is idiosyncratics, I don't know whether, I haven't actually used, don't think I've used it*" (Ethan, 618-9).

2) Disclaimers of expertise

Both Ethne and Ethan directly use disclaimers (see Coyle and Morgan-Sykes, 1998) to un-do an expert position:

"I'm not trying to come across as the expert with the answers" (Ethne, 87) and

"It's not really my area of expertise" (Ethan, 296)

3) Resisting 'knowing'

They also resisted a 'knowing' position by appearing hesitant and using a disclaimer of knowledge (*"linguistic metaphor, I don't really know what is meant by that"*, Ethan, 567) and by claiming a position of 'openness' in their practice:

"it's important not to make assumptions and even if the client would say something that seems to be known to me, not to assume that I know what that means, because for them it might mean something different" (Ethne, 338-340)

4) Constructing a 'collaborative approach'

Both therapists constructed themselves and their practice as 'collaborative' and metaphor use as a joint creation with the client. This was achieved through coining words that emphasized these constructions (e.g. 'joint', 'together', 'co-creation') and also through the use of 'footing' (Goffman, 1981), where the speaker switches from 'I' to 'we' to emphasize the collaborative aspect of the process (in second excerpt):

*"I think it was a **joint process** as I said to you the fact that this making sense of something **together**"* (Ethne, 86-7)

*"then **we're** in a process of **co-creating** some kind of meaning"* (Ethan, 462)

5) Assuming a client positioning

Another rhetorical strategy that helps resist an expert positioning is assuming a client subject position. This is what Ethan is doing when he readily talks as a client about his own experience with metaphor:

"but as part of my Jungian analysis I used to do [ ] I found that incredibly useful you know to draw things and it was very very enlightening to me" (Ethan, 578-582)

The focus group process-meaning co-construction in action

The focus group transcript was analyzed using a synthetic version of discourse analysis (Wetherell, 1998). The constructions of metaphor that arose from the focus group transcript analysis, as well as the discourses these evoked, have already been addressed and discussed under the respective categories of 'constructions of therapists" and 'constructions of clients', according to the subject position these were achieved from. This section will focus on the actual construction of meaning *in action* as observed in the process of the focus group and will include an analysis of this process.

The focus group consisted of three females, two counselling psychology trainees (Drew and Sarah) and one clinical psychology trainee (Linda) in their final year, as well as the researcher (Daphne). The level of disclosure was initially relatively low, as the participants were getting accustomed to this artificial situation and to talking with strangers. As the conversation progressed, disclosures became more frequent, particularly after Linda and Drew made 'high risk' contributions, in talking about friends of theirs that had died.

It is suggested that people assess talk in groups (Pomerantz, 1984). Radley and Billig (1996) put it this way: "thinking is a socially shared activity" (p. 223). Though a focus group is not an entirely naturally occurring conversation and people invariably orient towards this somewhat artificial situation, it is still closer to naturally occurring talk, as participants interact relatively spontaneously with each other, as well as with the researcher, than an interview situation (Wilkinson, 1998). A focus group also offers the

opportunity of observing the co-creation of meaning in action, as people present ideas, elaborate on them, contradict them or change their minds about them (op. cit). In this focus group, the available positionings were sometimes limited, as they were occasionally pre-determined by the questions posed. For example, where participants were positioned by the researcher as either 'therapists' or 'clients' and were expected to respond from that position. This reflects an in-built and unavoidable limitation of this research, in seeking to explore research questions from 'client' and 'therapist' subject positions.

In this focus group, 'metaphor' was discursively regulated when the participants drew on particular discourses, which in turn worked as explanatory devices of the use of metaphor in therapy. On the micro-level, explanatory devices negotiate accountability and stake. Participants continuously redefined 'metaphor' in conversation, the meaning shifting according to context. However, conversation, though composed of contradictory discursive entities, is organised and not arbitrary or fragmented (Lawes, 1999). An example of this is laughter, which far from being out of control, is in fact structured and co-ordinated with the speaker's actions (op. cit). There were numerous examples of the co-ordination of laughter in the focus group, here I will offer one as illustration.

Excerpt 1:

"it doesn't actually extent to the whole of your life and I hadn't thought it out that far, perhaps, don't know, maybe Freud has in his works or even Shakespeare (smiley voice) has in some of the metaphors that he uses, you know (laughs), I haven't got that much of a brilliant mind to do that (laughs) (simultaneous laughter from the group)" (SarahFG, 51-56)

In excerpt 1, Sarah describes metaphor as context-specific and not as a description of the life of a person as a whole. She positions herself in a way that emphasizes the differences between her and the 'big brains' of psychology and drama/poetry, Freud and Shakespeare respectively, through her smiley voice and laughter that accompany the comparisons.

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This creates a sense of irony, that she is indeed not serious when she compares herself to both of these men. The simultaneous laughter of the group that follows her suggestion that she "doesn't have that much of a brilliant mind" acknowledges and validates this difference, while creating a sense of comradeship, that all group participants are novices in the use of metaphor and not in the same boat as the big names of pioneer psychologists and poets who use metaphor in their work.

Wilkinson (1998) suggests that though focus group-based research tends to emphasize the role of disagreement in encouraging the elaboration of accounts, agreement can have the same function[23]. An example of use of agreement as affecting the elaboration of accounts from the research is as follows:

Excerpt 2:

"yeah I think that's important, yeah definitely. I mean if you're sort of using a metaphor and your client doesn't know what's going on and probably sounds quite bad but I've worked with very few male clients and with them I've found that the use of metaphor has sort of fallen on deaf ears... " (SarahFG, 348-352)

Linda had initially talked about how *"the use of metaphor has sort of fallen on deaf ears"* with some of her clients (LindaFG, 340-2). Then Sarah agreed and subsequently expanded on that meaning to include men in particular in the equation, suggesting that men don't often pick up on metaphors.

Excerpt 3:

"yeah, 'cause I think that yeah they kind of use different words but they mean the same thing [Sarah: yeah] yeah [Sarah: yeah]" (DrewFG, 711-712)

In this example, the mutual support for the affirmation of the construction that all models of practice talk about metaphor, using different terms, is striking.

Agreement and subsequent elaboration of the account was fairly typical of this group as the focus group participants mainly supported each other by expanding on their shared constructions in this way (another example is, *"I think as Sarah has said that in all approaches they use a kind of metaphor"* (DrewFG, 770). Any dissent was conducted in a subtle way and Drew in particular regularly agreed with the preceding speaker before asserting a different view. There was perhaps a keenness to appear supportive, consistent perhaps with counselling training approaches, which advocate respectful listening and a validation of another person's perspective. The participants' responses were consistent with these positionings of 'doing being good listener' and 'doing being supportive'.

The role of the interviewer was particularly difficult at times, as regards the avoidance of contributing to the co-construction of meaning. Contribution was at times unavoidable, both through linguistic and extra-linguistic means, such as use of gesture, nodding, appearing particularly interested in a certain construction, etc.

66
I feel like a bird in a thorn bush, I'm just going to sit

here and to me it was obvious that I meant that everything I

99
did would get me in trouble

[A client describing her relationship with her husband]

8

Power

Constructions of 'power and metaphor' emerged as a sub-theme of the research. I was interested in exploring the concept of power in the context of therapy and so one of my questions to the participants specifically addressed this issue. Power in discourse studies is dually theorised as the pre-discursively defined inequality of relations such as in the case of institutions (i.e. institutional power) and as an interactional quality through the strategic employment of discursive strategies (Jaworski and Coupland, 1999). The concept of power is particularly compatible with a Foucauldian approach to discourse analysis and an applied aspect the research such as this one, which suggests that institutions, like therapy and mental health organisations, are structured around and reproduce power relations (Parker, 1992). As Harper puts it: "it's about who gets to speak and who gets to choose the words we use to talk about madness" (2002a, p. 9). Another view that is currently challenged is that any therapy talk is helpful. Talk can just as easily be oppressive rather than liberating or helpful if it's the wrong kind of talk, in other words if it's pathologising or blaming (Harper, 2002b). Moreover, qualitative research in particular has been regarded for some time as a suitable vehicle for 'giving voice' to its participants and therefore as necessarily 'empowering'. However, though plurality of voices may be viewed as empowering, 'giving voice' may at times be insufficient or downright oppressive. Bhavnani (1990), for example, has shown how 'giving voice' can be oppressive, by masking power inequalities and by perpetuating stereotypes that had restricted access to power in the first place. She also points out that silence can also be empowering as an act of resistance or dissent (op. cit). She further suggests that the reasons why people are silenced or whose interests empowerment serves are important

questions. 'Empowerment', therefore, as the realisation of the capacity for oppressed groups to have access to power (Bhavnani, 1990) is an important task for therapy. The present research aimed at 'giving voice' to the clients as well as the therapist participants. However, due to the currently widely accepted inequality of power in the therapeutic encounter it is particularly concerned with 'giving voice' to clients as service users. I cannot claim, though, participants were necessarily empowered as a result of participating in the research.

Although clients' accounts were analyzed using a Foucauldian approach to discourse analysis and therefore I did not look extensively at the action orientation of the texts, a Discursive Psychology approach to the material would have also been possible. From this perspective, clients' constructions of power could have been understood, for example, as disclaiming devices for personal agency and responsibility. Instead, my interest lay in exploring the extent to which clients' discourses affirmed those of the therapists or whether they diverged from them. In the examples that follow, clients construct metaphor in ways that have political implications and explain how certain uses of metaphor by the therapist work as metaphors for power positions. For example a particular physical set up of the therapy space, certain scripted behaviours and institutional practices only enable certain positionings for client and therapist and restrict access to others.

Clients sometimes represented themselves as 'reactive' to these power positionings (see section on 'acts of resistance'). More commonly, they described an all-powerful, superior and knowledgeable mental health expert or therapist and an inferior, passive or helpless client. A small number of empowering constructions of metaphor were also employed. These involved the use of metaphor by the therapist as helpful or empowering in that the client felt understood and able to establish an equal footing with him/her (see below).

Power in therapy is commonly accepted in the psychotherapeutic literature as unavoidable due to the nature of the encounter. As such, it cannot be denounced, but must be linked to responsibility. In White and Epston's (1990) own words,

"If we accept that power and knowledge are inseparable [ ] and if we accept that we are simultaneously undergoing the effects of power and exercising power over others, then we are unable to take a benign view of our practices. [ ] Instead, we would assume that we are always participating simultaneously in domains of power and knowledge" (p.1990, p.9).

Anderson and Goolishian (1992), for example have tried to redress the balance by advocating a way of working where the client is seen as the expert in their own experience (op. cit) and Narrative Therapy also denounces the 'knowing expertise' of the therapist. Certain discursive and signifying practices perpetuate positionings that compromise the client's position. Only by becoming aware of power issues in therapeutic practice can we resist hierarchies, use power wisely and strive towards a politically aware and ethical practice. As some participants suggested, therapists can also be oppressed by institutions and practices over which they have little control:

"it [using metaphor] was one of the best parts, because she was giving, she seemed to be free to give more. The rest of the time I felt her technique inhibited her because she wasn't allowed to be too human "(Rhona, 467-470)

8.1 Power-laden uses of metaphor

a) Using metaphor as a silencing device

Clients described the therapist using a client- or therapist-generated metaphor in a way that acted as a silencing device for the client. In these cases, the client's worldview was closed down and denied in favour of the therapist's (e.g. *"can't you see that real life is not like riding a horse?"*). In this way, the therapeutic relationship is itself constructed as a power struggle, like a game of 'tug of war'. In the first excerpt, the client, Jo, uses 'riding a horse' as a metaphor for life. She describes her therapist's response as un-helpfully obliterating that metaphor and worldview in favour of an alternate perspective,

that of the therapist's. Interestingly, however, in the first excerpt, the client is not actually silenced (see 'the reactive client'):

"because I go horse riding sometimes, I would make a lot of references and comparisons to horses and images to do with the riding [ ] and I was using an image like that to explain it's just like you have to keep at something, you can't give up and she said "oh!" and she then got really exasperated with me, she said 'oh, Jo!' she said, 'you can't see that real life isn't like riding a horse!' and I said ' yes it is, it is like riding a horse, it is exactly like riding a horse!'" (Jo, 306-314)

In the second excerpt, the therapist's own metaphor for the client, 'seeing things in black and white', jars with the client's own worldview, which involves 'seeing things as multidimensional', rather than two-dimensional as suggested by the 'black and white' metaphor. Again, the use of metaphor by the therapist functions in the same way, in that it acts as a silencing device for other, alternative perspectives on life. Here the strategy is successful in that the client is actually silenced and doesn't respond:

"and then she said "oh, the trouble with you Jo", sort of something like that, "you tend to see things in black and white and you're thinking in black and white" and I felt really insulted 'cause I thought well she's missed the point of everything I'd just told her, I don't see things in black and white, I see things more complicated. I mean she was actually meaning I think just about this particular thing, but she said "oh, you think in black and white", it came across really patronising" (Jo, 118-123)

    b) The high-jacked metaphor

Client-generated metaphors were at times constructed as 'high-jacked' by the therapist, who put a different meaning on them. Below, Linda draws on a discourse of ownership (*"that's mine, give it back"*) and a family discourse. Her positioning as a helpless child evokes the family discourse. She uses action verbs ("taking your metaphor and running away with it") to describe how metaphor is snatched away from her like an object, while

she positions herself as passive in the interaction. Her only reaction is to shout back ("Come back! That's mine!"), as she represents herself as incapable of taking the object (i.e. metaphor) back. Instead, she has to plead for its return. The extract evokes playground bullying. She portrays this use of metaphor by the therapist as power-driven and unhelpful:

"it's also something about getting back in contact with that feeling of [ ] taking your metaphor and running away with it (laughs) in a completely different direction, it's like "Come back, that's mine! Give it back! (laughs) I had plans for that one!" and making sure that I don't do that to clients" (Linda, 1166-1174)

The example below positions the therapist as powerful, in that he or she has the right to ask probing questions. The legitimisation of probing questions by the therapist, in turn positions the client in a pathologizing way, a position she then has to work hard to defend against and denounce:

"I was trying to describe really different moods and I was using kind of different people's names to describe them and [ ] I can't remember what I called them, sort of Mister G and different names and Mister Whirly Dervish or whatever but then my therapist started asking probing questions as if "are you psychotic? Are you losing your mind?" (joint laughter) and that felt really unhelpful and I hadn't meant it in that way whatsoever" (Linda, 962-974)

c) The signifying environment

The arrangement of the therapy environment and certain institutional practices like note-taking, act as meta-communicators and specify particular power relations between therapist and client, which govern and regulate the nature of the interaction by making only certain positionings possible. Furthermore, these discursive practices produce and re-produce these rules. In the first example below, a client describes, how the set up of the therapy room already positions the therapist as 'expert' and 'powerful' and the client

as 'passive' or 'emotional' by describing the room furniture not as arbitrary arrangements, but as powerful signifiers of specific power positionings. For example, by having a bookcase behind the therapist and a box of tissues and a bin (a receptacle perhaps for emotional rubbish) next to the client. The client describes this as a dictation of the role she is expected to take ("I'm supposed to sit there and cry"):

"I didn't like the way I went into the room and she had on her side of the room this bookcase with all these books in it and on my side of the room I had this box of tissues and a bin (joint laughter) and I didn't like it and what was worse was that the box of tissues was like there was the top tissue was really pulled up at this sort of like pyramid [ ] it was like telling me that I'm supposed to sit there and cry" (Jo, 415-420)

In the second example, again the physical space 'spells out' the differences between therapist and client: the therapist is affluent, the client by implication is forced into a comparison through which she emerges as disadvantaged. The use of 'ostensibly' is pivotal here in establishing a conscious and perhaps intentional display of power positionings for therapist and client:

*"first of all I didn't like the fact that I went to her house. That made me feel at a great disadvantage and did the therapy in her husband's room where his golfing pictures were up and I didn't like that. And she was also very well heeled and very well off or you know, relatively, **ostensibly, ostensibly** and I didn't like that 'cause I was at a stage where I was losing everything and having to move out and everything and I just felt annoyed at that (laughs). I felt disadvantaged"* (Rhona, 525-531)

The client from the first example, however, constructs herself as 'reactive' to this physical arrangement of the space and the power positions it spells out, by refusing to cry and by having an urge to upset this status quo:

"I didn't want to do that, it made me angry and I really was determined not to do that, I didn't do it at all and there was this bin as well. It was always, I was the first client in

and I always had a clean bin liner in and I felt this need to throw some rubbish in it" (Jo, 420-424)

She further constructs herself as 'assertive', as an educated person. She is able to stand up for herself, question the positionings and the input of the therapist. She describes this position as a 'challenge' or 'threat' to the therapist. It is possible, therefore, to challenge power positionings and to reclaim some of that power, but it takes an assertive, secure and educated person to do so:

"I had some power in that I think I am an assertive person and I am studying and feel I am generally quite confident. I think that may have been a problem to her, I don't know" (Jo, 413-415)

8.2 Oppressive practices

Another form of exerting power in therapy is on an institutional level. Clients referred to the following means of power-exertion, which have become routine means of control of the client and the process of therapy (i.e. they are normalised in therapy contexts as part of the process of therapy in organisations, a kind of 'natural order of things' argument):

i)	scripted behaviour
ii)	note-taking and
iii)	withholding

'Withholding' refers to those styles of therapy, usually in psychodynamic approaches, that advocate the therapist's role as that of a 'blank slate' for the client to project onto. These approaches also tend to favour a low level of personal disclosure on the part of the therapist.

a) Scripted behaviour

Clients constructed certain rules that seem to govern interaction in a therapy context as oppressive. This includes the therapist 'going to fetch' the client (a common practice in counselling within institutions, such as Primary Care and the NHS) and leading the way to the counselling room. This scripted behaviour was described as 'unnatural' and 'restrictive'. The power is also firmly placed in the hands of the therapist as the initiator of the therapy interaction:

"I'd have to follow her single-file down this corridor and she'd never speak to me and we'd go into the room [ ] and she'd nod at me to speak, she would never ever say hello or anything like that and I really hated that there were no pleasantries at all" (Jo, 357-361)

This power imbalance or inequality is described in the next quote, when Jo places this in the parameters of the client not being able to 'catch up' with the therapist:

"I'd go and sit in the waiting room and the she'd come and get me and then <u>no matter how quickly I'd try to move, I could never catch her as she was always in front of me</u>" (Jo, 353-355)

Perhaps it is a useful point for reflection, the implication that what counselling psychology constructs and normalises as 'giving permission to cry' or not establishing conversation with the client outside the therapy room as 'demarcation of the therapy space', are instead constructed by clients as oppressive practices.

b) Note-taking

Note-taking, though a common practice in therapy, is constructed here by clients as another form of oppressive practice. Notes represent a fixed sort of narrative, that is 'there' and which can have damaging implications (i.e. different sorts of people might see it, it cannot be altered, the client has limited or no access to it and doesn't have a say in it,

etc.). In the first excerpt, Jay makes a dichotomy of power, between doctors (referring to a psychiatrist) and clients. The former are 'all-powerful', the latter 'nobodies'. This is a clear example of what Potter (1996) calls 'category entitlements', by which speakers invoke membership to a particular category when building up an account as sufficient to warrant category-specific knowledge (sometimes they are not 'natural' but need to be 'achieved' or 'worked up'). In this case to be a doctor equals power, to be a client equals being powerless. Access to notes is only restricted to the doctors and the therapeutic relationship is therefore constructed as un-equal:

"I feel that behind my back they write reports. I feel [ ] I should read the reports. I'm not a doctor, I'm nobody [ ] remember they are the most powerful people, well not the most powerful, but they have, what they say counts more than I do. Remember, I'm just a client" (Jay, 494-512)

Below, Rhona also refers to note-taking, therapy in the therapist's own house, as well as therapeutic techniques as patronising, since the client is positioned on unequal footing and can also perceive therapeutic techniques, described here as a sort of object-oriented experimentation ("she was using a technique to see what I would do"):

"[Interviewer] so how much power did you feel you had?

[Interviewee] not much, no, no. I felt that the fact of going to her house and her making these notes and having this technique that she would know she was using a technique to see what I would do [ ] I would rather see things more above the board than that really" (Rhona, 545-548)

c) Withholding

Clients also constructed a helpful therapist to be 'directive', as opposed to 'withholding'. The latter was referred to as an unwanted and alienating feature of therapy. This referred

specifically to therapists who 'sat back' and it was like *"to just talk to a blank"* (Rhona, 535). By contrast, metaphor is described as a realm where a 'real meeting' can take place:

"before then she seemed to be withholding, it was a technique and the method I found that a rather sort of rejecting thing to be with someone who just sits back and expects you to do all the projecting and everything. I like to meet people and I felt that we could meet in the realm of metaphor and still be discussing deep things but in a safer sort of way'"(Rhona, 152-156)

Below, Elaine relies on the same construction, when discussing her personality tests the therapist never brought back to her, so for the therapist to be withholding is oppressive, to be directive is to be on the same footing, real and engaging:

"so we discussed this in one session and then I told her please could you bring them again, because I'm interested in discussing them again and she never did, so I felt powerless" (Elaine, 516-518)

In the next example, the 'withholding therapist' is constructed as antagonistic, while the client becomes 'reactive' through the use of silence (see section on clients' acts of resistance) and the relationship is described as reaching an impasse. The content, however, is contradictory. While the client seems to be saying she does not want guidelines or answers, she does want something challenging. The action orientation is consistent, in that it is rejecting of the therapist and of everything:

"I remember my therapist, you know, it was like half an hour of the session and we were just staring at each other and it was like "I'm not gonna say anything until she says something", you know. I had gone in angry and she said to me "I'm not going to make things easy for you. If you wanna say something, you say it, if you don't want to one hour will pass and, you know, you don't have to say anything". I've started to believe that I don't like this sort of approach, I don't know whose approach it is but (laughs) I don't

like it that much. Maybe it's a right one, but I don't want help or guidelines or answers. I would have liked more of a challenge so I say things" (Elaine, 556-564)

In the next excerpt, Elaine, in talking about her experience with her two Dramatherapists, raises an interesting point about the counter-intuitive ways in which 'giving direction' (*"they gave the instructions, now you do this scene, now you do that scene"*, Elaine, 405) is equated with equality (c.f. doing nothing with power):

"I saw the therapists as part of the group, not as away from the group like I do the therapists now" (Elaine, 351-2)

Where the therapist was described as 'withholding', the client's metaphor was also described as 'wasted'. Here, Jo describes how the metaphor she used in one session was ignored, only to be referred to again by the therapist in the next session, by which time Jo felt the metaphor had been 'wasted':

"so she didn't really give me any feedback from that and then the next week she said "oh I understand what you mean about the volcanic island" and she told me back exactly what I sort of thought I'd said to her [ ] but it was wasted the following week 'cause I had known that anyway and that was what I felt was like a bit of a time lapse between me saying something and [

[Interviewer]: the feedback that she gave" (Jo, 101-108)

The 'unspoken metaphor'

The 'client' was occasionally described as 'circumspect' in relation to the use of metaphor. This construction is particularly evident in Jo's interview. Particularly, where the therapist's knowledge of the client's history of 'psychiatric illness' is concerned:

"whenever I raised these images I always thought that maybe she did think that that was unacceptable, you know, because I had been in a psychiatric unit and I thought that maybe she'd think oh, you know, that's like a crazy thing to be talking about" (Jo, 280-283)

Where metaphors were judged by the client to be 'out of the norm', 'disturbing' or 'bizarre', they were withheld and not shared with the therapist. Similarly to the withholding therapist, the client also becomes withholding. The judgement of metaphor was done by reference to 'normality' and to 'everyday conversations':

"normally, in real life conversation, you don't talk about birds in thorn bushes or you don't talk about coral islands and volcanoes or darkness and the images when you've got disturbing images you don't talk [about them]" (Jo, 515-518)

Though a discursive approach to the text would perhaps look at the management of stake for Jo, I am taking this excerpt at face value in order to look at the non-exploration of metaphor as an act of withholding on the part of the therapist. Jo constructs a 'timeliness' of metaphor and a timely engagement with it as important for metaphor work. Indeed, she suggests that a metaphor that is not taken up *in the moment* is a wasted metaphor. She further suggests that for the therapist to merely repeat the client's metaphor without exploring possible meanings is also a waste ('*I had known that anyway*').

8.3 Metaphor use as empowerment

Although power in the therapeutic environment is more commonly framed as negative, some studies have instead focussed on positive uses of power by clients in the therapeutic encounter, such as clients using questions in therapy as a kind of empowerment (for example, Mastache, 2003).

In this research, references to examples of metaphor use for empowerment were limited. More commonly metaphor use was described as 'empowering' for the client but from the

therapist's perspective. Some clients did mention though that metaphor is empowering. For example,

"I strongly believe in the nature of art therapy and its concept of empowerment through expression" (Jay, 44)

Another example is when a client participant mentioned a book she had read in which the experience of redundancy is metaphorically explored and solutions presented through the story of two mice being lost in a cheese-less maze. The kind of insight this story is said to have generated suggests to the client that metaphor was in this case empowering for her. Here, Aimee evokes an individualistic discourse, as an independent moral voice that can be traced to an American individualistic discourse of personal identity, where independence, agency, personal responsibility and control are seen as the desirable 'qualities of self'. She also evokes an 'on yer bike' type of economics discourse, common in the workplace, both of which share a construction of the individual as active and responsible agent of her own life story:

"you get lots of little ideas. The quicker you let go of old cheese, the sooner you'll find new cheese and things like that and it just suddenly all kind of, you think 'yeah, you know, it's not my job, it's just a job and it's safer to search in the maze than remain in a cheese-less situation' (laughs) and you know, so you sort of, it suddenly all kind of makes a little bit more sense and you sort of think 'yeah this isn't my job, I don't own it' and, you know, 'the only way to get another job is go and look for one' and so, you know, it kind of helps you to deal with it" (Aimee, 67-74).

