The Use Of Metaphor By Clinical Psychologists
Using Cognitive Behavioural Techniques

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Howard Smith
## CONTENTS

**ABSTRACT**

1. **INTRODUCTION** 2
   - Background To Cognitive Behavioural Therapy 3
     - The Development Of CBT 3
   - The View Of Metaphor Used In This Study 4
     - Defining Metaphor 4
     - The Lakoff And Johnson View Of Metaphor 5
     - Alternatives To The Lakoff And Johnson View 8
   - Process Metaphors 10
     - Cognitive Behavioural Literature On Process Metaphors 12
   - Structural Metaphors In Cognitive-Behavioural Therapy 14
     - The Relationship Of CBT And Empiricism 15
     - The Relationship Between CBT And The Illness Model Of ‘Mental Illness’ 18
   - Aims Of The Thesis 20

2. **METHODOLOGY** 22
   - The Philosophical Background To Qualitative Research 22
     - Grounded Theory 24
     - Developments in Grounded theory 26
   - Procedure 31
     - Ethical issues 31
     - Recruitment 32
     - Participants: Details Of Participants’ Experience In Using CBT With Patients With Depression 33
     - Interview Style 35
     - Data Analysis 40
     - Data Management: Reliability and Validity. 42
     - Reflexivity 46
     - Researcher’s perspective 47

3. **ANALYSIS** 52
   - Main category: Therapist’s explanations of their use of process metaphors 54
     - Intermediate Category: Explaining The Model 54
     - Intermediate Category: Persuasion 60
     - Intermediate Category: Emotional Processing 65
   - Main Category: Therapist Responses To Client Metaphor 70
     - Intermediate Category: Finding The Meaning In Client Metaphor 70
     - Intermediate Category: Leaving Aside Client Metaphor 74
   - Main Category: The Influence Of Structural Metaphors 77
     - Intermediate Category: The Scientific Structural Metaphor 77
     - Intermediate Category: Interviewee’s Reactions To The Concept Of Mental Illness As A Structural Metaphor 82
# 4. DISCUSSION

The Epistemological Status Of The Study

Three Ways Of Understanding Process Metaphors
- Explanation
- Persuasion
- Emotional processing

The Interaction Of Structural And Process Metaphors
- The Scientific Structural Metaphor
- The Illness Structural Metaphor

The Core Category ‘Changing The Client’s Initial Viewpoint’

Critical Reflection On The Study
- Saturation And Participant Selection
- The Coherence Of The Grounded Theory Approach Used

Implications Of The Research
- Future Research
- Dissemination
- Final Thought

REFERENCES
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Abstract

Metaphor has been widely used and studied generally in psychotherapy, often being seen as a pathway to the unconscious mind. However metaphor has not been widely considered by CBT therapists or clinical psychologists, although the literature that has done so has suggested it could be a powerful tool in CBT. This study takes a widely quoted view of metaphor (Lakoff and Johnson, 1980), which suggests that language is fundamentally structured by metaphor, and attempts to relate this to the practice of CBT. The study looks at both the immediate context of therapy (termed ‘process metaphors’) and the metaphors that construct the context of therapy (termed ‘structural metaphors’).

The current study involved interviewing six qualified clinical psychologists, who use cognitive-behavioural therapy to treat adults with depression. The interviews were tape-recorded and transcribed. The resultant data was analysed using a qualitative, grounded theory approach, located within a social constructionist epistemology.

The results of the analysis suggested that the interviewees saw process metaphors as operating through three mechanisms namely explanatory, persuasion and emotional processing. Client metaphors were suggested as being either investigated in detail or left aside in a way that reduced their persuasive power. Finally the structural metaphors relating to the concept of clients as mentally ill and therapy as scientifically structured were considered.

The study concludes by suggesting that metaphor is often ignored in cognitive-behavioural therapy, perhaps due to friction with the empirical nature of CBT research. The possibility that metaphor may operate differently to formal propositional logic is suggested as a target for further research. The study aims to offer CBT therapists chance to reflect on how metaphors structure everyday practice and research in CBT.
1. Introduction

A businessman on vacation became restless with nothing to do apart from sitting by the pool. He stepped out of the confines of the resort to take an evening stroll along the beach and met a fisherman sitting on a sea wall.

Approaching the man, the businessman asked, “What are you doing?”

“Just catching a fish or two for my family’s dinner,” came the reply.

“Why restrict your catch to one or two?” asked the businessman, who had already pigeonholed the fisherman as lazy. “There seem to be plenty of fish in the ocean. If you spend a little more time here, you could catch three or four fish.”

“Why would I want to do that?” asked the puzzled fisherman.

“Well,” replied the businessman, surprised by the fisherman’s lack of financial logic, “you could keep one or two for your family and sell the others. If you save the money, you could buy an extra rod and double your catch. With the extra money you made you could buy a net. That way you could catch even more – and earn more money.”

“Then you could buy a boat, maybe borrow some more money, buy several boats, set up a whole fishing fleet, manage your own company, invest your returns on the international stock market and become very wealthy.”

“If you follow my advice, you could become rich and could do what I do. Each year you could take two weeks vacation to do whatever you wanted. Why you could even visit a tropical island, just as I’ve done, where you could sit on the sea wall and fish at your leisure.”

(adapted from Burns, 2001)

This thesis came about because the researcher wanted to know why stories, like the one above, seemed to have the power that they do. Are these
traditionally artistic forms of narrative, used in scientifically based cognitive-behavioural therapy? This thesis forms part of the researcher's training as a clinical psychologist and accordingly concentrates on clinical psychologists.

The resulting investigation led in some surprising directions, which led to a perspective on CBT unanticipated at the start. This chapter starts by looking at how metaphor came to be defined in this thesis and then looks at previous research into how metaphor affects cognitive-behavioural therapy.

**Background To Cognitive Behavioural Therapy**

It will be assumed throughout this thesis that the reader will have some familiarity with the principles of both Cognitive-behavioural therapy and clinical psychology. Therefore a basic description will not be presented. However a brief reflection on the history and some of the current issues provides a useful background for examining some of the issues that may not be apparent in everyday practice.

**The Development Of CBT**

According to Pilgrim (2000), psychotherapy first began to be used in Britain in the 19th century (Scull, 1979; Castel, 1985), however it did not gain widespread acceptance due to its conflicts with the asylum-based medical system. This changed as a result of the two world wars as people wanted to understand phenomena, such as shell shock and the atrocities of Nazi Germany (Stone, 1985).

Clinical psychology began to emerge in Britain in the 1950's, led by figures such as Hans Eysenck (Gibson, 1981) who championed the use of empirical
techniques, such as psychometrics and behaviourism, and attacked psychoanalysis. The empiricism of the new profession gave it a basis for both allying with medicine against psychoanalysis and challenging the medical dominance in the field of mental health (Eysenck, 1952).

At about this point the theories of American humanists, such as Kelly (1955), began to complicate the established British competition between methodological behaviourism and psychoanalysis. Supported by revisions of behavioural theory from behaviourists such as Bandura (1977), this led to a concentration on conscious thought. Both behaviourism and psychoanalysis had previously concentrated on either automatic conditioned responses or the unconscious. However Moorey (2000) describes how the new 'cognitive' psychology began to integrate behaviourist empiricism with a concentration on inner mental processes.

Cognitive-behavioural therapy first came into existence through the work of psychoanalytically trained clinicians such as Albert Ellis and Aaron Beck (Ellis, 1962; Beck, 1970). Ironically the new therapy quickly recruited behavioural therapists, rather than psychoanalysts, and quickly subsumed behaviourism in rivalling the psychoanalytic viewpoint. However the originators of CBT, such as Beck, Ellis and Meichenbaum (1975) have championed different versions. Mahoney (1987) listed 17 different variations of CBT, all with a slightly different understanding of mental health problems.

The View Of Metaphor Used In This Study

Defining Metaphor

1. A figure of speech in which a word or phrase that ordinarily designates one thing is used to designate another, thus making an implicit comparison, as in "a sea of troubles" or "all the world's a stage" (Shakespeare)

2. One thing conceived as representing another; a symbol: "Hollywood has always been an irresistible, prefabricated metaphor for the crass, the materialistic, the shallow and the craven" (Neal Gabler)

This definition seems reasonably typical of other dictionary definitions, although distinguishing between the two forms is not so common. The advantage of this distinction is that it makes the point that metaphor is most noticeable when it is not used ordinarily (1st definition). However the disadvantage of this definition is that some metaphors have become used so often that they are used almost without realisation. For example saying, "he is on fire today" is not generally meant in a literal way!

Webster's revised Unabridged Dictionary (1998) adds the statement "that man is a fox" is a metaphor but "that man is like a fox" is a simile, similitude or comparison. However even this simple statement can present difficulties. For example, if after the statement the writer of the simile was to continue to talk of the man's animal cunning. One might claim that he is now using metonymy to link qualities of a fox with a man. However psychologists, in contrast to linguists, are interested in the effects and use of metaphor as opposed to categorising devices of language. Accordingly, in this study, similar concepts as similes, metonymy and analogies will be grouped under the joint term 'metaphor'.

**The Lakoff And Johnson View Of Metaphor**

Sage (1994) describes how views of metaphor have changed according to the philosophical, linguistic and psychological views of their time. Metaphor as
a linguistic phenomenon has been the subject of intense interest since Aristotle in 'The art of rhetoric' (trans. 1926/337BC, cited in Sage, 1994). Steinhart and Kittay (1994) point out that there has been an explosion of theories of metaphor during the twentieth century in particular. There remains a good deal of discussion about specific models of metaphor both within and between different academic disciplines (see for example Honeck and Temple, 1994a&b; Gibbs, Colston and Johnson, 1994; Gibbs, Johnson and Colston, 1994).

To simplify what constantly threatened to be an incredibly complex study, the researcher chose to use Lakoff and Johnson's (1980) definition and model of metaphor. This model is frequently seen in psychological literature as a particularly seminal one (for example, Schmitt, 2000; Eynon, 2001; Marks, 1996; Levitt, Korman and Angus, 2000; Gonçalves and Craine, 1990 and Moser, 2000). It is also seen as a generically accessible work relating to a post-structuralist paradigm, from a linguistics perspective (Sage, 1994). Within this work, Lakoff and Johnson define metaphor very basically, as "one thing defined in terms of another" (authors italics, p. 14).

Lakoff and Johnson point out that most people generally see metaphor as purely a poetic linguistic device – an unnecessary rhetorical flourish. However Lakoff and Johnson suggest a radically different idea, that "our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature". This suggests that people's everyday thought and behaviour is fundamentally influenced by metaphor. Naturally, this perspective can be applied to language within psychology and psychotherapy.

Lakoff and Johnson's theory is based on the observation that metaphors link ideas. For example the metaphors that link theories to buildings as in:

Is that the foundation of your theory?
The argument is *shaky*.

We need to *construct a strong* argument for that.

The argument *collapsed*.

and so forth. They argue that using the metaphor of ‘argument as construction’ fundamentally affects the participants involved. Using a different metaphor such as ‘argument as war’, as in

*I attacked the weak point* in his argument.

*Her argument is indefensible.*

*I won the argument*

would lead to a very different type of argument. An argument using the metaphor of ‘construction’ would be carefully ‘supported’ and would involve reasonably listening to the other party. Conversely a war metaphor could lead to one side ‘attacking’ the other with the objective of winning the argument.

Lakoff and Johnson discuss three types of metaphor that people use to structure the world. These include orientation, ontological and structural metaphors. Orientation metaphors refer to metaphors that are used to structure abstract concepts in terms of physical ones, for example seeing happiness as being ‘up’ and depression as ‘down’.

According to Lakoff and Johnson, human beings categorise the world into discrete entities even when the categories have indistinct boundaries (pg. 26). For example it is generally very unclear where a mountain begins and ends. Ontological metaphors arise as a result of this categorisation and the resultant ability to quantify an experience. This tendency emerges in phrases such as ‘inflation is lowering our standard of living’ or ‘we need to combat inflation’. In
these examples, inflation is described as an entity that can affect other things or be fought.

However the metaphors that will be focussed on in this thesis will be structural metaphors. These are metaphors that we use in everyday life when we structure one unfamiliar complex concept by using another, which we already understand. Both ‘argument as construction’ and ‘argument as war’ fall into this category because the concepts of ‘constructing’ and ‘war’ structure the vaguer concept ‘argument’.

Alternatives To The Lakoff And Johnson View

In their book, Lakoff and Johnson (1980) discuss two possible alternatives to their understanding of metaphor, which they describe as ‘homonymy’ and ‘abstraction’. Homonymy can come in two versions, ‘strong homonymy’ and ‘weak homonymy’. To illustrate these, consider the different uses of the word ‘clear’ in the following sentences

*The liquid was clear.*

During the course of the discussion, the truth became clear.

A homonym is a word that looks or sounds the same as another but has a different meaning (The Oxford English Dictionary, 1989). So in the strong homonymy view, the use of the word ‘clear’ in each sentence is independent and there is no connection between the words other than the fact they are spelt and pronounced in the same way.

In the weak homonymy view, it is still argued that there are two meanings of the word ‘clear’ but it is admitted that there are similarities between them. For example one could say that in both sentences there is an absence of other
entities other than either the liquid or the truth. The weak homonymy would ad
mit there is some form of connection between the words (such as transparency) but would not see them as linked by meta
or.

The concept of abstraction involves seeing the word ‘clear’ as having an overall definition (such as clear is the absence of other entities). This definition would cover the use of the word ‘clear’ in reference to both liquids, truth and any other potential use of the word. However such a definition misses the structural links between different concepts, suggested by Lakoff and Johnson.

The Lakoff and Johnson (1980) view would suggest that there is an orientational metaphor operating in this example, which involves using our understanding of vision (gained through our own visual experience) to understand the more abstract concept of truth. For example:

*I saw a vision of the truth*

*The truth was transparent through a tissue of lies*

*He tried to trick me but I saw through him*

The importance of this ‘truth as a visual object’ metaphor becomes clearer when we see that concepts important to vision, such as light, are also used in relation to truth, as in:

*His words illuminated the truth*

*The truth dawned on me*
Her true qualities shone through

One could argue then that our concept of 'truth' is partially constructed using our understanding of vision (amongst other metaphors). This is an example of an orientational metaphor but ontological and structural metaphors are equally important. Lakoff and Johnson's theory therefore suggests that metaphors not only help construct language but also influences our fundamental understanding of our world.

**Process Metaphors**

Lakoff and Johnson's (1980) book considers how structural metaphors are used to construct everyday concepts in great detail. However they say little about the less grand metaphors that are used overtly, like the story presented at the beginning of this section. This thesis refers to these metaphors as 'process metaphors' and will look specifically at how these are used in CBT. However it is worth noting that process metaphors have been often studied in psychotherapeutic literature outside CBT.

The analysis of process metaphor is frequently seen in the psychodynamic literature. Most psychologists have probably heard of Freud's illustration of the conflicts involved in infantile sexuality by using the metaphor of the Oedipus tragedy (Freud, 1905/1953). He is not alone, Klein (1952/1975), for example, uses the metaphor of 'the good breast and the bad breast' to describe the complex and contradictory feelings of a young baby towards its mother. Bettelheim (1988) analyses children's fairy tales as metaphorical concepts. In a qualitative analysis of a psychotherapy session, Ingram (1994) suggests that metaphor had a central role in explicating the key issues.
Nor is the overt use of metaphor limited to psychodynamic theories. Piaget used the concepts of stages and that of 'concrete' thinking contrasted with the ability to be abstract (Inhelder and Piaget, 1958). Gregory Bateson also used metaphor a great deal and believed “Metaphor is right at the bottom of being alive” (Capra, 1988). In common with many others with a non-CBT perspective, Bateson suggests that metaphor can directly access people’s unconscious process in a way that formal logic cannot (Bateson, 1979). Similarly, Soyland (1994) argues that all psychology can be seen as acting through language and rhetoric, in which metaphor plays a key part.

It is easy to find examples that cognitive-behavioural therapy also uses process metaphor, at least in theory. For example in a debate between himself and Steve Hollon (Hollon and Beck, 1993), Aaron Beck used a number of novel metaphors to explain cognitive concepts. These included ‘turning off a light’ (p.80) and ‘if all the schemas were operating at once, our brains would be like pinball machines, flashing all along’ (p.83).

**Interactions between process and structural metaphor.**

Confusingly, some metaphors could operate in therapy at both process and structural levels. Firstly, if metaphors such as ‘switching on a light’ were used to explain concepts to clients, they would be process metaphors. However, one could also suggest that both the light and the pinball metaphor relate to an overall analogy (or structural metaphor) of humans to thinking machines. Process metaphors are seen as structuring the immediate context, whereas structural metaphors construct the wider environment. So an example of a structural metaphor might be describing memory as data on a computer’s hard drive, which also uses an analogy of human beings as thinking machines.

*Are examples in therapy process metaphors?*
Another potential source of confusion with process metaphors is whether examples given in therapy are metaphorical or not. The distinction made in the thesis will concern whether the example symbolises anything beyond the immediate delivery of factual information. This requires an understanding of the context. Take for example the following conversation.

A: *When did you last go to church?*

B: *I went to church last Sunday!*

This example is not metaphorical, whereas the same words can use metaphor.

A: *Would you say you are a good person?*

B: *I went to church last Sunday!*

Here B links the concepts of attendance at church with being 'a good person'. This link effectively structures the vague concept 'being a good person' in terms of the more concrete concept, church attendance. Therefore this is argued to constitute a metaphor.

*Cognitive Behavioural Literature On Process Metaphors*

Traditionally cognitive therapy focuses on "logical" cognitions when formulating clients' thinking. However it has been argued, by Kopp (1995), that metaphor can allow clients undergoing CBT to process experiences more directly through the use of visual images. This might allow the therapist to access and challenge more hidden cognitions, such as core schemas more easily, whilst being less threatening to the client.
Moser (2000) suggests that metaphor analysis within cognitive psychology, is a long overdue opportunity for both quantitative and qualitative research designs. Moser summarises the reasons as:

2. Metaphors are a reliable and accessible operationalisation of tacit knowledge.
3. Metaphors are holistic representations of understanding and knowledge; (e.g. they can incorporate visual meanings as well as verbal).
4. Conventional metaphors are examples of automated action, (i.e. are used automatically and unconsciously).
5. Metaphors reflect social and cultural processes of understanding.

Gonçalves and Craine (1990) argue that these facets of metaphor make it a valuable tool for the cognitive therapist. However Muran and DiGiuseppe (1990) disagree with the idea that metaphor works unconsciously, pointing out there is little evidence for metaphor working at this level. However they suggest that as metaphor is created using a concept the client knows well, it can act as a form of mnemonic. This allows the client to remember more of the cognitive restructuring process during therapy.

Most of the literature suggests that therapists should apply metaphor more often to enhance CBT (Kopp and Craw, 1998). This includes studies, such as Gregory and Waggoner (1996), into which metaphors are best understood by clients in therapy. Only a few studies, such as Martin, Cummings and Hallberg (1992) have provided evidence that metaphor may enhance therapy. Conversely some studies suggest that figurative language can present an obstacle as well as a benefit, especially with children (Whaley, 1994). However, if one accepts the position that metaphor structures language, this implies that therapists should use metaphor automatically. In order to consider
why therapists may not use process metaphor, the influence of structural metaphors needs to be considered.

**Structural Metaphors In Cognitive-Behavioural Therapy**

Taking the Lakoff and Johnson perspective on metaphor suggests the question about how structural metaphors influence cognitive-behavioural therapy. Of these structural metaphors, two emerged strongly in the analysis:

1. The model of psychologically distressed people as being "mentally ill".
2. The importance of empirical science in clinical psychology and cognitive-behavioural therapy.

These themes are presented here to give the reader some knowledge of the background literature consulted by the researcher before and during the analysis. They are presented as two themes, which match those which emerged during the analysis. However, as discussed in the analysis and discussion chapters, the scientific structural metaphor is seen as emerging from the analysis. By contrast, the theme of mental illness was explicitly explored during the interviews.

Other themes in CBT, such as the primacy of thought in influencing emotions and behaviour, could also have been analysed. However this idea has been challenged by some authors from within CBT, for example Ilandi and Craighead (1994). Such other potential structural metaphors were not analysed as it was felt the concepts used illustrated the potential importance of structural metaphor. It was felt that trying to look at additional structural metaphors would only serve to confuse the reader. However discussions of other structural metaphors can be found in the psychological literature. For example, Fesmire (1994) describes how anxiety uses the structural metaphor
of breathing and Allbritton (1995) suggests that structural metaphors can be seen as schemas.

The Relationship Of CBT And Empiricism

The reader should note that the relationship between CBT and empiricism emerged as an important theme during the analysis. The literature reviewed here represents some of the researcher's background knowledge but is structured to be logically coherent with the analysis. This literature is seen as inherent in his clinical psychological and cognitive-behavioural background.

Much of the research into cognitive-behavioural therapy concerns trying to demonstrate whether CBT is an effective treatment. In these studies, empirical evidence often seems to be used to attack other forms of psychotherapy. For example in recent edition of the British Medical Journal, Tarrier, a noted authority in CBT (Tarrier, 2002) says

The argument, therefore, becomes a little less compelling when psychotherapy's late arrival at the table of science has been triggered by a threat to pull the plug on public funding because of the absence of evidence.

(p. 292).

Tarrier refers to the recent concentration on Evidence-based practice and points out that the government is evaluating all psychotherapies according to empirical principles. This emphasis seems to be generally welcomed by both CBT therapists generally, and clinical psychologists in particular. As Tarrier says,

Yes, there is much to do in terms of understanding effectiveness rather than just efficacy, but cognitive behaviour therapy practitioners and researchers
are addressing these issues and have the scientific background to do so. (p.291).

Salkovskis (1996) states that Beck's first conception of cognitive therapy for depression came out of a desire to persuade experimental psychologists of the value of psychoanalysis. His dream studies did not fit with psychoanalytical theory so he developed the cognitive model instead. Whether one sees this as an accurate account of the events, or a version of the circumstances that emphasises the empirical background to CBT, it is clear that CBT therapists' belief in empiricism was important before the need to gaining funding through empirical evidence.

Similarly, before the official advent of evidence-based practice, clinical psychology focussed on the scientist-practitioner model (Barlow, Hayes and Nelson, 1984). This emphasises the role of a psychologist as a scientist as well as a practitioner for helping people in distress. In reviewing the research evidence, Omer and Dar (1992) claimed that this trend in clinical psychology was leading to a great deal more emphasis on whether a treatment was effective (efficacy) rather than why the treatment was effective (process research). They claimed that this was leading to impoverished psychological theory. The increasing emphasis on evidence-based practice in the NHS, is likely to increase this tendency further.

Overall the picture that emerges is that clinical psychologists, who practice CBT, are likely to understand the process of CBT as a scientific practice, informed by well-validated empirical evidence. In other words, they often seem to view therapy as a scientific process. However, one could carry out a scientific investigation of the effect of viewing a specific painting on the mood of the viewers. Even if the artist had a good knowledge of similar previous studies, this does not mean that the painting the picture is a scientific procedure. A scientific evaluation of a practice, does not necessarily imply that the process is scientific. Taking the Lakoff and Johnson view, this can be
seen as a structural metaphor of 'psychotherapy as science', which will be referred to in this thesis as ‘the scientific structural metaphor’ for convenience.

McLeod (1997) makes the point that science has only recently become a major way of understanding distress. He points out that human beings have always had emotional problems and have found solutions to these problems since well before the advent of any form of psychotherapy. In history, seers and religious leaders are among those who have had (and still do have) some responsibility to help others deal with difficult emotional issues. Miller-Mair (1990) suggests that clinical psychology is a profession that tells scientific stories with the aim of healing people. He claims that the culture that has arisen, which privileges certain types of account that include concepts such as statistical validity. Within these stories, Miller-Mair suggests that metaphor is kept to a minimum and “it’s colourful, swash-buckling disrespectful pranks have to kept out of sight” (Miller-Mair, 1990, p.128) to avoid damaging the scientific gravitas of the occasion.

Miller-Mair touches here on the idea that metaphor can be seen as dangerously unscientific, an idea which coincided with the rise of empiricism in the latter half of the seventeenth century (Sage, 1994). Empiricists such as Hobbes (1651) regarded metaphor as “an abuse of speech” (p. 102). Some psychologists, such as Skinner (Smith 1990) amongst others (see Anderson, 1964; Billow, 1977), have made similar criticisms of metaphor for often obscuring the truth. This makes the study of metaphor in CBT potentially controversial, as such as study inherently goes against the empirical tradition.

Clinical psychologists would probably have different opinions as to whether it is justifiable to call empirical scientific philosophy a structural metaphor or not. However in this thesis, this issue is justified by simply using Lakoff and Johnson’s concept of structural metaphor as a viewpoint within which to examine CBT. Many CBT therapists and psychologists would resist the idea that empirical science is a metaphor used in psychotherapy, preferring to see
it as trying to find the truth. However Miller-Mair's comments suggest that this resistance is a characteristic of empirical psychological science. In other words the scientific structural metaphor is not generally seen as a metaphor because to do so would undermine the credibility of empirical science.

The Relationship Between CBT And The Illness Model Of 'Mental Illness'

When one looks at reviews of psychotherapeutic efficacy, such as Roth and Fonagy (1996), one can see that it reviews the evidence for psychotherapy in terms of diagnostic groups such as 'Depression' or 'Anxiety Disorders' etc. Widely-used CBT literature, such as Hawton, Salkovskis, Kirk and Clark (1998); Salkovskis (1996) or Wells (1999) also often organise their chapters according to cognitive-behavioural approaches for specific diagnoses or types of diagnosis. From this, it is reasonable to suggest that a biological medical model, which suggests that client's problems are due to an illness, influences CBT.

Evidence-based practice requires CBT to demonstrate its efficacy by comparison with alternatives. Much of the most convincing evidence for the efficacy of CBT has come by comparing it with medication using randomised controlled trials (for example Beck et al, 1985; Blackburn, Eunson and Bishop, 1986). Such trials are generally seen as comparing two methods of achieving the same objective. In the case of medication, this is generally correcting a chemical imbalance in the brain – very much a biomedical perspective. The research evidence base CBT is therefore clearly influenced by the concept of client’s problems as illness.

However the position of CBT with regard to an illness model is not as clear as it may seem. Despite using diagnoses developed from frameworks such as the Diagnostic and Statistical Manual of Mental Disorders-IV (1994), the literature above does not necessarily see the cause as biomedical. For
example, Wells (1999) talks about how clients have a negative bias to appraising events due to the development of danger schemas. These negative biases – or cognitive errors as they are often known (Burns, 1989) – are maintained, according to Wells by ‘safety behaviours’ that prevent the client from correcting their error. This is a very different way of conceptualising the client’s problems than seeing them as caused by a chemical imbalance in the brain.

The exact relationship between CBT and an illness model therefore seems confused. Although cognitive theory accepts that physiological or genetic influences can be important, the main focus is upon the development of schemas and cognitive distortions due to past (often early) environmental influences. Nevertheless the focus for research in CBT is still guided by the same categories of problem definition and objectives used in the illness model (Hinshelwood, 2002).

Stiles and Shapiro (1994) criticise the tendency for psychotherapy to rely on what they call ‘the drug metaphor’. The drug metaphor can be seen as a special case of the illness structural metaphor, in that the drug metaphor is used to talk about the treatment of an illness. They make the point that terms such as ‘active ingredients’, which arise from this metaphor, manoeuvre therapists into thinking that more sessions (a higher dose) of therapy will have a more positive effect than a small number. Stiles, Shapiro and Morrison (1995) suggest that people should instead try to assimilate problematic experiences.

Szasz (1974) also argues that psychotherapeutic treatment relies on the illness structural metaphor, based on the idea of psychological problems constituting mental illnesses. Szasz also argues (Szasz, 1981) against seeing such problems as a form of illness describing it as “scientifically worthless and socially harmful” (p.13). Controversially he argued that the label of mental
illness created more problems than it solved. He made specific reference to what one might call 'the illness structural metaphor' by suggesting that:

'Mental illness' is a metaphor. Minds can be 'sick' only in the sense that jokes are 'sick' or economies are 'sick' (p.275).

To back up his point, Szasz (and others such as Masson, 1993) have given numerous examples of harm that they felt psychotherapy has perpetrated. However even if one accepts Masson's point, that harm has occurred during the history of psychotherapy, this obscures the fact that many other people feel it has been very helpful to them. A more subtle danger, arising from seeing client's problems in terms of an internal disorder, is that it neglects to take account of the client's social and environmental difficulties (Hagan and Donnison, 1999).

Aims Of The Thesis

Overall there is little psychological literature on metaphor in cognitive therapy. The literature that exists is generally a commentary on the area, based either on other literature or single case studies. As noted above, Lakoff and Johnson's work has been used in considering psychotherapy by other authors. However this literature has not considered the views of the therapists involved and how therapists employ metaphor at a practical level (process metaphors). Other literature comments on process metaphors but do not consider how they are affected by the presence of structural metaphors.

This thesis will aim to link these two concepts by providing data on CBT therapists' use of metaphor, through interviewing them. The resultant data analysis aims to consider these practical uses in the light of Lakoff and Johnson's theories. In summary, the aims of this thesis are:
1. To examine how the interviewees apply different types of process metaphors and to what purpose. Both therapist-generated and client-generated process metaphors will be considered.

2. To examine some of the structural metaphors used by the interviewees that help to organise the concepts involved in Cognitive-Behavioural Therapy. The process is illustrated using the structural metaphors of science and illness.

3. To consider the potential for interaction between process and structural metaphors.
2. Methodology

The Philosophical Background To Qualitative Research

Differences from quantitative research.

Black (1994) has argued that any result in healthcare is generally accepted more easily if it is stated using numbers. He observes that people will accept statistics even if there is little evidence for them. Even scientists often accept findings that have the veneer of being calculated mathematically, though the premise on which they are based may be unsound. This can bias research towards the overuse of numerical methods. The problem with this approach, apart from having an inappropriate credulity towards any statement that has numbers in it, is that the meaning of people’s experiences can be lost in a mass of statistics generated by large scale experimental designs.

Flick (1998) argues that the process of researching by using standardised, experimental criteria tends to ‘shatter the world’ into highly specific results. These are so precisely stated that they can have little relevance to everyday life without extrapolation. This process of extrapolation then undoes much of the validation that the scientists have worked so hard to produce. This not to say that qualitative researchers see such work as valueless but try to offer another perspective that can be beneficial to the research process. As such it can often throw up complexities and flaws not revealed by quantitative experimental designs.

Qualitative research also generally avoids numbers (although numerical data can be used) in favour of analysing behaviour and interaction – generally verbal or written discourse. In its search for understanding – Verstehen or meaning (Henwood and Pidgeon, 1994), qualitative research concentrates on
obtaining a diverse range of data rather than a large quantity of relatively homogenous data. This is argued to give a deeper understanding of phenomena, often in a more naturalistic setting (Greenhalgh & Taylor, 1997).

Qualitative methodology is often able to address issues that experimental methods are unable to, due to small numbers of suitable subjects. It is also able to investigate issues from a very different angle to the traditional methodologies. It is therefore possible for quantitative and qualitative research to co-exist harmoniously side-by-side (Richardson, 1996), although this very much depends on the epistemology used.

**Why use qualitative methodology in this study?**

The formulation of the research question came from the researcher’s practice of cognitive behavioural therapy. Despite having both used metaphor (and having heard it used by other more experienced psychologists) in CBT it was unclear as to what role they might play. Initially the researcher’s view of metaphor involved only obvious metaphors used in stories or scenarios. However Szasz’s (1981) suggestion that mental illness is a metaphor introduced the idea that metaphors could be used as a framework to understand issues fundamental to our understanding of mental illness and hence to the practice of clinical psychology. Lakoff and Johnson’s (1980) work suggested a possible focus from which to approach the potentially huge area of metaphor.

Taking the Lakoff and Johnson perspective (as described in the introduction) implied looking at structural metaphors, in addition to more obvious metaphors used in therapy. The objective would be to work towards creating a theory about how clinical psychologists, who practice CBT, viewed the use of these different types of metaphor. This objective implies looking specifically at the potential meanings of metaphors, which tallied with the strengths of qualitative analysis in its search for ‘Verstehen’.
**Grounded Theory**

**Origins of Grounded theory.**

The principles of grounded theory were first articulated by Glaser and Strauss (1967) in their book 'The Discovery of Grounded Theory'. It was developed in reaction to a perceived over-reliance on quantitative methodology and empirical hypothesis testing in research. By organising the data collected in a predetermined, highly structured fashion, they argued that phenomena were being viewed in a restrictive fashion, heavily influenced by established paradigms. This lead to impoverished theory as the complexities of the phenomena under investigation were missed in the drive to verify or falsify hypotheses.

Instead Glaser and Strauss suggested collecting and analysing more unstructured verbal data, from which the researcher could discover theory as generated by the participants. To combat the accusation that the researcher was merely giving their own subjective impressions, Glaser and Strauss laid out a methodology that emphasised a systematic process of flipping between data coding and theory generation with constant cross-checking across cases. The resulting codes are then gradually integrated into a smaller group of higher level constructs.

To enrich the data used, Glaser and Strauss’ method required the researcher to seek out cases that could help refine the hypotheses generated by the initial analysis (theoretical sampling). Data collection and analysis should therefore run side-by-side as much as possible, until such point that no new themes emerge from new cases. They called this point 'saturation'.

24
Revisions of Grounded theory.

Glaser and Strauss' original formulation emphasised constant comparison between codes to ensure that the codes were tightly defined and evidenced. This could be backed up by confirming the data from independent sources such as field notes (known as triangulation). They saw the aim of grounded theory as the discovery of theory from the data given; this could then be tested by more traditional empirical techniques.

Strauss and Corbin (1990,98) suggested that grounded theory could not only discover new theory but that it could also be used in the verification of existing theory. They set out a much more detailed description of how to carry out Grounded theory, involving a series of level by which codes could be turned into higher level constructs. To aid this process they suggested a series of techniques, such as the 'flip-flop' and the 'red flag'.

The 'flip-flop' technique requires the researcher to consider key words in terms of their opposites. So, for example, the concept of easy access to drugs amongst teenagers could be further examined by considering the consequences of difficulty in accessing these drugs. In the 'red flag' technique particular significance is placed on absolute words such as 'always' or 'never'. The researcher is encouraged to investigate whether the data always justifies such a conclusion. If not, then the researcher should consider what the effects are when deviant cases occur and under what criteria do they occur. The purpose of these techniques is to encourage the researcher to think in fresh and interesting ways.
Developments in Grounded theory

Epistemological.

Even Strauss and Corbin (1998) accept that Grounded theory requires the researcher to interpret their data. Corbin (1998) allows that the researcher's experience and introspection play a key part in the process of Grounded theory. In a traditional empirical paradigm, such potential biases to the data are potentially a threat to the validity of the analysis. However Strauss and Corbin suggest that by making the researcher's contribution more obvious or 'transparent' the resulting analysis is more scientific.

Discussions about the status of scientific knowledge have involved complex discussions about the philosophical underpinnings of science. Perhaps the key strand of this debate is the epistemology – how we understand the knowledge or findings that are produced. The three most prominent epistemological paradigms in science are realist, contextualist and social constructionist (Madill, Jordan and Shirley, 2000). These are considered in turn as to how this would affect the way in which research is carried out on metaphor.

Realist.

The realistic paradigm sees knowledge as directly demonstrable by observation, deduction and experimental hypothesis testing. Using this perspective, one could attempt to generate a hypothesis about how metaphor works by searching for example relevant literature, observation or even structured qualitative analysis. An important aspect to the research would probably be measuring metaphor in some way, or at least having the ability to define what is and is not metaphor. An empirical perspective would eventually require a falsifiable scientific hypothesis that could be tested empirically based on its predictions. Gradually through experiment, reformulation of the theory
and replication, a paradigm would emerge that experts could accept as reasonably objective truth.

The view of metaphor described in the introduction presents a considerable challenge to this methodology for a number of reasons. Firstly roughly defining metaphor is a hard task but doing so to the level required for empirical formulation seems an insurmountable challenge. Consider for example Szasz’s (1981) contention that mental illness is a metaphor. How can this be decided empirically? Most literature on the subject would consider depression as an illness, yet there no proof of this. Despite decades of research there remains no single clear genetic, biological or environmental cause, in the way that for example viruses are known to cause colds. Instead this is still a matter where expert opinion is divided. Deciding whether mental illness is literally true or a metaphor used to understand a phenomena appears to be a matter of opinion rather than scientifically verifiable.

Another key difficulty occurs even when the empirical evidence seems clear. For example President Bush described the United States’ actions in Afghanistan as ‘a crusade’. By this we might presume that he meant a determined, vigorous response to a crisis in the same way that we might talk about a crusade launched against people dropping litter. We don’t actually mean that knights wearing chainmail and red crosses will attack people who drop litter; the meaning is metaphorical. However to much of the Muslim world, the President meant that he was launching a holy war – the original meaning of the word. Which definition is right, the literal or the metaphorical meaning? Similar questions would have to be answered when using a realist perspective to study metaphor and any conceivable answer could be criticised as subjective.
One way of getting around the difficulty of people disagreeing about whether a word used is metaphorical or not, is to accept that they have viewpoints that are informed by different criteria. In the example of the crusade a misunderstanding has occurred because both sets of protagonists are approaching the example from a view formed by their own culture and experiences. The context of the person hearing the statement decides whether they view the crusade as literally or as a metaphor. Interestingly the process was seen again in reverse when some Muslim leaders talked of a Jihad, which means 'struggle' in Islam but was seen as a declaration of holy war by westerners. The understanding that both parties had of the situation was heavily influenced by their own cultural bias. So a metaphor can be defined but only with respect to a given contextual background.

The contextualist view seems to be able to provide a convincing account for metaphors such as the 'crusade'. However Lakoff and Johnson describe how they believe so-called 'dead' metaphors (i.e. those in common usage such as building a theory, above) continue to structure our thinking at the most fundamental levels. They also criticise the idea that they are purely subjective, instead suggesting that metaphors are one example of a natural structure that allows communication between individuals. Their interpretation suggests that metaphors are linguistic devices, which play an active part in discourse in organising the understanding of the concepts involved. Effectively they suggest that not only are metaphors viewed according to their context but that they also help construct the context in which they are viewed. This goes beyond contextualism into a social constructionist paradigm.

Social constructionism agrees with contextualism that objective knowledge cannot be gained even from observation and experimentation. However
whereas contextualism claims that knowledge is true in a set of limited contexts, social constructionism would claim that it is created in a different way every time the concept is used. Social constructionism sees language, and by implication metaphor, as a tool that constructs how people understand a situation. Therefore using a metaphor influences how the user will construct a meaning of the concept involved and by receiving the metaphor a listener will accept or emphasise one possible way of understanding the concept over all other possible ones. So, for example, using the metaphor of *argument as war* as in;

I *attacked* the *weak point* in his argument.

Her argument is *indefensible*.

I *won* the argument

Not only is the metaphor helping the speaker and listener(s) understand a concept; the metaphor also helps shape the concept of 'argument'. We don't just *talk* about winning and losing arguments, we think that we really can 'win' or 'lose' an argument. If argument were conceptualised differently, for example as in a bargaining process where both participants can be happy with the result, the purpose of an argument starts to change its meaning.

It is with this view of metaphor that the current study was conducted. The implication of this viewpoint is firstly that metaphor reflects its environmental context. Secondly using a specific metaphor can affect the context it lies within. So, for example the use of the metaphor of 'mental illness' can be seen as important because the therapist is employed as a healthcare employee. However the use of this metaphor may have many effects on the therapy. Claiming that someone is severely depressed may allow him or her to claim incapacity benefits for example.
This interplay may occur at a level that is not immediately perceived by the persons engaged in conversation but rather works at what one might call an unconscious level. It is therefore suggested that the metaphors used within a conversation could affect what happens in that conversation without the participants being aware of its influence. This view of metaphor implied that the epistemological viewpoint most suited to the study would be social constructionist.