Furthermore, being involved in the process of therapy as an active creator, as is described below in Dramatherapy, is constructed as 'empowering':

"in the Dramatherapy not so much [feeling powerless] when you had you know, you were the actual creator of things, you had the power in preparing something, you know, in creating something" (Elaine, 521-523)

8.4 Acts of resistance

Clients positioned themselves in talk as both 'helpless' and 'assertive'. For example, they represented themselves as 'helpless' when they were fighting over ownership of metaphor (as in the section 'the hijacked metaphor') and associated meanings, but also as 'assertive' by attempting to resist unequal positionings in the therapeutic encounter. Simpson (1977) states that *"while individuals can be forced to conform to specific forms of behaviour, there are still possibilities for resistance"* (p. 221) The latter positioning is demonstrated in the interaction between two members of the focus group (therapists in training but also clients to therapy) that follows, who speak from a client's position:

"so for me the use of metaphor would be more useful than not useful because I would sort of stop my therapist and say 'no, hang on a minute, here you know you've got it a little bit wrong' or 'it's not quite like that'" (SarahFG, 1005-1008)

The capacity for assertiveness however, was placed in a context of age (being older and wiser), as well as professional status (i.e. being a psychologist)(c.f. power/knowledge). So, education and age were constructed as assisting an 'assertive' subject position, in order to voice dissent and make corrections in terms of the meanings of the client-generated metaphor as mis-represented by the therapist. In the absence of these conditions assertiveness was deemed difficult:

"I was thinking when you were talking you described yourself as feisty and sort of being empowered within that relationship [ ] so I was thinking when I was in therapy I was younger than you are and I didn't know anything at all about psychology, I wasn't a psychologist (laughs)" (LindaFG, 1033-1035)

Though none of the client participants talked about physically leaving the therapy space when positioned in unfavourable ways, in order to demonstrate their resistance, they nonetheless talked about the possible employment of other discursive and interactional

resistance and protest strategies to these positionings. In this section I explore a number of 'acts of resistance'.

a) Making personal comments and asking questions

Mastache (2003) reports acts of successful client resistance to power positionings, such as asking the therapist personal questions (op. cit). In this research, the strategy of making personal comments, we are told as in the extract below, is unyielding of positive results (i.e. the equality of the relationship). Though this construction can be viewed as a device that manages stake on the part of the client who escapes issues of responsibility, we are told it is disapproved of by the therapist involved. It is interesting that in the extract that follows Jo makes a comment on the therapist's tan and ponders a question that concerns the therapist's holiday, just as reported by Mastache (op.cit). The difference is that while in Mastache's research the therapist reinforces a democratic climate and answers the client's questions, even interweaving personal narratives (op. cit), the therapist in my research is said to be 'disapproving'. Jo evokes a family discourse where she positions herself as a child and the therapist as a parent (e.g. 'you're not allowed', 'she was very disapproving') who needs to ask for permission for her actions, rather than, as an adult, initiate a discussion:

*"I really hated that there were no pleasantries at all and you know **you're not allowed to ask** say oh did you have a nice holiday or anything like that because she'd really cut you dead if you made some sort of remark and after our two weeks holiday, she and I were both off at the same time and she came back with a suntan and I just made a comment and she was very **disapproving** about it"* (Jo, 361-366)

b) Repetition

Another discursive strategy of resistance is the persistent recapitulation of issues in therapy as a response to the therapist's withholding. In the next example, Jo says she persisted in her attempts to elicit a response or feedback from her therapist:

"very often I think she understood, she just wasn't letting me know she understood, so I wasted a lot of time talking about the same thing over and over again trying to get a reaction" (Jo, 384-386)

Repetition as a strategy of resistance is also evident in the next quote:

"yes it is, it is like riding a horse, it is exactly like riding a horse" (Jo, 314)

c) Giving feedback

A strategy of giving feedback to the therapist is an attempt to redress power imbalances. In the extract below, the therapist is said to resist a new order of things when the clients offers unfavourable feedback about the therapeutic relationship by ending the conversation ('oh thanks for telling me that'). Her refusal to engage with this issue and withholding stance can be interpreted as acts of resistance to the client's resistance:

"and then at the end I told her this I told her I haven't really communicated, we haven't really communicated...and she just said oh thanks for telling me that and that was it really" (Jo, 386-391)

d) Rejection

Another act of withholding, this time on the part of the client, also suggests that by rejecting everything, Elaine resists being positioned as a responsible and autonomous agent. She does not want answers, she does not want guidelines, she does not want help, she does not want to be the one to ask for these things either:

"I believe that although the therapist should not give answers or guidelines and answers to what you should or should not do I believe that occasionally the therapist should help a bit the client in saying the things that they have to say, I mean not help but make things easier. I remember my therapist you know it was like half an hour of the session and we

were just staring at each other and it was like I'm not gonna say anything until she says something you know I had gone in angry...I don't want help, or guidelines or answers, I would have liked more of a challenge so I say things" (Elaine, 554-564)

d) 'Going defensive'

Another withholding strategy is for the client to go defensive. We are not told exactly what this entails, however it is resisting being positioned in an objectifying way rather than in a relational way, such as in the case of a passive therapist who, acting like a mirror, necessitates a very active client:

"I suppose having a bit of a therapy training myself I was rather aware of the techniques and it made me feel a little bit unsafe the way they make themselves very bland and try to get you to project and I think I went very defensive" (Rhona, 59-62)

e) Correcting

An egalitarian strategy of resistance to an otherwise unequal balance of power, where the therapist pursues a line of a misinterpretation of metaphor, is for the client to 'speak up'. As in 'giving feedback', the 'assertive' client is a client who does 'correcting' as a strategy of challenging and redressing power positionings, including the misconstruing of meaning. Through this strategy, the client exercises control over meaning:

"when you talk about only metaphor or when you talk about you know sort of the therapist coming back to the metaphor and not feeling comfortable with that I think I would sort of say no hang on a minute here" (SarahFG, 999-1001)

66
    I was talking about the problems in the marriage and

how my husband's depression would affect me and I talked
about this being like a planet and all the planets in the orbit

99
and it was just pulling me out of my orbit all the time

9

Implications for Therapeutic Practice

This research has been largely concerned with the generation of theory, as it particularly pertains to metaphor in therapy. However, I want to advance another argument, that of 'usefulness', which consists of a utilitarian angle, offering practical recommendations to therapists. The discussion that follows is concerned with this utilitarian argument and also advances a political[24] agenda for therapy, which has as a main therapeutic aim the empowerment of the client. By 'empowerment' I mean both within the context of therapy (i.e. assuming therapy relies inherently on an imbalance of power) and beyond, in a social context.

The research has generated and explored a number of varied and complex discourses of 'metaphor' and 'metaphor in therapy'. Most are dominant in that they represent available and obtained cultural objects for therapists and clients to draw on. These primarily include a technical/functional discourse of metaphor, psychological, anthropological and art discourses. Perhaps the trait and biological discourses therapists draw on are not easily obtainable outside therapy circles. Likewise, issues of power the clients drew on might be conceived of as discourses that run counter to the agenda of the therapies. In other words they are issues not easily reconcilable with a therapeutic agenda that serves therapists and those institutions related to therapy. However, if we define a therapy practice as politically-oriented and informed, that has the empowerment of the client at the forefront of therapeutic aims, then it is easy to see how issues of power become directly relevant to this sort of practice and indeed of paramount importance. It is this latter form of therapy I

am interested in exploring and the research directly connects with and feeds into. Metaphor in therapy was constructed by clients in a number of power-related ways, which raise interesting and important issues for therapeutic practice and ways of working with metaphor that advance the client's empowerment as an agenda for therapy and are egalitarian and collaborative.

Issues of power are at the heart of much poststructuralist and postmodernist work, in particular the relationship between power and discourse. Discourses are seen as embedded in power relations, having political effects as some people have a better access to power than others. Conversely, certain kinds of discourse are more dominant as they suggest that certain power positions of inequality are natural, subsequently sustaining and perpetuating those power positions (Burr, 1995). The work of Michel Foucault has been incredibly influential in poststructuralist tradition, as it attends to power and discourse. For Foucault, the 'common sense' and 'truth' are seen as constructions dependent on and arising from certain socio-historical conditions and vary greatly from culture to culture. 'Knowledge' refers to the 'common sense' as it arises within a particular culture at any one time and is bound up with power as it promotes the ability to define others (Burr, op. cit). Foucault talks about the disciplinary regimes, such as psychiatry, which force people to relate to them in their terms, resulting in a self-subjugation. An example of this is the 'cycle of progressive infirmity', in which the proliferation of dysfunctional discourses by experts leads to self-definition according to these terms, which in turn leads to the proliferation of professionals, leading to the flourish of the dysfunctional discourses (Gergen, 1991). However, as the 'common sense' prevails as the dominant discourse, so does it encounter resistance (Burr, 1995). It is therefore always possible to have alternative discourses, though access to those might not always be possible, all the time and by everybody. Furthermore, institutional discourses are seen by Foucault as sites of power and discipline, involving a complex collaborative process between professionals, users and significant others. There is more than a simple hierarchical structure involved (Shaw, 2002). In addition, power is dually theorised, both as repressive and oppressive, as well as productive, such as in the case of knowledge production bound up with social structures like psychiatry. Power is also bound up with issues of subjectivity,

embodiment and materiality (Cromby and Nighingale, 1999). For Foucault, knowledge and social action go together, as knowledge creates certain possibilities for acting in the world and so has power implications. If knowledge is power, then the few 'in the know' will always oppress those denied access to knowledge and power. However, Foucault cautions us against seeing power as an essential part of certain groups, claiming instead that power resides everywhere. Power can also be local as exemplified in interpersonal power struggles between people in interaction (Burr, 1995). This has important implications for therapy. As power is relational we, as therapists, are asked to monitor the process by which power is manifested in this relational context with the client. Furthermore, 'totalising' discourses (i.e. institutional talk), result in a kind of self-monitoring and self-definition, frequently without people's awareness, according to pre-established norms that define the good and the desirable. An example of this is the practice of psychology (Burr, 1995). A number of applications inspired by social constructionism concern themselves with power and agency and place the client (i.e. instead of the therapist or other experts) in the position of the expert in their world: Anderson and Goolishian's Not-Knowing approach (1992), Narrative Therapy (White and Epston, 1998), therapy with people who hear voices (Romme and Escher, 1993) and critical, user-led bodies involved with and influencing mental health legislation in the UK, such as The Critical Mental Health Forum.

As discourses make available multiple subjectivities, positioning takes place within contradictory discourses. Change in subjectivities depends on social conditions, the availability of and access to empowering discourses and the extent to which individuals have access to power. However, it is also important to recognise that motivation in social constructionism is unaccounted for. For example, why people may persist with negative or oppressed subject positions, even when they are aware of their implications (Willig, 2001). Furthermore, not all established positionings and dominant discourses are dis-empowering and challenge to established positionings may be undesirable (Segal, 1994)(see for example, pp. 237-238, Box with Questions from the International Conference of Critical Psychology, below). Constructionism and discourse analysis are concerned with the ways in which discourse influences subjectivity (e.g. Cromby and

Standen, 1999). This research has yielded a number of points through which this was done as explored in the analysis section. Furthermore, metaphors of therapy make certain positions available for both client and therapist with important implications for issues of agency and subjectivity. The section that follows attempts to highlight some of the ways in which this is accomplished by exploring a number of metaphors of therapy as offered by the therapist participants in the research. Some of them represent well-used metaphors (e.g. therapy as re-rearing/re-parenting is very prominent in psychodynamic therapies), others are more novel.

9.1 Positionings and subjectivity

Constructions of therapy through metaphor

There are a number of metaphors of therapy that were offered by participants to the research. As may have become apparent in the context of the preceding discussions of this Thesis, all of these metaphors construct therapy in certain ways and therefore have implications for subjectivity as therapist and client are positioned in particular ways, within particular discourses. In the section that follows, I will attempt to present and explore some of these metaphors and their implications, following that up with suggestions to therapists for practice.

I have used quotes from the interviews, though I do not analyse these. Rather I have retained the context and elaboration of these metaphors in the words of the therapist, so as to avoid importing my own presumptions. I do however offer an elaboration of my own, as I attempt to explore the assumptions and positions these metaphors make available and in doing so have approached them in a manner of free-association.

9.1.1 Metaphors of Collaboration

In the next section I have grouped together metaphors of therapy that position therapist and client as equal collaborators. I have done this in order to contrast this positioning with other metaphors that promote un-equal positionings.

Therapy as 'baking'

Excerpt 1

*"I mean the process of baking for example, **I was gonna say journey but I'm sure lots of people say journey** (laughs) (joint laughter), **baking is linked to firing something** is linked to **time**, it's linked to **ingredients**, it's linked to **warmth** and there's a sense of maybe an image or an metaphor of baking is **that the temperature has to be right** so working with a client, I'm just thinking of a client, it's actually a really old English story called Farmer Moffit ha ha (joint laughter) and it's a session when which involved baking and **it involved making cider and home-made scrumpy cider and this is working in a psychiatric context** and there was a story that was told and it involved hoisting in the weather and a fire and actually in the event in the enactment there was a great deal of humour and there was some of that very ordinary, but it was in the metaphor of the story and the group experience was that well there was some baking people baked that was one of the images that was really honed in upon, so through the movement and the mime and the enactment there was a great deal of baking (laughs) and **ingredients were thrown in and what ingredients were thrown in to the baking of this food that then the group had the opportunity in the story to eat"* (Robert, 267-284)[my emphasis]

There are a number of points here. First, the metaphor of baking is offered as a novel metaphor for therapy, juxtaposed with the 'dead' metaphor for therapy circles of 'journey'. Robert laughs, making this a joke (i.e. actually an 'insiders' joke, since he was talking to another Dramatherapist), since the journey metaphor is particularly over-used in Dramatherapy. I laughed too showing that I shared in this awareness. There are a number of elements that Robert says are linked to the process of baking (i.e. therapy): firing something, time, ingredients, warmth and importantly, the temperature also has to be right. All these aspects are seen as central aspects of the process of therapy. Finally, the group shares in the eating of the food at the end. The implications for subjectivity are multiple. First, it is not clear what the role of the therapist is in this metaphor and hence his/her subject position. Robert refers to ingredients being thrown in, suggesting perhaps

that the therapist is positioned as the provider of these necessary ingredients, while the clients are the creators (i.e. the bakers). It is also unclear who has the task of 'regulating the temperature'. One can speculate that this also pertains to the process of therapy, perhaps in terms of its relative progress, issues addressed and pace; temperature is perhaps linked with time (i.e. not getting things 'too hot too soon'). Moreover, the task of baking is a collaborative one, while the final act of the sharing of food is communal, an act reminiscent of old, closely-knit communities, which evokes cultural, 'oldie-worldie' discourses with romantic overtones. Robert identifies the additional task of making home-made scrumpy cider, which he says took place in a psychiatric context. The juxtaposition of the provision of home-made, traditional food and drink (i.e. even through the baking and making of it is done by the clients) seems even more desirable and soothing in the context of clients in psychiatry. Clients are therefore positioned as in need of nourishment and comfort, provided by the 'food' (i.e. therapy) the therapist offers. This further positions clients as somehow 'in need' and the therapist is implicitly positioned as the redresser of this balance (i.e. by making this possible through the therapy space being made available) and the nurturer.

Excerpt 2

*"when we were doing the baking of the cake in this context with the clients, **people were throwing in lots and lots of different ingredients to the cake,** so I can say that sitting here and speaking to you like this or I can get up [gets up] and say describe it and say [mimes/enacts] we were in the room and there was a process of baking this cake and clients were around and there was a pile over here and clients were starting to throw in different ingredients to this pot of which was going to be the baking of cake and the process of doing that she was engaged in the holding of the story line the other people involved and she was contributing something to the baking (laughs) the baking"* (Robert (356-365)

In the second excerpt above, clients are again the creators. Robert also refers to them as 'people', which positions both him and them within a humanistic discourse, as equals to the therapist who is also a person. The narration of the story that follows is enacted so that it appears more vivid and authentic as an actual event that took place and therefore more persuasive as an argument. Finally, the client is presented as taking part in this process of co-creation by 'contributing something', presenting her as an active agent in

an act of co-construction. Therapy is therefore presented as a collaborative task of active engagement and co-operation. The therapist's position is again ambiguous, other than being the narrator of the story (i.e and also the authenticator of the story by providing this account).

Therapy as 'navigation'

*"another metaphor might be **kind of navigation** so **to long-sight each other, sort of navigating through uncharted territory** or something (laughs)"* (Ethne, 392-3)

This metaphor also positions both therapist and client as equals in this task: the territory is uncharted, therefore no one is the holder of truth and knowledge. The collaborative and egalitarian element is further strengthened by the use of the words "to long-sight each other". Therefore, the navigation metaphor as used in the example above positions both parties as 'not-knowing' partners in a long journey.

Therapy as 'collaboration'

*"it would be something to do with the idea of kind of you know **the kind of collaboration idea**, but you know basically **that you're in there together** but you're, the client is you know **you're facilitating for the client but you're not doing it for them** kind of thing"* (Alison: 580-584)

In the excerpt above, there is no actual metaphor offered for the idea of collaboration, but we are told that that idea would be central to a metaphor of therapy. The client is positioned as autonomous and the therapist as the facilitator. Again the expertise of the therapist is played down in favour of a more egalitarian position ("you're in there together").

Therapy as 'a bridge'

*"my one would be **a bridge**...just **making connections** understanding the client's experience so that the separate person as the client and separate person as the therapist*

and actually crossing that divide and creating a shared understanding and the working relationship " (Ethne, 392-401)

The metaphor of a bridge is used in this quote in order to signify the making of connections and to stand for the idea of connectiveness between therapist and client. Therapist and client are positioned as equals coming together. The metaphor of the bridge creates a sense of openness since divides are crossed and one can move across space with ease and freedom. There is also a sense of meeting, perhaps in the middle, at the top of the bridge. Ethne here acknowledges the separateness of the two people, so that they are positioned as different but equals and the idea of bridge suggests a shared experience ("shared understanding and the working relationship").

Therapy as 'journey'

*"I tend to see life as a **journey** so I think the journey metaphor would be it for me, you know the journey and **what sort of a path, where you are on the journey, on what path you are following, what it presents to you** "* (Claire, 507-509)

In this excerpt, Claire uses the well-quoted metaphors of 'life as journey' and also 'therapy as journey'. As such, it charts the process or preoccupations of therapy: the kind of path chosen in life, the point in the journey and what it presents to the client, as these pertain to both life and therapy process. These we are told are also preoccupations for the therapist. There is no direct reference to client and therapist positionings in this quote, however it is implied that since the therapist sees life as a journey, therapist and client share in their preoccupations and are both positioned as human (i.e. sharing in the human experience). This creates the effect of equality, of both client and therapist being co-travellers in life's journey. Perhaps their journeys might be different, but no doubt, if we follow the metaphor, they will both be faced with challenges along the way.

Therapy as 'social kin'

*'the client-therapist relationship replicating some sort of **social kin** type relationships"* (Michael, 459-468)

This metaphor succinctly positions client and therapist within a discourse of 'sisterhood-brotherhood' as equal parties in the extended family of human beings. Therapy becomes in this way the meeting place for a social family and therefore acquires democratic overtones.

Therapy as 'adventure'

*"cause there's Gandalf, isn't there, the Wizard and **he's very powerful** and got a lot of magical powers and this kind of stuff and there's one part in Lord of the Rings where he, it's this pit and falls down this pit and has to climb out of it and it's very dangerous **and it's full of pitfalls and dangers** and all this kind of stuff and **quite turbulent** and **as he comes out of it he's a stronger person** and I would use that analogy in therapy that actually is, is the paradox of you know it can be quite turbulent for the patient also for the therapist you know, especially in the therapeutic counter-transference and the transference"* (Ethan, 627-635)

In this excerpt, therapy is constructed as a fantasy adventure: the client is a wise and powerful Wizzard. We are told that, like Gandalf, the client may fall into a pit and is forewarned about the many pit-falls (!) or dangers on the path of therapy. Therapy is also constructed here as a turbulent affair. This idea of turbulence is framed in terms of its 'ups and downs', which leads Ethan to another metaphor, the roller-coaster (see below). However, in the metaphor of the Wizzard's adventures, the client comes out the other side stronger than before. Therapy is therefore described as a strengthening and growing process, a process of transformation, since the hero undertakes tasks in order to find him/herself and grow as a person. This type of metaphor is common in much of humanistic psychology and therapies (c.f. Joseph Campbell's 'The Hero's Journey', metaphors of growth and change, such as tree metaphors, etc.). Ethan positions therapist and client as equally likely to be caught out in turbulence in the adventures of therapy, suggesting that ultimately, in transcending the obstacles, they both undergo a process of transformation.

9.1.2 Metaphors of Othering

Some metaphors are 'Othering' clients (Wilkinson and Kitzinger, 1995)(c.f. Harper, 2004), thereby silencing their voices, while others are more oriented towards a pluralistic, egalitarian, collaborative and empowering enterprise (e.g. metaphors of collaboration, co-discovery, etc.). 'Othering' metaphors are part of an expert discourse, where the therapist rather than the client is positioned as the expert. 'Doing expertise' is a reassuring position that affords freedom from doubt, not-knowing and uncertainty (Shawver, 2004). Certain practitioners though have demonstrated it is possible to slay the illusion of expert knowledge (i.e. 'knowing- that') and instead move to a stance of 'knowing-with'. Moreover, it is often adults who are positioned as having expert knowledge (Winslade and Monk, 1999). For example, Cheshire et al. (2004) describe a way of 'working with' that both challenges conventional power relations between adults and young people, as well as a stance on therapist expertise. The authors, school counsellors, have successfully run an anti-harassment mediation scheme, alongside young people, through a relational stance (Bird, 2000). In this way, therapists are 'discoverers of knowledge' (Bird, 2000) and hold together knowing with not-knowing (i.e. their knowledges with a not-knowing, discovering stance)(Cheshire et al., op. cit). This also breaks down 'us and them' positions and fixed roles/practices. For example, one of the mediator students, in talking about another completing what was viewed as a 'difficult' racial mediation (in the past conducted by adult mediators), says:

"When we saw Esther working in that tense situation, we had great respect for what she could do. And she was one of us. " (Cheshire et al., 2004, p. 127).

Often power positionings are endemic in certain working environments and thereby very difficult or even impossible to resist. For example, in the above example, the counsellors were already positioned by the school as experts, alongside the powerful cultural positioning that adults 'know better' how to control young people, which reinforced the expert positioning. Willig and Drury (2004a) also write about practitioners as experts, this time in academia. The context of academic research is based on a division of labour

between the lay 'participant' and the expert 'analyst' (i.e. here, doing discourse analytic research), which supports a position of superiority of the analyst's over the speaker's. This position of the superior analyst "serves to mock speakers' self-serving versions of reality" (op. cit, p. 232). The authors point out that where this is a helpful analytic tool for undermining the power of certain speakers, it is useless and counter-productive as a way of understanding, appreciating and enhancing the experience of others (op.cit). In the next section, I describe those metaphors of therapy that position the therapist as expert and the client as 'Other', as well as those that position the client in unfavourable and unequal ways, even when 'Othering' is not explicit.

Therapy as a 'roller-coaster ride'

*"a roller coaster **that goes up and down** and you can, it can be **quite turbulent** at times but that's actually hopefully something if you can ride through it, if you can get out of it the pit come out the other end, that it can actually be quite a strength, a useful and a strengthening experience"* (Ethan, 635-639)

Here therapy is a roller-coaster: it is turbulent and has (emotional) ups and downs. As this metaphor arises in the context of the 'therapy as adventure' metaphor (i.e. as part of the same excerpt of text), both client and therapist are positioned as partners in this journey of surmounting difficulties (i.e. managing the 'ups and downs'). The metaphor however is offered within the interview as an example of an educating tool, suggesting an expert knowing position for the therapist. The therapist uses the metaphor as a didactic tool, to teach or inform his client about the inherent ups and downs of therapy. Furthermore, the roller-coaster metaphor suggests a fairly large degree of control of the ride. The metaphor suggests, that though the ride may sometimes be exhilarating and frightening for the client, the roller-coaster is man-made, runs on tracks, is controlled by someone and ultimately there is no real danger to safety involved. This echoes the expert/knowing position (i.e. therapy is safe, everything is under control in the capable hands of the therapist), but there are no strong 'Othering' overtones here. The therapist teaches the client that the aim of therapy is, like in the adventure metaphor, the strengthening of the client, as they confront their fears and challenges.