Social constructionist revisions of Grounded theory.

One reason to use qualitative research is because the researcher wishes to focus on the person's experience rather than characteristics of the whole group. However another reason to use qualitative research is to look at established phenomena in a new way. Many writers have commented (for example Miller-Mair, 1989, 90; Henwood and Pidgeon, 1997; Layder, 1982) that scientific knowledge reflects the social context of the time. They critique the idea that scientific knowledge can ever represent truth but is instead one possible truth, amongst many other potential ones.

At times, such as when calculating material stresses on a bridge, the empirical method is probably the most useful. However at other times the limitations of empiricism are exposed as a dominant, established scientific view blocks novel and valuable new ideas (Gergen, 2001). Even very influential ideas from people such as Isaac Newton or Charles Darwin have been initially fiercely resisted by their contemporaries and yet are now generally accepted. The ideas of gravity and evolution are now so accepted that it is difficult to imagine not accepting these concepts. Social constructionism encourages the researcher not to ever completely accept traditional viewpoints and hence allow novel ideas to form.
For this reason, some researcher such as Charmaz (1995) and Henwood and Pidgeon (1994,96) have argued for constructionist revisions of Grounded theory. Their approach would suggest that the researcher using grounded theory does not so much ‘discover’ theory within the data but constructs new theory. This new theory reflects the personality and experience of the researcher but openly admits this, unlike more traditional methods. They would suggest that all research is influenced by such factors and that to regard these factors as errors misses the point that science is constructed within a social context.

Procedure

Ethical issues

Ethics.

Before starting on the research process, a protocol of the study was devised. This was discussed with a panel of other clinical psychologists from the Doctoral training course to highlight any difficulties with feasibility or ethics. As the participants were recruited from two different regions, applications for approval were made to the research offices at each area. One protocol was accepted through this procedure, as the study only involved NHS staff rather than a vulnerable patient group. This part of the study was also submitted to the University psychology department ethics procedure and was accepted (see Appendix A). However, due to a change in governmental policy, the application in the other area had to successfully pass through the Trust Local Ethics Committee (see Appendix A). In order to ensure the participants were fully aware of the purpose and information about the research, a separate consent form was devised for each area (see Appendix B).
**Confidentiality.**

Prior to their interview, each participant was given an information sheet (Appendix B) which described how the data would be handled. They were informed that the interview would be tape-recorded and the recording transcribed. Each participant was advised verbally that, although their name would not be used in the research, it might be possible for colleagues to guess their identity from the transcript. In an attempt to reduce this to a minimum, the details about their practice (from which they might be identified) were divided from the rest of the transcript, which are presented separately. Any client material that could compromise patient confidentiality would have been anonymised, although in the event this was necessary.

**Recruitment**

A number of strategies were tried for recruitment of the participants. Firstly the researcher asked for volunteers at the ‘Psychology Forum’ – a monthly meeting open to all clinical psychologists in the region. Unfortunately, there were no replies from this approach.

Following this, the researcher decided to approach clinical psychologists individually, either in person or by telephone. Suitable volunteers were located by speaking to other clinical psychologists, whom the researcher came into contact with during clinical duties or lectures. The criteria for inclusion were,

- qualified clinical psychologists
- who use Cognitive-Behavioural therapy in their practice
- had some experience of working with adults with depression.
The recruitment of participants was ‘purposive’ (see Silverman, 2000) in that potential participants were selected with a wide range of experiences. Also, having recruited five males, the researcher wanted a female perspective for the remaining interview. Turpin et al (1997) suggest that a minimum of five cases should be used in qualitative research for a Doctoral course in clinical psychology but that more is preferable. In this study, six participants were used due to time constraints and the complexity related to analysing metaphor.

Having explained the details of the proposed interview to the participants, the researcher then arranged a time to conduct the interview. All the interviews were conducted at the workplace of the participant, in the intention that they would be more relaxed in familiar settings. Immediately before the interview the participants were given the information sheet (as described above) containing information about the forthcoming interview. However they were given no details about the researcher’s ideas about metaphor. The interview was again explained verbally and the participant was invited to ask any questions. Following this they were asked if they would consent to the interview and signed a form to confirm this. None of the psychologists approached refused to take part in the study. The information sheet and consent forms can be found in Appendix B.

Participants: Details Of Participants' Experience In Using CBT With Patients With Depression

Full details of each participant’s relevant experience can be found in Appendix D.

Relevant professional training.

All the participants involved in the study were qualified clinical psychologists, who would be expected to have some knowledge of cognitive
behavioural therapy from their professional training. In addition to this they would all have a background psychological knowledge from their psychological undergraduate training. All the participants involved had also sought out further professional training in CBT from conference and workshops.

Three of the participants involved had completed courses, which meant they were recognised by the British Association for Behavioural and Cognitive Psychotherapists (BABCP). One further participant was currently studying on a similar course. Another participant had BABCP recognition as a cognitive therapist through their 'grandfather' scheme, which recognised his clinical and research experience in CBT.

**Clinical experience, including teaching and supervision.**

Three of the participants mentioned that they had had experience of cognitive therapy prior to clinical training. However due to the structure of professional training, it is likely that the other participants would also have similar experiences. The length of clinical experience using CBT since qualification ranged from 1 year to 22 years. Given that Beck, Rush, Shaw and Emery published the first complete version of CBT in 1979, the diversity in the level of experience of the participants was considerable.

All the participants were currently practising CBT with clients. Four of these regularly saw clients with depression. The remaining two were involved in a randomised controlled trial of cognitive behavioural therapy for people with eating disorders. This involved taping all their sessions, which were reviewed for adherence to the manualised CBT treatment model.

Five of the six participants had supervised trainee clinical psychologists and/or other health professionals including qualified clinical psychologists. All
the participants had taught CBT on a variety of occasions to similar professional groups.

*Publications in cognitive behavioural therapy.*

Two of the participants had no publications. Two others had several CBT-related publications in peer-reviewed journals or book chapters. One participant had published 'more than ten' similar papers and had co-authored a book on CBT. One participant had published 70-100 journal papers and had written ten books. Three of the participants had PhD's on related clinical areas and one further one was studying for a PhD.

*Interview Style*

The style of interview used was that of a semi-structured interview. In semi-structured interviews the interviewer has a topic guide of areas they wish to explore but also asks follow-up questions. This contrasts with the more formal and standardised structured interviews often used in quantitative interviews. The advantage of semi-structured interview is that one can search for meaning in a participant's account by asking follow-up questions. It is therefore very useful for finding out about the person's own understanding of a situation as opposed to discovering objective, verifiable facts. This form of interviewing fitted with this study as the focus was upon the participants' understanding of metaphor.

Flick (1998) suggests that there needs to be four criteria met for semi-structured interviews. These are:

- **Non-directive**: the researcher should try to ensure that they do not try to influence the interviewee to give the answers they expect. The researcher should use general and open questions at the start of the interview. These
are followed up by the more focussed and challenging questions. In this way, the participant has an opportunity to state their opinion on an issue before being challenged on it. Any change in their story due to the interviewer's frame of reference can then be more easily monitored. This idea was used in the construction of the interview schedule in this study.

- **Specificity:** the interviewee is encouraged to consider specific examples of the phenomena under investigation (in this research this implied specific examples of the use of metaphor). This enables the interview to focus on the issues rather than making bland general statements. Specific examples of metaphor use were deliberately elicited and explored during the interviews. Also a vignette was presented to further enhance specificity in relation to a common clinical scenario.

- **Range:** the interview should address all the aspects of the research question as far as possible. This has to be balanced with allowing the interviewee to include new topics of their own. The range of the uses of metaphor was explored in this study at a number of levels (see Introduction).

- **Depth:** the breadth and range of the topics discussed should be balanced with the depth of investigation so that the topics can be reasonably well explored. The interviewees were invited to give further details and challenged to an extent on their views to facilitate richer material.

The interview was designed around the model of the 'Expert Interview' by Meuser and Nagel (1991), described in Flick (1998). This focuses particularly on the participant's expert knowledge (i.e. of CBT) rather than upon their personality as a whole. Merton and Nagel suggest that there are a number of pitfalls to be avoided when interviewing in this way. These include:
The expert denying their expertise: each participant's expertise was established at the beginning by asking about their clinical experience, publications and relevant training.

The expert talks about conflicts in the field rather than answering the research question: this tendency was countered by using the interview guide. Also the conversation was steered back by summarising the relevant points and checking this with the interviewee.

The expert flips between their expertise and being a private person and so provides a lot of personal detail: In order to try to mitigate against this, the interviews were conducted at the interviewee's workplace. If the interview appeared to shift towards private details the conversation was also steered back as described above.

The expert delivers a lecture rather than being interactive: the questions asked about metaphors were often ones that the interviewee had not thought about. Perhaps for this reason, lecturing did not generally occur. When it did, the conversation had to be steered back onto the topic.

Although these steps were taken to try to avoid unduly influencing the interview, Holstein and Gubrium (1995) point out that interviews are always a co-construction between interviewer and interviewee. Briggs (1986) makes the point that the social context of the interview fundamentally affects what is said. Jones (1985) suggests that the interviewee's agenda and position when being interviewed is a vital factor in this.

Cicourel (1974) goes further in saying that the process of asking questions in interviews virtually imposes a way of understanding reality on the interviewee's material. This does not mean that interviewers coax the interviewees into saying what they want them to say but that interviewing is an
active process that influences the data produced. Holstein and Gubrium suggest that this should be addressed through an honest exploration of this process rather than trying to minimise it through imposing ‘objective’ criteria. Highly standardised and structured interviews may well influence the data produced more than less structured types of interview do, as they take most control away from the interviewee. The interaction between the interviewees and the researcher is explored as part of reflexivity (see later).

**Interview guide.**

With these points in mind, the initial interview topic guide was designed. It was gradually modified for two main reasons. Firstly some questions proved difficult for the interviewees to grapple with (such as talking about mental illness as a metaphor) so were adjusted to make them clearer. Secondly when using grounded theory, the interviewer is expected to adapt their questions and develop their theory by asking different questions. This is informed by the developing theory emerging from the analysis, an essential part of the inductive-deductive loop required by grounded theory. The developing interview guides are shown in order in Appendix C.

The initial part of the interview focussed on factual questions about the interviewee’s background in Cognitive-Behavioural therapy. This information is given under Participants above. The purpose of obtaining these details was to encourage the interviewees into a role of answering the questions as a cognitive therapist. It also demonstrated the interviewee’s understanding of cognitive therapy. This initial phase was also intended to provide the interviewee with a chance to relax.

In later interviews, this was followed by asking for a brief description of the interviewee’s initial thoughts about metaphor in CBT. This was originally omitted, as there was a risk that participants might claim that did not use metaphor at all and then attempt to defend this statement throughout the
interview. This belief was based on talking to psychologists during the initial
design of the project. This proved to be unfounded and the question was
added to give more information about the therapist's initial views and thoughts
about metaphor prior to the interview.

The next section involved a vignette (Appendix E) of a reasonably standard
referral of a woman whose symptoms fitted the DSM IV criteria for
depression. This was developed from the researcher's clinical experience and
discussed with qualified clinical psychologists. The vignette was written in a
style that would have been similar to a standard referral letter. Having read
this, the clinician was asked to explain how they would introduce CBT to the
client. The intention here was firstly to relax the interviewee with a familiar
situation and to cue them to into their normal therapeutic style. This prompted
the interviewee into thinking in a CBT framework rather than using other forms
of therapy. This also functioned as a check that their approach used a CBT
framework.

The metaphors that emerged from the interviewee's description of their
therapy were then discussed. Themes explored at this stage included the
interviewee's reasons for using a particular metaphor and their thoughts about
its effects. The interviewees were also asked about the advantages versus
the disadvantages of using metaphor. If the interviewee talked very generally
or theoretically about the process, they were asked further questions to
encourage them to use the specific language they would use with clients.

Client generated metaphors were examined by asking the interviewee how
they would handle the client feeling as if 'a black cloud had come over her'.
Their answer was developed into how they would generally handle client-
initiated metaphors. Of specific interest was whether the therapist used the
client metaphors or by-passed it in favour of their own.
The next section explored the influence of metaphors used in cognitive behavioural theory (such as magnification), on the therapeutic process. Initially no examples of such metaphors were used. However the initial analysis suggested that the primacy of thought was important to CBT. Therefore metaphors concerning cognitive errors (such as 'magnification' or 'black and white' thinking) were explicitly suggested as common ones. However the participant was asked to say which they thought were important.

The final section asked about how the concept of 'mental illness as a metaphor' could affect cognitive behavioural therapy. The question appeared to confuse participants initially and so a two-stage process was adopted. In this way, the interviewee could express whether they agreed with that mental illness could be seen as a metaphor, before considering its effect on CBT.

Data Analysis

Transcription.

Once recorded, the interviews were transcribed into text (the transcriptions are presented separately). The transcription focussed mainly on recording accurately the words used. Other aspects of interest, such as other sounds are noted in brackets (such as the interviewer tutting to themselves). Also pauses are recorded as dots within brackets with each dot representing half-second pauses. These details were recorded as they could indicate tentativeness or a lot of thinking as the words were being said.

Line by line coding.

Following transcription, the first stage of data processing was to code the transcripts. The first two interviews were coded on a line by line basis, as described by Charmaz (1995). The aim of this stage was to consider the meaning of each individual line. Charmaz suggests that this stage is a crucial
part of Grounded theory as it helps to ensure that coding does not merely reflect the researcher's apriori prejudices. An example of line by line coded can be found in Appendix F.

During this stage and throughout the analysis, the researcher wrote memos when difficulties arose in categorising data. For example

E Line 250 'E' talks about avoiding metaphors that would be emotive to the client. Is this evidence of him trying to abstract the emotion from the metaphor? Or is this an example of him matching his metaphors to the client's emotional state?

Once the first two transcripts had been coded line by line, the results were entered into a database containing all the codes. The database also recorded an initial definition, any concepts that seemed related and references for each time the code appeared in the transcripts. For example

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Related concepts</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metaphoric</td>
<td>Metaphor illustrates</td>
<td>Explanational</td>
<td>A226</td>
</tr>
<tr>
<td>illustration</td>
<td>therapist's point</td>
<td>metaphor</td>
<td>A318</td>
</tr>
</tbody>
</table>

These codes and associations organised into a smaller number of groupings, which were recorded on index cards.

*Focussed coding.*

At this point the researcher coded the remaining transcripts, in terms of the emerging codes. During this time the information on the index cards changed rapidly as the new data changed the emerging categories. The names and definitions changed and some categories were split or combined. The process
becoming increasingly more complicated, as the questions from the memos began to suggest more categories or conflict with existing ones.

After this process, the researcher wrote the analysis, which went through two major revisions following comments from his supervisor. The revisions substantially altered the original model, which was originally a model of metaphor seen in relation to the process of therapy. The reason for abandoning this model, was the realisation that trying to place this data within such a model began to push the theory beyond the participants' data into the researcher's interpretations. An additional problem was deciding how to write the thesis using only a small minority of the available data, without losing the overall story.

An example of this process was the initial code 'New Belief Structure', a term that appeared in 'B's interview eventually became the core category 'Changing the client's original viewpoint'. The shape of this 'new belief structure' was vague but was originally specifically placed at the end of therapy. The change was made because there was evidence for therapy gradually changing the client's perspective throughout the therapeutic process. Also there was good evidence of metaphor playing a role with this.

Data Management: Reliability and Validity.

Due to the belief in an objective truth, in a realist paradigm the main concerns of reliability and validity are the reproducibility, the accuracy of measurement and the absence of subjective bias. All of these are regarded as potential sources of error that could deflect the results from the discovery of objective knowledge. However social constructionists would argue that all knowledge is affected by context. Parker (1994a) objects that scientific objectivity is merely a form of emotionally detached and highly selective
subjectivity. Collins (1975) makes the point that realist devices, such as inter-rater reliability, may appear to show data to be valid but actually depend on shared understandings. These can occur either at a local level (such as within a group of cognitive therapists). Alternatively they can occur at a cultural level, for example Foucault's (1965) claim that objectification of people has been used to disempower individuals who were dangerous to society.

Despite this critique, social constructionist research recognises the importance of having a scientific methodology. As Greenhalgh and Taylor (1997) point out, there is little value in merely flicking through transcripts in order to find interesting quotes that support the researcher's initial theory. The researcher must attend to the quality and rigor of their approach and address reliability and validity issues using alternative criteria.

**Reliability.**

Kirk and Miller (1986) suggest that reliability in qualitative analysis still depends on whether the same findings would emerge if the same method were tried again. However Parker (1994b) points out that even if the study were repeated in a very similar way, what would emerge would still be a different piece of work. Nevertheless if a theme is repeated, it suggests that it is an interesting and important finding, which shapes social interpretation of the subject under investigation. However any conclusions drawn can always be further reduced or altered by new data or analysis (Hemingway, 1995).

**Constant comparison.**

The constant comparison method has been a key feature of grounded theory since Glaser and Strauss' original conception. By comparing the emerging codes with each other the theory is gradually shaped and new ideas are created out of conflicts between old ones. Using this technique encourages the analyst to compare codes with many other pieces of data.
This prevents them merely looking uncritically for comments that coincide with their original views. Instead the comparison process, along with the memos created as part of this process, alters the analyst's viewpoint during the analysis. This was a central part of the analysis in this study.

**Deviant case analysis.**

Madill, Jordan and Shirley (2000) suggest that the bottom line of both reliability and validity in qualitative research is whether the study convinces its audience that it is worthwhile research rather than unsupported opinion. To aid this process they suggest two main criteria for social constructionist research. These are internal coherence and the openness of the research data in detail. Internal coherence concerns whether the account of the research has no obvious contradictions. To ensure that such data is not merely suppressed by the researcher, full transcripts must be made available. Examples of material that do not fit with the proposed theory are sought out and addressed within this study. Also the method is laid out in detail and the transcripts are made available for verification purposes.

**Reflexive diary and memo writing.**

A number of strategies were employed to increase the openness of the research data in detail. The researcher kept a 'reflexive diary' of my research, which helped reflection on how experiences had influenced the analysis. This diary helped trace ideas through the process of the research. For example,

13/1/02 Transcribing Interview with 'B': 'B' used metaphor more readily than 'A' but his metaphors seemed less direct. The description of them was less definitive and less aimed at persuading the client. Are these metaphors working in the same way or can metaphor work at different levels?
In the 'meeting the therapist' metaphor does this have an emotional/interpersonal impact on the therapy?

The diary helped to record the sources of various ideas and whether they were grounded the data. Memos were kept during the process of the analysis, which performed a similar function and allowed the researcher to connect themes that occurred at different times. These devices also helped the researcher recognise his part in the research process, as discussed in reflexivity.

Validity.

Validity in realist terms concerns the accuracy of the data generated and its interpretation. As social constructionists do not accept that objective truth exists, looking at data in terms of its accuracy or closeness to objective truth is meaningless. However it is important that research using a social constructionism uses some criteria other than mere persuasion of the readers, otherwise the research process would descend into chaos. Stiles (1993) suggests a number of criteria from which to judge qualitative research, which are applicable in social constructionist research.

Self-evidence and respondent validation.

The first of these is self-evidence, the importance of the research 'feeling right' to the interested parties. This can be enhanced by presenting interpretations to the participants for comment; a technique referred to as 'respondent validation'. However Madill, Jordan and Shirley (2000) make the point that the participants’ view should not always be privileged as they may have vested interests that construct their viewpoint. Respondent validation was not used in this study for partly this reason and also due to time constraints.
Catalytic validity.

A criterion that Stiles suggests should be balanced with this is catalytic validity. This refers to whether the research empowers the participants to produce new data, rather than restating established themes. This was addressed in this study using the questions that searched for depth during the interviews. Several of the interviewees remarked that they were describing thoughts that had first occurred to them during the interview, as described later.

Consensus amongst researchers.

Stiles also suggests that seeking consensus with other researchers is another way to seek validity. To this end the research, including transcripts and coding, was discussed with other trainee clinical psychologists carrying out qualitative research in a qualitative support group. This was facilitated by a more experienced qualitative researcher, who was also a clinical psychologist. At this meeting, some of the eventual ideas that would shape the analysis first emerged, such as the role of metaphor in persuading the client of the therapist's viewpoint.