Therapy as 'learning to ride a bike'

"I use the analogy of learning to ride a bicycle, which I think quite a lot of people use. You say 'well, what will happen is that you've learned with me to ride the bicycle, which doesn't mean that the road is always going to be even, there'll be some holes in that and probably you'll be a bit unbalanced, but you'll feel, you'll come off track sometimes and you may even fall but you'll always be able to, you've got the skills, you've got the strength now to actually get back on the bicycle and keep going. It's probably what you've learned in therapy', so I'll use that analogy as well" (Ethan, 644-651)

In the above quote, Ethan provides another example of an 'educational' metaphor, like the 'adventure' and the 'roller-coaster', within a technical discourse of metaphor (i.e. metaphor as educational tool). The context, which I have omitted above for brevity, is a discussion of a client finishing therapy and presenting with the uncertainty as to whether they can make it on their own without it. Ethan constructs therapy as 'learning to ride a bike', thus positioning himself as teacher and facilitator of the learning of a skill. By contrast, the client is positioned as a novice. The implications of these positionings are that the therapist holds the 'know-how' and the client doesn't. There is no mention here of a pre-existing ability in the client. It is through the process of therapy that the client acquires the skill and is able to continue exercising it without the further help of the therapist. The implications for therapy are that it is constructed in ways that render it fairly technical (i.e. a skill or an ability), the therapeutic relationship being of a 'mentor' kind.

Therapy as 'parenting'

"it's feeding, it's rearing somebody up, its' re-rearing, giving a better opportunity to be re-brought up again, giving birth to somebody I suppose and actually bringing them up, having them as children I think (laughs)" (Dora, 575-580)

The re-parenting metaphor, exemplified above, is a well-known and well-used psychodynamic metaphor for therapy. It positions the therapist-client dyad as a parenting dyad of parent and child (or infant). It has a developmental, evolutionary view and therapy is constructed in this way as a rearing process. Perhaps the client starts off as a baby and as the therapy progresses he or she individuates and becomes an adult. It is used

above in the context of a humanistic discourse, as an empowering practice ('giving a better opportunity'). However, the construction of the parent-child dyad 'Others' the client as a dependent, powerless and naïve child, while the therapist remains a knowing and powerful adult. The psychoanalyst Ferenczi (in Sayers, 2003; also, Dupont, 1988) has talked about 'parenting' practices with his clients, taking them home, wrapping them up in blankets and feeding them, as part of this re-rearing process of therapy. And perhaps if that sounds just a little disturbing today, it is the logical conclusion of the 'parenting' metaphor.

Therapy as 'charting the life journey'

"so you have client A who has had these experiences in life and **those** *who want to refer to it as* **the ports that his ship or her ship is stopped off** *at and they're the sort of* **nodules** *which make up that person's experience"* (Robert, 320-323)

Robert is referring to psychiatrists here (i.e. determined by previous context), when he offers the above metaphor as an understanding of the client/view of the person. By referring to them by the 'those', he effectively presents them as 'Other', suggesting he distances himself from this view. In this excerpt, Robert is constructing therapy as a process of charting the route of the client's life (c.f. the 'journey' metaphor), in terms of major life events and experiences. Therapist and client are positioned within a naval discourse as respectively, surveyor of the landscape and traveller. The surveyor-therapist has an over-seeing point of view or conducts a sort of meta-analysis of these life experiences, while the client's sole responsibility is to experience these life events. There is no sense of reflection on the part of the client upon the experience (i.e. his of her ship has stopped off at a port, the client is engaged in the experience, is *having* the experience). The major life experiences or relationships are referred to as 'nodules', which represents them in a rather cold and technical language. By implication, Robert is constructing psychiatry as cold and technical. There is also no sense of collaboration on the task of surveying this route between therapist and client, suggesting psychiatry is a technical and objectifying enterprise, based on the discourse of 'Othering'.

Therapy as a 'container' (Michael, 459)

This metaphor, overused particularly in humanistic counselling, suggests that therapy is the holding space for the client, their emotions and their difficulties. While the client is the content in whatever shape or form, the therapist does the 'containing' (i.e. sometimes also referred to in counselling psychology as the 'holding'). A container has defined boundaries and a clear shape and function. The act of containing, suggests an object container, like a jug or a box. Each of these metaphors would have its own implications. The implication of the container metaphor is that the act of containment is fairly straightforward for a human therapist. However, the image of a person holding or containing, perhaps suggests effort or strain. The effort involved might be an aspect that this metaphor obscures. Moreover, both therapist and client are reduced to objects, rather than persons in a dialectical relationship.

Therapy as a 'blank mirror'

"some of the obvious ones that get banded about as sort of part of the course are ...trying to be a blank mirror to receive and return projections" (Michael 460-462)

This metaphor from the psychodynamic tradition positions the therapist as a passive mirroring and reflective object. The idea of projection positions the client in an active, 'transmitting' role (i.e. a conduit metaphor). However, while the client might reach out with their projections, these are merely reflected back. The client only sees his or her own reflection in the mirror; the therapist is invisible. There is a sense of alienation in this exchange, where one person is visible and the other, though present, is not. Rather, his or her sight is obscured, hidden behind an object, their true identity also obscured. This is an 'Othering' metaphor, since client and therapist are presented as separate and are de-humanised. Though they are engaged in a sort of relationship, it is difficult for a person to communicate on equal terms with a mirror! There is a further implication here: the 'reflecting back', mirroring metaphor suggests that Truth itself is in fact reflected back, since 'a mirror does not lie'. The therapist is therefore positioned as the ideal knower.

9.2 Clients' feedback

This section is concerned with implications and suggestions for therapeutic practice, stemming from feedback the client participants to the study have provided. Though much of this has already been discussed in some detail in Chapter 8 (Power), here I would like to address the implications of power positionings through metaphor use, the therapeutic environment itself and certain oppressive therapeutic practices, in the form of recommendations to therapists. The issue of power in therapy has been well documented in the therapy literature (e.g. Killikelly, 1995; Webster, 1995) and the issue of power imbalance as endemic to the therapeutic encounter is now generally accepted. Therefore, Carswell and Macgraw's (2001) suggestion of a political agenda for therapy is timely. The agenda can choose to be politically empowering and subverting by effecting change or politically conservative whereby it enforces and supports societal structures. It is this political and empowering agenda that I would like to feed into with the current research. Carswell and Macgraw (op. cit) also comment on the 'double bind' therapists may find themselves in, when even as they work to empower clients they are themselves dis-empowered by the institutions in which they work. Aside from issues related to the organisational and institutional environments as contexts of therapeutic work, often conservative and resisting to a political agenda for therapy, the authors also provide the example of therapeutic stories, usually narrated in the therapy literature from the therapist's point of view, while the client as a source of information for the therapeutic relationship is ignored. Social constructionist thinking and approaches to therapy identify familiarity, democracy and equality as characteristics of a therapeutic environment (Mastache, 2003; Anderson, 1997; Hoffman, 1990). Mastache (2003) has looked at the details of therapy talk and explored ways in which the above democratic features become visible in 'institutional talk' when this overlaps with 'ordinary talk' (i.e. such as 'holiday talk' initiated by the client). The overlap between the two ways of talk is concerned with a change in the relationship of power between therapist and client (Mastache, op. cit). This represents a departure from the view that the two kinds of talk are different and almost mutually exclusive (Silverman, 1997; Drew and Heritage, 1992). Discursive

displays such as the 'therapist's self-disclosure', the 'client's self-diagnosis' and the 'client asking questions' are all examples of unexpected ways of talk in therapy, which promote a more democratic and egalitarian environment (Mastache, 2003). These features increase with a *certain* kind of therapeutic environment. These findings that suggest the client is active also oppose the traditional view that clients are passive recipients in therapy or have a position limited to telling the therapist their problems (Mastache, op. cit). Traditionally, for example, the client's asking of questions might be represented by the therapist as 'resistance'. By answering questions directly, providing some detail, the therapist is promoting an egalitarian environment for therapy.

Clients to therapy have reported that familiarity, feeling comfortable and relaxed and a relaxed, informal environment are all important aspects of therapy (Mastache, 2000; Anderson, 1997). The present research supports and adds to these findings. In this research clients represented a therapeutic environment that creates, promotes and sustains power relations as unhelpful and undesirable (e.g. the *signifying environment*). Furthermore, metaphor use in a therapeutic context has been largely represented as an arena for client-therapist conflict and inequality. Where meaning was arrived at non-collaboratively the therapist shuts down its exploration rather than opening it up in an act of co-construction, uses metaphor as a silencing device or imposes his or her own interpretation of meaning on the client's metaphor, thereby making 'it' something different and unrecognisable for the client. This, we are told, is the process that takes place instead of processes of clarification or co-construction of meaning (e.g. see the *high-jacked metaphor*). The physical set-up of the therapy environment is also important. Rather than promoting power un-equalities (e.g. such as in the *signifying environment*), due attention and thought might instead promote the relaxed, informal and egalitarian atmosphere clients say they want.

Not all metaphor use has been discussed within a context of un-helpfulness or oppression. Other uses of metaphor as an educational device (e.g. explanatory of processes, promoting self-help in the form of books, etc.) or where therapist and client were equal, unknowing parties in the co-construction and open exploration of meaning, have been

constructed as helpful and empowering. As metaphors make certain worldviews available and have implications through positionings, the therapist could be aware of those and use metaphors (i.e. in the case of therapist-generated metaphors) that do not compromise the client by offering unfavourable or unequal subject positions (e.g. the re-parenting metaphor). Moreover, open-shaped metaphors that reflect a sort of progress or movement (e.g. journey, metaphors of growth or expansion, etc.) or spatial metaphors (e.g. metaphors of landscapes) offer many possibilities and could be preferred ways of using metaphor to describe for example the process of therapy or a psychological state. I am attempting here to draw attention to the importance of the therapist's *awareness* of the implications of metaphors (i.e. the worldview and positions offered within that, as well as their desirability or appropriateness), rather than be prescriptive as to how metaphors could be used or indeed *should* be used.

The training of counselling or clinical psychologists could also reflect the ever-presence of metaphor. A number of therapists in the research commented that they had mostly become aware of metaphor use in therapy in their own practice rather than in their training. Where metaphor work in the training was mentioned, it was in the context of having a small, peripheral role if any, or else being discussed in relation to the training itself (e.g. metaphors of group process in training, issues of transference/counter-transference of students and lectures, etc.), rather than ways of working with metaphor with clients in therapy. Moreover, if all language is metaphorical, but metaphors become reified as versions of reality as we speak them (i.e. through the reification offered by language itself), as therapists we would surely benefit from an awareness and a (joint) decision as to what versions of reality is helpful or appropriate to advance with our clients. The client's own direction in this would be valuable. In the act of co-construction, different metaphors can be created and explored for the fit they provide with the client's worldview, as well as others be created, which might offer other, alternative ways of looking at the world, which the client may find helpful or useful. Where metaphors 'don't fit' or are outgrown, they are simply and lightly discarded in favour of others. The act of creating new metaphors and novel and fresh worldviews can be immensely creative and fun. Importantly, as a process of collaboration it would bring the therapist and the client

together as a team. In other words, metaphor work would be *relational* and contextual, as part of the therapy process and not a technique to be done *on* clients.

As part of my discussion of power issues here in relation to metaphor work and applied issues, I include a Box of discussion (see below). Here I discuss a couple of questions posed by the audience at my presentation on *'Clients' constructions of metaphor and power in therapy'*, at the 1st International Conference of Critical Psychology in Bath (27-31 August, 2003). I have included those as they also pertain to issues of application and implication in terms of metaphor work in therapy and also because this gives me the opportunity to potentially invent better answers that I did the first time around (!):

Questions from the 1st International Conference of Critical Psychology (Bath) on Power in therapy

- Q1: *"What are your thoughts on the notion of having a therapeutic practice that is more egalitarian, or that does 'good things with power'."*

I think that it is possible to strive for an egalitarian practice and I want to argue that indeed we (as therapists) *must*. An awareness of the lack of egalitarian positions in therapy and equally the ways in which power positionings are created and maintained is the first step towards a politically-informed practice. Resistance to these positions can take many forms. A democratic practice may be advanced where the therapist is more open to the meeting with the client on equal terms, promotes a friendly and relaxed encounter and makes it possible for clients themselves to challenge power positions. This can be achieved in a number of ways: for example permitting and responding to the client's questions (e.g. Mastache, 2003), acknowledging the client's own competence and knowledges, empowering the client to challenge the process and content of psychotherapy and by relying on a co-construction, rather than imposition of meaning. A practice that emphasises collaboration and the equality of the two parties as partners in exploration, rather than the position of therapist as 'expert', is perhaps more able to advance an agenda of empowerment for the client. Indeed, the *client* would be the expert (Anderson and Goolishian, 1992) in their experience and so positioned as a collaborator in meaning, feedback and knowledges.

- Q2. *"What do you do about the power in the process? If the therapeutic discourse is always at work, individualises the problem, how can the client have the power?"*

This question is based on the assumption that all individualising discourses are *necessarily* dis-empowering. This may not be so. A client might be able to find a discourse empowering if it draws attention to agency and positions him or her as a capable and powerful agent.

Likewise, not all 'good' or democratic discourses are always empowering. For example, drawing from outside the therapy context, it has been pointed out that the suggested policy of France to ban the Muslim veil in schools, which in itself draws on a discourse of democracy, is used to legitimise an oppressive practice for women, which keeps them in their place. In addition, I suggest that collaborative practice that positions clients as equals and downplays the expertise of the therapist, makes the practice more empowering for the client regardless of the therapeutic (i.e. individualising) discourses at work. Moreover, not all therapeutic discourses individualise the problem. Some examples of this, are 'not-knowing' approaches, Narrative Therapy and social constructionist Systemic Family Therapy, all of which take a more wholistic, social, interactional and contextual view. It is also possible for the client to create 'acts of resistance' to unfavourable positionings, though I am not aware of any documented examples of clients actually leaving the therapy space where their position has been compromised as a form of protest. Some examples of the clients' resistance to power positionings I have talked about in this Thesis (i.e. in the section 'clients' acts of resistance'). Another example involves the client asking the therapist personal questions, thereby and legitimately turning the tables on the therapist (see Mastache, 2003). Perhaps a further, not frequently discussed, way for the client to reclaim some power, might be to participate in research such as this one which raises political issues for therapy. Indeed, I would view the client participants' feedback in this research as an opportunity for them to voice and author their viewpoint and as an opportunity and responsibility for me to use that feedback carefully, feeding it back into the therapy field as it has the potential to affect real change.

Box 1- Power in therapy

"
Everything I see is like a volcanic island, where it's all

beautiful and it has palm trees and beaches and everything but I don't see that. And if you could see underneath the volcanic island, it's like a big volcano under the sea like all darkness and turbulence and things and it's ready to explode

"

and under the sea is all darkness

[A client describing her experience of a mental breakdown]

10

Conclusions, Critical Reflections and Developments

10.1 Overview

In this concluding chapter I will summarise the chapters of this Thesis, present the main points of the analysis and place these in the context of the therapeutic and the constructionist literatures. I will also summarise their implications for therapeutic practice, drawing on Chapter 8 on Power and Chapter 9 on Implications for Practice. I will then discuss these and draw some conclusions, as well as make further recommendations for further research. In the final section, I set out some points of reflection on the process of reflexivity informing the analytic process.

Chapter 1: In the first chapter, I attempted to present the context to the research, starting with my personal background and the ways this came into play with choosing the topic of metaphor. I then began by outlining the 'turn to language' in the social sciences and the interactional, constructed nature of reality and subjectivity, as major tenets of social constructionism. By tracing the deconstructive process of historical and socio-cultural embeddedness of meanings and practices in Foucault's system of *Archeologies*, I drew attention to the multiple ways societies give rise to and legitimate discourses of control and power. As constructionism is concerned with the construction of realities, mediated through language and practices, so are 'metaphor' and 'metaphor in therapy' mediated by the discursive resources and societal discourses as cultural objects that people draw on. By following the social constructionist tenet that there is no unitary and absolute truth and reality, all 'truths' are multiple,

contextual and local and the world we talk of is nothing but a metaphor. Metaphors, however, particularly novel ones, give rise to new understandings and construct novel realities by opening up new worldviews. Metaphors hold a central part in this new meaning regeneration, as they are present in the stories we tell in therapy and determine subjectivities. In this way, metaphors can facilitate or limit what can be felt or done from the positions occupied within the metaphor and also facilitate and restrict what the client can say or do in therapy. In this latter capacity, they act as devices that can empower or dis-empower depending on mode of use. For example, the client positioned by the particular type of psychotherapy as 'dependent child' has a different subjectivity to that of the client who is viewed as 'autonomous like a bird'[25]. Furthermore, a client positioned as autonomous will find it easier to resist compromising positions within the therapy, than the client who is already positioned as dependent. There are material implications from these positionings, too, as there are in the construction of all subjectivities. For example, the client who is portrayed as autonomous and independent is more likely to internalise this positioning and have it guide his/her actions and choices in their everyday life. In order to consider those, I have taken a material-discursive approach (Yardley, 1997; 1996), which considers the material consequences of discourse. The metaphors and the positions within them, will have an impact on the client's story and the narratives that emerge in therapy, in that aims for therapy that are dictated by the 'dependent child' metaphor will be considerable different to that of the 'bird' metaphor. I have also argued that, as an insight we have gained from discourse analytic work, interpretations of the client must be held lightly by the therapist, as meaning is never fixed and definitive and other narratives are possible and will emerge given half a chance. This also follows from the idea of the multiplicity of the self. In addition I have introduced consideration of power and the idea that it is bound up with discourse, subjectivity and materiality (Burr, 1999). This is in order to examine the possible implications of the use of metaphor in therapeutic contexts. I have also introduced here issues of embodiment and their relation to power and discourse. I have done this in order to orient the reader to a more material application of metaphor, the concept

of 'embodied metaphor', which stems from theatre and Dramatherapy discourse. In this first chapter, I lay the grounds for the consideration of metaphor as a product of discourse, related to the production of subjectivity, with material implications. In this formulation I bring together social constructionist and material-discursive epistemologies and ideas from within the post-structuralist paradigm on discourse and power (e.g. Foucault, 1980). It is this particular angle, which informs this research that characterises this work as original, as it distances itself and stays apart from realist perspectives, such as story-based work, a psychoanalytic interpretation-based engagement with metaphor and technique-oriented conceptions, such as those common in Cognitive Behavioural Therapy. While it considers the use of metaphor in therapy as a discourse of knowledge production from within a constructionist epistemology, it ultimately seeks to distance itself from the sort of knowledge production that underpins psychoanalysis (Drewery, 2001), for example, as a dominant model of practice with an interest in metaphor.

Chapter 2: In this chapter I presented issues of epistemology and located the research within a constructionist and critical-realist position on the continuum of realism-relativism. From this position I problematised the concept of metaphor and considered it not in cognitivist terms, as a 'real' entity that accurately represents reality, but as a linguistic construct, which nonetheless has 'real' implications for clients in therapy. I laid out the ways in which metaphors such as stress and mental illness acquire dominance in society and become reified as real entities. This has real and material effects in the form of methods of control of stress and mental illness, such as the curative, legislation, employment regulations, etc. I also explored the realism/relativism debate in psychology (e.g. Parker, 1998; Edwards et al., 1995) and its implications for theory and practice. I then explored further the material-discursive position in its epistemology and situate the research within that position. Having established a foundation for the consideration of metaphor in therapeutic practice, I considered notions of self and subjectivity. I first turned to modernist conceptions of a unified, robust and

relatively constant self and views of metaphor in therapy as representing aspects of that 'real' self. Subjectivity in modernist psychotherapies is by implication conceived of in essentialist terms, as attributes or personality characteristics, emotions, experiences to which we can all have access as therapists through various techniques, including metaphor. Language is also viewed as representing the real and language reveals aspects of the self, such as defences, Freudian (i.e unconscious) slips, and entities like self-esteem, depression and psychiatric disorder. By contrast, I have explored the ways in which poststructuralist theory conceives of the self, as fragmented, multiple and grammatical and subjectivity as a social construction, embedded in discourse. The ways the self is positioned, however, holds a number of implications, particularly as it relates to access to power. In considering issues of epistemology, embodiment and self in this chapter, I have sought to show how all of these come into interplay in relation to the phenomenon of metaphor in therapy. By considering them within a constructionist paradigm, the research represents a departure from traditional, modernist assumptions about what metaphor is and does in therapy.

Chapter 3: In this chapter I reviewed the literature on metaphor. Metaphor in language has been a topic of investigation for a long time and Aristotle and Plato are two of the philosophers who concerned themselves with this topic. Their views are influential today in different areas of psychology and psycholinguistics. They have respectively conceptualised metaphor as a representation of reality through a drawing of parallels and making of comparisons between language and lived experience (Aristotle), while Plato regards metaphor as an inefficient means of knowing enduring reality, which we cannot ever know directly. Aristotle's perspective has been more influential in some forms of psychotherapy and counselling, where metaphor has been employed in an instrumental way as a vehicle of change and where it is viewed as representing at least some aspects of real experience or self. By contrast, the Platonian view has influenced linguistic and cognitive perspectives, which highlight the omnipresence of metaphor in discourse (Lakoff and Johnson, 1980) and explore the phenomenon as an inherent

aspect of the conceptual system (Leary, 1990). Cognitive linguists have also emphasised the revelatory/concealing property of metaphor in that it makes certain aspects of the object it describes salient, while obscuring others (Paivio, 1979). This line of thinking has been adopted in therapy, where metaphor use is not viewed un-problematically, but rather it 'comes with warnings'. The therapist participants to this research frequently drew upon 'risky' aspects of metaphor, suggesting the dominance of this discourse in psychotherapy. Sufficient space has been devoted to Lakoff and Johnson's (1980) interactional and experiential theory of metaphor, owing to the effect this view has had on the cognitive and psycholinguistic literatures, as well as highlighting metaphor in language as a worthwhile object of exploration. The authors also emphasised how metaphors are not simply conceptual, but also carry implications in that they actively shape the experience of the phenomenon they address. For example, by using the metaphor 'life is a struggle', the experience of life is performed in lived experience as if it involved wrestling against an opponent. They therefore also attend to the phenomenological and performative aspects of using metaphors. Lakoff and Johnson (1980) are also credited with making the point clear that metaphor is culturally relevant and also culturally specific, it may not translate across cultures and languages and dictates different worldviews and practices. For example, different metaphors of life will dictate the performative aspects of engaging with life as a lived experience (e.g. life is a beach, life is beautiful, life is a struggle, etc.). Another important contribution concerns the distinction between alive and dead metaphors, which recognised the reified nature (i.e. taken as reality and common sense) of over-used, dead metaphors and the novelty and originality potential of alive ones as carriers of fresh perspectives and knowledge and as dictating novel practices. Following the discussion of the interactional view, I presented some modernist perspectives of metaphor in the field of therapy, such as using metaphor as a technique to uncover aspects of self, to communicate experience in the assumption this is unproblematic (i.e. the explanatory account of metaphor). I then contrasted this with a poststructuralist, constructionist view of metaphor. This holds that all language is metaphorical and instead of viewing the

use of metaphor in therapy as communicating or uncovering some underlying reality, it is viewed instead as part of the co-construction of meaning and therefore as relational. I then reviewed some examples of metaphor work from different perspectives in therapy. First, I explore some of what I would call 'realist' perspectives: Kopp's (1994) Metaphor Therapy and Cox's (1997) Aeolian Mode in psychoanalysis. I then go on to contrast these with a number of constructionist perspectives: the Hearing Voices Network (Romme and Escher, 1993), the Not-Knowing Approach (Anderson and Goolishian, 1992) and Narrative Therapy (White and Epston, 1990). This had the aim of showing the different conceptualisations, functions and effects of working with metaphor in different theoretical models of practice.

Chapter 4: In this chapter I set out to describe the two version of Discourse Analysis I am using in the research, the Foucauldian version and the Discursive Psychology version. I then went on to address some of the methodological issues of research, regarding ethics, with particular attention to such issues as they arise from a difference of approach between Foucauldian Discourse Analysis (FDA) and Discursive Psychology (DP). In this section, I discussed the different epistemological underpinnings of FDA and DP in terms of their difference in not theorising the extra-discursive (DP), focusing instead on the action orientation of talk. This presents as an ethical problem when working with vulnerable groups such as clients to therapy, as instead of theorising the clients' accounts as authored self-expression (Willig, 2004a) and taking them at face value, they are regarded in terms of the functions they perform in talk. I also explored my own ethical dilemmas in conducting the research. This particularly relates to my 'between a rock and a hard place' position when I analysed the accounts of ex-colleagues therapists. Having positioned them as experts through the research, I then had to consider their accounts in relation to the action-orientation of the text and the discursive legwork they did in order to confirm or resist the 'expert' position. I then addressed another ethical dilemma to do with the client participants, which involved negotiating two different agendas: my research

agenda as part of a Ph.D and some clients' agenda of contributing to the research "in order to help others". I also go on to address the issue of evaluation of qualitative research, providing the two main current arguments of 'evolving guidelines' (Elliott et al, 1999) and 'against methodolatry' (Reicher, 2000; Chamberlain, 2000).