The project was also informed by talking to several other clinical psychologists, who influenced the researcher's ideas in a way not realised at the time. These discussions provided an opportunity to discuss alternative interpretations and critiques of the emerging theory. One could, of course still object that this merely ensured a culturally defined agreed understanding. However this was felt to aid the internal coherence of the emerging account.

Reflexivity

In research informed by a social constructionist epistemology, it is generally accepted (see for example Henwood and Pidgeon, 1997) that acknowledging the viewpoint and perceptions of the researcher are crucial to producing high-
quality research. By examining the research process and locating themselves with the process, the researcher acknowledges that knowledge is not independent of the knower. When a researcher says anything about their research, they are also saying something about themselves and their context. This search is described by Pels (2000) as taking a position of 'one step back'.

Pels suggests that research which is unreflexive can appear strong and realistic but is often criticised by social constructionists as using 'weak' objectivity constructionists (see Madill, Jordan and Shirley, 2000). By this they mean that such papers obscure much of the process of research to ensure absolute objectivity. Pels suggests that such accounts are written for those who are already converts and against those who will never be converted.

By contrast, 'strong' objectivity contains the explicitly stated perspective of the researcher, so that the reader is allowed to come to his or her own conclusions about validity. Lynch (2000) critiques the idea that reflexivity produces privileged knowledge about the validity of research. He suggests that reflexivity could potentially be applied to itself in a never-ending loop. He goes on to caution that this process does not need to be seen as destructive but that no account, however reflexive, can ever be free of influence from its context.

**Researcher's perspective**

One could perhaps examine the influence of gender, social class and ethnicity within this research. For example, one could note that the female interviewee seemed least confident in the interview situation. However, through discussion after the interview, her perceived lack of experience seemed more pertinent to her than her gender.
Also I suggest this because clinical psychologists would normally be used to talking about and giving therapy to people with a wide range of these characteristics. Equally the data available did not allow consideration of these issues and this is a potential criticism of the study. However I have no specific reason to believe that their account would be unlikely to vary a great deal if asked the same questions by a trainee of a different gender, class or ethnic background. Instead I will concentrate on two crucial and less obvious elements to the context of the research, the trainee status of the researcher and his therapeutic orientation.

**Trainee status.**

The researcher is, at the time of writing, a 29-year-old white male in the final year of a Doctorate in Clinical Psychology. A trainee clinical psychologist is (particularly in the last year of training) one step away from becoming a fully qualified clinical psychologist. However they continue to be supervised by qualified members of the profession, both academically and clinically. This means that, whether an academic or clinician, the participants could be regarded as notionally more powerful, knowledgeable and more experienced than the researcher. This tendency was increased by the fact that most of the participants had lectured or supervised me at some point in the past (although they were not connected to the research directly). This was balanced by interviewing others whom I had not met or had met in a different context.

This context reversed, to a large extent, the normal power imbalance in the researcher-participant relationship. The interviews were also conducted at the interviewee's place of work, to encourage them to respond as professional psychologists. However as the interviewer I had the benefit of having spent a great deal of time thinking and reading about the subject. From this picture, one might suspect that the interviewees may have had memories of their own

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1 The first person is deliberately used within this section to encourage a sense of engagement with the researcher's perspective.
research (through clinical doctorates, PhDs, MSc's or other published works) and thus encouraged them to be helpful. This may have been enhanced (or reduced!) by their previous experience of me.

Clinical psychologists' potential feelings of wanting to help were a useful resource that would not have been the case with other professionals. Nevertheless I felt that this might possibly have caused them to agree with my ideas when they may not have agreed with someone from a different profession. Having a shared cultural understanding is a potential benefit and weakness of the study as it may have caused me not to challenge assumptions that I otherwise might have done. The benefit was perhaps in avoiding ideological confrontations that might have hijacked the discussions and in being able to focus on novel rather than accepted ideas more quickly. Had I focussed on other professions this may not have been the case or they may have been even more accommodating to overcome this obstacle, with the result of greater accommodation to my ideas.

Treating clinical psychologists as experts also has its dangers as they might feel that they had to answer questions they did not feel qualified to answer. However this may also occur in therapy with a client or in supervision of another cognitive-behavioural therapist, so in some senses this mirrors clinical practice. Some of the interviewees struggled with some of the questions (particularly with regard to seeing mental illness as a metaphor) and possibly gave answers that had not been fully thought through. However the interview balanced this with questions that should be very familiar to the interviewee (such as presenting the model to a person with depressive symptoms). Therefore the responses of familiar and unfamiliar situations could be compared.

Overall my impression was that my trainee status helped my research rather than hinder it. By fitting into a partially established role, I felt that the interview was less imposing and stressful than it would have been if I had
been more senior or of a different profession. I felt I was able to challenge
t heir understanding, without causing them to become defensive or becoming
railroaded by my challenges. In this way I feel the result was very much co-
constructed and that my conceptualisation has been gradually shaped as I
conversed with psychologists with often markedly different opinions.
Nevertheless I would accept that my position as part of the in-group of
psychologists might have prevented me from seeing and exploring issues that
could have been identified by other professions.

**Therapeutic orientation.**

My therapeutic orientation draws on my experience of conducting
behavioural work with people with learning disabilities, which was then refined
into cognitive-behavioural work with children and adolescents. This work also
left me with a strong awareness of the power of systems on the individual and
an awareness that one to one therapies can easily lose sight of the person's
normal social context. As I have developed as a psychologist, I have
developed an interest in narrative therapy (see White and Epston, 1990 and
Carr, 1998). This therapy applies Foucault's ideas of social oppression and
social construction to the therapeutic context. I feel it fills gaps left by
Cognitive-behavioural therapy. It explicitly uses the metaphor of stories and of
'externalising' problems to reduce their power. These influences have lead me
to ask why metaphor seems to hold the therapeutic power I feel I have
witnessed when using this therapy.

This blend of cognitive and narrative ideas led me to question why
therapists, even ones that concern themselves with empirical validation such
as CBT therapists, tell stories in therapy. Gradually I began to perceive that
many concepts, if not all, in therapy could be seen as metaphorical. Indeed
the mind itself can be seen as a metaphor for understanding our experiences.
After all nobody has yet isolated a part of the brain where 'core beliefs' or
'dysfunctional schema' are held. And yet we talk as if these are observable
real phenomena. My interest in narrative therapy has also led me to consider whether it is beneficial for our clients for us to regard ourselves as therapists – i.e. people who heal illness – at all.
3. Analysis

This chapter provides an account of the analysis of the six interviews collected. The aims of the analysis were:

4. To examine how the interviewees described using metaphors to help the process of therapy. These metaphors were described as **process metaphors**.

5. To try to understand how the interviewees would respond to their client's use of metaphor. These were referred to as **client metaphors**.

6. To look more closely at some of the **structural metaphors** used by the interviewees that help to organise the concepts involved in Cognitive-Behavioural Therapy. The process was illustrated using the structural metaphors of science and illness.

During the analysis, any round brackets used denote best guesses added during transcription, including comments such as (unintelligible). Dots contained within these brackets denote pauses, approximately 1/2 second pause per dot. Square brackets denote comments put into the quotations to provide a context for words such as 'it' or 'they'. Text that is skipped in the quotation is denoted by three full stops immediately before and after the skipped section.

The following definitions of types of metaphor may be a useful reminder when following the analysis.

**Process metaphors**: these are the metaphors that appear overtly in the therapy that are used consciously by the therapist.
Client metaphors: metaphors that the client enters therapy with. These were examined at the same level as process metaphors.

Structural metaphors: metaphors used that appear to provide frameworks for conceptualising the therapeutic process. These include Cognitive-behavioural therapy being seen as scientific and depression being seen as an illness that requires a treatment or therapy to address it. Structural metaphors could originate from the client or the therapist or both, although therapist's view was considered during this analysis.
Fig 1: PROCESS METAPHORS

Main Category
Interviewees' explanations of their use of process metaphors

Intermediate category
Explaining the model

Intermediate category
Persuasion

Intermediate category
Emotional Processing

Subcategory
Illustrating the model

Negative case to Explanatory metaphor: Overuse of metaphor

Negative case to Persuasion

Subcategory
Abstraction of emotions
Main category: Therapist's explanations of their use of process metaphors

As discussed in the methodology section, during the first part of the interview the therapists were asked to respond to a vignette of a depressed woman (see Appendix E). They were asked to explain the cognitive-behavioural model to this client. The aim of this was to find out what role the interviewees thought metaphor had to play in this process.

Intermediate Category: Explaining The Model

All the interviewees described using metaphor as being an important aid to describing the cognitive-behavioural model. They mentioned that many clients struggle to understand the concepts of cognitive therapy.

B: I think the essence of cognitive therapy is actually quite sophisticated, it’s quite complicated, if you’re looking to do it right. And so ‘information processing’ and ‘perceptual bias’ and all those kind of things are quite hard to explain.

But if you talk about people having radar for example, looking for things that can confirm negative beliefs as opposed to perceptual filters. I think that forms some common form of reference.

(B 81-88)

A recurring reason the interviewees gave for the clients' difficulty, was the abstract ideas involved in cognitive therapy. Metaphor seemed to be able to make these ideas more comprehensible.
E: And then sometimes metaphor is, sometimes the clearest way of making a point. A lot—ah, a lot of CBT (...) and I suppose it verges on the philosophical or technical, some of the points can be hard to grasp in erm (...) there’s a word I’m searching for (...) what’s the opposite of concrete thinking?

Int: Abstract thinking?

E: Abstract thank you. It can be hard to grasp in the abstract.

(E39-47)

F: I think it just—it makes the therapy seem more tangible. It makes, you know, if they (...) have something that they can probably relate to. An experience that perhaps they’ve had. It’s kind of—you know like the Aha! phenomenon. People soon see the sense in it.

Whereas therapy, presumably, is something they haven’t experienced before. And seems quite abstract.

(F 149-155)

‘F’ suggests here that, when people ‘see the sense’ in metaphor, it is because they can relate it to their own experience. Other interviewees also mentioned the importance of relating metaphor to the client’s life. Several of them also described using such a situation to show how the client’s thoughts about a situation could influence their emotions. For example,

D: And then at some point, I might or I might not say “O.k. I’d like to show you now some ideas about how our thoughts and our feelings are linked together” so I might take an example like “You know supposing a
friend that you’re waiting to call you at 11 o’clock at night, doesn’t call you. How would you feel about that?”

(D 214-219)

However the examples used weren’t always situations that the client was likely to have directly experienced.

C:  Erm I normally use (door slams in background) you know hearing a loud bang on the door and they’d read earlier of an escaping lion. They think it’s the lion and I would describe how they might feel and what subsequently they might do. That is a good example because you maybe you would get the desired response.

(C28-32)

‘C’s example here was dramatic and unlikely to have happened to his client. Instead he asks the client to imagine ‘how they might feel’ in a hypothetical situation. In describing his use of metaphor, ‘D’ talked about the importance of being able to understand people’s reactions in psychological terms as ‘Theory of Mind’.

D:  Secondly theory of mind, which cognitive therapists are beginning to explore, is all about narrative, “what do you think about me?”, “what do you know?”, “what don’t you know?”, “do I know what you don’t?”, you know...

...Therefore if we have, if we are evolved to be able to think quickly in that way, make sense of the world, our interactions and stuff like that, it makes sense to me to try and tap into those thinking capacities when in therapy.
During the interviews, the explanatory power of metaphor was mentioned repeatedly. The ability of metaphor to make the concepts of cognitive therapy more concrete (or less abstract) was seen as important. This could be achieved by relating it to the client’s life or by asking them to use ‘Theory of Mind’.

**Subcategory: Illustrating the model.**

Another aspect to metaphor, which seemed to recur, was its use of a variety of sensory media.

A: *I mean you can use examples and you can use a vernacular which is incomprehensible to patients, like you might for example be talking about the ‘disconfirmatory manoeuvre’ which I wouldn’t even dream of talking about with a patient.*

But when you say to somebody “black and white thinking” it’s quite straightforward so then you can say for example “Let’s think about this particular example is slightly grey, not black and white but grey”

(A 493-500)

Here ‘A’ used the idea of colour to describe thought. Several of the other interviewees also talked about using different senses to understand similar abstract ideas.
B: I also think again if you're presenting complex ideas, that if you can do it sort of multi-modally, you've got a better chance of people understanding it.

So certainly a lot of what I do is pictorial erm Just looking at that board now. I couldn't do what I do without a white board or something to draw things up with.

So I think it [metaphor] has a joint frame of reference but it also gives a different medium which explains fairly complicated ideas.

(E 205-207)

'E' suggested that therapists adapt to the client when performing this process.

Even sometimes, we have to get really technical about it, if somebody's primarily visual, you want to give them a visual metaphor. If they're primarily auditory, you want to give them the auditory metaphor.

This was one of many occasions that the interviewees described a process of adjustment, aimed at helping the person understand CBT.

'Negative case' to explanatory metaphor: Overuse of metaphor.

'F' mentioned that, while she felt metaphor could make some ideas clearer, they could also confuse the client.
F: I think patients want to feel that they come in for therapy and they come in for something different, something special, that's going to help. You know whereas metaphor can explain, I think if it's over-used then it can have the opposite effect.

(F 224-227)

'F' suggested that too much metaphor could confuse as well as inform the client. However the interviewees had suggested that repetition enhanced the effectiveness of metaphor.

E: I don't think I've ever come across anybody where a story of some kind wouldn't work. Erm although you may need, and this is another aspect of it, you may need to dole up two or three stories or metaphors, each more or less saying the same thing.

(E 225-228)

This apparent contradiction was clarified somewhat when 'F' said,

F: And using too many everyday examples, whereas it can help in clarifying some of those points, by using too many then it probably would sound less scientific.

(F 272-274)

This comment suggests that the therapist is trying to convince the client that the therapy is scientific and that metaphor (traditionally an artistic device) could conflict with this. This might be confusing to the client.
Intermediate Category: Persuasion

Although the idea that metaphor helped the client understand the CBT model accounted for much of the data, there were many examples where the process did not fit these explanations. Some of the metaphors seemed to be intended to challenge the client's beliefs, rather than put across the CBT model. 'F' directly referred to metaphor as having the ability to persuade the client.

F: So it's persuading somebody of a viewpoint. Erm and that's kind of what metaphor is.

(F 445-446)

There were a number of metaphors in the interviewee's accounts that they conceptualised as persuading the client. 'A's 'judge' metaphor was perhaps the best example of this.

A: Or I would say "so if you were the judge and you had somebody in front of you who said 'I am responsible for the manslaughter and the suffering of a human being' and the judge said to you 'why would you feel like that?' and you actually said to the judge 'this is because I wasn't there over the last three hours that he died so I am responsible for all the severe and inhuman suffering that inflicted to this person'.

Do you think that the judge would convict you? Yes or No?"
‘A’s comment on this metaphor suggested that he selected the metaphor for the purpose of challenging the client’s beliefs.

A: Well I used that particular example because I could predict that this is a situation where there wouldn’t be any room for manoeuvre. So the patient would have to come up with yes or no and the probability of him saying “the judge would find me guilty” would be very low so it was almost as if I knew what the outcome was going to be, you see.

So it was almost like using a persuasive technique where I would take him step by step by step down an avenue where he wouldn’t have any escape.

And then at the very last minute he realises that he has no foundations to believe that certain belief.

In this description, ‘A’ describes having used this metaphor so that the client ‘wouldn’t have any escape’ from the conclusion that his belief was wrong. The use of metaphor in this way seems to come across as a powerful rhetorical device to persuade the client that they should adopt the therapist’s view.

When talking about the role of metaphor in CBT theory, ‘E’ commented that persuasion is one way of conceptualising therapy.

E: There’s very often a mismatch between the two theories of what’s happening. Erm and I suppose to some extent, a fair amount of the time, erm hopefully by it starting up from like a well-informed and
accurate point of view, a large part of the job is to allow that person to accept my theory instead of theirs.

(E 415-419)

Immediately after this statement, 'E' began to question it and then justify it.

E: That doesn't really sound right, obviously it's a bit like the old psychiatrist who says "well, they're cured when they agree with me". We have to be quite careful about that aspect of it.

Erm you know if I have a well-informed basis for knowing how that person is operating and it's more helpful to them than the idea they've got, then that idea is not inappropriate.

(E 421-427)

It is not clear from this text whether 'E' changed his initial explanation because it did not fit his experience or because the thought that therapists 'make' clients accept their view was uncomfortable. He started to describe this as 'not inappropriate' before replacing it by an explanation that emphasised collaboration.

E: Well there's an awful lot of meeting in the middle, as-as indeed there should be, erm (....) and I think my overall aim is generally to get the person to a point where they feel that they understand a lot more what's happening with them. And that they can do something about it.

So it doesn't necessarily mean that we end up at the same place. Erm there's plenty of times that I will learn things from them, which illustrate that my initial understanding is incorrect. So it's a damn good job it's collaborative. Otherwise I'd be taking them down the wrong road.
Despite the change in 'E’ position, it is evident in phrases such as *my overall aim is to get them to a point that they understand...*[researcher’s underlining] that he still sees the therapist as leading the discussion.

'B', 'C' and 'D' did not directly talk about persuasion as a facet of metaphor, however their descriptions often seemed to be consistent with this hypothesis. For example,

*C:* *Whereas I think that the metaphors for cognitive errors as I know are used with the therapist’s insight into how this person has experienced the world and how they are today, currently.*

*It also with some explanation inform the client too – a shared insight allows you to move the client’s irrational mind to the mind that has a get out.*

'C' suggests that the client's 'irrational' mind is 'informed' by metaphor to give them a 'shared insight'. As quoted above, 'B' expressed a similar idea to this 'shared insight' by using the term 'frame of reference'.

**'Negative case' to Persuasion.**

Many of 'D's explanations of theory could also have been seen as persuasion. For example he used the following metaphor, which appeared to be aimed at a specific client belief.
D: She lost her son – very briefly – she lost her son, she goes to the Buddha and says “I’m terribly stressed and why is life so horrible and you know can you help me with my suffering?” and he says um “Yes, if you can bring me some mustard seed from a house that has not experienced loss”

So she goes off thinking ‘this is going to be easy’ and of course all the houses that she visits, they’ve all had a loss of some kind or another. So she can’t find any houses which have not-they’ve all had a loss of some kind or another, so she can’t find any. And the Buddha says “well, but they’ve all had someone die, that’s the nature of life”

And it’s understanding, it’s not just you. It’s not personal, you can’t take it personally ok so that’s a nice little story.

(D 424-437)

However ‘D’s explanation as to why he used this metaphor did not mention persuasion.

D: I think because A. it allows you, it allows you and your patient to sit outside-look at a third domain. It’s almost like watching a play, you know o.k. you are the narrator of that play but the whole point about plays and films and stuff, they are they reflect our lives.

They’re what Jung would call our archetypal enactments, if they’re not then we’re not interested in them because they don’t move us internally, they don’t have any power. They don’t resonate with an archetypal theme. The power that’s in them. Herman Hess talks a lot about this in his conversations with Jung. So you know er writers have know about archetypes for a long period of time.

(D 446-457)
Unfortunately this fascinating explanation was not confirmed by any of the other interviewees. However it refers to the power of metaphor to ‘move us internally’, suggesting that metaphor has a direct effect on emotions.

**Intermediate Category: Emotional Processing**

Although most did not comparing metaphor to a play, all of the interviewees talked about the relationship of metaphor to client emotions. One of the recurring themes was that metaphor could be used to express a variety of elements, including emotions.

_B:_ I’m trying to think, see one of the things that I’ve sometimes done with people who sort of have maybe alexithymia or young people who are really confused about feeling and thought. I might do a visual imagery exercise and say you know imagine anger is sitting right in the palm of your hand, what does it look like?

*When people say this feeling’s spiky or its hot or its this or tastes bad or whatever, if you can get into that then I think you can probably increase the level of kind of connection and understanding probably.*

(B 248-256)

_C:_ …Yes it [metaphor]’s in tune…it’s tuning in to the other person’s world, their frame of reference. And it’s intuitive, it’s creative it has that kind of real power to the person.
Here 'C' used the metaphor of 'tuning in' to a person, to describe how process metaphor works. He also mentions that it is 'intuitive' and 'creative', a view that is not easily explained by a conscious attempt to make therapy either more concrete or more persuasive. 'C' goes on to suggest that,

\[ \text{It [metaphor] has interpersonal use in therapy because interpersonal processes are going to be important also you know might downgrade emotions aspects. So if you get the thinking right, the idea that emotions will fall in line doesn't happen as easily in CBT as you would get from a first reading of CBT.} \]

So it's about the humanistic elements, the delivery process that matters and all the other ingredients such as the relationship

('F' also suggested that metaphor might operate directly on the client's emotions.

\[ \text{And hopefully in that sense would-in terms of that [making the therapy less abstract]'s the kind of short term advantage, I suppose. But more medium term, the idea would be that it [metaphor]'s going to increase their, hopefulness I suppose, about what therapy is going to offer them.} \]

\[ \text{Which in itself, again in um, is really powerful in terms of making people better.} \]
‘D’ suggested that metaphor might work in a separate way to logical processes.

D: Er..this is going to operate through, well we assume, we might be wrong about this, operate through slightly different processing schemas. Er. then we should very much link to social behaviour and affect, than say logic.

(D 137-140)

All these excerpts (amongst others) described metaphor as being able to relate to the client’s emotions. However the transmission of emotion by metaphor was not the only effect it had on emotions.

**Subcategory: Abstraction of emotion.**

Although metaphor was described as able to articulate emotion, there were also references to occasions that it seemed to suppress emotion. For example, when asked about his ‘judge’ metaphor ‘A’ said,

A: (....)I suppose if[metaphor] can sometimes be much more powerful because it abstracts the process from the current emotional context,

which is where thoughts, feelings, emotions and behaviours are very much mixed up,

to a different conceptual level where he can almost detach himself conceptually from the situation, realise what he is doing is an error of judgement and then go back in that light to the real life.

And say “Ah well yes, I have been unreasonable to think in black and white terms”.
But somebody is so much enmeshed in the emotional and experiential and also the cognitive and behavioural aspects of the situation they might find it quite difficult to make the abstract generalisations or comparisons or omissions.

(A 368-384)

'A' clearly felt that this enhanced the persuasion aspect to metaphor.

A: The other thing as well is that I feel in some of these situations it is much more easy to persuade somebody.

It's all about persuasion, I see. I would use persuasion and lead the conversation in a specific way.

(A 392-396)

This introduced a possible contradiction in the accounts of different therapists. Some felt metaphor aided emotional expression, whereas others felt it could abstract the client from emotional responses.

A possible remedy to this apparent contradiction would be to suggest that metaphor could manipulate the context to either increase or decrease emotion. In accordance with this way of thinking, 'D' talked about how metaphors 'move us internally' (see above) but he also alluded to the power of metaphor to remove emotion.

D: And also story-telling helps to de-shame things, cos you see it as part of life, it's not personal to you. It's not bad about you (unintelligible)
(...) Yeah, so there’s a sense of erm, I guess that fits in with the play where you’re kind of pulling back and you’re watching it rather than being on stage.

D: Yes, yes, yeah that’s right. I mean my heh, heh my form of cognitive therapy is that this is all human tragedy and drama.

(D 495-503)

‘D’s comparison of metaphor with a play illustrates how metaphor can engage a person’s emotions in a different way to directly experiencing them. By taking a different viewpoint, the issues could become more remote. Unfortunately this explanation ultimately substitutes the question as to how metaphor affects emotion, with how plays can affect emotions, without providing an answer.

Summary Of Therapist Explanations Of Process Metaphors

- Overall none of the hypotheses that emerged from the data could reasonably fit all the data from the participants’ accounts. However they all provide a reasonably coherent account of part of the data.

- All the interviewees all talked about the power of metaphor to help them put across the abstract concepts of Cognitive-behavioural therapy. Some of the interviewees suggested that this process was not a neutral explanation but that the explanations were also intended to convince the client that the CBT explanation was the correct one.

- However neither of these explanations covered the interviewees accounts of metaphor’s effect on the client’s emotions. In all the interviewees’ accounts, the influence of metaphor on client emotion emerged. However the data suggested that metaphor could either increase or decrease client’s emotional involvement with the material.
Fig 2: CLIENT METAPHORS

Main Category
Interviewees' response to client metaphor

Intermediate category
Finding the meaning in client metaphor

Subcategory
Unpacking client metaphor

Intermediate category
Leaving aside client metaphor

Negative case to Leaving aside client metaphor
Main Category: Therapist Responses To Client Metaphor

In therapy, there is no reason why the use of metaphor should be limited to the therapist. Unfortunately, as this study only interviewed therapists, it is not possible to gain the client's viewpoint on either how they receive therapist's metaphors or how they themselves use metaphor. However it is possible to ask therapists how they would respond to their client's metaphors.

Intermediate Category: Finding The Meaning In Client Metaphor

All the interviewees talked about the black cloud mentioned in the vignette, in terms of it potentially meaning a number of different things to the client. They also all talked about exploring this meaning. For example,

C: This is what I would do if I was with a client actually. I would see what the client is actually trying to tell me as it were rather than using just take it and using it. I would try to find out what is the client trying to tell me.

(C 223-226)

This idea fits with the hypothesis that metaphor can help explain complicated concepts. 'B' also suggested that it was vital to explore the client's metaphor, as it could be shorthand for complicated information.

B: (Clicks tongue) With this specific patient? I would use that language specifically. You know I would say 'so when you get that experience of a big black cloud's coming over again, what's it like?' or 'Do you have a sense that the big, black cloud is around for you?' or something like that.
Because that's also a short hand version of something more complicated.

(B 231-238)

However 'C' also gave the sense that it may not be possible to entirely extract the client's meanings from her metaphor.

C: I think there's are two sides to it, one for me to understand and for the person to keep their example really to explain to me and to understand that we don't know what she means, I like to think I've got some idea of her problem is my understanding but as I said it's a representation of her status.

(C 239-243)

In this excerpt 'C' indicates that metaphor could represent more than a mere factual explanation of their situation but expresses some other aspect of the client's 'status'. 'D' suggested that the metaphor might be used because the client is struggling to understand and express their emotions in other ways.

D: Yes, I mean th-one of the things that we-we know with the maturation of affect, (that's short for medical mature development?), so basically we do finer and finer and finer discriminations of affect. Become aware of blends of affects and blends of blends and stuff. So if you take somebody with say, borderline problems, they're not very good at distinguishing affect. So they say "Well I feel upset" or "I feel bad". And can't distinguish failure or humiliation or terror or dread, they can't just-just feel that. Sometimes concepts of like a black cloud are like 'I don't know when I feel this I feel like a black cloud. And therefore what you're doing in these conversations is helping people to articulate what they feel, in a way that they may not have done before. And that in
itself, you begin to understand, through this black cloud actually what this feeling is; it is a feeling of anxiety or foreboding or whatever it is.

(D 594-606)

Here 'D' described the client as trying to express their emotion using metaphor. This is consistent with the 'emotional processing' account (given above), which emphasises that metaphor can express emotion as well as the client's thoughts.

Subcategory: Unpacking the client metaphor.

The interviewees' accounts made sense when considered alongside the explanatory hypothesis outlined in the previous section. Both 'B's and 'D's accounts also suggested that the metaphor could allow the client to express their emotional confusion, which is consistent with the 'emotional processing' hypothesis. Both these accounts emphasise the importance of the therapist trying to understand what the client is saying.

However the data also suggests that changing the client metaphor is also important. All the interviewees referred to this in some way, but 'E' put the point most directly,

E: Oh I'd try and use the person's metaphors, if possible. Erm (.) or I'll kind of half use them. I'll start with their metaphor and try and develop it into something else.

Or you know, if we're talking about 'the black cloud', we may talk about what's inside the black cloud. Or at a little later point, we may be talking about how we roll that cloud away. Or make the cloud smaller.
Erm very often the person's own metaphors tell you quite a lot about their experience. But also about their understanding of their experience. And obviously part of part of the problem is often that their understanding is, to some extent, inaccurate or unhelpful.

And maybe that we need to change the metaphor as part of the way of changing the understanding of what's happened.

(E 274-288)

'B' initially denied wanting to change the client's metaphor but agreed that this might be desirable during the process of therapy.

B: I'm not sure why you'd would you want to change the metaphor?

Int: Well I guess I'm thinking in terms of some people might say that you might try and make the black cloud white or make it smaller or

B: Oh you mean in the process of therapy?...

B: ...But yeah if you're saying 'would you look to try and it change that in the process of therapy' you might if it's a marker for the internal state that you're trying to change but I don't think you'd ever try and change their language or their image for it because that's their bit.

(B 262-283)

These excerpts suggest that investigating the client metaphor does more than just let them express themselves. The interviewees also described changing the client's metaphor, and hence their understanding of their problems, as an important part of therapy.
Intermediate Category: Leaving Aside Client Metaphor

Most of the therapists said that they sometimes used the client's metaphor but other times did not. 'C' felt that whether he used the metaphor would depend on the client,

C: I think you have to be careful there because the person may be thinking in concrete way rather than abstracting a metaphor of some sort of abstraction.

So I couldn't put my hand on heart to say that I would [use their metaphor], it depends on the client and how the client and knowing the way the client sees it.

(C 202-207)

Out of the interviewees, 'A' said the most definitely that he would not spend that much time thinking about the 'black cloud'.

A: I don't think I would bother that much with the large black cloud, what I would want to find out is what you know-

Int: O.K.

A: Seriously I wouldn't (...) er. If that's how she wants to describe herself and if this is what makes meaning to her that's fair enough. I wouldn't try to replace it. I wouldn't belittle her large black cloud and replace it with five or seven or how many DSM IV objective and observable diagnostic criteria. But what I would say "O.k. we've got your large black cloud which comes all over you but what's your eating like? what's your mood like? what's your sexual desire like? what's-". Does this make sense?
'A's explanation here does not seem entirely clear. He claims that he would not replace her black cloud with DSM criteria, however he also says that he would not 'bother that much with the large black cloud'. Instead he asks about her eating and sexual desire etc., which are among the DSM criteria for depression. What emerges is that 'A' would not 'belittle' the client's metaphor but would tend to also use what he views as objective criteria.

A: See I wouldn't see her simply as a bag of symptoms and let's treat the bag of symptoms. I would look at her meanings as well. But I wouldn't concentrate exclusively on the meanings at the expense of having spent forty sessions talking about a black fluffy cloud. Not having done anything about her mood, her depression, her appetite, her sleeping, her suicidal intent etc. etc.

'A's use of the word 'fluffy' when describing the cloud in this excerpt, together with the tone suggests that he questions the validity of simply using the client's metaphor. He seems to prefer criteria such as mood, appetite and suicidal intent.

'Negative case' to Leaving aside client metaphor.

Although 'A's approach to the client's metaphor seemed to de-emphasise it in favour of 'objective and observable' criteria, he denied that he was imposing his views on the client.

A: I wouldn't impose metaphors, I would just use metaphors as examples to help the person understand certain aspects of the therapeutic
process. But I wouldn't say to her that my metaphor is the right one and yours is the wrong one. There isn't any power issue or power relationship taking place here in my opinion.

(A 561-565)

‘A’ here reinforces the view of metaphor as explanatory and denies that he imposes it onto people. This appears to conflict with his earlier comments.

A: It’s all about persuasion, I see. I would use persuasion and lead the conversation in a specific way.

(A395-396)

However, this apparent contradiction could be explained by recognising the subtle difference in language between ‘imposing’ metaphor and using it to persuade. ‘E’ suggested (see above) the importance of collaboration and ‘A’ could be making a similar point.

Summary Of Therapist Responses To Client Metaphor

- The interviewees talked about either exploring the client’s metaphor until they gained an understanding or largely de-emphasised it.

- When the interviewees went explored the client’s metaphor, they talked about doing so with an intention of changing it in some way. This seemed to be linked to changing the client’s overall view of their problem.

- When the interviewee left the client’s metaphor aside, they seemed to try to instead talk in terms of other criteria, such as DSM IV criteria. ‘A’ claimed that this structure was not imposed on the therapy and that the client could retain their own metaphor if they wished.
Fig 3: STRUCTURAL METAPHORS

Main Category
The influence of structural metaphors

Intermediate category
The scientific structural metaphor

Subcategory
Measuring metaphor

Subcategory
Client metaphor is unscientific

Subcategory
Professional background to the use of the scientific metaphor

Intermediate category
Interviewees' reaction to the concept of mental illness as a structural metaphor

Subcategory
Variation between therapists

Subcategory
Different positions at different times
Main Category: The Influence Of Structural Metaphors

So far, the analysis has focussed on metaphors used deliberately in therapy. However structural metaphors were also seen as important in terms of how they influence the concepts used in CBT.

Intermediate Category: The Scientific Structural Metaphor

All the interviewees mentioned the importance of the scientific approach when they give therapy, during the interviews. One of the main times this was apparent was when they addressed the client’s metaphor.

Subcategory: Measuring metaphor.

Several of the interviewees suggested that they would see the client’s metaphor as a measure of their depression. ‘B’ talked about this as ‘a marker for the internal state’.

B: *But yeah if you’re saying ‘would you look to try and it change that in the process of therapy’ you might if it’s a marker for the internal state that you’re trying to change but I don’t think you’d ever try and change their language or their image for it because that’s their bit.*

(B 280-283)

Whereas ‘C’ talked about ‘a strategy for assessing progress’,

C: *but I was you know not using the examples I’ve given but incorporate some kind of strategy for assessing progress as it were*

(C 232-233)
They gave specific examples of this, such as.

B: Yeah you might use it as you know 'Is the cloud still as black or as big or is it raining or whatever?'

(B 288-289)

'F' generally agreed with this although a note of caution should be applied here as some phrases in 'F's interview suggest that the researcher may have encouraged her to respond in this way.

Int: Yeah, it's just the sense I get is that erm, from you and I guess from other people, that-is that they would see-or you would see the black cloud as something that says something about her experience that you then unpack into "how big is it?", "how black is it?" kind of thing.

Erm so is that something you would kind of revisit, to say "Is it still black?" or "Is it still as big as it was?" or would you then just move on to other measurement instruments?

F: (........) Hmm. I think I would use the black cloud as a way of (........) I suppose quantifying how bad things are. So I might say "On a scale of one to ten, how black is the cloud?".

The researcher here gives an indication of the response he expected as so could be said to be influencing the interviewee. 'F' could have disagreed at this point but her agreement might have been more a result of the interview process than her own beliefs about metaphor.
Subcategory: Metaphor is inaccurate.

‘C’ saw metaphor having a potential disadvantage of carrying a different meaning to the one intended.

C: So for example erm I said taking the example which I used a second time of the boat, the example of the sea shore. And I said at the end “until Colombus came along and changed things” – actually it wasn’t Colombus that changed the world but that’s what I said.

And I reviewed the session with the client and I says “If someone asked you, last time you were here you know what we talked about” and what she would have said. And she said “Oh, we talked about Colombus” heh, heh and it’s a good example of how people put different emphases of what they take away from the stories you tell.
The examples you used to illustrate and maybe Colombus was shorthand for many things for her.

Int: Was the sense that she found it helpful?

C: Erm well in that particular situation it wasn’t. She focussed...she abstracted from whatever was happening to her rather than what we wanted to focus on from my point of view.

(C 140-157)

When talking about unpacking the client’s metaphor above, ‘E’ suggested that the client’s view might be ‘inaccurate’.

E: And obviously part of part of the problem is often that their understanding is, to some extent, inaccurate or unhelpful.
‘A’ also mentioned that client metaphor could be inaccurate.

A: Well in this specific example, if the woman reported feeling as if a large black cloud came over her a year ago; (.) I would try to understand what she means by a large black cloud coming over her. I would try to understand what she means. Because people use terms that might not be exactly accurate.

‘A’ and ‘E’ touch on the idea that there is an ‘accurate’ way to understand a metaphor, which is distinct from other inaccurate interpretations. ‘C’ also describes the difference between his and his client’s interpretations as a disadvantage to metaphor. These extracts imply that these interviewees have a view of metaphor as potentially interfering with the accuracy of the information that they obtain from, or give to, clients. These comments are consistent with a perspective of metaphor as a threat to scientific validity (see introduction).

The influence of the scientific structural metaphor helps to explain why the interviewees might be wary of overusing metaphor (‘negative case to explanatory metaphor above). When process metaphors are used too often, they could conflict with the scientific structural metaphor – which can see metaphor as inferior to scientific discourse.
Subcategory: Professional background to the use of the scientific metaphor.

'A's preference for 'objective criteria' or DSM criteria over the client describing their problem in the form of metaphor has been noted already. This was picked up on by the researcher.

Int: And I guess that's very much to do with CBT's background as a therapy that is quite often measured. (...) I guess what I'm asking is, do you think that's something that's particularly something about CBT or do you think that would be true of any therapy?

A: (. ) Well I am a clinical psychologist so my training and also my theoretical orientation leans towards observation, measurement and evaluation.

(A 628-636)

'A' says that his attempts to measure the client's distress come from his professional background. However 'D', amongst others, identified that CBT is particularly influenced by academic science.

D: So if you look at the work that has been done on memory or attention mechanisms or the use of T-scopes and all that kind of stuff. That's all heavy academic psychology, so a lot of the gaps of cognitive behavioural therapy now is being driven by pretty hard science, in a way that other therapies are not.

(D 51-55)
Intermediate Category: Interviewee's Reactions To The Concept Of Mental Illness As A Structural Metaphor

Unlike other structural metaphors, the illness metaphor was specifically asked about during the interviews. The questions used asserted Szasz's (1981) position that mental illness could be seen as a metaphor to understand clients' distress. It asked about what effect seeing mental illness as a metaphor, would have on CBT. This question proved difficult for the interviewees to understand and was later rephrased into two questions.

In this part of the interview, the researcher was more challenging towards the interviewees. In particular, if the interviewee denied that CBT used the concept of illness, the researcher pointed out that the CBT literature often uses diagnostic labels. Another point routinely made was that if CBT is compared for efficacy against medication then this suggests that they share the same objective, treating an illness.

This challenging approach means that the analysis of the data must be especially cautious. For example the approach made it impossible to comment meaningfully on whether the illness structural metaphor was important in CBT, as this is likely to have been influenced by the researcher's agenda. However a positive aspect to this approach was that the concept of using structural metaphors to understand therapy, was advanced to the interviewees. This meant that the interviewees had a chance to comment on whether the idea of structural metaphors was coherent, credible and useful to clinical psychologists using CBT. The data could also begin to suggest what effect the use of the concept of structural metaphors could have on CBT, using illness as an example to work from.
**Subcategory: Variation between therapists.**

There were a variety of responses to this question between different interviewees. At one extreme 'A' reacted by dismissing Szasz as being a reflection on a time where 'everything was challenged'.

A: Now when Szasz was writing his theories, which was in the sixties wasn't it. It was a period socially where everything was deconstrued and everything was challenged and there was no dogma, no authority, no objective truth. So I suppose part of the whole ethos would be to look at mental illness as well and see we can deconstruct this completely. So I can understand maybe some of the processes that were involved with his thinking and how these can be a product of his cultural and social and other influences at the time. [sic]

(A 715-722)

'A' went on to say that using the concept of mental illness was justified as it was what the clients wanted.

A: Erm now whether something is a disease or not. Or whether something is normal or not I suppose the best reference for that is what my patients actually tell me.

(A 724-726)

However he admitted that there was a wide range of views in the clinical psychology profession.

A: And you might find that some psychologists might have a better understanding- might go along theoretically and clinically more with
psychiatrists and some other psychologists might feel more offée with a sociologists’ (impressions?)

(A 835-838)

At the other extreme, ‘D’ quickly agreed that the concept of depression as an illness was used, despite being conceptually flawed.