Chapter 5: In Chapter 5, I introduced the participants to the research and included all relevant information regarding the therapists' theoretical orientation and model of practice. I also talked about the interviews I conducted and outlined a number of problems regarding interviewing as a data collection method. These includes the participants inevitably orienting towards the interview situation, thus prompting some writers to propose eradicating interviews entirely from social research, in favour of naturalistic (i.e. interactional) studies (e.g. Potter, 2004a). Other problems include associations conjured up by the word 'interview', such as police or job interviews. I went on to describe the process of generating the interview schedules and other issues associated with conducting the interviews, such as the issue of sensitive material arising in their course. In addition, I described the process of analysing the interviews.

Chapter 6: In this chapter I set out to explore the various discursive resources participants to the research drew on in order to account for the phenomenon of metaphor. I therefore described discourses that were convergent for both clients and therapists as they arose in the research. These included reifying discourses, such as describing metaphor as a thing or object, the meaning of which was for some participants consensual and unproblematic. The main construction of metaphor in this example is as a representation. A number of different ways of constructing metaphor were employed, such as metaphor as 'distancing', as a 'safe container' and as 'a way for addressing sensitive material'. Metaphor is described in all these different ways, as providing a safe vehicle through which to represent the client's personal material, without the material becoming threatening or addressed directly. Another reifying discourse employed was a

technical/functional one, where metaphor is described as technique and as such fulfils an instrumental and strategic function. This discourse typifies much of current and past psychotherapy as it advocates the use of metaphor as part of a toolkit (to use another metaphor)(Spellman, 1994) for the therapist's armamentarium of techniques. The tool metaphor of metaphor is represented in this research as sharp, akin to the scalpel of the surgeon or the archaeologist's. This quality refers to an aspect of metaphor described as penetrating (i.e. using the depth metaphor, to access underlying feelings and personal material). For clarity and in order to represent the variety of these constructions employed, I divided the discourse into 'positive technical constructions' and 'negative technical constructions', where the terms 'positive' and 'negative' were employed as descriptive labels that rendered the relative associated meanings of the participants in relation to these constructions. A number of ways were employed to represent the positive meanings: metaphor as empowering, as all pervasive, as under-represented in training (i.e. related to metaphor as a useful tool), as enhancing the therapeutic relationship, as agent and catalyst for change, as healer, as explanatory tool, as rich, as adding/encapsulating/amplifying meaning, as part of certain therapy traditions, as attunement, as powerful, as idiosyncratic, as a way of addressing sensitive material, as distancing and as a safe container. Client participants in particular constructed metaphor as expression, perhaps as part of a wider construction of the client role in therapy as that of self-expression. Clients, rather than therapists also made reference to metaphor as collaboration between them and their therapist. They also singularly constructed metaphor as a toy. The diversity and richness of the constructions are apparent. Conversely, 'negative' constructions included metaphor as seductive, as trap, as artificial element, as crossed-wires and the success of which as dependent on its congruence with the client. Another discourse evoked is the Counselling discourse of 'I and Thou vs. I and It'. I have borrowed this label from Buber (1958) as I saw it as particularly apt in describing the salient elements of this discourse. In the context in which I employed the label, it refers to the entities of, respectively, 'therapist and client' versus 'therapist and technique'. Participants represented metaphor as arising

from the interpersonal process of therapy as a by-product of it rather than as a consciously employed technique. Therapist participants were particularly keen to disclaim their usage of metaphor as an out-of-context technique and would only rely on the construction of metaphor as tool in the interpersonal context, which foregrounds the primacy of the relationship to the client. A scholarly type of discourse was another example of a reifying discourse of metaphor. In this, participants referred to English classes and examples of simile, metonymy and metaphor. They also made reference to the culturally-specific meanings of metaphor. I also used this label (i.e. Scholarly discourse) to include examples of constructions of language as inherently metaphoric and the metaphorical basis of reality and experience. For example, constructions of metaphor as underlying psychological realities and theories, as well as references to metaphorical realities, such as meditative thinking, were contrasted in the texts with the 'real' reality which we can never know objectively. Other descriptions included the 'literal vs. figurative' binary of language. A psychological discourse participants drew on extensively was that of psychoanalysis. Metaphor is described within that as a representation of aspects of self, some repressed and unconscious, including representations of the process of psychosis. The body as metaphor is also described as part of this discourse. Again, the body represents and embodies repressed client material (e.g. physical symptoms, such as eczema, as manifestation of an underlying conflict), transferential and counter-transferential processes (e.g. nurses getting physically ill when working with people with psychosis), aspects of Self (e.g. the embodied split psychotic personality) and subjective experience (e.g. the embodied aspects of depression). As a part of the Psychoanalytic discourse, I included the Jungian-Analytic discourse, under which I grouped constructions that made reference to Jungian-influenced language, such as reference to the Psyche and Archetypes. Another discourse evoked was the Cultural-Anthropological one, in which metaphor is described as a 'return to the source' and where myth and symbolism are viewed as the eternal language of humanity. Metaphor is viewed as 'life-giving' and vitalising, particularly through a 'drinking in' of stories and myths. The latter are also represented as examples of

metaphor that help reconnect humanity with its roots. Finally, an Art discourse was identified, which describes an inseparable link between art and metaphor. I also discussed the body as a physical site for metaphor, described as a more persuasive and powerful medium than speech alone. The large area of overlap of client and therapist discourses suggests that there are not many alternative ways other than these dominant discourses of talking about metaphor and metaphor in therapy.

Chapter 7: This chapter focused on the divergent discourses, evoked by clients and therapists. Clients affirmed the discourses of the therapists' and only diverged in their discussion of power in the therapeutic encounter. In this context, metaphor was constructed as a silencing device, as a device that structures and maintains power hierarchies through the organisation of the physical environment and professional practices. These constructions were explored further in Chapter 8. Therapists diverged from clients, in that they drew on additional discourses. In particular, they drew on a trait discourse in order to manage accountability for instances of failed metaphor, attributing it instead to the client's make-up. There was therefore deficiency talk, in the form of 'concreteness' (i.e. the client being too concrete to 'get it'). Trait discourses as disclaiming devices that manage stake are reported elsewhere (e.g. Harper, 2004). Therapists also singularly evoked a biological discourse to describe metaphor in multiple ways, as a live organism, as digestive process and as food. In drawing on a biological discourse and an expert discourse, therapists affirmed their expert positions. The remainder of this chapter focused on common discursive strategies used by clients and therapists. These were: extreme case formulations, lists, active voicing, vivid descriptions and doing out-there-ness (Edwards and Potter, 1992). In addition, therapists affirmed their expertise through a number of discursive means, such as warranting devices, empiricist accounting (Edwards and Potter, 1992) and the use of technical language. A number of therapist participants resisted expertise discursively through the use of qualifiers, disclaimers and systematic vagueness. Additionally, they constructed themselves as collaborative and resisted a knowing position

through disclaimers and by constructing themselves as open and tentative in their hypotheses. They also resisted expertise by strategically assuming a client position in the interview. In this chapter, I also provided two examples of the process of meaning co-construction at work: laughing and doing agreement. The discourses evoked in the focus group were included and discussed earlier in the analysis under 'therapist' and 'client' positionings, depending on where they had originated from (i.e. focus group participants were both therapist and clients). In this section, I focused on the meaning co-construction in more detail as a process of negotiation. As people do thinking in groups (Radley and Billig, 1996), the focus group research situation permits an interactional and more naturally occurring situation for meaning co-construction, than interviews. Though orientation to the focus group as a somewhat artificial context is inevitable, as a method it is still closer to naturalistic observation, due to the possibility of co-construction. Laughing was a structured discursive action that had the function of reinforcing solidarity in the group, while 'doing agreement' was a means of encouraging the elaboration of accounts. Both these examples show that talk, despite drawing from diverse and contradictory discursive entities, is an organised activity and is co-ordinated with the speaker's discursive actions.

Chapter 8: In this chapter, I explored themes of power in the accounts of clients. Having analysed these accounts with a Foucauldian version of discourse analysis, I could not have but looked at power. A Foucauldian approach necessitates exploration of this theme as it holds that institutions like therapy maintain and reproduce power relations. But even before my analysis I was interested in exploring power, since it is now widely accepted that therapy is an enterprise, which is inherently unequal and hierarchical. I had therefore already incorporated in the client interview schedules a question on power. From this question on power (i.e. 'How much power did you feel you have in the therapy?'), a number of emergent constructions were explored. These included metaphor as a silencing device in the hands of the therapist, whereby metaphor is used strategically, with varying degrees of success, in order to resist a particular worldview. The high-

jacked metaphor is another construction that works in this way, silencing the client. As such it has the effect of alienating the client, since the meaning is not arrived at collaboratively; rather, the therapist 'takes the ball and runs with it' (to use a metaphor), not checking out meanings with the client. This results in taking the meaning into a different direction that than intended by the client. This kind of use of client metaphors by the therapist can also take the form of another oppressive strategy that of asking probing questions. As the therapist does not receive the metaphor as a metaphor, but rather takes it literally, the meaning again not negotiated but taken for granted by the therapist, the therapist assumes the client is talking about something literal and responds with probing psychologising questions. This has the effect of positioning the client as mentally disturbed and has then to do a lot of discursive work to take him/herself out of that position. The high-jacked metaphor as an unequal position of power also legitimises the asking of probing questions by the therapist and compromises the position of the client. The environment as a sign of power hierarchies and positions is another example of metaphor at work, this time not as a conscious technique used by the therapist, but as a meta-communication and an institutional method of control. In this case, the physical arrangement of the therapy space spells out the respective positions to be occupied by therapist and client. The therapist, having a bookcase behind her is expected to function as the ideal knower (a position inherently powerful) and the client as passive and emotionally discharging, as signified by the empty bin and box of tissues next to her seat. Other such signifying, metaphorical practices for power positions are objects in the therapy environment that spell out distance in the social positions occupied by the client and by the therapist, as in displayed photographs of affluence. Metaphor as meta-communication can also take the form of actions and behaviours, such as the therapist following certain scripted behaviour dictated by their profession. This can take the form of behaviours such as leading the way to the therapy room and having the client follow, taking notes and adopting a withholding stance in the process of therapy with little or no personal disclosure, feedback to the client and responses. This stance is usually consistent with the psychoanalytic paradigm, where the therapist

aims to be a 'blank slate'. Metaphor, in addition to being strategically used, was also withheld by the client, as a form of reclaiming some power by eschewing a compromised positioning as 'mentally disturbed', 'mentally ill', etc. For example, I showed how some clients withheld metaphors that were anticipated to sound bizarre to the therapist, particularly in the context of the client's history of use of mental health services and the therapist's knowledge of this. A small number of instances that referred to metaphor's use as empowering were also addressed particularly as instruction/guidance and inspiration. In exploring issues of power, I also looked at client positionings that resisted or challenged unequal positions. The client as assertive was discussed in the context of education and maturity (i.e. age). Access to power was therefore deemed as a function of confidence (i.e. the ability to stand up for oneself) and knowledge (i.e. access to other more empowering discourses). Resisting compromised power positions in the absence of these factors was constructed as near impossible. Instead, the clients find themselves in a passive or even helpless position. 'Acts of resistance' constitute a number of strategies employed by the clients in order to challenge the therapist's enforcement of particular unwanted positionings. These 'acts of resistance' included making personal comments, asking personal questions, repetition, giving feedback, rejection, going defensive and correcting. The chapter concluded with an exploration of issues of power and ethics as these relate to the employment of Discursive Psychology (DP) and Foucauldian Discourse Analysis (FDA) as research methods. In particular, I have discussed how DP, a method concerned with the action orientation of talk, may negate the right of participants to read their contribution as an authored act of self-expression, guided by their own agendas, hopes and expectations. I have therefore noted my unease when analysing both client and therapist accounts. With therapists, I was looking at their employment of discursive strategies, watching for discursive signs of affirming or challenging the expert position I had set them up in. With clients, I was interested in their discursive resources. This represented a different agenda to some of their expectations. For example, some client participants hoped that through the research there would be an advancement in our understanding of what

metaphor is or does and, for some participants, that their participation might inspire others to engage with art-based and metaphor-based forms of therapy, which were viewed as particularly successful forms of therapy. I argued that, since FDA is concerned with issues of materiality and lived experience, rather than the micro-level of discourse, it is only through FDA that questions of power become possible and accessible to investigation.

Chapter 9: In this chapter I discussed some implications for practice, as these arose from the research on metaphor. In particular, I am interested in feeding into a politically-informed agenda for therapy, which includes as a therapeutic aim the empowerment of the client. As a result, I discussed a number of power-related issues and made recommendations to practising therapists. This took the form, in part, of analysing a number of metaphors of therapy. I looked at positionings and implications for subjectivity of a number of metaphors that fell into the category of 'collaborative' and a number that were 'Othering' the client (Wilkinson and Kitzinger, 1996), creating a chasm between therapist and client. Metaphors of collaboration included therapy as baking, as navigation, as collaboration, as bridge, as journey, as social kin and as adventure. In all of these constructions, the relationship between client-therapist is central and egalitarian. None has a more important status than the other, rather they are presented as co-creators of the therapy experience and as co-travellers. There is a sense of affinity and warmth conveyed by these metaphors, where a meeting takes place, which transcends the limits of individuals. More importantly, there is no connotation of superior knowledges or skills that one possesses over the other, rather both are positioned as co-discoverers, engaged in a process. By contrast, metaphors that represent the Other, for example, are consistent with doing expertise, as the therapist is presented as of superior skill and knowledge and as a detached assessor of the experience rather than as immersed in it as is the client. This is more apparent in the parenting metaphor, the 'blank mirror' [sic][26] metaphor, the charting life's journey and the educational metaphors of 'learning to ride a bike', the 'roller-coaster' and the 'container'. In the first two, the therapist is positioned as superior

in relation to the client and also as more controlling: the parent controls the experience and the environment of the child, while the blank mirror is almost inhuman, in that the therapist is replaced by an object. In the parenting metaphor the autonomy and independence of the client is actually undermined rather than fostered, while in the blank mirror metaphor the client is reduced to a soliloquist (or would that be a narcissist?[27]), rather than a party in a dialectical relationship. The next two didactic metaphors place the therapist in a position of imparting knowledge and the client as the recipient in need of education. These positions fail to recognise the knowledges and skills clients already posses. Finally, the 'container' metaphor has also got echoes of parenting, as the therapist creates a safe environment for the client, which permits everything, while he/she maintains an expert but sympathetic position. It is not too difficult for this position to slip into a condescending regard for the client, as it does not present as a dialogical position. Further, I argued that it is not metaphor as a technique that is problematic in itself, rather it is problematic if use of metaphor is solely regarded as a sort of clever instrumentalism, as a technique to get the client to follow instructions, such as in the case of overcoming the client's resistance (Spellman, 1994), and is not regarded as a process of meaning construction within the relational context of the therapy process. I also stressed the importance for the training of Counselling Psychology to include metaphor. This would then echo the prominence of metaphor in interpersonal communication and in therapy communication in particular. The final part of the chapter focussed on the implications of Dramatherapy practice, stemming from this research. This includes two issues, the Dramatherapy literature's construction of vulnerable groups and the construction of the body as a more immediate and persuasive medium than speech. Dramatherapy literature suggests that engaging with the body in space is desirable for Dramatherapists, however it simultaneously constructs touch as an invasive use of the body for certain client groups. I argued that it is the out of context engagement with the body that is threatening and I therefore argue for an expansion of the construction of 'vulnerability'. In addition, I argued that other interpretations are possible than simply 'the body is a more

immediate and effective medium that speech': perhaps it is the imaginative engagement with something that makes it immediate and effective. I also suggested this construction can be understood as a legitimising device in the context of Dramatherapy's short history and development as a profession in its own right.

10.2 Conclusions

In this section of the Thesis, I will address in turn each of the major areas in which I believe this research to make a contribution: theory, method and practice. Finally, I will make recommendations for further research.

10.2. 1 Theory

In this research, I aimed to explore the phenomenon of metaphor particularly metaphor arising in therapy, from a social constructionist perspective. In this, I hoped to turn my realist MSc. thesis on its head. While my previous research looked into the *role* of metaphor in therapy, thus taking a more realist approach, I wanted to explore the varied ways that therapists and clients *talk* about metaphor in therapy. I also wanted to avoid feeding into the therapy literature that beholds metaphor as a technique in therapy that captures something of the 'essence' of the client and their experience, rather than an interactional process of construction of meaning.

Taking a constructionist view of metaphor I maintain that we may never come to any conclusions as to the ontological status of metaphor; we may never know what metaphor 'is'. We can however determine what metaphor 'does', the multitude of the ways in which it functions in interaction and the ends to which it is employed. For example, Weatherall and Walton (1999) have shown how metaphor plays an intrinsic role in the maintenance and perpetuation of sexism. Working on the topic of metaphor for the duration of my Ph.D I encountered problems in the conceptualisation of this topic: metaphor seemed to be eluding me. Metaphor and language seem to be so intertwined

that it is not very clear to see how metaphor can be used. It seemed that it would have somehow been easier to provide concrete, applied suggestions on almost any other topic, but to concretise metaphor proved hard. I have however assembled the main points of the Thesis in this chapter in a summary form below, in order to guide the reader through the many aspects already discussed in the nine preceding chapters.

I have argued in this Thesis, that metaphor far from being a mere representation of reality, as part of language, actually *creates* realities. For this reason, it is important to be aware of the implications of metaphors in terms of desirability and appropriateness of the realities that we can create through metaphor use. My analysis has led me to uphold a theoretically new position to metaphor that distances itself from the 'merely representative' and move to the 'constructive and constitutive'. In particular, the clients' accounts have yielded insights as to the 'constitutive' nature of metaphor. While both clients' and therapists' accounts have highlighted the diversity of ways of constructing metaphor, clients' accounts have in addition yielded insights as to the interactional uses of metaphor in therapy. Though there is no way of knowing whether the experiences recounted are genuine or not, they nevertheless allow us to consider the uses of metaphor as privileging certain ways of looking at the world and as, simultaneously perhaps by doing so, shutting down alternative worldviews. For example, in using metaphor to silence, such as when the worldview offered in the client's metaphor that 'life is like riding a horse' is discredited in favour of another view of 'life' not specified by the therapist (i.e. other than 'life *is not* like riding a horse'). Or when the therapist is said to 'high-jack' the client's metaphor, thus attributed different meaning to the one intended by the client. While the client creates a particular worldview by using a particular metaphor, the therapist's elaboration on the client metaphor creates a *different* worldview. Different realities are constructed and reconstructed with implications for subjectivity. For instance, in the 'horse-riding' metaphor, the client is the rider and so perhaps has a sense of control, though this of course also depends on the behaviour of her horse (i.e. Life). If life is not like riding a horse, where does that leave the client. No alternatives are offered here other than the reality created and favoured by the client is not possible. When the client says 'I see things in black and white' what does that mean? If the therapist takes

the meaning as fixed, alluding perhaps to a monolithic and rigid way of looking at things, then this creates very different implications from exploring the metaphor and finding out that in fact the client meant that she has an altered sense of perception following her mental breakdown and that now life around her seems as if it were a film shot in Super8 format (i.e. in black and white). The possibilities for the creation of new meanings through exploration are endless. In the 'signifying environment', clients struggle with the meta-communication of meanings displayed in the arrangement of the physical environment. The client who is having therapy in an affluent home, surrounded by images of prosperity in the form of personal photographs of the therapist displayed around the room has a very different experience from the client who is engaged in a warm but rather bare environment. Or in a space where both therapist and client sits on cushions on the floor or when the therapist sits on a high chair and the client on a low sofa and so on. Similarly, the client who walks into the therapy room to find a box of tissues next to her seat and a bin, while the therapist has a bookcase, again has a different experience and reality created by the therapist who places the tissues on the side or in the space between them and has behind her a vase of flowers, for example. It is possible to create different metaphors and different realities simply by toying with these elements contained in these metaphors, changing them around each time or substituting them. This alone can demonstrate the impact metaphor has on worldview and the positions it makes available. I have also argued that on a social level it is important to ask who creates the metaphors that regulate our social realities and who has access to the power of creating novel metaphors. It is important to remember that as metaphors are culturally determined other, alternative metaphors and by implication, ways of looking at the world, are always possible, even though they may not be present within a given culture. In many Western cultures it is medical and technological metaphors that define and determine our experience (i.e. subjectivities), making other less deterministic and mechanistic worldviews less accessible. At the same time, it is people with power, such as therapists, who can determine the clients' realities: they create the metaphor, they can 'transform' the metaphors and they can discredit metaphors. While I do not claim that such a process occurs necessarily out of malice or in a conscious way on the part of powerful people, including therapists, I do argue for an *awareness* of this potential.

Metaphor in the psychological (cognitive) literature is constructed as an inherent aspect of our conceptual system; the conceptual system is viewed as metaphorical in nature. Metaphor as a representation (i.e. the Aristotelian view of metaphor) is also pervasive in much of the therapeutic literature, which suggests that metaphor is a way in to the 'inner life' of the client and an avenue towards 'wholeness'. In this way, metaphors of growth and development abound in therapy (e.g. tree, flower, 'personal growth' metaphors). A constructionist view of metaphor departs from both the cognitive psychology and the therapy literatures. Despite taking a non-essentialist view where metaphor is not seen to reside in any physical or cognitive aspect, it does share with the 'interactional' view of Lakoff and Johnson (1980), the belief that metaphor is best understood in interaction. As such, it views the meaning of metaphors as relationally determined, rather than fixed and universal. It also departs from the belief represented in mainstream therapy literature that metaphor uncovers hidden and underlying selves. Rather, it asserts that it *creates* possible selves and makes available subject positions, some empowering some less so and some even downright oppressive. Metaphor use in this sense, identifying with a postructuralist form such as Narrative Therapy, would in Michael White's (2001) words present *"options for people to become other than who they were, rather than more truly who they 'really' are"* (p.2). It is through awareness of these positions made available, the things that metaphors allow us to say or do, that we can begin to consider the impact of metaphor on the subjectivities it creates. A constructionist view also makes the discursive function of metaphor the focus of the exploration. Metaphor's function is radical in that, as a discursive means, it makes possible the simultaneous holding of multiple meanings and ambiguity, giving rise at the same time to new understandings. It is this creating and creative function that sets metaphor apart from other forms of language and makes it amenable to use as a vehicle for meaning (co)creation and negotiation in therapy. However, as becomes apparent from the present research, discourses of metaphor are limited and there is a lack of alternative discourse to draw from, for example those that address metaphor as a process rather than entity.

In summary, metaphor is reified in language and eschews singular definitions. Furthermore, more metaphors are implicated in defining metaphor and in talking about it. Evidence from this study echoes the literature on metaphor in that it is impossible to talk about metaphor without being metaphorical. The 'merely decorative' and 'explanatory' accounts were prevalent discourses in this research (i.e. metaphor as an explanatory tool), but contrary to the literature on metaphor, discourses evoked were more diverse, elaborate and complex than the 'merely explanatory' account suggests, as evidenced in the therapy literature. For example, the literature does not appear to echo art and cultural anthropology discourses in accounting for the use of metaphor in therapy. The diversity of accounts of metaphor and its amenability to meaning construction refute calls to 'root out' metaphor from therapy (e.g. Milne and Sheikh, 1999).

I have also looked at embodiment through the exploration of the body and metaphor, via the recruitment of a Dramatherapist. I argued that the body is constructed in the Dramatherapy literature as a meaning-constructor, as a more immediate and effective medium than speech in particular, and that the construction of 'vulnerable groups' does not take context into account. I suggested the inclusion of context in the construction of vulnerability, where the body in space and out of context is viewed as invasive.

10.2.2 Method

Another contribution this research makes concerns the choice of method and the choice of a bottom-up approach (i.e. grounded in the data) in particular. Further, the chosen constructionist method pertains to a perspective that marks a departure from established approaches in the social sciences applied to the study of metaphor. Rather than seeking to find out some fixed truths about the nature of metaphor and what it represents, this research problematises metaphor and adopts a critical perspective both in terms of theory and epistemology. To my knowledge, there is no research that systematically addresses the topic of metaphor for both therapists and clients from a social constructionist perspective, using discourse analysis. The perspective of the client represented in this research is particularly central in contributing to the originality of this work. This has

yielded a number of important points regarding the relationship between metaphor and power and the interactional use of metaphor in therapy. Clients have emphasised the constructed nature of metaphor and identified a number of helpful and unhelpful uses of metaphor. It is from a discourse analytic perspective that the reification and constitutive character of metaphor becomes apparent. In addition, the opportunity to study metaphor discursively arises from this approach. Much of the past and current research looks at reified versions of metaphor and the 'role' they play in therapy and seeks to uncover the true nature of metaphor. From this approach, it has also been possible to explore metaphor as a discursive feature and witness the various ways in which meaning is regulated, particularly through the exploration of the focus group process. This particular method also enabled access to an examination of subjectivities enabled or restricted through metaphor. Examples of this can be found in the case of pathologising spins by the therapist on client-generated metaphors of sub-personalities and the use of metaphor to close down particular worldviews explored previously (i.e. 'life is not like riding a horse', Chapter 8).