D: And Neil, Paul Neil has pointed out that psychologists often misunderstand the biomedical approach. Because the biomedical approach is about looking for evidence of a specific pathogenic properties, generally symptom-based you know you would look at meningitis or whatever. But to get a diagnosis, you need the core symptoms, in other words, the core thing that would be wrong with you for you to be diagnosed with a form of cancer.

But a lot of mental health isn’t like that. That’s why we had all the confusions. And if you just took a temperature rise or being sick erm feeling weak and faint and all that. And put that in for a statistical analysis, well you’d get junk.

(D 837-848)

He went on to say that focussing on depression as a mental illness meant that wider social factors could be ignored.

D: But that ain’t gonna touch the epidemiology, the epidemic of depression and anxiety. This needs work to be very much more with communities and er with (unintelligible) and technical case reviews
and bullying. That's that's were you get a make all the difference. And if cognitive therapy distracts us from that, we stand in an awful lot of trouble.

(D 933-938)

Subcategory: Different positions at different times.

'A' and 'D' held distinct positions on the use of concept of mental illness in CBT. However, the other interviewees gave a sense of being able to use the concept of mental illness but also step outside it.

Int: Mmm. So do you feel that CBT uses the metaphor of mental illness, or do you think it's a metaphor in its own right? I wasn't quite clear about that.

F: (......) Both.

(F 448-452)

C: I can only personally answer by saying, I am able to think in both ways, I think. That is to show empathy to the medical profession, I can understand how they explain it and the formula they trained with.

(C 563-565)

They also recognised that treating client's problems as being due to a mental illness was inherent in their clinical environment.

E: Yeah I mean to an extent I suppose that's the dominant metaphor in this system, in which we operate.
Several of the interviewees also pointed out that there were advantages to CBT’s use of the illness model. For example,

B: Right in terms of symptom, treatment, less of symptom. Er I would think then, quite a bit. I would think in some ways that it’s one of its strengths. Because people are coming in with a certain set of difficulties and they should be seeing those difficulties get better as opposed to maybe more insight therapies or counselling therapies that don’t seem to address the problem.

The interviewees presented no single clear position on using the structural metaphor of mental illness. The resulting discussions did, however, seem to represent a rich and complex debate that challenged routine clinical practice.

Summary Of The Influence Of Structural Metaphors

- The influence of empirical science on the interviewees was apparent when they talked about using client metaphor to measure their depression. This influence seemed to come from both CBT theory and the interviewees’ professional background as clinical psychologists.

- The ‘mental illness’ structural metaphor was specifically asked about during the interview in a potentially challenging way. The interviewees reacted differently to this. However most of them said that they used the mental illness metaphor when it was useful but didn’t use it at other times.
Fig 4: CORE CATEGORY

CORE CATEGORY
Changing the client's original viewpoint

Main Category
Interviewees' explanations of their use of process metaphors

Main Category
Interviewees' response to client metaphor

Main Category
The influence of structural metaphors
Core Category: Changing The Client's Original Viewpoint

The three main categories focus on different aspects of the use of metaphor in cognitive-behavioural therapy. The data suggested that the interviewees use process metaphors for three reasons, namely explanation, persuasion and emotional processing. Their response to the metaphors the client used reflected this. However the analysis suggested that the therapists start to change the client's metaphor, partly through using process metaphor and partly using other techniques. Structural metaphors such as science, are also hypothesised as important for helping the client to abandon their initial views in favour of a new, more helpful understanding of their difficulties.

The core category is distinct from persuasion as it includes a range of techniques that the interviewees used to change the client's viewpoint, including explanation and emotional expression. 'D's description of 'co-constructing' a new meaning from the client's metaphor illustrates this.

D: I think it would be a co-construction, because (...) if it is only her construction, there is no neutrality in the making of the new meaning of this impact bringing them together, then it stays the same construction and it stays encapsulated in structure. So it's the way in which, through the discussion, she begins to have (...) a different view of what black, or a more discriminating view of what black cloud means for her. So she could begin to say "Yes actually I can feel that sense of dread or I can feel that sense of hopelessness" or whatever it is.

Er. so she can just start to discriminate.

(D 579-588)

'D' describes here a process by which the client changes their view from a black cloud to an explanation in terms of specific emotion. He makes the point
that if the client is left purely with his or her own description, they stay 'encapsulated in structure' and presumably will stay depressed.

Interestingly 'B' used a metaphor to describe the process of therapy by comparing it with 'learning a new language'.

**B:** That the way to do that is first through behaviour change. So when you learn a new language, you talk as if you spoke the language. You don't necessarily have any understanding of it, you translate every word into the French or whatever and then reverse every word back, so you're not speaking it. But from the outside you might sound like you have a working knowledge.

_The more you do that, eventually you get some kind of framework in your head about how the language works. You might do it more automatically and if you live long enough in a particular country or culture, you might start feeling French or something like that._

(B 56-66)

This seemed to encourage the client at the crucial moments.

**B:** So if somebody's trying to think about, you know for example some people might say 'ok, I was thinking about what you said last week or how I've got to start behaving as if I believe this thing. Well that got quite complicated because I thought I don't believe it and I don't feel that way but then I remembered what you said about language and I thought ah! ok.'

(B 190-195)
A key point here, was that in retaining the language metaphor, the client remains open to changing their views. 'C' and 'F' argued that, by coming for therapy, the client implicitly asks for their beliefs to be changed.

C: And it's common to situations, which is in nature a recognised place to go. You take your car to a dealer erm Kwikfit for the tyres. So it's a condition of society so you go to that place, which then validates whatever you are. Confirms that people who go there are…

"well I know that I shouldn't be thinking in this way" they say "but I can't help myself" which means 'please can you help me stop doing this?'.

So that actually there is a process of mutual empowerment which you're empowered to be the doctor

(F 576-580)

The idea of the client asking for help adds to the concept of persuasion by saying that the client wants the therapist to convince them. In this case, the explanation of information and the persuasion the person of its credibility are processes that work in tandem to change the client's initial view.

Cognitive-behavioural theory suggests that changing their cognitions about a situation will change the client's emotional state. However the analysis
suggests that metaphor can also operate directly on the client's emotions by for example (see 'emotional processing' above) introducing a sense of 'hopefulness'. In order to accomplish this, it was hypothesised that a multi-faceted process occurs, which includes all the processes described.
4. Discussion

**The Epistemological Status Of The Study**

Silverman (1993) warns qualitative researchers against the trap of 'scientism'. He suggests that qualitative researchers should not uncritically regard scientific knowledge as necessarily superior to common sense. When using a research methodology based on social constructionist ideas, the question of validity is an extremely complex one. Liebrucks (2001) suggests that the psychological researcher constructs their account according to their social, cultural and political environment, which makes the concept of objective knowledge impossible. Nevertheless, the researcher must be able to express why his or her research should be seen as valuable.

In order to justify the value of their research, qualitative researchers use the concept of 'reflexivity' to discuss the social context to their research. However, using the same logic, Lynch (2000) suggests that a reflexive account is also an interpretation of events constructed within a context. The risk here is that the researcher attempts to become reflexive about their reflexivity and this becomes an endless cycle. In an attempt break out of this 'theoretically parasitic and politically paralysing difficulty', Edley (2001) suggests that researcher should regard social construction epistemically rather than ontologically. In other words, the researcher comments on their data and the relevant literature in a social constructionist without implying that their own view is the 'true' world view.

In following this argument, the researcher is following Soyland's (1994) introductory remarks about rhetoric. Soyland side-steps the argument about whether his own work is rhetorical by simply saying that it could be regarded
as such. Therefore the discussion about the validity of the account is transformed into a discussion primarily about its coherence and plausibility. Additionally it is important to consider if the conclusions, if accepted, would influence the field about which it is written.

The first part of this chapter concentrates on the plausibility of the study, by reviewing the results in the context of previous research into metaphor and CBT. The second part concentrates on the plausibility of the grounded theory approach taken. The researcher hopes that the results, when seen in the context of the relevant literature, form a detailed discussion that may potentially influence the clinical practice or research of the reader. However the main implications for clinical practice and future research are suggested at the end of this chapter.

*Three Ways Of Understanding Process Metaphors*

The analysis section put forward three accounts of the action of metaphor, based on the accounts of the participants. In accordance with a social constructionist viewpoint, these are presented as alternative truths rather than attempting to suggest one account is superior to the others.

*Explanation*

Of the three accounts, the explanatory account of metaphor was the first formulated by the analysis. The interviewees suggested for therapy to be successful, a client had to have some understanding of the cognitive-behavioural concepts involved. Phrases such as ‘educating’ or ‘socialising the client to the model’ were frequently used in reference to metaphor. The analysis suggested that metaphor could help increase the client’s understanding by making the material less abstract and more relevant to them. Similarly the interviewees suggested that clients’ metaphors were an expression of a complex thought patterns, which they could use when they could not explain themselves literally.
The explanation account fits well with cognitive-behavioural texts, which suggest that ensuring the client understands the model is a vital part of therapy. Wells (1999) for example devotes part of each chapter to socialisation within each type of treatment. 'A' suggested that metaphors could be regarded as 'tools', referring to the commonly used CBT metaphor of a 'toolkit' of useful techniques (see for example March and Mulle, 1998). Psychological studies, carried out from a cognitive standpoint, suggest that metaphor can increase memorability, comprehensibility and aptness (McCurry and Hayes, 1992). Muran and DiGiuseppe (1990) and Otto (2000), amongst others, have suggested ways in which metaphors can be used overtly as tools to enhance client's understanding in cognitive therapy.

Similarly cognitive psychologists (such as Marks, 1996 and Seitz, 1998) have begun to develop theories about people often use metaphors of experience directly derived by the senses (primarily visually), to explain complex concepts. This matches well with the sub-category of metaphorical illustration. Lakoff and Johnson (1980)'s theory describes these metaphors as 'orientational metaphors'. They make the point that these metaphors can also work at a more structural level. The metaphor of up is good, down is bad, is used in relation to mood in depression but also more generally as in, for example, the economy is up and he is at the top of his profession. These illustrations are conceptualised as aiding the explanatory process by making the process clearer (note even the word clearer denotes a visual metaphor).

There are several potential criticisms of this account. Firstly when reflecting on the interview, the researcher became aware that the interviewee was asked how they would explain therapy to the client in the vignette. It could be argued that any metaphors that arose following this are likely to be influenced by this question. However, once the potential influence of the vignette was appreciated, the researcher added an initial open question about the participant’s initial view of metaphor. All three participants who were asked
this question ('D', 'E' & 'F'), all spontaneously mentioned using metaphor to help their client understand.

A more telling limitation to the explanation view is that it cannot explain all the data found in the transcripts. The negative case mentioned in the analysis, that metaphor can confuse clients, is one example of this. To integrate this case into the emerging theory, the concept of the scientific structural metaphor was used. Using this concept, 'F' suggests that process metaphors can potentially conflict with the science metaphor (a similar point is made by Miller-Mair, 1990). Even when these metaphors are not contradictory, the client is required to process the two metaphors in parallel (mixing the metaphors), which could be confusing. However, describing science as a metaphor, implies that metaphor has a role beyond explaining complex concepts.

**Persuasion**

In addition to the limitations of the explanation account mentioned so far, it would be difficult to understand 'A's judge metaphor as purely an explanation of concepts. The persuasion main category reflects some of the participants' suggestions that metaphors are used to actively influence a client's views. 'A', 'E' and 'F' all made direct statements about this facet of metaphor. 'A's account in particular described the process in very forceful terms, saying how he would lead the client down an avenue from where there would be no escape.

In the analysis, the subcategory of 'unpacking client metaphor' suggests the therapist's reaction to a client's metaphor can be related to the persuasive process. Gonçalves and Craine (1990) suggest that therapists should explore client metaphor through a process of 'vertical exploration' as part of cognitive therapy. This process deals with clients' fundamental conception of
themselves and thus is postulated to represent deep, tacit information at the level of schemas. Kopp and Craw (1998) suggest that finding this information is crucial to changing the client's perspective.

The interviewees described variability in their practice with regard to whether they explored client metaphor. The intermediate category of 'leaving aside client metaphor' appears to follow the opposite line to 'unpacking client metaphor'. In the process of unpacking the client's metaphor, the therapist seeks to reduce its power. However by putting client metaphor aside, the therapist may hope to substitute an alternative metaphor. Both exploring the metaphor and leaving it aside share the common principle that the therapist does not use the client metaphor uncritically. The negative case to 'leaving aside client metaphor' led to a slight adaptation in the theory. ‘A’ suggested that the therapist does not impose a new metaphor. It is hypothesised that instead they ask questions that imply the new metaphor.

Leaving aside client metaphor could parallel the techniques used by solution-focussed therapists, such as O’Hanlon and Weiner-Davis (1989), who focus almost exclusively on a solution to the client’s problems rather than the etiology of the problem. They argue that talking about a client’s original view of their problem reinforces it. Instead looking for possible solutions helps the client to think differently and gives them hope. It could, therefore, be argued that both ‘unpacking’ and ‘leaving aside’ techniques are intended to persuade the client to abandon their original position.

Suggesting that therapy is a process of persuasion is not a new idea. Frank (1973) describes psychotherapy as a persuasive process, comparing it with the ‘miracle cures’ performed at Lourdes. More recently Stoltenberg, Leach and Bratt (1989) have developed a model to explain how persuasion can be applied to therapy. Literature in cognitive-behavioural theory also suggests that persuasion is part of therapy. For example Wells (1999) talks about ‘selling the model’ to the client.
Efran, Lukens and Lukens (1990) suggest that whenever a person explains a problem, they reformulate it (p. 82). This could suggest that whenever a therapist uses metaphor to explain part of a client’s problem, they are trying to change the client’s viewpoint. Therefore one could suggest that the persuasion account subsumes the explanatory one. When discussing this section of the transcript with other researchers in the qualitative support group, the persuasive power of the metaphor became the major topic of conversation. The group members said that it made them reflect on their own practice of CBT as a persuasive, rather than explanatory, process. Even simple metaphors, such as ‘C’s lion story could be seen as not only explaining cognitive theory but also persuading the client of its validity.

However this account would present therapy as an interaction consisting solely of the therapist attempting to persuade the client of his or her own viewpoint. ‘E’ suggests that this sounds ‘like an old psychiatrist’, and reflects his discomfort with the idea of therapy as a one-way process. Instead he points out that the client has an active role in therapy and wants to come to a new understanding. The negative case given to ‘leaving aside client metaphor’ also suggests that ‘A’ denies that he is imposing his view but refers to his desire to ‘help’ his client. The explanation account emphasises the client’s active role in wanting to understand their therapist’s words, whereas the persuasion account would suggest they are passive recipients of persuasive rhetoric.

**Emotional processing**

‘D’s description of metaphor working ‘like a play’ is not easily explained by either the explanation or persuasion accounts. This was a far from unique example of the interviewees suggesting that metaphor could influence
emotion directly. This account would suggest that metaphor is able to access or reduce emotion, without conscious processing.

In the psychological literature on metaphor many authors suggest that metaphor may work through unconscious pathways. Perhaps unsurprisingly, many of these views are presented by authors outside the cognitive perspective. For example, Combs and Freedman (1990) suggest that metaphor can put across the therapist's message without activating a client's 'reflexive objections'. This would fit well with the category of 'abstraction of emotion', where the 'A' talked about the client becoming enmeshed in the emotional and cognitive aspects of the situation.

Many of these authors have suggested that stories and metaphors should be used and analysed deliberately by therapists to approach hidden feelings (for example Bettleheim, 1988; Legowski and Brownlee, 2001; Martin, Cummings and Hallberg, 1992 amongst many others). There have also been suggestions that the human brain may be organised to process metaphor using different pathways to logical thought (see Seitz, 1998 for example).

With reference to cognitive therapy, the emotional processing account is perhaps more controversial than the previous two. Cognitive therapy traditionally holds the view that a person's cognitive appraisal of a situation causes one emotional reaction rather than another. Kopp and Craw (1998) and Otto (2000) suggest that recognising metaphor's potential for influencing this appraisal at an unconscious level, could enhance cognitive therapy.

However Muran and DiGiuseppe (1990), for example, claim that there is little evidence for neurolinguistic processing being different for metaphor compared to other types of information. They also suggest that this view of metaphor can be harmful. This was also discussed by a number of interviewees, for example 'E' suggested that using a metaphor of imagining
someone in a car crash, when they have lost someone in this way, could be harmful to the client (E 239-244). For this reason, Muran and DiGuiseppe suggest that therapists only use metaphor in a direct and planned way. However by pointing out that metaphor can have unintended harmful meanings, Muran and DiGuiseppe admit the possibility that metaphor could also have unintended beneficial meanings.

In any case, articles using the Lakoff and Johnson (1980) perspective, such as Eynon (2001), would suggest that metaphorical processes fundamentally structure language. This would imply that therapists automatically use unplanned metaphor and therefore cannot choose to only use metaphor in a planned and directive way. However, this does not necessarily imply that cognitive therapists use unconscious process in the same way as psychodynamic therapists. The concept of the unconscious can use an approach from a perspective much more in keeping with a cognitive perspective. Claxton (1998) and Griffey and Claxton (1997) suggest that most of the complex processes that human beings carry out are done without reference to conscious thought. Claxton (1998) quotes Lewicki, Hill and Czyzewska’s (1992) work in finding that the participants were able to spot a pattern in a complex series of collections of numbers, without being consciously aware of this. Translating this to the field of metaphor, it could be hypothesised that clients could be influenced emotionally through cognitive processes, despite not being consciously aware of this.

The Interaction Of Structural And Process Metaphors

In the analysis, two structural metaphors were considered in detail. This was not intended to suggest that these two were the only important structural metaphors. Studying these metaphors was intended to try to illustrate some of the interactions between process and structural metaphors. Evidence of the influence of other structural metaphors, such as thought being causal to
emotion, was located with the data. However attempting to include all the important structural metaphors, the researcher felt would have increased the complexity, of an already conceptually complex analysis, to an unmanageable level.

The Scientific Structural Metaphor

The researcher’s diary shows that he became fully aware of Lakoff and Johnson’s hypotheses, during the period in which the data was being collected. Prior to this, the final question (relating to Szasz’s metaphor of mental illness) was conceptualised by the researcher as presenting a difficulty to cognitive-behavioural practice. In fact Szasz (1974, 1981) did use his description of mental illness as a metaphor as an argument against using mental illness as a concept for dealing with distressed people. Lakoff and Johnson’s book changed the view of the researcher, to see this as only one structural metaphor amongst many. It was only in the analysis stage that the researcher began to consider how the concept of CBT as science could shape therapy.

The emergence of the scientific structural metaphor during the analysis stage, makes this part of the analysis more grounded as it is reasonable to suggest that it came from the interviews, rather than pre-conceived ideas. At various points in the interviews, each of the interviewees suggested that the concept of science was important to Cognitive-behavioural therapy. The most common points for this to occur included measuring the client’s metaphor, as discussed in the analysis and during the discussion of evidence-based practice when discussing the metaphor of mental illness. However, it was sometimes unclear whether the concept of science was introduced by the participant or whether the interviewer prompted this.

Considering this from a reflexive standpoint, each interview can be regarded as being held within a context of two psychologists, with a background in
CBT, having a conversation about CBT. At some point, science seemed became an important theme during this discourse, during every interview. This emergence as a theme without either participant showing conscious awareness of its influence, is what would be expected from a powerful structural metaphor. The metaphor seemed to operate without conscious intent on the part of the researcher. This lends weight to the idea that it may be important in many other conversations between two psychologists. For example, Levitt, Korman and Angus (2000) have suggested the possibility of psychologists using metaphor to measure depression.

Unfortunately, analysing a structural metaphor of which the researcher was unaware during data collection, means that it was not discussed either directly or systematically. This means that comments, such as that of 'F' suggesting that using of too many metaphors could make therapy seem less scientific and convincing, were not followed up. Nevertheless, examples of the use of measurement and the suspicion that metaphor may convey 'inaccurate' information are given in the analysis. These suggested why the interviewees might have had some wariness about using metaphor too often.

This hypothesis has important implications for way that therapists view both their client's and their own process metaphors. In addition to the question inaccuracy, it is possible that process metaphors could interact with the scientific structural metaphor. There is a risk that the client could become confused by the therapist using the science metaphor alongside a process metaphor. Potentially this could be a case of mixing metaphors and result in confusing the client.

Unfortunately the data did not suggest why the scientific structural metaphor is important to clinical psychology or CBT therapy. One could reflect on the famous Milgram (1965) experiment. In this experiment, most participants were prepared to give another person severe electric shocks, when asked to by a scientific experimenter. This could be seen as showing the persuasive
potential of a person presenting himself or herself as having scientific authority.

*The Illness Structural Metaphor*

As described by the analysis, this category was constructed in a different context to the scientific structural metaphor, as it was overtly discussed in the interviews. This meant that the conversation was originated by the researcher and cannot be claimed as arising naturally. However the two subcategories that arose from this discussion were felt to reflect the interviewees own views to a large extent.

The subcategory of 'variation between therapists' was developed from the different responses the interviewees gave to being challenged. In all the interviews the discussion about the concept of illness generated discussion. The interviewees' responses were often characterised by pausing and confusion at this stage. This could relate to the question being complex to understand or poorly explained. However the question led to some unexpected responses such as 'D' talking about psychologists 'misunderstanding the medical approach' (see analysis) or 'A' when he described advertising as 'reverse CBT' (A 979-982). These responses concern the philosophical basis of therapy and medicine and suggest that the participants had some understanding of the question.

After an initial period of confusion, all the interviewees discussed the postulated idea of an illness structural metaphor in different ways. As discussed, 'A' and 'D' seemed to be most confident in their viewpoints, although taking very different views. These different views were given despite the clinicians belonging to the same profession and using the same basic model. This suggests that structural metaphors, despite their importance, can be viewed and used very differently by CBT therapists.
From the researcher's perspective, finding that psychologists vary in their views of the illness metaphor was not unexpected. However the emergence of the subcategory 'different positions at different times' was interesting, as it suggested that the same therapist could hold potentially contradictory understandings of their client's distress. The use of the concept of structural metaphor, rather than seeing mental illness as a framework or hypothesis, means that this apparent contradiction can be integrated into the emerging theory. Lakoff and Johnson (1980) suggest that several metaphors for the same concept can be used at different times (for example 'love is a war', 'love is a journey', 'love is a physical force'). Structural metaphors can even be used in apparently opposite ways to mean the same thing. For example 'in the weeks ahead of us...' and 'in the following weeks...' mean the same thing but use the concept of time being in front or behind us in opposite ways.

The Core Category 'Changing The Client's Initial Viewpoint'

The core category is an attempt to blend together the disparate accounts given previously, to some degree. The three accounts given of process metaphor are seen as having the common linking factor of the therapist attempting to change the client's view from an originally depressive viewpoint to a more hopeful one.

As part of this process, the therapist is seen as addressing the client's metaphor in such a way as to alter it. The metaphor could either be explored to find its meaning and potential flaws or directly set aside in favour of a more helpful explanation to the client. Process metaphors used by the therapist are also conceptualised as aiding the development of an alternative, helpful viewpoint. They are hypothesised as being used to explain new ideas, persuade the client of these new ideas and/or helping the client address their emotional barriers to change. Without a client perspective being available within the study, their response to therapist process metaphors can only be
speculated upon. However the therapist's metaphors are seen as being less exposed to the exploration/leaving aside process, which allows their rhetorical power to remain unchallenged.

Structural metaphors are conceptualised as a set of beliefs, held by the therapist, that inform him or her in an often subtle way. These metaphors are seen as having the ability to provide an explanation of the client's distress, which is more beneficial than their original one. Also, taking the scientific structural metaphor as an example, it is suggested that they have considerable rhetorical power to encourage the client to change their perspective. Studying the structural role of metaphor alongside the role of process metaphor is seen as important as the two roles of metaphor could potentially lead to conflict or confusion about the new story. Such confusion or conflict then makes the new story less convincing, which correspondingly makes the therapy less effective.

**Critical Reflection On The Study**

**Saturation And Participant Selection**

A vital part of the Glaser and Strauss (1967) version of grounded theory was 'saturation' – the point at which new data would merely repeat the patterns found in previous cases. Rennie, Phillips and Quartaro (1988) suggest that five to ten protocols are often enough to produce saturation. Turpin et al (1997) suggest that this is a reasonable number for DClinPsy theses. However the researcher does not feel that this occurred in all categories in the analysis produced. Comments emerged, such as that of 'F', (with regard to the overuse of metaphor making therapy less convincing), despite 'F' being the last participant to be interviewed. Also some of the subcategories (such as 'metaphor is inaccurate') were only found in the transcripts of around half the sample. Similarly, although it was argued that
the main category was important to all participants, the process was only specifically referred to in three of the six transcripts.

To remedy issues such as these, Glaser and Strauss recommended using 'theoretical sampling'. By selecting later participants in the light of some initial data analysis, the researcher can target data collection to find more information about specific areas. Although the researcher attempted to do this by changing the interview protocol (as described in the method section), full theoretical sampling was not used in this study. The reason for this was simply the research time available; as Flick (1998) states research sampling is always limited by the resources available. With further interviews, it is likely that the current categories could have been saturated to a greater extent.

One could argue that further interviews would have generated more data either to saturate categories or provide negative cases that would have lead to further adjustments to the model. However Haig (1995) makes the point that the grounded theory approach puts a high degree of emphasis on theory as process and sees it as an 'ever-developing entity'. Complete data saturation would logically imply that the theory could develop no further. Therefore one could argue that further data would merely have led to a more developed theory (with more categories) but with just as many unanswered questions and unsaturated categories.

The Coherence Of The Grounded Theory Approach Used

Madill, Jordan and Shirley (2000) suggest that Grounded theory is best used with Realist or Contextualist epistemology. Glaser and Strauss' argued that findings can be justified by being grounded in the data – essentially a contextualist position. However radical constructionism does not value the interviewees accounts above any other form of data. Instead it would argue that valuable research might well not meet with the participants' approval,
such as when it suggests a manager’s decisions may lead to unequal opportunities amongst their staff.

Silverman (1993) suggests that another risk of the grounded theory is that it can provide a smokescreen to cover a basically empiricist approach. In an attempt to avoid this, Pidgeon and Henwood (1997) suggest eight ‘quality control’ components to grounded theory research, such as keeping close to the data, the analysis of negative cases and the openness of documentation. Most of these are addressed elsewhere in the thesis, however three of their points will be commented on here. Namely these are the groundedness of the data, theory integration and transferability.

*Keeping close to the data: the groundedness of the data.*

One of the difficulties that the researcher encountered during the analysis of the interviews, was the extent to which his views influenced the analysis. The researcher’s views could have influenced the process before, during and after the interviews.

Before the interviews, the topic guide was influenced by the researcher’s thought process and the literature he had read about the subject. In particular the work of Szasz (1972) and later Lakoff and Johnson (1980) were seen as key influences. These two influences led to the structure of the interview, and later the analysis, of process and structural metaphors.

Silverman (1993) discusses how any interview process is an interactional one. As described in the analysis, during the interview there were times when the researcher’s views clearly influenced the interview, which became apparent in the transcription stage. However equally the views of the interviewee also influenced theory development, so that the researcher’s perspective became partly based on the previous interviews. Also during the
analysis (and perhaps arguably even during transcription) the researcher was required to interpret the data.

These influences mean that this account is effectively the result of a combination between the interviewees views, the literature consulted and the researcher's interpretation of these. As mentioned in the method section, the researcher used other colleagues such as the research supervisor and qualitative support group to attempt to avoid the researcher's own views becoming too prominent. This led to two major reviews of the analysis of the research, leading a much-changed final version.

**Theory integration.**

Pidgeon (1996) suggests that there is a fundamental tension in grounded theory between grounding the data to avoid researcher bias and stultifying theory development. Strauss and Corbin (1994) suggest that the crucial characteristic of grounded theory within qualitative research is the emphasis on theory development. Pidgeon and Henwood (1997) suggest that this must include theory integration at diverse levels of abstraction. This requires the researcher to hypothesise beyond the data to an integrated theory.

The current thesis seems to partially fulfil this criterion. It is argued that the analysis has produced a complex and integrated theory of metaphor use. However the researcher makes no claim that the theory would be scientifically falsifiable according to the criteria of Popper (1959). Such a theory could be a target for further research.

**Transferability.**

Pidgeon and Henwood (1997) suggest that the concept of transferability in qualitative research is analogous to generalisability (or external validity) in
quantitative studies. As the exact context of the research is seen as unique, transferability addresses the ability of the results to be used in similar contexts.

In this study, the participants came from a specific group of people, namely qualified clinical psychologists who regularly use cognitive-behavioural techniques and who have used these techniques on adults with depression. Transferring the results to psychotherapy where any of the four factors (i.e. profession, model used, client group or type of problem) were different would naturally require careful consideration of the contextual issues implied by the results.

With some groups, transferability would have to be considered particularly carefully with respect to the structural metaphors. If, for example, one were to try to apply the results to nurses, one would expect the emphasis placed on the science and illness structural metaphors would be different. Similarly if the results were applied to another therapy, such as psychoanalysis, other structural metaphors may be important. For example one might consider the concept of 'transference' to be an important metaphor for this approach.

Applying the results to a different client group could also present difficulties as Whaley (1994) and Gregory and Waggoner (1996) suggest that metaphor processing may be different in children and older adults. Finally one might expect that different process metaphors might be used in working with, for example somebody suffering from post-traumatic stress. However the structural metaphors may be similar.

Despite these concerns, the Lakoff and Johnson's (1980) work was written about all language, which would suggest that any type of therapy could be suitable for a similar form of research. There is some evidence (for example Goodman, 2001) that other professions consider the analysis of metaphor
valuable for their clinical work. Similarly studies such as Eynon (2001) have applied Lakoff and Johnson's model to psychodynamic work.

**Implications Of The Research**

Even before starting data analysis of this research, the researcher came to believe, through his clinical experience, that metaphor is used frequently in psychotherapy and potentially has a very powerful role to play. For example, Salkovskis (1996b) starts his chapter with a metaphor, which engages the reader to read the subsequent text. The idea that metaphor plays an important, but generally unrecognised, role in therapy carries implications for clinical practice. This thesis suggests some of the ways that metaphor could operate, which seem to be directly relevant to a practising clinician. However, it leaves open the possibility that other mechanisms of action are possible.

The thesis differs from other work on metaphor in cognitive therapy in its view of the explanatory nature or unconscious processing action of metaphor. In contrast to, for example, Gonçalves and Craine (1990) or Muran and DiGiuseppe (1990), it does not take a definitive position on whether metaphor is best considered as operating through one or other of these routes. Instead it is suggested that both aspects can be considered as alternative approaches to metaphor, which are potentially complimentary. Nor is it intended to persuade the reader to use metaphor more frequently, unlike Kopp and Craw (1998) or Burns (2001) for example.

This thesis follows Lakoff and Johnson's idea that metaphor is an intrinsic part to language. In considering the influence of structural metaphor, the thesis suggests that the important question psychologists should ask is not whether metaphor is important. Instead they should consider which structural metaphors are most important and the effect this has on cognitive therapy and the process metaphors they use within it. This may not be a comfortable
consideration for cognitive-behavioural clinical psychologists, who are used to seeing empirical science as a guiding principle. However, in true cognitive style, the intention is not to describe their view as 'dysfunctional' but merely to suggest there are alternative ways of viewing the world.

**Future Research**

The question of whether metaphor can access different pathways to understanding than formal propositional logic, seems an important area for further research. This area is likely to be controversial, as finding these new pathways would mean that cognitive-behavioural therapy would have to carefully reappraise how it restructures a client’s cognitions.

Another strand of investigation in the future could target the persuasive aspect to metaphor and therapy generally. Considering which factors convince which clients in therapy, could be informed by research, together with existing clinical expertise, in a similar way to the approach used by risk assessment.

However perhaps the most obvious and most important area for investigation is more research into how metaphor works in cognitive therapy. As mentioned in the introduction, most researchers in the field of metaphor argue that it is an under-researched area, particularly with regard to cognitive psychology (e.g. Moser, 2000; Schmitt, 2000). Qualitative techniques have been suggested to be very suitable for looking at issues of process in therapy (Madill, Widdicombe and Barkham, 2001; Madill and Barkham, 1997). McLeod (2001) suggests that therapy can be analysed as a specific type of conversation, open to a similar set of techniques.
Dissemination

The researcher intends to feedback his results to the research participants whom, when asked, indicated this would be appreciated. He also intends to disseminate the key ideas in this thesis verbally to psychologists in the local area. It is also hoped that he will have the opportunity to publish this work at some point in the future.

Final Thought

The researcher felt it would be appropriate to end this thesis as it began, with a story. He feels this metaphor illustrates the importance of remaining open to creativity and challenging established ideas in research (it does not intend to imply that the researcher is the next Niels Bohr!). It was taken from a personal email (original source unknown); the researcher takes no responsibility for the accuracy of the information contained.

The following concerns a question in a physics degree exam at the University of Copenhagen:

"Describe how to determine the height of a skyscraper with a barometer."

One student replied:

"You tie a long piece of string to the neck of the barometer, then lower the barometer from the roof of the skyscraper to the ground. The length of the string plus the length of the barometer will equal the height of the building."

This highly original answer so incensed the examiner that the student was failed. The student appealed on the grounds that his answer was indisputably
correct and the university appointed an independent arbiter to decide the case. The arbiter judged that the answer was indeed correct, but did not display any noticeable knowledge of physics. To resolve the problem, it was decided to call the student in and allow him six minutes in which to provide a verbal answer that showed at least a minimal familiarity with the basic principles of physics.

For five minutes the student sat in silence, forehead creased in thought. The arbiter reminded him that time was running out, to which the student replied that he had several extremely relevant answers but couldn’t decide which one to use.

On being advised to hurry up the student replied as follows:

“Firstly you could take the barometer up to the roof of the skyscraper, drop it over the edge and measure the time it takes to reach the ground. The height of the building can then be calculated from the formula $H = 0.5g \times t^2$. But bad luck on the barometer.”

“Or if the sun is shining you could measure the height of the barometer, then set it on end and measure the length of the shadow. Then you measure the length of the skyscraper’s shadow and thereafter it is a simple matter of proportional arithmetic to work out the height of the skyscraper.”

“But if you wanted to be highly scientific about it, you could tie a short piece of string to the barometer and swing it like a pendulum, first at ground level and then on the roof of the skyscraper. The height is worked out by the difference in the gravitational restoring force $T = 2\pi \sqrt{g/l}$. “

“Or if the skyscraper has an outside emergency staircase, it would be easier to walk up it and mark off the height of the skyscraper in barometer lengths, then add them up.”
"If you wanted to be boring and orthodox about it, of course, you could use the barometer to measure the air pressure on the roof of the skyscraper and on the ground and convert the difference in millibars into feet to give the height of the building."

"But since we are constantly being exhorted to exercise independence of mind and apply scientific methods, undoubtedly the best way would be to knock on the janitor's door and say to him 'If you would like a nice new barometer, I will give you this one, if you tell me the height of this skyscraper'."

The student was Niels Bohr, the only person from Denmark to win the Nobel Prize for Physics.
References


SPECIAL NOTE

THE FOLLOWING IMAGE IS OF POOR QUALITY DUE TO THE ORIGINAL DOCUMENT. THE BEST AVAILABLE IMAGE HAS BEEN ACHIEVED.
Hi Howard

Sorry for not responding earlier - we're in the middle of compiling the Trust Annual Report on R&D, so I'm afraid I forgot.......!!!! Your project was discussed last week by the Trust Group, and I can confirm that you don't need to send it for ethical approval. Also you have full Trust approval to start the work.....

Apologies for the delay

Dave

Dr. Dave Clarke
R&D Manager
Leicestershire & Rutland Healthcare NHS Trust
0116 225 6307
31 January 2002

Mr Howard Smith
Trainee Clinical Psychologist
Clinical Psychology Department
University of Leicester
Leicester
LE1 7RH

Dear Mr Smith

SDLREC REF: 0111/400
CBT THERAPIST'S USE METAPHOR IN COGNITIVE-BEHAVIOURAL TECHNIQUES FOR DEPRESSION: A QUALITATIVE ANALYSIS

Further to the conditional approval of this study by the Southern Derbyshire Local Research Ethics Committee, thank you for letting me have a revised patient information sheet and consent form.

I confirm that full SDLREC approval is now granted on the understanding that you will follow the protocol as agreed. However before commencing the study, final approval must be obtained from the management of the appropriate Trust(s).

Please note that the committee will require:

- to be advised immediately of any adverse report or changes to the protocol or if the trial is abandoned;
- a progress report on an annual basis or at the end of the trial if this is a lesser time;
- copies of all published reports.

For your information, the SDLREC complies with the ICH Harmonised Tripartite Guidelines for Good Clinical Practice. In line with Department of Health guidance it has an executive sub committee which meets twice a month specifically to consider MREC-approved applications.

Yours sincerely

A W A Crossley
Chairman
Southern Derbyshire Local Research Ethics Committee

cc Mrs Lesley Legg, Research Co-ordinator, SD Community and Mental Health Service Trust
All research and practical exercises undertaken by staff and students of the School of Psychology must be routinely monitored for their ethical acceptability. This will be done with reference to the Code of Conduct and Ethical principles of the British Psychological Society (attached).

1. Proposer: Howard Smith

2. Status (Staff) or Year/Course and Address (Student): 3rd year DClinPsy, c/o Clinical Psychology Dept.

3. Name of Supervisor (if appropriate): Joanna Teuton and Prof. Ed Miller

4. Title of Proposed Project: The use of Metaphor in Cognitive-Behavioural Techniques

5. Brief Summary of Experiment (Please use the space below to describe the project, refer to the nature of the subjects and the focus and method of research. Indicate ways in which any ethical concerns will be met, and indicate the room(s)/premises in which the research will be conducted): please use an additional sheet if necessary.

Clinical psychologists will be presented with vignettes of fictitious patients who have a diagnosis of depression. They will be interviewed about how they would use cognitive-behavioural techniques to treat these patients. Their use of metaphors will then be followed up by questions investigating why they used the metaphor they have and what they perceive to be the benefits of using metaphor. The interviews will be transcribed and analysed using qualitative methodology. The aim is to build a theory about how metaphor can be used to enhance the efficacy of cognitive-behavioural techniques.

6. Has this project received prior approval by another Ethics Monitoring body? If so, which?

The project has been presented to the Research and Development Office of the Leicestershire and Rutland N.H.S. Trust. They have approved the project and said that the project does not need the approval of the Trust ethics committee.
7. **Key areas of Ethical Concern**

Please circle the relevant response. If a circle appears in the right hand column provide an explanatory note in Section 5, together with any special precautions that are proposed, permissions obtained, etc.

Will the research involve any of the following populations? **No**
- Animals: **Yes**
- Persons under the age of 16 years: **Yes**
- Persons with Special Needs: **Yes**
- Persons with mental disorders: **Yes**
- Persons disadvantaged in any way: **Yes**
- Detained persons: **Yes**

Will some sort of deception be practised? **No**
*Most psychological studies involve a mild form of deception, inasmuch as subjects are usually unaware of the hypothesis being tested. Deception becomes unethical if it is such that participants may feel upset, angry or humiliated when the deception is revealed to them.*

Will a full debriefing be given to subjects, if requested, subsequent to the work being completed? **Yes**

Will subjects be informed of their right to withdraw from the study at any point? **Yes**

Will research records remain confidential to the researcher concerned? **Yes**

Will research involve invasive procedures or the ingestion of drugs or chemical substances? **No**

Are there any other matters, which might arouse ethical concern to which the Committee's attention should be drawn? **No**

Have you read the Ethical Principles document issued by the British Psychological Society? **Yes**

*When working with persons under 16 years of age it is essential that experimenters are accompanied. You must ensure that schools obtain parental consent before working with their children.*

Signature of experimenter: ____________________________

Signature of Staff Supervisor (where necessary): __________

Date: 6/6/01

Comments / precautions required by the School Ethics Committee: ____________________________

Approval given to this project by: ____________________________

Date: 4/12/01
APPENDIX B:

INFORMATION AND CONSENT FORMS
METAPHOR IN CBT

Research project undertaken as part of a DClinPsy thesis by Howard Smith, Trainee Clinical Psychologist at Leicester University.