10.2.3 Practice

The psychotherapeutic literature suggests that metaphor, though evidently wide-spread in therapeutic practice, still eschews systematic research (Angus and Rennie, 1989). The present research contributes towards that apparent gap in the literature by approaching the topic comprehensively, including both clients' and therapists' accounts. In the therapy literature metaphor is also mostly represented in technical ways as a technique, primarily in the hands of the therapist, with little credence to the contexts in which it arises. The role of context in this research has been explored through an examination of positionings made available through metaphor and meta-communications of metaphor. For example, I looked at the function of institutional practices, scripted behaviours and physical arrangement of space in NHS practice, in spelling out dis-empowering client positions in the form of metaphorical meta-communications. Contextual metaphoric meta-communication was also evident in the case of the client who, being at a point of life where she is losing everything, is positioned as 'disadvantaged' by the "ostensibly rich" possessions of the therapist's practice room. As is apparent, a major preoccupation of this

work has been the concern over the power relations of expert knowledge and expert positionings. So in making these observations, I am preoccupied with the question of 'How can therapists work with metaphor in ways that are more empowering for the client?'. I argue, following Berlin et al. (1999), that metaphor is better used non-prescriptively, precluding a focus on its 'truthfulness' and focusing instead on its usefulness to the client and the extent to which it opens up avenues for meaning elaboration. I see a use for metaphor where rigid internalised constructs, which are unhelpful for the client, can be re-framed through metaphor. The process needs, however, to be truly collaborative.

The issue of 'collaboration' in therapy is not unproblematic. Undoubtedly each therapist from their own theoretical perspective would claim that their work is truly collaborative, since it involves working with the client's material, relying on the co-operation of the client. However, in this view, any work conducted in the remit of therapy could be construed as collaborative, as therapy is an interactional process and involves at least some input from the client. While the notion of collaboration can be defined in many ways, I advocate here a process of collaboration where the client is expert in their own experience and not relying on the expertise' of the therapist. The therapist, rather than being expert, is a facilitator and acknowledges local knowledges in both themselves and the client. The co-construction of meaning is the pivotal point in this collaborative approach, as opposed to an educational or knowing approach. For example, a not-knowing approach to therapy relies in my view on a very different form of collaboration with the client, than, say a CBT version, where the therapist relies on the client's collaboration in terms of compliance with their homework, set by a knowing expert.

This collaborative process would mean identifying a new aim for therapy: rather than orienting towards the problems in the client, the dyad would orient towards the client's problematic metaphors and work on first deconstructing them and then reconstructing them. In the same vein, White and Epston (1990) from Narrative Therapy have developed a way of working, which involves 'externalising the problem'. This consists of a personification of the problem and a simultaneous relocation of it outside the client, as

for example in the case of 'Sneaky Poo' or 'Mr. Mischief' in work with children (see White and Epston, 1990; Freedman and Combs, 1996).

Spellman (1994) maintains that much of the therapy ideas of metaphor have centred on the manufacturing of metaphors and their strategic use for overcoming clients' resistance by bypassing their defences. As such it presents as a medium of coercion, consistent with the agenda of the therapist. Furthermore, the agenda for metaphor is from a position of apart or with-out (i.e. the therapist is separate from the client and meanings are imposed from an outside position, rather than being co-created) (op cit.). In agreement with Spellman (op. cit), I believe it is possible to have a less instrumental use of metaphor, where metaphor informs the process of therapy, rather than the therapist acting on it, such as in the example of metaphor as meta-communication. Spellman (op. cit) cites an example where metaphor was used in Systemic family therapy as feedback on the process, but

*"did not consciously organise the thinking behind the feedback...The primary guiding construct was that of the reflecting process and the metaphor simply emerged as a way of communicating our reflections. Hence the analysis of the use of metaphor is **post hoc**"* [emphasis in original] (p. 90)"

This is a position that separates reality from metaphor less than the position afforded by instrumentalism. By this I mean that metaphor informs a process of therapy, rather than it being used as a directive, a strategic and instrumental way, on the client. Indeed, an over-reliance on metaphor as technique and strategy may be described as 'tyranny' (Fine and Turner, 1991 in Spellman, 1994). Both uses of metaphor, however, can be adopted side by side so long as they are consistent with the context of the process of therapy and not divorced from context, guided by an agenda of usefulness to the client at that given moment in time.

I would like to finish this section with the observation that despite widespread recognition of the ever-presence of metaphor in language (Lakoff and Johnson, 1980) and the centrality of metaphor in therapy as a language of change (Muran and DiGiuseppe, 1990), training programs are slow to echo this. The mere recognition of the centrality of

metaphor in language would enable trainees to consider metaphor and its possible uses, the relative merits to the client and the functions of metaphor in interaction. I see a central place for metaphor in training programs of any theoretical orientation, in the form of an exploration of ways of working with metaphor that enable the multiple and variable creation of a number of co-constructed realities by client and therapist. The effects of constructing a number of realities through metaphor and implication for the subjective experience of the client would also be considered.

10.2.4 Research

This section is concerned with suggesting an agenda for further research into metaphor and its uses in therapy. Though in this research, access to interactional data was not possible, further work could make use of discourse in action. This would permit the rhetorical uses of language and process of co-construction of meaning. Such an approach could also include extra-discursive material, such as the use of embodiment as signifying and meaningful action that performs certain functions (e.g. silences) (see Edwards and al., 1995) and as social performance. This could take the form of having the therapeutic dyad discuss metaphor use in the context of their therapy work. Alternatively perhaps, a focus group could be run including therapists and clients, which would permit an analysis of the discursive functions achieved by accounting for 'metaphor in therapy'. Such an approach could also explore further the discursive means by which clients resist compromising uses of metaphor and would also look at client use of metaphor and the functions it achieves in the discursive negotiations of meaning in therapy. An action research approach that involves the participants in the process of analysis and represents a cyclical model of analysis could also be useful in the understanding of the regulation of meanings. For example, the researcher could take the analysis back to the participants and they would be asked to supply their comments and own meanings. This could then take the form of meaning co-construction where other, alternative meanings than that produced by the researcher would be integrated in the research. Research that takes its findings back to the participants is in my view a very interesting kind of research. This type is particularly compatible with a constructionist framework, which emphasizes the

multiplicity of readings possible. A process where participants are involved in elaborating on or discrediting the researcher's analysis can be an engaging and empowering process for the participants. It certainly subverts issues of power imbalance in research, as the researcher's voice of authority ceases to be the only one heard. However, what happens in cases where the participants reject the views or part of the analysis, would that necessarily invalidate them? Within a positivist frame, such an outcome would have been catastrophic for the research as it would have invariably rendered it invalid. The research would somehow be deemed to be irrevocably flawed. However, in a constructionist frame, all readings are equally valid and alternative ones are always possible. This includes the researcher's readings. Subsequent views and approaches would form part of the research and would need to be explicitly acknowledged. Taking the findings back to the participants emphasizes the cyclical, ongoing and incomplete process of interpretation and analysis. However, tempting as it might have been in this research to adopt this approach, ultimately this was precluded due to time constraints.

10.2.5 Evaluating the research

Evaluating this research can be achieved from a number of perspectives on evaluation of qualitative research in general and discourse analysis in particular, depending on the criteria employed. As stated in Chapter 4 in the section on the evaluation of qualitative research and discourse analysis, a number of criteria have been proposed by different authors. I argue for a stance against methodolatry, following Reicher (2000), at the expense of meaning. At the same time, I recognize the importance of establishing some standards for the evaluation of research. While I will go on to explore this research from a number of perspectives as proposed by the different authors, I maintain that this discourse analytic research can best be evaluated by reference to the criteria of persuasiveness and cohesiveness of the arguments (Coyle, 1995) and whether or not it has achieved social justice (Squire, 1995). As such, the reader can decide whether the main arguments I have advanced throughout this thesis are coherent and persuasive. For example, I have maintained that metaphor is a complex discursive phenomenon that eschews reductionist views, as evidenced in the varied constructions and discourses

yielded by the research, as well as the complex and sophisticated discursive maneuvers conducted by the participants. I have also suggested that metaphor creates reality and experience, making certain positionings available, with favourable or un-favourable implications. The implications for subjectivity are manifold, as the chosen metaphors create certain worldviews, based on highlighting certain aspects of that reality, while obscuring other aspects. I have also maintained that metaphor use in therapy can be empowering or disempowering for the client depending on use and have used examples grounded in the data to show how this can be achieved. Power-laden uses of metaphor have yielded important insights and implications for the practice of psychotherapy, much of which has been explored in some detailed in this research. In this sense, I feel that the research achieved 'social justice;' by attending to issues of power in the therapeutic use of metaphor, incorporating in the interpretations the clients' voices.

Other evaluations are, of course, possible. I have chosen to omit the criteria by Elliott et al. (1999), as they relate to both quantitative and qualitative research in a monolithic way and have opted instead for an exploration of criteria proposed specifically for the evaluation of discourse analysis. In the next section, I employ the criteria proposed by Antaki et al. (2003) one by one, as I examine the research from this perspective. These are:

(1) under-analysis through summary

I do not feel I have under-analysed by providing summaries. Instead, my analysis has been painstakingly close to the data, remaining on the micro-level, apart from where wider implications and themes were examined from a Foucauldian Discourse Analysis point of view, which pertained to wider socio-political processes, such as institutional power. For this reason, my work departs considerably from the Discursive Psychology Perspective Antaki et al. represent (i.e. stemming from conversation analysis), as my work presents as an amalgamation of both discourse analytic perspectives.

(2) under-analysis through taking sides

While my work can be criticized for being at times asymmetrical, in that it appears to lean in favour of the client participants, nonetheless this tendency represents an analytic view or reading, fully owned, as the research focuses on uses of power through metaphor in the therapeutic context and relies on a construction of therapy as inherently imbalanced in terms of power distribution. Furthermore, as Burman (2003) emphasizes, it is illusory to claim that it is ever possible to not take sides, as any 'reading' of discourse represents an authored interpretation.

(3) under-analysis through over-quotation or through isolated quotation

I have not over-quoted in the research; one quotation was generally utilized to exemplify the construction or discursive strategies at work. Likewise, I have not used isolated quotations, aside from where they were used to illustrate a construction. For example, in the construction of metaphor as 'rich', I have used one quotation for this construction, which does not contain any other discursive material, but simply illustrates it.

(4) the circular identification of discourses and mental constructs

I have not exhibited circularity where discourses are involved in the explanation of discursive resources, nor have I relied on mental constructs as explanatory frameworks for discourses.

(5) false survey

I do not make claims that data can be extrapolated to the world at large; on the contrary, I emphasise the local nature of readings.

(6) analysis that consists of spotting features

Where I spot features, I explore how these are used and what discursive functions they have (e.g. discursive strategies for affirming or resisting expertise, clients' acts of resistance, etc.).

Burman (2003) identifies an additional 3 criteria, which extend the definition of discourse to include the political:

(1) under-analysis through un-contested readings

I have maintained throughout the thesis, that interpretations are the product of my own reading and that other readings are possible, consistent with constructionism's main tenet. In no way, do I maintain that my reading is the 'truth', or indeed the only one. Indeed, it would be safe to argue that there could be as many readings as there are researchers.

(2) under-analysis through decontextualisation

I have attempted to attend to this point by situating the text and the analysis, in ways that emphasise the analysis as a product of my own embeddedness in the world, background and interpretations and as a product of the interplay between myself as the researcher, and the expectations and orientation of the participants towards me. This does not constitute a 'weakness' of the research, rather it represents a strength in that these elements are acknowledged outright and owned, through a process of self-reflection and reflexivity.

(3) under-analysis through not having a question

I have exercised selectiveness in the analysis and exposition of quotes and utilized them only insofar as they illustrate a particular point or discursive tactic

10.3 Reflexivity

"No self-serving exception can be made on one's own behalf: it has to apply reflexively to one's own position too"

(Edwards et al, 1995, p. 35).

Poststructuralist and constructionist writing have shattered the positivist myth of value neutrality, that it is possible to reach truth and meaning by being free from bias. Constructionism holds that the 'observer' affects the 'observed', by being inextricably engaged in a dialectical relationship. Positivism, by contrast, advocates freedom from 'interest bias', whereby the research chooses aspects of the world to describe in order to reach some objective truth. In poststructuralism and discourse analytic writing, the turn to 'reflexivity' permits us to author our opinions and choices. 'Interest biases' are declared outright and they are seen as strengths, rather than weaknesses of the research, as an opportunity to acknowledge our part in the research thus making it more meaningful (Haskell et al., 2002). After all, the authoring IS the research; researcher and researched cannot be separated out. Furthermore, interests, often covert, have political implications on a social level, in that science is not value free and neutral. For example, from a feminist standpoint, scientific constructions of female biological processes, such as menstruation, can be viewed as reflecting masculine interests in a patriarchal society and therefore as serving to perpetuate these through discourse and its impact on material processes. Another example is the pharmacological management of 'psychosis' as serving the vested interests of the pharmacological companies that fund GPs and conferences. Therapists also occupy a social and political place in their work and have the responsibility to be aware of the positions their work beholds (Hare-Mustin, 1991; 1994).

I have throughout this Thesis aimed to author, using the text analogy, my interpretations, to be both reflexive and critically reflective, though inevitably I am subject to my own limitations. Parker (1999) makes a distinction between 'reflexivity' and 'critical reflection'. The former relates to a 'bending over' ourselves to reflect on an issue, at the

same time authoring our constructions of that issue. Critical reflection follows the thread of our subjective experiences and traces them to institutional organisations and other power structures. Parker (op. cit) argues that reflexivity is a passive, action-debilitating approach, while he sees critical reflection as rebellion against oppressive practices. Other criticisms of reflexivity include views of coercing participants into confessional subjects (Burman, 1997 in Riley et al., 2003), a sole focus on the author's/researcher's process, rather than the participants' (Finlay, 2002) and the use of reflexivity as a device that strengthens rather than challenges the authority of the author's voice (Gill, 1995).

Critical readings of reflexivity argue against a view of a true representation produced by stable authors (Alvesson and Sköldberg, 2000). Following Alvesson and Sköldberg, I take the view that reflexivity is a created narrative and a fragmented, contradictory and constructive process that pertains to a past reality (Riley et al., 2003). Reflexivity is viewed in this way as giving rise to new understandings and insights, as well as making visible the power dynamics in the process of research and the constructed nature of the interpretation of the research (Finlay, 2002). I have also been informed by Burman's (1990) definition, in which reflexivity is the consideration and understanding of the research as a process structured around issues of dominance, gender, race, age, sexuality etc. I use reflexivity in order to destabilise the text, to recognise the text's own 'textuality' (Ashmore, 1989, p. 18) and to examine the different positions held by researcher-participant subjectivities. In addition, I take a view of research as a journey of discovery, which comes from the old French root *recerchier*, 'to travel while searching' (cited in Haskell, 2002), a process always in the making, never complete.

Elsewhere (e.g. Riley et al, 2003), the process of reflexivity is presented in various narrative forms that attend to its fragmented and contradictory nature, such as using a dialogical polyphonic perspective. I have opted instead for a form of introspection as a single researcher, using both narratives from my research diary, as well as critical reflections upon the research, which means I continue to occupy a position of authority through my readings, remaining unquestioned (Finlay, 2002). Other criticisms of my work might include my tendency towards an implied criticism of therapists and so my

work could be represented as asymmetrical (Harper, 1999). My account is a construction like any other and I do not want to claim that it is more true that others. Drawing, however, on a utilitarian argument I want to argue that it is *useful* in terms of helping identify dominant and suppressed discourses, as well as advance a politically informed agenda for therapy (i.e. in terms of client empowerment).

In the presentation of my self-reflexive process I have used Wilkinson's (1988 in Bannister et al., 1994) distinction between 'functional' reflexivity, which pertains to my interpretative representations of the material and 'personal' reflexivity, the ways in which my research and interpretations impacted and transformed my life experience. Though I have chosen this format as an organising element, both processes are ultimately inseparable, as they are interrelated and dialogical.

10.3.1 'Functional' reflexivity

A possible criticism of my work is that I am tending towards realism in my arguments. However, Parker (1992) maintains that in order to analyse institutions and power we need some sense of the real, a 'bottom line' (Mullhauser and Harré, 1990). Refusal to look beyond the text is equated with a refusal to take institutions, oppression and resistance seriously (op. cit.). Since the research has an applied aspect as it explores implications for the practice of therapy and considers institutional power, following Parker, I have taken a critical realist stance in my epistemological consideration of the research.

One major point that presented itself to me was the issue of the orientation of the therapist participants towards the research. As the relationship of most of them to me was that of a former colleague, they inevitably oriented towards those positionings, drawing on dominant, therapy-ingrained, discourses as legitimising and 'saving face' devices, as well as 'doing expertise'. Likewise, the question on power I posed to the clients may have oriented them towards a 'real' power imbalance in the therapeutic relationship, hinted at in the question. Finally, in my own resistance in offering my own view of metaphor in the interviews with the therapists and consistent avoidance of going into

explanations of 'what metaphor is', even when directly asked by some participants, I may have unwittingly positioned myself as a knowing, but withholding expert. I followed this line of resistance in cases other than where the schedule indicated to offer examples in order to facilitate understanding of the question, intending to avoid taking part in the co-construction of meaning as much as possible. This strategy may have, as a result, placed the therapist participants in a position of heightened stake, where they had to do even harder work in 'doing expertise'.

I have already spoken in the introduction about my background and the role it played in me deciding to research this particular topic. Here I would like to explore this a little further. As a trained and qualified Counselling Psychologist, it took me a while before I acquired the skills to do discourse analysis, which requires a particular *kind* of reading, different to a psychotherapeutic 'reading' or interpretation. In my initial attempts and for the most part of the first interviews I analysed, I was lapsing into doing a kind of content analysis informed by psychodynamic thinking. For example, I could not quite get my head round to the meaning of the action orientation of texts. Instead, doing cognitivism, I concluded that the therapist participants were quite 'defensive' in their responses. This type of reading extended to other types of generalisations and cognitivisms, such as attributing particular motivations and feelings to the participants. This did not, naturally, stop at the level of theory, but I was also using Counselling language in my description of my analysis. In short, I was importing meanings and language from Counselling Psychology. Furthermore, from the position of Counselling Psychologist, as well as that of the Dramatherapist, my personal ideas of metaphor coincide with the majority of the constructions/discourses of participants. In addition I was always intrigued by the question of reality, that what appears as metaphor may be reality and vice versa, as well as the connection between reality, dreaming and time. I was particularly interested and moved by hearing a particular participant discuss these very topics and echo many of my own thoughts. One of my favourite poems that addresses these issues is Edgar Allan Poe's 'Dream Within a Dream' (1827):

Take this kiss upon the brow!

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And, in parting from you now,

Thus much let me avow-

You are not wrong, who deem

That my days have been a dream;

Yet if hope has flown away

In a night, or in a day,

In a vision, or in none,

Is it therefore the less gone?

All that we see or seem

Is but a dream within a dream.

I stand amid the roar

Of a surf-tormented shore,

And I hold within my hand

Grains of the golden sand-

How few! yet how they creep

Through my fingers to the deep,

While I weep-while I weep!

O God! can I not grasp

Them with a tighter clasp?

O God! can I not save

One from the pitiless wave?

Is all that we see or seem

But a dream within a dream?

Another experience that impacted and shaped my interest in metaphor and consequently this research was the 'reality' and the power of metaphor as enactment and as embodied subjectivity. I first engaged theoretically with this aspect of metaphor in my Dramatherapy training, where we engaged with objects and space in a dialectical relationship to our bodies[28]. Embodiment as a form of knowing and materialised through

the embodied metaphor is an area that continues to captivate me, be it in therapy or the arts.

I also considered possible implications for subjectivity and positionings in terms of how the participants would relate to a young, attractive therapist and researcher. Therapists may have been positioned in a justifying position as far as their professionality is concerned, while clients may have been forced to consider me as a clever, educated woman and may have felt under scrutiny and under pressure to measure up. This effect was perhaps exacerbated by the 'theoretical' topic of the research. Moreover, some therapists may have thought it a waste of time or too theoretical and therefore of little use to applied practice. Throughout my communication about the research with participants I talked about views, opinions and ways of talking about metaphor. Although this represented an attempt on my part to communicate ontological openness about metaphor and to indicate there were no right or wrong answers (this was an attempt to put clients at ease), I soon realised I was forcing constructionism and its complexity onto them. In a similar vein, I did not challenge views in the interviews and avoided importing my own meanings, such as offering 'explanations'. The only exception was the examples of metaphor I offered, built in the interview schedule, to act as prompts and start the interviews off. As I hope it is clear by now, I remain open as to the ontological status of metaphor and I do not advance any such claims.

The three conference presentations I made during the course of the Ph.D were another helpful contribution to the process of my research. One took place in 2000 and it was part of a Day Conference on metaphor in therapy at the NHS Trust where I worked at the time and two others I made over the summer of 2003. One was the 8th European Congress of Psychology in Vienna and the other the First International Conference of Critical Psychology in Bath. They each contributed different elements and aspects to my work, owing to their different focus. The Day Conference first gave me the opportunity to 'air' some of my thoughts and ideas and listen to how other professionals talked of metaphor and metaphor in therapy. The presentation at the European Congress, which had a wider, fairly mainstream agenda, presented as an opportunity to advance a more critical agenda

for psychology alongside other (few) colleagues. The warm reception of the presentation filled me with joy, even where more critical or challenging questions were advanced. In particular, I am indebted to a member of my audience who questioned my classification of convergent discourses, thus urging me to explore and integrate them further. A co-presenter's paper on, what I saw as the standardisation of metaphor for children with depression, strengthened my view that metaphor is something that as therapists we should do relationally, working with individual and co-constructed meaning. Finally, the Conference of Critical Psychology will always be for me an arena where I first explored belonging-ness and difference in my work and which inspired me immensely and verified that Critical Psychology is a field I identify with ideologically and I want to be part of. It helped me overall to feel more connected as a part of a seemingly ever-growing community. It also helped sharpen my focus of my analysis, as questions forced me to consider the material critically, clarify ideas and inspired me to carry on. It was also the place where I first put faces to names, a process I cherished and which took the impersonal out of my study of constructionism. A sample of emergent questions that helped guide the research was included and discussed in Chapter 9. I am also particularly indebted to the keynote speech of the Gergens, complete with banjo, for getting things off to a good start and for reminding me not to take myself too seriously!

Another issue in my process of self-reflection has been the consideration of power between myself and the participants (i.e. researcher-researched). A focus on self-analysis inevitably compromises the participants' voices. A different approach would have been to involve participants in a cycle of meaning co-construction in a form of action research (e.g. Greenwood and Levin, 1998), where I would take my interpretations back to the participants and incorporate their feedback into the research. While this was not the remit of the present research, I am planning to set up a web-page with some of the main points of the research and to invite participants and others to take part in a discussion Forum. Potentially 'damaging' aspects of the research may be left out or worded in particular ways, as I am concerned that some participants may read my report as a personal criticism of them. In considering power, I was more powerful at the analysis, they at the interviews, though I retained some power by controlling time, tape recording and

questions. However, I view the participants' accounts as authored self-expression and I maintain that this is a position of power. I was aware that with respect to therapist participants our positions as former colleagues would place a particular slant on the interview. However, the subject positions occupied with respect to client participants also held tensions. To some of them, I was both a good friend, as well as a researcher and I also occupied the position of a therapist. Our friendship could have been transformed by the experience and not necessarily in a positive way. Fortunately, I felt only enriched by the experience as I felt able to support my friends during the interview and hear their stories from a different position to my normal one, though at times this did feel a little strange.

Furthermore, during the analysis, I was struck by how much it felt like doing a literary analysis, familiar through school and English Literature classes during my first degree. I was tempted to call participants 'authors' in my written up accounts, as this word highlighted their constructive position of self-expression and authoring of experience and also drew on the text analogy. This line of thought is not followed in the final version of the text, as I thought it would read a little awkward.

10.3. 2 'Personal' reflexivity

In this section I include the multiple, disparate and fragmented stories that arose from considering my interest in metaphor, my socio-cultural and familial influences in choosing the topic of metaphor, the personal processes of 'having a life' outside the Ph.D, and grappling with doing the research. I consider these incomplete stories in relation to my research and the many ways they are connected. I finish this section with stories told through my research diary extracts.

When I started writing this section, I considered what I learned from doing the research and the ways in which my thinking has been affected by the discourses of participants, primarily in relation to the relationship between metaphor and reality. Though I have not come to any conclusions and I still maintain I don't know what metaphor 'is', I am not

any less fascinated by it. I am captivated by the multiple poetic ways in which we can describe experience and the multitude of novel metaphors that can be enlisted. I am also thankful for the power of imagination that makes life and dialogue that much more interesting.

I considered the ways in which my social, cultural and familial environments influenced me in my choice of the topic of metaphor. I thought about what it means to have been brought up Greek: the Greek culture is much attuned towards the arts and literature, a historical legacy of thousands of years. Much more influential though for me than my socio-cultural context, was the fact that I was brought up in a literary family. My father is an acclaimed novelist and scholar of Classics, while my mother is Professor of the French Language and translator. My maternal aunt is also a translator and I have translated two books into Greek myself. This makes evident the centrality of language and literature for our family. The reading of books was always at the epicentre of my childhood. I have a vivid memory of my father bringing home bags full of books from his publisher (he had a discount there), holding one in each hand, which I had meticulously circled on the catalogue the day before. This ritual took place at the end of the school year and at the beginning of the summer holidays and repeated itself every year. I then proceeded to devour the books during the summer, working my way through the stash. I loved to read this eclectic mix of children's books from all over the world and I still cherish them today and keep them for my own children to enjoy. I realise now that books and metaphor have always had a central place in my life and though in recent years they have taken the back seat in favour of academic books and journal articles, I think I will always retain this sense of 'sacredness' of literature. I have also thought about my interest in metaphor through life and professional experiences, noticing patterns and synchronicities in my own life and that of the people around me, that seem to be a metaphor for something else. Metaphor, it seems to me, is everywhere, it is part of the very fabric of life.

A major challenge for me, which emerged in doing this research, has been my tendency to 'do generality'. This has not only become apparent in my analyses of accounts, but also during my brief voluntary work at a Student Counselling Service, where I informally

trained for a while in Constructionist Systemic Family Therapy. Discussing things 'in general' and making general comments frequently led me astray and away from context-situated readings. In addition, my Counselling Psychology background left me with a particular kind of legacy of looking in the text for motivations, defences, emotions and other obscure, psychodynamically-informed concepts. It took me a good while before I became skilled in making discourse analytic and not psychoanalytic observations. A matter that compounded my initial sense of helplessness and feelings of being de-skilled, was the urgency to learn to read and speak the language of constructionism, in writing particularly impenetrable to the untrained eye and ear. I frequently worried and doubted that I had adequately mastered the process of doing discourse analysis and that I was doing it 'right'. I attempted to reach a finite number of interpretations/readings.

Last but not least, a personal process was intertwined with my Ph.D scholarship, called Life. The 3 and a half years were punctuated by multiple house moves (4 house moves in 3.5 years, pushing up my personal record of 13 house moves in 10 years), a difficult personal journey, too personal to mention here, much restlessness and upheaval. Overall, a deep enjoyment of the adventurous journey of research with its ups and downs and its benefits: having the time to structure my own work, marginally offset by my lack of funds! I was frequently struck by the metaphoric significance of experiences I was having on personal and work levels and never ceased to marvel at the synchronicities of life.

10.3. 3 Entries from my research diary

In this section, I include some of the entries from my research diary, designed to be a tool of reflection and reflexivity. I have chosen some which address important dilemmas and challenges I encountered in the beginning of the research process, when I was learning how to do discourse analysis, which echo some of the issues I addressed in this section on reflexivity.

11/10/01

[Recruiting the therapists]

"The therapists show motivation and enthusiasm to take part, much to my surprise. [Name of a therapist] also told me of other potential participants she is aware of. When I talk to the therapists though, my impression is that they're a little anxious, uncertain as to what to expect, whether they're appropriate for the research and whether they have a correct understanding of metaphor."

[Reflections on interview transcription and feedback from the first (therapist) participant] [undated]

"Reading the transcript I felt quite uncomfortable-it seems too challenging and demanding to analyse. On the plus side, my participant echoed this, but added it had been useful because it had forced her to think about theory and her practice. Also, I forgot to leave space at the end for any additional comments, reflections etc. I should also include a question at the end of the schedule, which will allow for further reflection on constructions of metaphor. For example, 'is there any thing else you would like to add?'. Also, I should include debriefing, where I ask the participant whether there is anything they would like to ask about the research-I will add this on for the next interview (I have the fantasy though that if I actually tell them that I will be using discourse analysis to analyse the accounts, they might forewarn their colleagues in order to prepare them!). Overall, it was a good first interview, judging by the rich material it generated and the limited input on my part. I wonder whether it is too challenging theoretically for therapists? Should I make it more application-oriented? The first participant seemed to orient towards me as a fellow colleague and I felt she was talking from a little defensive (justifying) position, as though to assert her knowledge and professionalism. This made me a little uncomfortable and I felt the need to reassure her throughout with emphatic 'hm m's that her views were completely acceptable and 'OK'".

[On analysing the first transcript]
25/10/01

"I've just started trying to analyse the first interview transcript, but I have hit a block: I 'm paralysed by fear. I'm paranoid now that I don't know how to do this, that it is too different to anything I've done before and that I'm incapable of doing it as I seem to go into a kind of content analysis. The harder I try to make sense of it, the more confused I become."

14/11/01

'I (real)ise now there seems to be a difference for me between grappling with the text alone and talking about it. I seem to be able to generate more ideas about it. Turning to the text often feels forced, as if I'm closing meaning down."

'Paradox: Another issue I was aware of is the issue of attributing motivation. What's the difference, for example, between a psychoanalytic interpretation and a DA reading about someone wanting to appear in a positive light? I also find this presumption limited and quite judgmental. I lean more towards a hermeneutic perspective of a multiplicity of readings; DA feels like closing meaning down."

[first interview with a client who is also a close friend]
27/2/02

"This had a different quality to it, compared with the other 'expert' interviews. It felt more intimate, more relaxed and I felt more attuned to my friend's meanings and language. I felt more able to talk freely, whereas with the therapists I felt I had to stick more closely to the questions as phrased in the schedule and to a more formal orientation to the interviews. It felt good to have my friend see me in action as a researcher for a change and I know she is proud of me"

10.3.4 Metaphors of the process

In the next section, in line with the topic of my research, I have included some of my own metaphors of the process that emerged during my Ph.D years. I intend these as a closing, re-constructive illustration of that past process.

Starting out

Starting the theoretical work:
swimming with theories: sometimes at sea, at others hanging on to rafts and driftwood. I was looking at the various theoretical constructs from sea-level, but felt unable to hold on to them, awkward shapes and no handles. I felt I had to come out of the sea first, in order to look at them or do something with them.

Sinking in the quick-sand (first attempts at analysis).
Breaking the nut (finding a way into the text). This is my Supervisor's metaphor. For me it was more like a *hot potato* (I would gladly pass it on to someone else!).

Moving on

Creating a base (foundations) for the structure, emerged as I began to feel more confident about what I was doing and my understandings of theory. This was a sense I shared with my supervisor, of the ground becoming more solid and ready for a structure to be built upon it.

Getting a handle. I was holding the material and not it me. I had the image of a container like a mug or jug, an object that has utility.

Creating a structure, developed from the construction metaphor of creating a base or foundations. The structure felt very open, more like a sculpt that a building, with an asymmetric, unconventional and undetermined form. It was a work-in-progress rather

than a finished product. Working at it felt exciting and inspiring, yet at times worrying and frustrating as bits did not fit in.

Getting ready

The research was a *journey and an adventure*. Sometimes I represented it as a *spiral* of activity sometimes upwards sometimes downwards, depending on the degree of control I felt I had over the material and my parallel processing in terms of having a life outside my office. Pitfalls and surprises along the way, but overall an exciting and fulfilling journey.

Sitting at the top of a tall and sturdy tree, surveying the varied landscape from up there.

ENDNOTES

[1] From the Book of John

[2] Here, descriptions of social constructionism are meant as indicative only, as there is no one unified version (Gergen, 1999; see also Cromby and Nightingale, 1999; Burkitt, 1999).

[3] Please see Foucauldian Discourse Analysis in the Method section for a more detailed discussion.

[4] Theory and Psychology, 1996 (Nov.), Vol. 6, no.4, Special Issue: The body and psychology

[5] For further discussions of the extra-discursive within constructionism, see Harré, (1999) and Burr, (1999)

[6] This links to the issue of 'representativeness' in Qualitative research, addressed in a separate section in the Chapter on 'methodological considerations'.

[7] I use throughout the Thesis examples of metaphor as illustration vignettes. These were offered by the clients and the therapists in the research during their interviews and had arisen during their counselling sessions. The purpose is threefold: for the reader to consider each metaphor as an aesthetic object and image, as construction of a reality or realities, as well as to reflect on ways one may work with these metaphors in therapy.

[8] See separate section on 'realism/relativism' for a detailed discussion.

[9] Some authors spell it with an 'e', others with an 'a'.

[10] Term coined by Edwards and Potter (1992)

[11] For detailed explorations of the differences between DP and FDA see Burr (1995), Parker (1997) and Willig (2001)

[12] Though there was variability within accounts (see sections on 'affirming expertise' and 'resisting expertise'), this is consistent with the discourse analysis claim that positionings may vary within accounts (i.e. they are not consistent throughout)(Coyle, 1995)

[13] Unfortunately, I could not remember at which point Robert sits down again and whether this is consistent with his doing 'just talking'.

[14] 'maginifier' is a label I give to terms such as 'more' that denote an increase in quantity or magnitude. To my knowledge these markers have not been as yet been given a label in the discursive literature.

[15] I wish to use a disclaimer here: The use of 'most' is meant as an analytic observation and general description of the occurrence of the technical/functional discourse in the accounts of therapists-it is not meant as quantification or statistical fact

[16] The medical discourse is what Mishler (1984) calls 'the voice of medicine'; see also Mishler et al. (1989) and Bamberg (1991) for discussions and elaboration on this discourse

[17] FG initials are used to signify a Focus Group participant

[18] The lines are: *'there's a literature out there, some people talk about it in a very prescribed way'* (Michael, 180-181)

[19] I am using Buber's descriptions here as a label, without intending to import the meanings of the theory itself (see Buber, 1958)

[20] The construction of metaphor as 'embodiment' is similar to that of 'personification', both descriptions referring to an experience or a bodily symptom such as pain, stress or eczema as being metaphoric communication. However, I felt that there are qualitative differences in that embodiment seems to refer to something *in* the body or an aspect of the body as a separate reality, while personification is constructed as a technique for *re-presentation*, usually at the disposal of the therapist, which involves naming the physical complaint, turning it into a character external to the person, etc. For this reason they are displayed and explored as separate constructions, even though they feed off and into each other.

[21] As a reminder to the reader, the abbreviation FG that sometimes follows a participant's name indicates this person was a Focus Group participant. These participants were doubly positioned by the research as 'therapists (in training)' and as 'clients' to therapy and consequently, took up and flip-flopped between both positions.

[22] Although the construction appears to be the same as in therapist's metaphor as 'universal themes', this here suggests an anthropological or cultural, rather than a Jungian discourse. There are no references to terms such as 'Psyche' or 'Archetypes' used as therapeutic tools, rather the shared human experience is at the core of the construction.

[23] The phenomenon of the validation of a statement through agreement leading to its elaboration is captured beautifully in a drama game used for group bonding, called 'yes and'. Each statement from each group member has to start with this validating formula, thereby leading to increasingly more elaborate accounts and stories.

[24] From now on, read 'power issues'.

[25] Though this is technically a simile, psychologically similes are said to be equivalent to a metaphor (Kopp, 1995).

[26] As far as I am aware, psychoanalysis talks of the 'blank slate' or 'mirror' metaphors for the therapist's position-the participant here seems to have combined these two metaphors

[27] Like Narcissus, who gazed at his own reflection in the lakes and rivers, falling in love with himself.

[28] See Haskell et al. (2002) for an exploration of the Enactive as a form of embodied knowing and a reflexive account of the process.

REFERENCES

Allen, V.L. and Scheibe, K.E. (1982, Eds.) *The Social Context of Conduct-Psychological Writings of Theodore Sarbin, 217-232.* NY: Praeger Publishers

Alvesson, M. and Sköldberg, K. (2000). *Reflexive Methodology: New Vistas of Qualitative Research.* London: Sage

Anderson, H. (1997). *Conversation, Language and Possibilities: A Postmodern Approach to Therapy.* NY: Basic Books

Anderson, H. and Goolishian, H. (1992). The client is the expert: a Not-Knowing approach to therapy. In McNamee, S. and Gergen, K. (Eds.), *Therapy as Social Construction.* London: Sage

Angus, L. E. (1996). An intensive analysis of metaphor themes in psychotherapy. In J. S. Mio and A. N. Katz (Eds.), *Metaphor: Implications and Applications.* N.J. Lawrence Erlbaum Associates

Angus, L. (1992). Metaphor and the communication interaction in psychotherapy. A multimethodological approach. In S. G. Toukmanian and D. L. Rennie (1992, Eds.). *Psychotherapy Process Research: Paradigmatic and narrative approaches.* CA: Sage Publications

Angus et al. (1991). *Metaphor in dynamic therapy: A dual code approach.* Paper presented at the meeting of the Society for Psychotherapy Research, Lyon, France.

Angus, L., Hardtke, K., Pedersen, R. and Grant, K. (1991). Metaphor in dynamic therapy: a dual code approach. *Paper presented at the meeting of the Society for Psychotherapy research, Lyon, France*

Angus, L.E. & Rennie, D.L. (1989, Fall). Envisioning the Representational World: The Client's Experience of Metaphoric Expression in Psychotherapy, *Psychotherapy, 26 (3), 372-379*

Angus, L.E. & Rennie, D.L. (1988, Winter). Therapist Participation in Metaphor Generation: collaborative and non-collaborative Styles, *Psychotherapy, 25 (4), 552-560*

Antaki, C. (1994). *Explaining and arguing. The social organization of accounts.* Thousand Oaks, CA: Sage Publications

Antaki, C., Billig, M., Edwards, D., Potter, J. (2003). Discourse analysis means doing analysis: a critique of six analytic shortcomings, *Discourse Analysis Online [Online Journal]*, 1-23. Available at www.shu.ac.uk/daol/articles *[Accessed 10/5/03]*

Armstrong, D. (1983). *Political Anatomy of the Body: Medical Knowledge in Britain in the Twentieth Century.* Cambridge: Cambridge University Press

Ashmore, M. (1989). *The Reflexive Thesis: Wrighting Sociology of Scientific Knowledge.* London: The University of Chicago Press

Austin, J. L. (1962). *How To Do Things With Words.* Oxford: Clarendon Press
Bamberg, M. and Damrad-Frye, R. (1991). On the ability to provide evaluative comments: further explorations of children's narrative competence. *Journal of Child Language, 18, 689-710.*

Banister, P., Burman, E., Parker, I., Taylor, M. and Tindall, C. (1994). *Qualitative Methods in Psychology. A Research Guide.* Buckingham: Open University Press

Barker, P.(1985). *Using Metaphors in Psychotherapy.* NY: Brunner/Mazel

Barlow, J. M., Pollio, H. R. snd Fine, H. J. (1977). Insight and figurative language in psychotherapy, *Theory, Research and Practice, 14, 212-220*

Bartal, L. and Ne'eman, N. (1993). *The Metaphoric Body: Guide to Expressive Therapy through Images and Archetypes.* London: Jessica Kingsley

Bateson, G. (1979). *Mind and Nature: A Necessary Unity.* N.Y.: E.P. Dutton.

Bateson, G. (1972). *Steps to an Ecology of Mind.* New York: Chandler

Bayne, R. and Thompson, K. L. (2000). Counsellor response to clients' metaphors: an evaluation and refinement of Strong's model, *Counselling Psychology Quarterly, Vol. 13, No. 1, 37-49*

Beardsley, M.C. (1972). Metaphor. In J. C. Muran and R. A. DiGiuseppe Muran (1990). Towards a cognitive formulation of metaphor use in psychotherapy, *Clinical Psychology Review, Vol. 10, 69-85*

Berlin, R.M., Olson, M.E., Cano, C. E. and Engel, S. (1991). Metaphor and psychotherapy, *American Journal of Psychotherapy, XIV, 359-367*

Bhaskar, R. (1989). *Reclaiming Reality: A Critical Introduction to Contemporary Philosophy.* London: Verso

Bhavnani, K. (1990). What's power got to do with it? Empowerment and social research. In I. Parker and Shotter, J. (1990). *Deconstructing Social Psychology.* London: Routledge

Billig, M. (1987). *Arguing and Thinking.* London: Cambridge University Press

Billig, M. (1997). Rhetorical and Discursive Analysis: how families talk about the Royal Family. In N. Hayes (ed.), *Doing Qualitative Analysis in Psychology*. Hove: Psychology Press

Bird, J. (2000). *The Heart's Narrative: Therapy and Navigating Life's Contradictions*. Auckland, NZ: Edge City Press

Boulton, M., Fitzpatrick, R. and Swinburn, C. (1996). Qualitative research in health care II: A structured review and evaluation of studies, *Journal of Evaluation in Clinical Practice, 2, 171-179*

Bowers, J. W. and Osborn, M. M. (1966). Attitudinal effects of selected types of concluding metaphors in persuasive speeches, *Speech Monographs, 33, 147-155*. In J. S Mio (1996). Metaphor, politics, and persuasion. In J. S. Mio and A. N. Katz (1996, Eds.), *Metaphor: Implications and applications*. New Jersey: Lawrence Erlbaum Associates

Brown, S.D., Pujol, J. and Curt, B.C. (1998). As one in a web? Discourse, Materiality and the place of ethics. In I. Parker (Ed.), *Social Constructionism, Discourse and Realism*. London: Sage.

Brown, S. D. (2001). Psychology and the Art of Living, *Theory and Psychology, Vol. 11 (2): 171-192*

Bryant, L., Katz, B., Becovar, R. and Becovar, D. (1988). The use of therapeutic metaphor among members of AAMFT, American Journal of Family Therapy, 16, 112-120. In J. C. Muran and A. DiGiuseppe (1990). Towards a cognitive formulation of metaphor use in psychotherapy, *Clinical Psychology Review, Vol. 10, 69-85*

Buber, M. (1958). *I and Thou*. Edinburgh: T&T Clark

Buchholtz, M. B. (1993). *Metaphernanalyse. Goettingen: Vandenhoeck and Ruprecht*. In K. S. Moser (2000, June). Metaphor analysis in psychology-method, theory and fields of application. [22 paragraphs] *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research [On-line Journal], 1 (2)*. Available at: http://qualitative-research.net/fqs-e/2-00inhalt-e.htm [Access: 7/1/2004]

Buchholtz, M. B. (1995, ed.). *Psychotherapeutische Interaktion-Qualitative Studien zu Konversation und Metapher, Geste und Plan*. Opladen: Wesdeutscher Verlag. In K. S. Moser (2000, June). Metaphor analysis in psychology-method, theory and fields of application. [22 paragraphs] *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research [On-line Journal], 1 (2)*. Available at: http://qualitative-research.net/fqs-e/2-00inhalt-e.htm [Access: 7/1/2004])

Burkitt, I. (1999a). Between the dark and the light: power and the material contexts of social relations. In Nightingale, D. J. and Cromby, J. (Eds), *Social Constructionist Psychology*. Buckingham: Open University Press.

Burkitt, I. (1999b). *Bodies of Thought. Embodiment, Identity and Modernity*. London: Sage

Burman, E. (2004). Discourse analysis means analysing discourse: some comments on Antaki, Billig, Edwards and Potter 'Discourse analysis means doing analysis: a critique of six analytic shortcomings', *Discourse Analysis Online [Online Journal], 1-9. Available at* www.shu.ac.uk/daol/articles *[Accessed 16/2/04]*

Burman, E. (1997). Power, Research and Problems with Discursive Approaches. *Paper presented at Discursive Practice: Qualitative Developments in Psychological Research Workshop, Bolton Institute of Higher Education, 16-18 April*

Burman, E. (1990). Differing with deconstruction: A feminist critique. In I. Parker and J. Shotter (Eds.). *Deconstructing Social Psychology*. London: Routledge

Burr, V. (1995). *An Introduction to Social Constructionism*. London: Routledge

Burr V. (1997). Social Constructionism and Psychology. *The New Psychologist, 7, 7-12*

Burr, V. (1998). Overview: realism, relativism, social constructionism and discourse. In Parker, I. (ed.), *Social Constructionism, Discourse and Realism*. London: Sage

Burr, V. (1999). The extra-discursive in social constructionism. In Nightingale, D. J. and Cromby, J. (eds), *Social Constructionist Psychology*. Buckingham: Open University Press.

Camic, P.M., Rhodes, J.E. and Yardley, L. (2003, Eds.). *Qualitative Research in Psychology: Expanding Perspectives in Methodology and Design*. Washington: American Psychological Association

Carswell, M. A. and Macgraw, K. (2001). Embodiment as a metaphor in therapy, *Organdi Quarterly [online journal], No. 2, February, 1-12*

Cecchin, G. (1992). Constructing Therapeutic Possibilities. In McNamee, S. and Gergen, K. (1992, Eds.), *Therapy as Social Construction*. London: Sage

Chamberlain, K. (2000). Methodolatry and qualitative health research, *Journal of Health Psychology, Vol 5 (3), 285-296*

Cheshire, A., Lewis, D. and The Anti-Harassment Team (2004). Young people and adults in a team against harassment: Bringing forth student knowledge and skill. In D. Paré and G. Larner (2004, Eds.). *Collaborative Practice in Psychology and Therapy*. NY: The Haworth Clinical Practice Press

Chesner, A. (1995). *Dramatherapy for People with Learning Disabilities*. London: Jessica Kingsley Publishers

Coates, J. and Thornborrow, J. (1999). Myths, lies and audiotapes: some thoughts on data transcripts, *Discourse and Society, vol. 10 (4), 594-597*

Collier, A. (1998). In I. Parker (1998, Ed.). *Social Constructionism, Discourse and Realism.* London: Sage

Coyle, A. (1995). Discourse analysis. In G. M. Breakwell, S. Hammond and C. Fife-Shaw (Eds.), *Research Methods in Psychology.* London: Sage

Coyle A and Morgan-Sykes C. (1998). Troubled Men and Threatening Women: The Construction of "Crisis" in Male Mental Health. *Feminism & Psychology, 8(3):263-284.*

Coyle, A. and Wright, C. (1996). Using the counselling interview to collect research data on sensitive topics. *Journal of Health Psychology, 1, 431-440*

Cox, M. and A. Theilgaard (1988). *Mutative Metaphors in Psychotherapy : The Aeolian Mode.* London : Jessica Kingsley

Cromby, J. (2003). Embodiment and subjectivity. *Paper presented to the International Conference of Critical Psychology,* University of Bath, 27-31 August

Cromby, J. and Standen, P. (1999). Taking our selves seriously. In Nightingale, D. J. and Cromby, J. (Eds.), *Social Constructionist Psychology.* Buckingham: Open University Press.

Cromby, J. and Nightingale, D.J. (1999). What's wrong with social constructionism?. In D.J. Nighingale and Cromby (eds.), *Social Constructionist Psychology: A critical analysis of theory and practice* (pp. 1-19). Buckingham: Open University Press

Danziger, K. (1997). The varieties of social construction, *Theory and Psychology, 7 (3): 399-416*

Davies, B. and Harre, R. (1999). Positioning and personhood. In R. Harre and L. Van Langenhove (1999, Eds.), *Positioning Theory.* Oxford: Blackwell

Davis, B. and Harré, R. (1990). Positioning: The discursive production of selves. *Journal for the Theory of Social Behaviour, 20, 43-63*

Denzin, N.K. (1992). *Symbolic interactionism and cultural studies.* Cambridge, MA: Blackwell Publishers

Derrida, J. (1978). *Writing and Difference.* London: Routledge and Kegan Paul

deShazer, S. (1994). *Words Were Originally Magic.* London: Norton

Dickens, D.R. and Fontana, A. (1994). *Postmodernism and Social Inquiry.* London: UCL Press Limited

Drew, P. and Heritage, J. (1992). *Talk at Work Interaction in Institutional Settings.* Cambridge: Cambridge University Press

Drewery, W. (2001). Narrative Therapy in Practice: The Archaeology of Hope, Reviewed by Wendy Hollway. A Reply on behalf of the editorial team, *Journal of Community Applied Social Psychology, 11, 319-327*

Dupont, J. (1988, Ed.). The Clinical Diary of Sàndor Ferenczi. London: Harvard University Press

Dwairy, M. (1997). A Biopsychosocial model of metaphor therapy with holistic cultures, *Clinical Psychology Review, Vol. 17, No. 7, 719-732*

Edwards, D. (2000). Extreme case formulations: Softeners, investment, and doing nonliteral. *Research on Language and Social Interaction, 33 (4), 347-373.*

Edwards, D. (1997). *Discourse and Cognition.* London: Sage

Edwards, D., Ashmore, M. and Potter, J. (1995). Death and Furniture: the rhetoric, politics and theology of bottom line arguments against relativism, *History of the Human Sciences, Vol. 8, No. 2, 25-49*

Edwards, D. and Potter, J. (1992). *Discursive Psychology.* London: Sage

Ekstein, R. (1962). *Children of Time and Space, of Action and Impulse.* NY: Appleton-Century Crofts.
Elliott, R., Fischer, C.T. and Rennie, D.L. (2000). Also against methodolatry: A reply to Reicher, *British Journal of Clinical Psychology, 39, 7-10*

Elliott, R. (1989). Comprehensive process analysis: Understanding the change process in significant therapy events. In M. Packer and R.B. Addison (Eds.), *Entering the Circle: Hermeneutic Investigation in Psychology.* Albany, NY: SUNY Press

Elliott, R., Fischer, C.T. and Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields, *British Journal of Clinical Psychology, 38, 215-229*

Ely, M., Anzul, M., Friedman, T., Gamer, D., McCormack-Steinmetz, A. (1991). *Doing Qualitative Research: Circles Within Circles.* London: The Falmer Press.

Epston, D. and White, M. (1990). *Narrative Means to Therapeutic Ends.* New York: W.W. Norton and Co.