Consent Form

I consent to being interviewed for the purposes of this research. I have read and understood my involvement in the study as set out in the information sheet. I understand that the interview will be recorded for the purposes of transcription.

Interviewee

Name: _______________________

Signature: ________________________

Interviewer

Name: Howard Smith

Signature: ________________________
Identification Number for this trial:

CONSENT FORM

Title of Project: CBT therapists' use of metaphor in Cognitive- Behavioural techniques for depression: A qualitative analysis

Name of Researcher: Howard Smith, Trainee Clinical Psychologist

1  I confirm that I have read and understand the information sheet dated 25 July 2002 for the above study and have had the opportunity to ask questions.

2  I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

3  I understand that sections of any of my research records may be looked at by responsible individuals from regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to have access to my records.

4  I agree to take part in the above study

Name of therapist Date Signature

Researcher Date Signature

1 for therapist; 1 for researcher
Dear Participant,

Thank you for your interest in this research. As part of the study I would like to check that you feel comfortable that you fulfil the criteria for inclusion, which are:

➢ You have a working knowledge of Cognitive-Behavioural therapy and have used it to treat patients.

➢ You have used Cognitive-Behavioural therapy with patients with depression.

➢ You are happy to be interviewed about your use of metaphor in therapy.

Please note that you do not have to exclusively use C.B.T. nor do you have to be an expert in the field. I am more interested in getting a sample of therapists who are more likely to typify the variation of delivery of C.B.T. to patients.

Similarly I am aware that cases who present purely with depression may not represent your typical caseload. Once again this variety should add to the picture gained from the research.

The interview itself should consist of an interview of about an hour. This will be tape recorded so that I can transcribe it for analysis. It should not be necessary to discuss client material in such a way that the client would be identifiable. However if this does occur in the interview, the information will be anonymised during transcription. All tapes and any personal information will be kept in locked storage and will not be used for any other purpose. The tapes will be kept for a period of ten years, as they constitute research data.
The study has been passed by the Leicestershire and Rutland NHS trust Research and Development Office and Leicester University Psychology Department ethics committee.

I am happy to feedback/discuss my results with the participants, please let me know if you would like to do so. Can I remind you that you are free to cease taking part in this project at any time. If you have any further questions or queries or would like further information, please ask me!

If you have any questions or concerns about this study, you should discuss them with the researcher leading the study. If you have any concern about the way this study is being conducted, you are welcome to contact David Clarke (Research and Development manager) on 0116-225-6307 or email David.Clark@lrh-tr.trent.nhs.uk

Yours Sincerely

Howard Smith
Trainee Clinical Psychologist, Leicester University
Tel: 07740429707 Email: hjhs2@le.ac.uk
Dear Participant,

Thank you for your interest in this research. As part of the study I would like to check that you feel comfortable that you fulfil the criteria for inclusion, which are:

» You have a working knowledge of Cognitive-Behavioural therapy and have used it to treat patients.

» You have used Cognitive-Behavioural therapy with patients with depression.

» You are happy to be interviewed about your use of metaphor in therapy.

Please note that you do not have to exclusively use C.B.T. nor do you have to be an expert in the field. I am more interested in getting a sample of therapists who are more likely to typify the variation of delivery of C.B.T. to patients.

Similarly I am aware that cases who present purely with depression may not represent your typical caseload. Once again this variety should add to the picture gained from the research.

The interview itself should consist of an interview of about an hour. This will be tape recorded so that I can transcribe it for analysis. It should not be necessary to discuss client material in such a way that the client would be identifiable. However if this does occur in the interview, the information will be anonymised during transcription. All tapes and any personal information will be kept in locked storage and will not be used for any other purpose. The tapes will be kept for a period of ten years, as they constitute research data.
The study has been passed by the Leicestershire and Rutland NHS trust Research and Development Office and Leicester University Psychology Department ethics committee. It has also been passed by the Southern Derbyshire Local Ethics Committee.

I am happy to feedback/discuss my results with the participants, please let me know if you would like to do so. Can I remind you that you are free to cease taking part in this project at any time. If you have any further questions or queries or would like further information, please ask me!

If you have any questions or concerns about this study, you should discuss them with the researcher leading the study. If you have any concern about the way this study is being conducted, you are welcome to contact the Chairman of Southern Derbyshire Local Research Ethics Committee (Dr. A Crossley) via the committee’s administrator, Jenny Hancock (tel: 01332 626300 ext 6209), email: jenny.hanock@mail.sderby-ha.trent.nhs.uk

Yours Sincerely

Howard Smith
Trainee Clinical Psychologist, Leicester University
Tel: 07740429707 Email: hjhs2@le.ac.uk
APPENDIX C:

PARTICIPANTS' INDIVIDUAL EXPERIENCE LEVELS
Appendix C: Participant experience details

Participant experience

1. Training
   - Basic CBT training through Doctorate in Clinical Psychology
   - 1 or 2 day workshops post qualification
   - Currently undertaking BABCP (British Association of Behavioural and Cognitive Psychotherapists) approved Cognitive therapy training

Experience
   - 6 years post qualification experience
   - Currently employed as a cognitive therapist as part of a randomised controlled trial of CBT in Eating Disorders. Every therapy session is recorded and assessed for adherence to the CBT model used.
   - Supervised trainee clinical psychologists
   - Has taught cognitive therapy to a range of other health professionals

Publications in CBT: None

2. Training
   - Basic CBT training through Doctorate in Clinical Psychology
   - Attended CBT workshops and conferences

Experience
   - Experience as an assistant psychologist included using CBT with adolescents
   - Teaching CBT to other health professionals
   - Research comparing CBT and exposure in PTSD
   - 1 year post qualification experience
   - Currently employed as a cognitive therapist as part of a randomised controlled trial of CBT in Eating Disorders. Every therapy session is recorded and assessed for adherence to the CBT model used.
Publications in CBT
- Published teaching packages for anxiety and suicide using principles based on CBT

3. Training
- 1 or 2 day CBT workshops both pre and post qualification
- Basic CBT training through qualification in Clinical Psychology
- Completed BABCP approved cognitive therapy training in 1995

Experience
- 12 years post qualification experience
- Supervised trainee clinical psychologists
- Teaching CBT to a wide range of other health professionals, university undergraduates and postgraduates at three universities. Also employed by a private organisation as a CBT teacher.

Publications in CBT: None

4. Training
- Attended workshops in CBT since 1981
- Basic CBT training through qualification in Clinical Psychology
- Self-taught Beck's model of cognitive therapy
- Phd in Cognitive therapy with specific treatment groups

Experience
- 21 years post qualification experience
- Teaching about CBT for depression and other diagnoses to a wide range of other health professionals
- Supervised clinical psychologists, trainee clinical psychologists, lecturers, psychiatrists and CPNs.

Publications
- Phd in Cognitive therapy with specific treatment groups
- Several, most recently a book chapter in 2001

5. Training
- Basic CBT training through Doctorate in Clinical Psychology, taking a specialist placement in CBT
- Attended workshops and conferences on CBT
- Tape recorded sessions for CBT supervision
- Self-taught through reading
- Approved by BABCP as a cognitive therapist

Experience
- 5 years post qualification experience
- Teaching CBT to clinical psychologists and other health professionals
- Given workshops to a wide range other health professionals
- Supervised other professionals in cognitive therapy in both clinical and research contexts

Publications in CBT
- 1 book co-edited with 2 others
- Over 10 publications of papers and conference presentations

6. Training
- Phd in 1974 related to cognitive therapy
- worked on first trial of CBT in the UK
- Attended workshops by Aaron Beck
- Self-taught through reading
- Approved by BABCP as a cognitive therapist

Experience
- 22 years post qualification experience
- Teaching CBT internationally to a wide range of health professionals
Publications in CBT

- 10 books on CBT mostly for depression

70-100 papers and book chapters
APPENDIX D:

THE EVOLUTION OF THE INTERVIEW GUIDES
Therapist background with using C.B.T. for patients with Depression

Relevant training if any.

Experience in using C.B.T. (including teaching or supervising)

Publications in C.B.T. (approximate number)
Vignette

A 43 year old woman (Mrs X) presents to your service. She reports feeling low in mood, has lost her appetite and sexual desire and has trouble sleeping. She is finding it increasingly hard to become motivated to carry out everyday tasks, instead sitting around for hours. The woman reports feeling as if 'a large black cloud' came over her a year ago and that she has been the same ever since. Her G.P. has prescribed anti-depressants but she has not taken them as she feels sure she would become addicted to them. At assessment she appears to be a good candidate for Cognitive-behavioural therapy.

How would you go about explaining the therapy to her?

Metaphors used:

Points to come back to:

Eliciting information about personal use of metaphor

DSM-IV states that 'low mood' is one of the criteria of depression. Words like feeling down, low mood and even the word depression are often used in Cognitive-behavioural texts about depression. Given that people with depression are not actually physically lower than anyone else, this must be a metaphor. There are also other examples of metaphor use in C.B.T. theory about depression such as negative 'filters' or 'black and white' thinking.

What role do you think that these (or similar metaphors) play in C.B.T. approaches to depression? Why do you think they are used?
- What are the advantages/disadvantages of using metaphor rather than literal language?

Would you attempt to incorporate Mrs X's metaphors for understanding her experience (e.g. the black cloud)? or do you think that you impose some of the metaphors we've just discussed?

Szasz stated that there are no pathogens or damaged parts of the body involved in mental illness. Therefore mental health problems are only a metaphorical illness with metaphorical treatment. Do you feel that treatment is a metaphor that is used unconsciously in Cognitive-Behavioural therapy?
Therapist background with using C.B.T. for patients with Depression

Relevant training if any.

Experience in using C.B.T. (including teaching or supervising)

Publications in C.B.T. (approximate number)
Vignette

A 43 year old woman (Mrs X) presents to your service. She reports feeling low in mood, has lost her appetite and sexual desire and has trouble sleeping. She is finding it increasingly hard to become motivated to carry out everyday tasks, instead sitting around for hours. The woman reports feeling as if 'a large black cloud' came over her a year ago and that she has been the same ever since. Her G.P. has prescribed anti-depressants but she has not taken them as she feels sure she would become addicted to them. At assessment she appears to be a good candidate for Cognitive-behavioural therapy.

How would you go about explaining the therapy to her?

What is actually done?

How would you deal with difficulties in understanding the model?

Metaphors used:

Points to come back to:
Eliciting information about personal use of metaphor

DSM-IV states that 'low mood' is one of the criteria of depression. Words like feeling down, low mood and even the word depression are often used in Cognitive-behavioural texts about depression. Given that people with depression are not actually physically lower than anyone else, this must be a metaphor. There are also other examples of metaphor use in C.B.T. theory about depression such as negative ‘filters’ or ‘black and white’ thinking.

What role do you think that these (or similar metaphors) play in C.B.T. approaches to depression? Why do you think they are used?

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Therapist background with using C.B.T. for patients with Depression

Relevant training if any.

Experience in using C.B.T. (including teaching or supervising)

Publications in C.B.T. (approximate number)
**Vignette**

A 43 year old woman (Mrs X) presents to your service. She reports feeling low in mood, has lost her appetite and sexual desire and has trouble sleeping. She is finding it increasingly hard to become motivated to carry out everyday tasks, instead sitting around for hours. The woman reports feeling as if 'a large black cloud' came over her a year ago and that she has been the same ever since. Her G.P. has prescribed anti-depressants but she has not taken them as she feels sure she would become addicted to them. At assessment she appears to be a good candidate for Cognitive-behavioural therapy.

How would you go about explaining the therapy to her?

What is actually done?

How would you deal with difficulties in understanding the model?

Are there any tricks or techniques you might use to aid understanding?

**Metaphors used:**

**Points to come back to:**

**Eliciting information about personal use of metaphor:**

- What are the advantages/disadvantages of using metaphor rather than literal language?
Would you attempt to incorporate Mrs X's metaphors for understanding her experience (e.g. the black cloud)? or do you think that you use your own metaphors?

Cognitive-Behavioural therapy seems to use a number of metaphors in its theoretical understanding of depression. For example many metaphors are used when talking about thinking - 'magnification', 'minimisation', 'black and white thinking', 'cognitive filters', 'rumination' and so forth. What do you think are the most important metaphors in CBT theory? & what role do they play?

It has been argued that mental illness is a metaphor for understanding a person's experiences. How far do you agree with this?

How far do you feel that treatment for mental illness is a metaphor that is used, sometimes unconsciously, in Cognitive-Behavioural therapy? How does this shape the therapy?
Therapist background with using C.B.T. for patients with Depression

Relevant training if any.

Experience in using C.B.T. (including teaching or supervising)
Approx how many years of clinical experience?

Publications in C.B.T. (approximate number)
Could you briefly describe what role you feel metaphor has to play in the way you practice Cognitive-Behavioural therapy?

Vignette

A 43 year old woman (Mrs X) presents to your service. She reports feeling low in mood, has lost her appetite and sexual desire and has trouble sleeping. She is finding it increasingly hard to become motivated to carry out everyday tasks, instead sitting around for hours. The woman reports feeling as if 'a large black cloud' came over her a year ago and that she has been the same ever since. Her G.P. has prescribed anti-depressants but she has not taken them as she feels sure she would become addicted to them. At assessment she appears to be a good candidate for Cognitive-behavioural therapy.

How would you go about explaining the therapy to her?
What is actually done?
How would you deal with difficulties in understanding the model?
Are there any tricks or techniques you might use to aid understanding?

Metaphors used:

Points to come back to:

Eliciting information about personal use of metaphor-

- What are the advantages/disadvantages of using metaphor rather than literal language?
Would you attempt to incorporate Mrs X's metaphors for understanding her experience (e.g. the black cloud)? or do you think that you use your own metaphors?

Cognitive-Behavioural therapy seems to use a number of metaphors in its theoretical understanding of depression. For example many metaphors are used when talking about thinking - 'magnification', 'minimisation', 'black and white thinking', 'cognitive filters', 'rumination' and so forth. What do you think are the most important metaphors in CBT theory?

& what role do they play?

It has been argued that mental illness is a metaphor for understanding a person's experiences. How far do you agree with this?

How far do you feel that treatment for mental illness is a metaphor that is used, sometimes unconsciously, in Cognitive-Behavioural therapy? How does this shape the therapy?
Topic guide for interviews 20 March 2002

Therapist background with using C.B.T. for patients with Depression

Relevant training if any.

Experience in using C.B.T. (including teaching or supervising)
Approx how many years of clinical experience?

Publications in C.B.T. (approximate number)
Could you briefly describe what role you feel metaphor has to play in the way you practice Cognitive-Behavioural therapy?

Vignette

A 43 year old woman (Mrs X) presents to your service. She reports feeling low in mood, has lost her appetite and sexual desire and has trouble sleeping. She is finding it increasingly hard to become motivated to carry out everyday tasks, instead sitting around for hours. The woman reports feeling as if ‘a large black cloud’ came over her a year ago and that she has been the same ever since. Her G.P. has prescribed anti-depressants but she has not taken them as she feels sure she would become addicted to them. At assessment she appears to be a good candidate for Cognitive-behavioural therapy.

How would you go about explaining the therapy to her?

If necessary: What is actually done?

- How would you deal with difficulties in understanding the model?
- Are there any tricks or techniques you might use to aid understanding?

Metaphors used:

Points to come back to:

Eliciting information about personal use of metaphor-
- What are the advantages/disadvantages of using metaphor rather than literal language?
Would you attempt to incorporate Mrs X's metaphors for understanding her experience (e.g. the black cloud)? or do you think that you use your own metaphors?

What metaphors do you think are important in the theory of Cognitive-Behavioural therapy in understanding depression? Use example of thinking – 'magnification', 'minimisation', 'black and white thinking', 'cognitive filters', 'rumination' and so forth.

It has been argued that mental illness is a metaphor for understanding a person's experiences. How far do you agree with this?

How far do you feel that treatment for mental illness is a metaphor that is used, sometimes unconsciously, in Cognitive-Behavioural therapy? How does this shape the therapy?
Therapist background with using C.B.T. for patients with Depression

Relevant training if any.

Experience in using C.B.T. (including teaching or supervising)
Approx how many years of clinical experience?

Publications in C.B.T. (approximate number)
Could you briefly describe what role you feel metaphor has to play in the way you practice Cognitive-Behavioural therapy?

Vignette

A 43 year old woman (Mrs X) presents to your service. She reports feeling low in mood, has lost her appetite and sexual desire and has trouble sleeping. She is finding it increasingly hard to become motivated to carry out everyday tasks, instead sitting around for hours. The woman reports feeling as if ‘a large black cloud’ came over her a year ago and that she has been the same ever since. Her G.P. has prescribed anti-depressants but she has not taken them as she feels sure she would become addicted to them. At assessment she appears to be a good candidate for Cognitive-behavioural therapy.

How would you go about explaining the therapy to her?
If necessary: What is actually done?
   How would you deal with difficulties in understanding the model?
   Are there any tricks or techniques you might use to aid understanding?

Metaphors used:

Points to come back to:

Eliciting information about personal use of metaphor-
- What are the advantages/disadvantages of using metaphor rather than literal language?
Would you attempt to incorporate Mrs X's metaphors for understanding her experience (e.g. the black cloud)? or do you think that you use your own metaphors?

What metaphors do you think are important in the theory of Cognitive-Behavioural therapy in understanding depression?
Use example of thinking – 'magnification', 'minimisation', 'black and white thinking', 'cognitive filters', 'rumination' and so forth.

It has been argued that mental illness is a metaphor for understanding a person's experiences. How far do you agree with this?

How far do you feel that treatment for mental illness is a metaphor that is used, sometimes unconsciously, in Cognitive-Behavioural therapy? How does this shape the therapy?
APPENDIX E:

CLINICAL VIGNETTE USED IN INTERVIEWS
Vignette

A 43 year old woman (Mrs X) presents to your service. She reports feeling low in mood, has lost her appetite and sexual desire and has trouble sleeping. She is finding it increasingly hard to become motivated to carry out everyday tasks, instead sitting around for hours. The woman reports feeling as if ‘a large black cloud’ came over her a year ago and that she has been the same ever since. Her G.P. has prescribed anti-depressants but she has not taken them as she feels sure she would become addicted to them. At assessment she appears to be a good candidate for Cognitive-behavioural therapy.

How would you go about explaining the therapy to her?
APPENDIX F:

AN EXAMPLE OF LINE-BY-LINE CODING
And when I pushed him to find out what he meant. It transpired that he believed that had he been there his father wouldn't have suffered, which is something which is not irrational up till now.

But it started becoming irrational when he was holding the belief that he is the only reason why his father would have been suffering would have been him.

And as result of that he was ruminating on a daily basis about thoughts that "had I been there my father wouldn't have suffered. Look how bad a person I am.

Not only am I a bad son but I'm also a person and I don't deserve good things etc. etc." And he would get his mood down and when his mood would go down, he would engage in self-destructive behaviours and whatever.

So part of the story that I was trying to give him, in order to challenge the beliefs about the complete personal responsibility, would be to say to him for example, I said to him "Well what would you have said if you were the father and he were the son?" so almost like turning the tables.

Or I would say "so if you were the judge and you had somebody in front of you who said I am responsible for the manslaughter and the suffering of a human being' and the judge said to you 'why would you feel like that?' and you actually said to the judge 'this is because I wasn't there over the last three hours that he died so I am responsible for all the severe and inhuman suffering that inflicted to this person'.

Do you think that the judge would convict you? Yes or No?"

So I'm not actually sure this is actually challenging specific beliefs or whether this is using stories in order to challenge specific beliefs. Does this make sense?

Now in that particular instance when I gave that story he turns round to me and says "Well obviously no". So by doing that I've started shaking his belief that I am completely, fully responsible for what I have done to my father and I am a completely worthless person for having done this to my father.

Int: I'm sitting here thinking that, the judge in the courtroom, obviously isn't literally the case.

A: [No]