Erikson, M.H. (1980). *A Teaching Seminar with Milton H. Erikson, MD.* NY: Brunner/Mazel

Evans, M.B. (1988). The Role of Metaphor in Psychotherapy and Personality Change: A Theoretical Reformulation. *Psychotherapy, 25(4), 543-551*

Fine, M. and Turner, J. (1991). In Spellman, D. (1994), Beyond instrumentalism: the use of metaphor in family therapy, *Human Systems: The Journal of Systemic Consultation and Management, vol. 5, 83-95*

Finlay, L. (2002). 'Outing' the researcher: The provenance, process and practice of reflexivity, *Qualitative Health Researcher, 12 (4), 531-545*

Fischer, C.T. (1998). Phenomenological, existential, and humanistic foundations for psychology as a human science. In M. Hersen and A. Bellack (Eds.), *Comprehensive Clinical Psychology: Vol. 1. Foundations* (C.E. Walker, Ed., pp. 135-158). London: Elsevier Science

Fitzpatrick, R. and Boulton, M. (1996). Qualitative research in health care I: Scope and validity of methods, *Journal of Evaluation in Clinical Practice, 2, 123-130*

Flick, U. (1998). *An Introduction to Qualitative Research.* London: Sage

Foucault, M. (1982). The subject and power, *Critical Inquiry, 8, 777-795*

Foucault, M. (1980). *Power/Knowledge: selected interviews and other writings, 1972/1977* (ed./transl. Colin Gordon). Brighton: Harvester Press

Fraser, B. (1979). The interpretation of novel metaphors. In A. Ortony, (1979, Ed.), *Metaphor and Thought.* New York: Cambridge University Press

Freedman, J. & Combs, G. (1996). *Narrative Therapy: The social construction of preferred realities.* New York. W.W.Norton.

Freud, S. (1965). *The interpretation of dreams.* New York: Avon Books. In J. C. Muran, and R. A. DiGiuseppe (1990). Towards a cognitive formulation of metaphor use in psychotherapy, *Clinical Psychology Review, Vol. 10, 69-85*

Friedman, M. (1992). *Dialogue and the Human Image: Beyond Humanistic Psychology.* London: Sage

Garner, D. (1991) in Ely et. al (1991). *Doing Qualitative Research: Circles Within Circles.* London: the Falmer Press.

Garner, D. (1986). *An Ethnographic Study of Four 5-Year-Old Children's Play Style.* Dissertation Abstracts International, No. 47/08A, p. 2880

Gee, J.P. (1992). *The social mind: Language, ideology and social practice.* New York: Bergin & Garvey

Geertz, C. (1975). In L. M. McMullen and J. B. Conway (1996), Conceptualising the figurative expressions of psychotherapy clients. In J.S. Mio and A.N. Katz (Eds.), *Metaphor: Implications and applications.* New Jersey: Lawrence Erlbaum Associates

Gentner, D. and Gentner, D. R. (1983). *Flowing Waters and Teeming Crowds: mental models of electricity.* In K. S. Moser (2000, June). Metaphor analysis in psychology-method, theory and fields of application. [22 paragraphs] *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research [On-line Journal], 1 (2).* Available at: http://qualitative-research.net/fqs-e/2-00inhalt-e.htm [Access: 7/1/2004])

Gergen, K. (1999). *An invitation to Social Construction*. London: Sage

Gergen, K. (1998). In I. Parker (1998, Ed.). *Social Constructionism, Discourse and Realism*. London: Sage

Gergen, K. (1995). *Construction, critique and community*. Cambridge, MA: Harvard University Press

Gergen, K. (1991). *The Saturated Self.: Dilemmas of Identity in Contemporary Life*. New York: Basic Books

Gergen, K.J. (1990). Therapeutic professions and the diffusion of deficit, *Journal of Mind and Behaviour, 11(3/4): 353-68*.

Gergen, K. J. (1989). Social psychology and the wrong revolution, *European Journal of Social Psychology, 19, 463-484*

Gergen, K. (1988). If persons are texts. In S. B. Messer, L. A. Sas and R. L. Wollfolk (eds.). *Hermeneutics and Psychological Theory*. New Brunswick, N. J. : Rutgers University Press

Gergen, K. (1985) The social constructionist movement in modern psychology, *American Psychologist, 40, 266-275*.

Gergen, K.J. and Gergen, M. M. (1984). The social construction of narrative accounts. In K.J. Gergen and M. M. Gegen (Eds.), *Historical Social Psychology*. NJ: Lawrence Erlbaum Associates

Gersie, A. (1996, Ed.). *Dramatic Approaches to Brief Therapy*. London: Jessica Kingsley

Gersie, A. and King, N. (1990). *Storymaking in Education and Therapy*. London: Jessica Kingsley Publishers

Gibbs, R. (1987) Mutual knowledge and the psychology of conversational inference, Journal of Pragmatics, 11, 561-588. In A. N. Katz, (1996). On interpreting statements as metaphor or irony: contextual heuristics and cognitive consequences. In J.S. Mio and A.N. Katz (Eds.), *Metaphor: Implications and applications*. New Jersey: Lawrence Erlbaum Associates

Gill, R. (1995). Relativism, reflexivity and politics: interrogating discourse analysis from a feminist perspective. In S. Wilkinson and C. Kitzinger (Eds.), *Feminism and Discourse: Psychological Perspectives*. London: Sage

Giles, D., Gough, B. and Packer, M. (2004, Eds.). *Qualitative Research in Psychology, Vol.1*

Glaser, B.G. and Strauss, A.M. (1967). *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York: Aldine

Goffman, E. (1981). *Forms of Talk.* Oxford: Blackwell

Gordon, D. (1978). *Therapeutic Metaphors: Helping Others Through the Looking Glass.* Los Altos, CA.:META Publications

Greenwood, D.J. and Levin, M. (1998). *Introduction to Action Research: Social Research for Social Change.* London: Sage

Gridley, H. (2004). Power, gender and accountability in supervision. In D.A. Paré and G. Larner (2004, Eds.). *Collaborative Practice in Psychology and Therapy.* NY: Hawaorth Clinical Practice Press

Harding, S. (1987a). *The Science Question in Feminism.* Milton Keynes: Open University Press

Harding, S. (1987b) *Feminism and Methodology.* Bloomington: Indiana University Press

Hare-Mustin, R.T. (1994). Discourses in the mirrored room: A postmodern analysis of therapy, *Family Process Vol. 33, 19-35*

Hare-Mustin, R.T. (1991). Sex, lies and headaches: The problem is power, *Journal of Feminist Family Therapy, Vol. 3 (1/2), 39-61*

Harper, D. (2004). Introducing social constructionist and critical psychology into clinical psychology training. In D.A. Paré and G. Larner (2004, Eds.). *Collaborative Practice in Psychology and Therapy.* NY: The Haworth Clinical Practice Press

Harper, D. (2002a). The tyranny of expert language, *Open Mind, Vol. 113, 8-9*

Harper, D. (2002b). Moving beyond the tyranny of experts, *Open Mind, Vol. 115, 20-21*

Harper D. (1999). Tablet talk and depot discourse: discourse analysis and psychiatric medication. In C.Willig (1999). *Applied Discourse Analysis. Social and Psychological Interventions.* London: Open University Press

Harper, D. (1998). Discourse analysis and psychiatric medication, *Clinical Psychology Forum, 16, 641-654*

Harré, R. (1999). Discourse and the embodied person. In Nightingale, D. J. and Cromby, J. (Eds.), *Social Constructionist Psychology.* Buckingham: Open University Press.

Harré, R. (1989). Language games and the texts of identity. In J. Shotter and K.J. Gergen (Eds.), *Texts of Identity.* London: Sage

Harré, R. and Van Langenhove, L. (1999, Eds.). *Positioning Theory.* Oxford: Blackwell

Harré, R. and Gillett, G. (1994). *The Discursive Mind.* London: Sage

Haskell, J, Linds, W. and Ippolito, J. (2002, September). Opening spaces of possibility: the Enactive as a qualitative research approach. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research [On-line Journal], 4 (2).* Available at: http://www.qualitative-research.net/fqs/fqs-eng.htm [Date of access: 01/10/2004]

Hayes, N. (1997, Ed.). *Doing Qualitative Analysis in Psychology.* Hove, East Sussex: Psychology Press Ltd.

Hawkes, T. (1972). *Metaphor. The Critical Idiom.* London: Routledge

Heidegger, M. (1977). The age of the world picture, in M. Heidegger, (1977), *The Question Concerning Technology and Other Essays,* trans. W. Lovitt. New York: Harper Colophon Books

Henriques, J., Hollway, W.Urwin, C., Venn, C. and Walkerdine, V. (1984). *Changing the Subject: Psychology, Social Regulation and Subjectivity.* London: Methuen

Hymer, S. (1997). The analyst's use of the lost-and-found metaphor in psychoanalysis, *Psychoanalytic Review, 84 (1), February, 129-147*

Henwood, K. and Pidgeon, N.F. (1992). Qualitative research and psychological theorising, *British Journal of Psychology, 83 (1), 97-112*

Hill, C. E. and Regan, A. M. (1991). The use of metaphors in one case of brief psychotherapy, *Journal of Integrative and Eclectic Psychotherapy, 10, 56-67.* In R. Bayne and K. L. Thompson (2000). Counsellor response to clients' metaphors: an evaluation and refinement of Strong's model, *Counselling Psychology Quarterly, Vol. 13, No. 1, 37-49*

Hollway, W. (2001). Narrative Therapy in Practice: The Archaeology of Hope- Book review, *Journal of Community Applied Social Psychology, 11, 319-327*

Hollway, W. (1989). *Subjectivity and Method in Psychology: Gender, Meaning and Science.* London: Sage

Hollway, W. (1984). Gender difference and the production of subjectivity, in J. Henriques, W. Hollway, C. Urwin, C. Venn and V. Walkerdine (Eds.), *Changing the Subject: Psychology, Social Regulation and Subjectivity.* London: Methuen

Hoffman, L. (1990). Constructing realities: an art of lenses, *Family Process, 29 (1), March, 1-12*

Hutchby, I. and Wooffitt, R. (1998). *Conversation Analysis.* Cambridge: Polity Press

Jaworski, A. and Coupland, N. (1999). *The Discourse Reader.* London: Routledge

Jennings, S. E. (1995). Dramatherapy for survival. Some thoughts on transitions and choices for children and adolescents. In S.E. Jennings (1995, Ed.), *Dramatherapy with Children and Adolescents*. London: Routledge

Johnson-Laird, P. (1981). Mental models in cognitive science, in D.A. Norman (Ed.), *Perspectives on Cognitive Science*. Norwood, NJ: Ablex.

Johnson-Laird, P. (1983). *Mental Models: towards a cognitive science of language, inference and consciousness*. Cambridge, MA: Harvard University Press

Johnson-Laird, P. (1981). Mental models in cognitive science, in D.A. Norman (Ed.), *Perspectives on Cognitive Science*. Norwood, NJ: Ablex.

Johnson, J. T. and Taylor, S. E. (1981). The effect of metaphor on political attitudes, *Basic and Applied Psychology, 2, 305-316*

Jones, P. (1995). *Drama as Therapy, Theatre as Living*. London: Routledge

Jung, C. (1961). *Memories, Dreams, Reflections*. New York: Vintage Books. In J. C. Muran, and R. A. DiGiuseppe (1990). Towards a cognitive formulation of metaphor use in psychotherapy, *Clinical Psychology Review, Vol. 10, 69-85*

Katz, A.N. (1996). On interpreting statements as metaphor or irony: contextual heuristics and cognitive consequences. In J.S. Mio and A.N. Katz (Eds.), *Metaphor: Implications and applications*. New Jersey: Lawrence Erlbaum Associates

Kenwood, C. (1999) Social Constructionism: implications for psychotherapeutic practice. In Nightingale, D. J. and Cromby, J. (Eds.), *Social Constructionist Psychology*. Buckingham: Open University Press.

Killikelly, T. (1995). Whose dream is it anyway?, *Self and Society, May, 23(2)*.

Kirschenbaum, H. and Henderson, V.L. (Eds.) (1990). *Carl Rogers Dialogues*. London: Constable. In Strawbridge, S. (2003, Spring). 'McDonaldization' or 'Fast Food Therapy', Dramatherapy, *Journal of the British Association of Dramatherapists, Vol. 25, No. 1, 20-23*

Kitzinger, C. and Wilkinson, S. (1997). Validating women's experience? Dilemmas in feminist research, *Feminism and Psychology, Vol. 7, 566-574*

Koch, S. (1981). The nature and limits of psychological knowledge: Lessons of a century qua 'science', *American Psychologist, 36, 257-269*

Kopp, R.R. (1995). *Metaphor Therapy-Using Client-Generated Metaphors in Psychotherapy*. New York: Brunner/Mazel

Kosslyn, S. (1980). *Image and Mind*. Cambridge, MA.: Harvard University Press

Kvale, S. (1996). *Interviews. An introduction to Qualitative Research Interviewing*. Thousand Oaks, CA: Sage

Lacan, J. (1977). *Ecrits: A Selection.* New York: W.W. Norton

Lakoff, G. (1987). *Women, Fire and Dangerous Things: What Categories Reveal About the Mind.* Chicago: University of Chicago Press

Lakoff, G. and Johnson, M. (1980). *Metaphors We Live By.* Chicago, IL: University of Chicago Press

Lax, W. D. (1992). Postmodern thinking in clinical practice. In S. McNamee and K. J. Kergen (Eds.), The*rapy as Social Construction.* London: Sage

Lawes, R. (1999). Marriage: An analysis of discourse, *British Journal of Social Psychology, Vol 38 (1) (March), 1-20*

Lawley, J. and Tompkins, P. (2000*). Metaphors in Mind: Transformation through Symbolic Meaning.* London: The Developing Company Publications

Leary, D. E. (1990). *Metaphors in the History of Psychology.* Cambridge: University Press. In Milne, D. and Sheikh, A. (1999), Metaphors in therapy process research: all at sea?, *Clinical Psychology Forum, 129, July, 4-8*

Ley, R.G. and Freeman, R.J. (1984). Imagery, cerebral laterality and healing process. In A.A. Sheikh (Ed.), *Imagination and healing: Imagery and human development series* (pp. 51-68). New York: Baywood Publishing Company Inc.

Levitt, H., Yifaht, K. and Angus, L. (2000). A metaphor analysis in treatments of depression: metaphor as a marker of change, *Counselling Psychology Quarterly, Vol. 13, No. 1, 23-35*

Lincoln, Y.S. and Guba, E.G. (1985). *Naturalistic Enquiry.* Newbury Park, CA: Sage

Linden, J. (1985). Insight through metaphor in psychotherapy and creativity, *Psychoanalysis and Contemporary Thought, 8(3), 375-406*

Lock, M. (1993). *Encounters with Aging: Mythologies of Menopause in Japan and North America.* Berkeley, CA: University of California Press

Lomas, P. (1999). *Doing Good: Psychotherapy Out of Its Depth.* Oxford: Oxford University Press. In Strawbridge, S. (2003, Spring). 'McDonaldization' or 'Fast Food Therapy', Dramatherapy, *Journal of the British Association of Dramatherapists, Vol. 25, No. 1, 20-23*

Madill, A., Jordan, A. and Shirley, C. (2000). Objectivity and reliability in qualitative analysis: realist, contextualist and radical constructionist epistemologies, *British Journal of Psychology, 91, 1-20*

Mair, M. (1977). 'Metaphors for living'. In A. W. Landfield (Ed.), Nebraska Symposium on Motivation, 1976: Personal Construct Psychology. Lincoln: University of Nebraska Press

Marks, D. (1993). Case-conference analysis and action research. In E. Burman and I. Parker (Eds.), *Discourse Analytic Research*. London: Routledge

Markus, H. R. and Kitayama, S. (1991). Culture and the Self: Implications for cognition, emotion, and motivation, *Psychological Bulletin, 98, 224-253*

Mastache, C. (2003). Clients' questions in therapy talk, *unpublished paper (based on Ph.D research) presented at the 1st International Conference of Critical Psychology, 27-31 August, 2003, Bath*

Mastache, C. (2000). *La co-construcción del proceso terapéutico: la perspectiva del paciente y la perspectiva' del terapeuta*. Unpublished MSc. Thesis. Facultad de Psicología, UNAM, México.

McDaniel et al. (1995). Medical family therapy with somatizing patients: the co-creation of therapeutic stories, *Family Process, 34(3)*

McLeod, J. (1999, Autumn). The concept of story in counselling and psychotherapy: a hermeneutic approach, *Changes, V.17, No. 3,171-177.*

McMullen, L.M. (1995). Methods and Metaphors: The study of Figurative Language in Psychotherapy. In L. Tsoi Hoshmand and J. Martin (Eds.), *Research as Praxis-Lessons from Programmatic Research in therapeutic Psychology*. N.Y.: Teachers College Press.

McMullen, L. (1989). Use of figurative language in successful and unsuccessful cases of psychotherapy: three comparisons, *Metaphor and Symbolic Activity, 4, 203-225*

McMullen, L. and Conway, J. (1996). Conceptualising the figurative expressions of psychotherapy clients. In J.S. Mio and A.N. Katz (Eds.), *Metaphor: Implications and applications*. New Jersey: Lawrence Erlbaum Associates

Merleau-Ponty, M. (1962). *Phenomenology of Perception*, trans. C. Smith. London: Routledge

Merttens, R. (1998). What is to be done? (With apologies to Lenin!). In Parker, I. (Ed),). *Social Constructionism, Discourse and Realism*. London: Sage

Montero, M. (1998). In I. Parker (1998, Ed.). *Social Constructionism, Discourse and Realism*. London: Sage

Milioni, D. (1997). *The thread of our lives: A qualitative study into the role of metaphor in counselling and therapy*. Unpublished thesis for the MSc. in Counselling Psychology, City University

Miller, J. and Glassner, B. (1997). The 'Inside' and the 'Outside'. Finding realities in interviews. In. D. Silverman (1997, Ed.). *Qualitative Research: Theory, Method and Practice*. London: Sage

Milne, D. and Sheikh, A. (1999). Metaphors in therapy process research: all at sea?, *Clinical Psychology Forum, 129, July, 4-8*

Mio, J. S. (1996). Metaphor, politics, and persuasion. In J. S. Mio and A. N. Katz (1996, Eds.), *Metaphor: Implications and applications*. New Jersey: Lawrence Erlbaum Associates

Mio, J.S. and Katz, A. N. (1996, Eds.), *Metaphor: Implications and applications*. New Jersey: Lawrence Erlbaum Associates

Mishler, E.G. (1995). Models of narrative analysis: a typology. *Journal of Narrative and Life History, 5, 87-123*

Mishler, E.G. (1984). *The discourse of medicine. Dialectics of medical interviews*. Norwood, NJ: Ablex

Modrzewska, K. and Brook, J. A. (1979). Schizophrenia and malignant neoplasms in North Swedish population. *Lancet, 1, 275-276*. In M. Dwairy (1997), A Biopsychosocial model of metaphor therapy with holistic cultures, *Clinical Psychology Review, Vol. 17, No. 7, 719-732*

Monk, G, Winslade, J., Crocket, K. and Epston, D. (Eds.) (1997). *Narrative Therapy in Practice: The Archaeology of Hope*. San Francisco: Jossey Bass

Montero, M. (1998). The perverse and pervasive character of reality: some comments on the effects of monism and dualism. In I. Parker (Ed.). *Social Constructionism, Discourse and Realism*. London: Sage

Morss, J. and Nichterlein, M. (1999). The Therapist as Client as Expert: Externalizing Narrative Therapy. In I. Parker (Ed.), *Deconstructing Psychotherapy*. London: Sage.

Moser, K. S. (2000, June). Metaphor analysis in psychology-method, theory and fields of application. [22 paragraphs] *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research [On-line Journal], 1 (2)*. Available at: http://qualitative-research.net/fqs-e/2-00inhalt-e.htm [Access: 7/1/2004]

Moser, K. S. et al. (2000). Taking Actors' Perspectives Seriously: whose knowledge and what is managed? Knowledge Management in a Transdisciplinary Perspective. In K.S. Moser (2000, June). Metaphor analysis in psychology-method, theory and fields of application. [22 paragraphs] *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research [On-line Journal], 1 (2)*. Available at: http://qualitative-research.net/fqs-e/2-00inhalt-e.htm [Access: 7/1/2004]

Mullhauser, P. and Harré, R. (1990). *Pronouns and People*. Oxford: Blackwell. //in Edwards, et al., (1995).

Muran, J. C. and DiGiuseppe, R. A. (1990). Towards a cognitive formulation of metaphor use in psychotherapy, *Clinical Psychology Review, Vol. 10, 69-85*

Murphy, R. (1995). Sociology as if nature did not matter: an ecological critique, *British Journal of Sociology, 46(4): 688-707*

Murray, E. (1975). The phenomenon of metaphor: some theoretical considerations. In A. Giorgi, C. Fischer and E. Murray (eds.), *Dusquesne Studies in Phenomenological Psychology, vol.II (pp.281-300).*

Nightingale, D. (2003). Critical realism and social constructionism. *Paper presented to the International Conference of Critical Psychology, University of Bath, 27-31 August*

Nightingale, D. and Cromby, J. (1999, Eds.). *Social constructionist Psychology: A Critical Analysis of Theory and Practice.* Buckingham: Open University Press

O'Connell, B. (1998). *Solution Focused Therapy.* London: Sage

Ortony, A. (1979, Ed.), *Metaphor and Thought.* New York: Cambridge University Press

Ortony, A. (1975). Why metaphors are necessary and not just nice, *Educational Theory, 25, 45-53*

Ottati, V. et al. (1999). The effect of metaphor on processing style in a persuasion task: a motivational resonance model, *Journal of Personality and Social Psychology, 77 (4), 688-697*

Paivio, A. (1979). Psychological processes in the comprehension of metaphor. In A. Ortony (Ed.), *Metaphor and Thought* (pp. 150-171). New York: Cambridge University Press

Parker, I. (1999a). Critical reflexive humanism and critical social constructionist psychology. In D. Nightingale and J. Cromby (Eds.), *Social Constructionist Psychology: A Critical Analysis of Theory and Practice.* Buckingham: Open University Press

Parker, I. and the Bolton Discourse Network (1999b). *Critical Textwork: An Introduction to Varieties of Discourse and Analysis.* Buckingham: Open University Press

Parker, I. (1998, Ed.). *Social Constructionism, Discourse and Realism.* London: Sage

Parker, I. (1997a). Discourse analysis and psychoanalysis, *British Journal of Social Psychology, 36: 479-95*

Parker, I. (1997b). Discursive psychology. In D. Fox and I. Prilleltensky (Eds.), *Critical Psychology. An Introduction.* London: Sage

Parker, I. et al. (1995). *Deconstructing Psychopathology.* London: Sage

Parker, I. (1994). Reflexive research and the grounding of analysis: Social psychology and the psy-complex, *Journal of Community and Applied Social Psychology, 4 (4), 239-252*

Parker, I. (1992). *Discourse Dynamics: Critical Analysis for social and Individual Psychology*. London : Routledge

Parker, I. (1989). *The Crisis in Modern Social Psychology and How to End It*. London: Routledge

Petrie, H. G. (1979). Metaphor and learning. In A. Ortony (1979, Ed.), *Metaphor and Thought*. New York: Cambridge University Press

Pfaff, K.L. Gibbs, R.W. and Johnson, M.D. (1997). Metaphor in using and understanding euphemism and dysphemism, *Applied Psycholinguistics, 18, 59-83*

Pilgrim, D. and Rogers, A. (1997). Mental Health, critical realism and lay knowledge, in J. Ussher (1997, Ed.) *Body Talk. The Material and Discursive Regulation of Sexuality, Madness and Reproduction*. London: Routledge

Potter, J. (2004a). Discourse, representation and interviewing practices. *Talk given at the London School of Economics, 17/02/04*

Potter, J. (2004b). Discourse Analysis as a way of analysing naturally occurring talk. In D. Silverman (Ed.), *Qualitative Analysis: Issues of Theory and Method, 2nd* Edition. London: Sage

Potter, J. (1997). Discourse Analysis as a way of analysing naturally occurring talk. In D. Silverman (Ed.), *Qualitative Research. Theory, Method and Practice*. London: Sage

Potter, J. (1996). *Representing reality: Discourse, rhetoric and social construction*. London: Sage

Potter, J., Wetherell, M., Gill, R. and Edwards, D. (1990). Discourse: noun, verb or social practice?, *Philosophical Psychology, Vol. 3, No. 2, 205-217*

Potter, J. and Wetherell, M. (1995). Discourse Analysis. In J. A. Smith, R. Harré and L. Van Langenhoven (Eds.), *Rethinking Methods in Psychology*. London: Sage

Potter, J. and Wetherell, M. (1987). *Discourse and Social Psychology: Beyond Attitudes and Behaviour*. London: Sage

Pujol,J. and Montenegro, M. (1999). 'Discourse or Materiality'? Impure alternatives for recurrent debates. In D. J., Nightingale and J. Cromby (Eds), *Social Constructionist Psychology*. Buckingham: Open University Press.

Pylyshyn, Z. W. (1979). Metaphorical imprecision and the "Top-Down" research strategy. In A. Ortony (1979, Ed.), *Metaphor and Thought*. New York: Cambridge University Press

Rasmussen, B. and Angus, L. (1996). Metaphor in psychodynamic psychotherapy with borderline and non-borderline clients: a qualitative analysis, *Psychotherapy, 33 (4), 521-530*

Ratner, C. (2002, September). Subjectivity and objectivity in qualitative methodology. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research* [Online Journal], 3 (3). Available at: www. Qualitative-research.net/fqs/fqs-eng.htm [Date of access: 12/2/04].

Reay, R. (1988) in D. Spellman (1994), Beyond instrumentalism: the use of metaphor in family therapy, *Human Systems: The Journal of Systemic Consultation and Management, vol. 5, 83-95*

Reddy, M. J. (1979). The conduit metaphor: A case of frame conflict in our language about language. In A. Ortony (1979, Ed.), *Metaphor and Thought.* New York: Cambridge University Press

Reicher, S. (2000). Against methodolatry: Some comments on Elliott, Fischer and Rennie, *British Journal of Clinical Psychology, 39 (1), 1-6*

Reicher, S. and Wetherell, M. (1999). Editorial, *British Journal of Social Psychology, 38, 113-114*

Rennie, D.L. (1999). Qualitative research: A matter of hermeneutics and the sociology of knowledge. In M. Kopala and L. Suzuki (Eds.), *Using Qualitative Methods in Psychology.* Thousand Oaks, CA: Sage

Rennie, D. L., Phillips, J.R. and Quartaro, G.K. (1998). Grounded theory: A promising approach to conceptualisation in psychology?, *Canadian Psychology, 29, 139-150*

Ricoeur, P.(1984). *The Rule of Metaphor : Multi-Disciplinary Studies of the Creation of Meaning in Language.* Toronto: University of Toronto Press

Riley, S., Schouten, W. and Cahill, S. (2003, May). Exploring the dynamics of subjectivity and power between researcher and researched. *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research [On-line Journal], 4 (2).* Available at: http://www.qualitative-research.net/fqs-texte/2-03/2-03rileyetal-e.htm [Date of access: 04/21/2004]

Roderburg, S. (1998). *Sprachliche Konstruktion der Wirklichkeit. Metaphern in Therapiegespraechen.* Wiesbaden: Deutscher Universitaets Verlag. In K.S. Moser (2000, June). Metaphor analysis in psychology-method, theory and fields of application. [22 paragraphs] *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research [On-line Journal], 1 (2).* Available at: http://qualitative-research.net/fqs-e/2-00inhalt-e.htm [Access: 7/1/2004]

Romanyshyn, R.D. (1971). Method and meaning in psychology: The method has been the message, *Journal of Phenomenological Psychology, 2, 93-113*

Romme, M. and Escher, S. (2000). Making Sense of Voices. A Guide for Mental Health Professionals Working with Voice-Hearers. London: MIND Publications

Romme, M. and Escher, S. (1993, Eds.). *Accepting Voices.* London: MIND Publications

Rosenau, P. M. (1992). *Post Modernism and the Social Sciences.* New Jersey: Princeton University Press

Rowan, J. (2000). The three bodies in psychotherapy, *European Journal of Psychotherapy, Counselling and Health, Vol. 3, No.2, August, 193-207*

Rowe, D. (1978). *The Experience of Depression.* Toronto: John Wiley.

Sacks, S. (1979, Ed.). *On Metaphor.* Chicago, IL: University of Chicago Press

Sampson, E.E. (1989). *The Deconstruction of the Self.* In J. Shotter and K. Gergen (Eds.), Texts of Identity. London: Sage

Sayers, J. (2003). *Divine Therapy. Love, Mysticism and Psychoanalysis.* New York: Open University Press

Schegloff, E. A. (1997). Whose text, whose context?, *Discourse and Society, 8: 165-87*

Schon, D.A. (1979). Generative Metaphor: A Perspective on Problem-setting in Social Policy. In A. Ortony (Ed.), *Metaphor and Thought.* Cambridge: Cambridge University Press.

Schouten, W. (2003). Critical realism and constructions of female employment and childcare. *Paper presented to the International Conference of Critical Psychology, University of Bath, 27-31 August*

Seale, C., Silverman, D., Gubrium, J. and Gobo, G. (2003, Eds). *Qualitative Research Practice.* London: Sage

Segal, L. (1994). *Straight Sex.* London: Virago

Selvini, M., Boscolo, L., Cecchin, G. and Prata, G. (1978). *Paradox and Counterparadox.* New York: J. Aronson.

Shapiro, M. (1992). *Reading the Postmodern Polity.* Minneapolis: University of Minessota Press.

Shaw, I. (2002). How lay are lay beliefs?, *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine, Vol. 6 (3), 287-299*

Shengold, S. (1981) cited in J. Linden (1985), Insight through metaphor in psychotherapy and creativity, *Psychoanalysis and Contemporary Thought, 8(3), 375-406*

Sacks, S. (1979, Ed.). *On Metaphor*. Chicago, IL: University of Chicago Press

Shapiro, M. (1992). *Reading the Postmodern Polity*. Minneapolis: Oniversity of Minessota Press.

Shawver, L. (2004). Therapy theory after the postmodern turn. In D.A. Paré and G. Larner (2004, Eds.). *Collaborative Practice in Psychology and Therapy*. NY: The Haworth Clinical Practice Press

Shengold, S. (1981) cited in J. Linden (1985), Insight through Metaphor in Psychotherapy and Creativity, *Psychoanalysis and Contemporary Thought, 8(3), 375-406*

Shopland, J. (2000). Women and counselling: A feminist perspective, *Health-sharing Women, 11 (2), 7-11.*

Shotter, J. (1993). *Cultural Politics of Everyday Life: Social Constructionism, Rhetoric and Knowing of the Third Kind*. Buckingham: Open University Press

Shotter, J. and Gergen, K. (1989, Eds.). *Texts of Identity*. London: Sage

Siegelman, E.Y. (1990). *Metaphor and naming in psychotherapy*. New York: Guildford

Silverman, D. (2004, Ed.), *Qualitative Analysis: Issues of Theory and Method, 2nd* Edition. London: Sage

Silverman, D. (1997a). *Discourses of Counselling: HIV Counselling as Social Interaction*. London: Sage

Silverman, D. (1997b, Ed.). *Qualitative Research: Theory, Method and Practice*. London: Sage

Silverman, D. (1993). *Interpreting Qualitative Data: Methods for Analysing Talk, Text and Interaction*. London: Sage

Sim, S. (2001). *The Routledge Companion to Postmodernism*. London: Routledge

Simpson, A. (1997). "It's a Game! The Construction of Gendered Subjectivity'. In R. Wodak (1997, Ed.), *Gender and Discourse*. London: Sage

Small, J. J. and Manthei, R. J. (1986). The language of therapy, *Psychotherapy, 23, 395-404*

Smith, G. (1992). Metaphoric therapy: exploring the pervasiveness of metaphor and its use in therapy, *Australia and New Zealand Journal of Family Therapy, Vol. 13, No. 2, 72-78*

Smith, J., Harré, R. and Van Langenhove, L. (1995). *Rethinking Methods in Psychology*. London: Sage

Soyland, A. J. (1994). *Psychology as Metaphor*. London: Sage

Speer, S. (2000). Let's Get Real? Feminism, Constructionism and the Realism/Relativism Debate, *Feminism and Psychology, Vol. 10, No. 4, 519-530*

Spellman, D. (1994), Beyond instrumentalism: the use of metaphor in family therapy, *Human Systems: The Journal of Systemic Consultation and Management, vol. 5, 83-95*

Squire, C. (1995). Pragmatism, extravagance and feminist discourse analysis. In S. Wilkinson and C. Kitzinger (Eds.). *Feminism and Discourse: Psychological Perspectives. Gender and Psychology: Feminist and Critical Perspectives.* London: Sage

Stoppard, J.M. (1998). Dis-ordering depression in women: toward a materialist-discursive account, *Theory and Psychology, Vol. 8: 79-99*

Stoppard, J.M. (1997). Women's Bodies, Women's Lives and Depression: towards a reconciliation of material and discursive accounts, in J. Ussher (1997, Ed.) *Body Talk. The Material and Discursive Regulation of Sexuality, Madness and Reproduction.* London: Routledge

Strauss, A.M. and Corbin, J. (1990). *Basics of Qualitative Research.* Newbury Park, CA: Sage

Strawbridge, S. (2003, Spring). 'McDonaldization' or 'Fast Food Therapy', *Dramatherapy, Journal of the British Association of Dramatherapists, Vol. 25, No. 1, 20-23*

Strong, T. (1989). Metaphors and client change in counselling, *International Journal for the Advancement of Counselling, 12, 203-213*

Sue, S. & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy, *American Psychologist, 42 (1), 37-45.*

Sutherland, K. (2001, 14 September). Mind, matter and the search for the 'self', *The Times Higher, pp.18- 20*

Talbot, J., Bibace, R., Bokhour, B. and Bamberg, M. (1996). *Affirmation and resistance of dominant discourses: the rhetorical construction of pregnancy*, Clark University (unpublished paper from the web-page http://www.massey.ac.nz/~Alock/virtual/mbamberg.htm)

Turner, M. (1998). Moving beyond modernist discourses of psychological therapy: Challenging the British vision of counselling psychology and its training, *The European Journal of Psychotherapy, Counselling and Health, Vol. 1, No. 3, 435-457*

Turner, B. (1992). *Regulating Bodies: Essays in Medical Sociology*. London: Routledge

Turner, B. (1984). *The Body and Society: Explorations in Social Theory*. Oxford: Basil Blackwell

Turner, V. (1974). *Dramas, Fields and Metaphors: Symbolic Action in Human Society*. London: Cornell University Press

Turp, M. (2000). A response to 'Three bodies in psychotherapy' by John Rowan, *European Journal of Psychotherapy, Counselling and Health, Vo.3, No. 2, August, 209-212*

Ussher, J. (1997, Ed.), *Body Talk: The Material and Discursive Regulation of Sexuality, Madness and Reproduction*. London: Routledge

Urwin, C. (1984). Power relations and the emergence of language. In J. Henriques, W. Hollway, C. Urwin, C. Venn and V. Walkerdine (1984), *Changing the Subject: Psychology, Social Regulation and Subjectivity*. London: Methuen

Ussher, J. (1997). Towards a material-discursive analysis of madness, sexuality and reproduction, in J. Ussher (1997, Ed.) *Body Talk: The Material and Discursive Regulation of Sexuality, Madness and Reproduction*. London: Routledge

Van der Hart, O. (1983). *Rituals in Psychotherapy: Transition and Continuity*. NY: Irvington

Varela, F. J., Thompson E. and Rosch, E. (1991). *The Embodied Mind: Cognitive Science and Human Experience*. Cambridge, MA: Harvard University Press

Von Kleist, C. (1987). *Zur Verwendung von Metaphern in der Selbstdarstellungen von Psychotherapieklienten*. In K.S. Moser (2000, June). Metaphor analysis in psychology-method, theory and fields of application. [22 paragraphs] *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research [On-line Journal], 1 (2)*. Available at: http://qualitative-research.net/fqs-e/2-00inhalt-e.htm [Access: 7/1/2004]

Walkerdine, V. (1991). *Schoolgirl Fictions*. London: Verso

Weatherall, A. and Walton, M. (1999). The metaphorical construction of sexual experience in a speech community of New Zealand University students, *British Journal of Social Psychology, 38, 479-498*

Webster, R. (1995). *Why Freud was wrong: Sin, Science and Psychoanalysis*. London: Fontana

Wetherell, M. (1998). Positioning and interpretative repertoires: conversation analysis and post-structuralism in dialogue, *Discourse and Society, Vol. 9 (3), 387-412*

White, M. (2001). Narrative Therapy. Handout provided at the Narrative Therapy conference, *Delight and the Unexpected*, SOAS, 14 and 15 June, London

White, M. and Epston, D. (1990). *Narrative Means to Therapeutic Ends*. New York: Norton

White, M. (1990). The externalizing of the problem and the re-authoring of lives and relationships, Dulwich Centre Newsletter, Winter, 8-14. In G. Smith (1992). Metaphoric therapy: exploring the pervasiveness of metaphor and its use in therapy, *Australia and New Zealand Journal of Family Therapy, Vol. 13, No. 2, 72-78*

Wilkinson, S. and Kitzinger, C. (1996, Eds.). *Representing the Other: A 'Feminism and Psychology' Reader*. London: Sage

Wilkinson, S. (1988). The role of reflexivity in feminist psychology, *Women's Studies International Forum, Vol. 11 (5), 493-502*

Willig, C. and Drury, J. (2004a). 'Acting-with': Partisan participant observation as a social practice basis for shared knowing. In D.A. Paré and G. Larner (2004, Eds.). *Collaborative Practice in Psychology and Therapy*. NY: The Haworth Clinical Practice Press

Willig, C. (2004b). Discourse Analysis and Health Psychology. In M. Murray (2004, Ed.), *Critical Health Psychology*. NY: Palgrave Macmillan.

Willig, C. (2003). Discourse Analysis. In J. A. Smith (2003, Ed.), *Qualitative Psychology. A Practical Guide to Research Methods*. London: Sage

Willig, C. (2001). *Introducing Qualitative Research in Psychology: Adventures in Theory and Method*. Milton Keynes: Open University Press.

Willig, C. (2000). A Discourse -dynamic approach to the study of subjectivity in health psychology, *Theory and Psychology, Vol. 10(4): 547-570*

Willig, C., (1999a). *Applied Discourse Analysis: Social and Psychological Interventions*. Buckingham: Open University Press

Willig, C. (1999b). Beyond Appearances: A critical realist approach to social constructionist work in psychology. In D. Nightingale and J. Cromby (Eds.), *Psychology and Social Constructionism: A Critical Analysis of Theory and Practice*. Buckingham: Open University Press

Winner, E. (1988). *The Points of Words : Children's Understanding of Metaphor and Irony*. Cambridge, MA: Harvard University Press

Winsldae, J. and Monk, G. (2000). *Narrative Mediation: A New Approach to Conflict Resolution*. San Francisco: Jossey-Bass

Yardley, L. (1997). Introducing material-discursive approaches to health and illness. In L. Yardley (Ed.), *Material discourses of health and illness* (pp. 1-24). London: Routledge

Yardley, L. (1997, Ed.). *Material Discourses of Health and Illness*. London: Routledge

Yardley, L. (1997). Introducing material-discursive approaches to health and illness, in L. Yardley, (1997), *Material Discourses of Health and Illness*. London: Routledge

Yardley, L. (1996). Reconciling discursive and materialist perspectives on health and illness: a re-construction of the biopsychosocial approach, *Theory and Psychology, 6, 485-508*

Yoos, G. (1971). A phenomenological look at metaphor, *Philosophy and Phenomenological Research, 32, 78-88*

Research into the use of metaphor in therapeutic practice

Dear Sir/Madam,

I am a practising Counsellor with an MSc. in Counselling Psychology, presently undertaking research for a Ph.D in Psychology at City University. More specifically, I am conducting qualitative research into metaphor and its uses in therapy.

The research:

I am interested in finding out how metaphor has featured in the work you did with your therapist/counsellor, be it in the form of dreams, images, symbols, stories or whatever else.

If you think you would like to take part, we will arrange for an informal, semi-structured interview (with open-ended questions), in which you can talk about your experience. The interview will last for a maximum of one hour. It will be recorded, with your permission, so that it can be transcribed for analysis.

The interview will be confidential. Furthermore, any identifying information in the recording will be disguised, so that your anonymity is preserved. The interview tape, following its transcription for the purposes of the research, will then be erased.

You can withdraw from the interview at any stage without prejudice and without a reason being sought. Following the interview there will be some time left for debriefing.

If you have any further queries about this letter or to arrange for an interview, please ring   and leave a message on the answering machine. I will then return your call to make arrangements.

Thank you for your time.

Kind regards,

Daphne Milioni

Research into the use of metaphor in therapeutic practice

Dear Colleague,

I am a practising counsellor with an MSc. in Counselling Psychology, presently undertaking research for a Ph.D in Psychology at City University. More specifically, I am conducting qualitative research into metaphor and its uses in therapy.

Perhaps you might be interested in taking part in the research. I would very much like to find out more about your opinions, experience, beliefs, etc. regarding metaphor and how you might (or might not) use it in your clinical work. Since I am only interested in your subjective experience, there is no reading or background knowledge required of you, only an interest in the topic and the willingness to share your thoughts with me!

If you think you would like to take part, I would like to contact you in order to arrange for an informal, semi-structured interview.

The interview will last for a maximum of one hour. It will be recorded, with your permission, so that it can be transcribed for qualitative analysis. The usual ethics considerations apply. These include informed consent, the possibility for you to withdraw from the interview at any stage without prejudice, assured confidentiality (including the disguise of any identifying information), and debriefing at the end of the interview. The interview tape will be erased, following transcription.

If you have any further queries or to arrange for an interview, please ring ,
        and leave a message on the answering machine. I will then return your call to make arrangements.

Thank you for your time.

Kind regards,

Daphne Milioni

Would you like to take part in an interesting study?

Participants are needed to take part in a small focus group. They will be asked to share and discuss their opinions with the other participants on the topic of **the use of metaphor in therapy.**

You must be a therapist or counsellor (qualified or in training) with experience of personal therapy.

The study forms part of Ph.D research looking into constructions of the use of metaphor in therapeutic practice.

If you think you might be interested in taking part and you would like further information, please ring Daphne Milioni on   or email:
D. Milioni@city.ac.uk

Q.1 What made you volunteer for this research?

Q.2 Would you like to say a little about yourself, what you do, etc. ?

Q.3 I am interested in looking at metaphor and its use in therapy. When I say that to you, what do you think of?

Q.4 Sometimes it is considered that metaphor use in therapy could be things like working with imagery, dreams, stories, drawings, etc. Have you got any such experience from your own therapy? (Can you give me some examples? How was it used?)

Q.5 What do you think of that in the context of your own therapy? Was it interesting, beneficial, unhelpful, destructive or other?

Q.6 How comfortable were you with that way of working?

Q.7 What effect did you feel that type of work had on your relationship with the therapist if any? Why?

Q.8 Would you say that that type of work has certain advantages or disadvantages over other ways of working? Could you explain?

Q.9 Would you say that if you had not had that experience you would have missed out? (Please elaborate)

Q.10 How did the therapist conduct that type of work? Was he/she helpful? What did you think of his/her input?

Q.11 Why do you think some therapists might work with metaphor; what do you make of that?

Q.12 How did your therapist work? What would the therapy entail? (Can you describe its process?)

Q.13 How would you describe your relation to your therapist (s)? What was it like to be their client? How much power did you feel you had as a client in the therapy situation?

Q.14 What personal and professional qualities do you think a therapist should have, in order for them to be good therapists?

Q.15 Now that we have spent some time talking about metaphor in therapy, what do you think about metaphor now?

Q.16 Is there anything else you would like to add or comment on?

Interview Schedule

[Examples of proposed metaphoric communication in therapy to act as prompts :
-Dream
-Image
-Linguistic metaphor
-Sensory
-drawing]

Q. 1
Would you like to say a little about yourself, your job and what it entails? How long have you been working, etc. What do you like about your job? What aspects are you not so keen on?

Q.2
I am interested in looking at the use of metaphor in therapy. When I say that to you what do you think of?
[What is a Dramatherapist?]

Q.3
Why do metaphors come up for therapists and clients?
[What areas are of particular importance for a Dramatherapist?]

Q.4
Do you have an interest in metaphor in your practice? If so what do you class as a metaphor? How would you work with it?

Q.5
Can you give me an example of a case where you were presented with a metaphor from the client (or you came up with one yourself)?

Q.6
Can you give me an example where you are not sure whether that was a metaphor? How did you deal with it?

Q.7
Present examples as above and ask for information.
[not utilised with the Dramatherapist]

Q.8
To what extent do you find the use of metaphor in your work helpful or meaningful? Did you encounter metaphor in your training? (if so, in what way, please elaborate; if not, what do you make of this omission, how do you feel about it?)

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[1] The schedules used for the Dramatherapist, as well as the other participant therapists, were virtually the same, bar Questions 2 and 3 (what is a Dramatherapist, what areas are of particular importance for a Dramatherapist), used as 'ice-breakers' and in order to establish some background as to the nature of Dramatherapy. In addition, Questions 3 and 7 on the therapists' schedule (why do metaphors come up, present examples of metaphors and ask for information) were omitted from the Dramatherapist's schedule, for reasons of brevity, exchanged with questions 2 and 3, as above.

Q.9 : Entrance point-example of working with metaphor
[How does that fit with or depart from your theoretical orientation or model of practice?]
Q.10
What areas are of particular importance for someone practising from within that model?
Q.11
What sort of metaphors that the therapist produces, do you feel are helpful for the client?
Q.12
What skills would a therapist need in order to work with metaphor?
Q.13
What effect does metaphor use have on the therapeutic relationship, if any?
Q.14
It has been suggested that metaphor relates to Self and Identity. What do you think about that?

[[Q.15
How comfortable are you and your clients with the use of metaphor in clinical practice? How do you interpret that?
Q.16
Do you routinely share metaphors, images, etc. with your clients?
Q.17
Do metaphors change or evolve in the course of therapy?
Q.18
If you were to use a metaphor to describe the therapeutic process, what would it be?]]

Q.19
Is there anything you would like to add or comment on ?

Q.20
We have been talking about metaphor for about an hour- what do you think about metaphor now?

Appendix 2 (c): focus Group Interview Schedule

[in parenthesis, the subject position from which the participants are asked to answer; T for therapist, C for client]

Q. 1, C/T: what do you think about the use of metaphor in therapy?

Q. 2, T/C: why do metaphors come up?

Q. 3, T/C: What effect do you think the use of metaphor has on therapy and the therapeutic relationship, if any?

Q. 4, T: How do you think the use of metaphor would fit in with or depart from your model of practice?

Q. 5, C: If you think back to your personal therapy, what place, if any, did metaphor have? (follow up: in what form, was it picked up by your therapist, how did they work with it, what did you think of the experience?)

Q. 6, T/C: Can you think back to your personal therapy or practice and provide any examples where you were not sure they were metaphors?

Q. 7, C/T: Can you think of any examples where metaphor was used constructively or destructively by your therapist/or when you were the therapist? What do you think of the helpfulness and unhelpfulness of metaphor?

Appendix 3: Transcription notation conventions

[Adapted from Potter, J. and Wetherell, M. (1987). Discourse and Social Psychology. London: Sage, pp. 188-9]

- Extended square brackets indicate overlap between utterances

e.g. I might have been[
                    right

- A full stop in brackets indicates a pause that is too short to measure

e.g. yes (.) sometimes I do find it a bit frustrating

- Numbers in brackets indicate a measurable pause, timed in seconds

e.g. erm (7) just trying to think

- One or more colons indicate an extension of the preceding vowel sound

e.g. I see::

- Underlining indicates uttered emphasis on that word by the speaker

e.g. that's <u>one</u> aspect

- Capitalised words are louder than the surrounding talk

e.g. and I KNOW that the clients do

- A full stop before a word or sound indicates an audible intake of breath

e.g. .hh e::rm

- Square brackets indicate that some transcript information has been deliberately omitted. Material in square brackets is clarificatory information

e.g. Brian [the speaker's brother] said [ ] it's okay

- Round brackets indicate that the material in brackets is either inaudible or there is doubt about its accuracy

e.g. I (couldn't tell you) that

City University

Department of Psychology

Informed Consent Signature Sheet

This research is part of the Ph.D in Psychology at City University. It is a qualitative study into metaphor and its uses in therapy. The researcher would like to find out about therapists' opinions, experience, beliefs, etc. regarding metaphor and how they might (or might not) use it in their clinical work. There is also a second part to the study, which looks into the experiences and thoughts of clients', concerning metaphor use in therapy. The study is based on tape-recorded semi-structured interviews, which are later transcribed for analysis.

I acknowledge that I have read and understood the description of the investigation given in the previous paragraph and give my consent to take part in the study. I also understand that all individual information collected about me will be kept strictly confidential and will not be transmitted to third parties with any identifying information without my further consent in writing. I also understand that I may withdraw from the study at any time without giving a reason and without incurring a penalty.

Signature   **Name**   **Date**   **Debrief**

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October 17, 2001-10-17

Ms. Daphne Milioni
Postgraduate Student
Department of Psychology

Dear Daphne,

The research committee considered your ethics proposal at their meeting today. We decided that the proposal does not need to be approved at the University level. If you have applied to the University ethics committee for approval, I suggest you notify them that you wish to withdraw your application.

We do request that you make a few changes in the materials you sent us before beginning the research.

First, unless you are chartered, you cannot say that you are a trained and qualified counselling psychologist. One possibility is to just say that you have an M.Sc. in Counselling Psychology.

Second, instead of having therapists give you the names of clients to contact, you will need to give the information packets to therapists who will then distribute them to clients. Those clients who are interested in participating can then contact you. This is to avoid your getting the names of clients without their consent.

Third, the information in the packet must make it clear to the clients who are invited to participate that their therapist will not know whether they have participated or not and that it will not affect their treatment in any way.

We also have one suggestion that you are free to adopt or not at your discretion. We thought it might be helpful if the clients had more information on what you mean by metaphor, particularly in the context of therapy. We do not know if you have purposely excluded this information for research purposes, but, if you have not, it might help the clients to have a better understanding of what they are being invited to do.

Please make the changes requested and resubmit the materials directly to me.

Yours sincerely,

Melissa Hines, Ph.D.
Professor of Psychology
Chair, Psychology Department Research Committee