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METAPHORS AND EMOTIONS IN THERAPY

Section A: How has the role of context been considered within the existing literature on metaphors and emotions in therapy?

Word Count: 7523 (+160)

Section B: The use of metaphors in an Acceptance and Commitment Therapy Group

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SALOMONS
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Summary

Section A provides a systematic literature review of empirical research of metaphors and emotions in a therapeutic context. The results present a critical evaluation of the studies, followed by an examination of the degree to which the studies engage with the various contextual layers relevant to metaphor use. The discussion highlights the presence of possible therapeutic strategies that appear to contextualise metaphors use, namely: 'the pressing out of emotions' and 'signifying emotional uncertainty'. The literature review finally highlights key areas for future research.

Section B is an empirical research study on the use of metaphors in an Acceptance and Commitment Therapy (ACT). Audio-recordings of sessions across the course of an ACT group were subjected to dynamic discourse method of metaphor analysis. This identified various systematic metaphors that were used to conceptualise how emotions could be managed. There was also evidence for interpersonal dynamics present in the negotiation and appropriation of metaphors including issues of power and resistance. Various clinical and research implications are identified.

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Hugo Madden

Section A: Literature Review

How has the role of context been considered within the existing literature on metaphors and emotions in therapy?

Word count = 7523 (+160)

Abstract

Recent metaphor research has highlighted the need to recognise the role of context in metaphor use. An important context within therapy involves discussion around emotions. This review evaluated the degree to which empirical research on metaphors and emotions has engaged with different contextual layers.

A literature search was conducted using keywords on multiple databases. Fifteen studies were identified that met the inclusion and exclusion criteria for the review.

Across the studies there was evidence for authors engaging with different contexts, including personal life histories, sociocultural issues, the theoretical stance of the therapist/researcher, the interaction between participants and therapist/researcher, and at the co-textual level of speech production. However few studies focused in detail in presenting in depth contextual material.

The findings indicated both a common therapeutic discourse involving the 'pressing out' of emotions, and that metaphors were often used to signify emotional uncertainty. Future research on metaphors in therapy may wish to explore these areas further and to take discourse analytic approaches to engage with contextual issues more fully.

Keywords: metaphor, emotion, therapy, context

Introduction

Metaphors as a universal phenomenon

Metaphors can be defined as "the phenomenon whereby we talk, and potentially think, about something in terms of something else" (Semino, 2008, p. 8). Although they have been considered important rhetorical devices from the time of Aristotle (1941), over the last 30 years there has been a radical shift in research on metaphors due to the influence of cognitive linguistics and advent of the conceptual metaphor theory (CMT) (Lakoff, 1993; Lakoff & Johnson, 1981). From this perspective, metaphors are no longer simply a poetic or linguistic device, rather they are seen as essential for our capacity to think about and conceptualise the world. This theory introduces the idea of conceptual metaphors, which argues that abstract concepts, for instance love or relationships, are primarily understood through metaphor. For instance the common phrase "he fell in love" is considered to arrive from the metaphor of LOVE AS CONTAINER[1], and is something we might "fall into". Another example is the phrase "we've come a long way together", derived from the metaphor of RELATIONSHIPS AS JOURNEYS.

CMT breaks metaphors into the source domain and the target domain. The latter is that which the speaker is hoping to describe or understand, for instance love or relationships. The former, the source domain, is derived from various unconscious cognitive representations (Lakoff & Johnson, 1999). These unconscious cognitive representations are considered to be originally grounded

[1] The use of capital letters is the designated way of referring to conceptual metaphors (c.f. Lakoff & Johnson, 1999)

in lived sensorimotor experiences, such as containers and journeys. The knowledge of this lived experience is then mapped onto the target domain.

A number of writers have looked at the conceptual metaphors used to describe the target domain of emotions. Siegelman (1990) identified the role of the CONTAINER metaphor as a source domain, and how the body is seen as container for emotions. Kovecses (2003) identified a number of source domains common to the language of emotion, for instance a PRESSURISED CONTAINER ("boiling with anger"), an OPPONENT ("struggling with emotions"), a NATURAL FORCE ("he was blown away by feelings"), a BURDEN ("weighed down by depression"). He argues that at a specific-level these are shared amongst many target domains (rationality, morality, relationships) however at a general-level a master metaphor appears of EMOTIONS AS FORCES. The cross-cultural consistency and also variation in these metaphors emphasise both the experiential/physiological and cultural component to metaphor production (Kovceses, 2005).

The cross-culturally consistency (Kovecses, 2005) and experimental findings (c.f. Ruscher, 2011) associated with conceptual metaphors adds evidence to their relevance outside any particular context. This interest in the acontextual function of metaphors maps on to research from other areas of research, broadly recognised as the 'cognitive turn' that occurred from the 1960s onwards (Gardner, 1985). Despite the growing and fruitful evidence base associated with conceptual metaphors and CMT, in recent years there has been increasing focus on the attempt to recontextualise metaphors (Cameron et al., 2009; Kovecses, 2003; McMullen, 2008; Tay, 2013). This has involved further

consideration of the 'messy realities' (Eubanks, 1999) of metaphors when used in particular settings. From this perspective, metaphors may be grounded in unconscious cognitive representations, however they are still utilised within strategic language use (McMullen, 2008). There is need for close analysis of particular contexts to understand when, why and how particular metaphors are used, and the impact they have on wider discourse. It seems likely that the return to a greater focus on context will lead to a more holistic understanding of metaphors in language. This will combine insights from their cognitive source with insights from understanding the different motivations and social influences that impact on their implementation in language (Musolff & Zinken, 2009).

Metaphors in therapy

There is a close relationship between therapy and metaphors: therapy has been considered an important context for the understanding of metaphors (McMullen, 2008; Tay, 2013), and metaphors have been considered central to psychotherapy (Siegelman, 1990). Interest in metaphors has spanned different theoretical positions in therapy. From a psychoanalytic perspective (e.g. Borbely, 2008), metaphors are understood as a means to access unconscious emotional content that is not accessible to the individual through normal language due to particular psychological defences. In this way they can be used to access latent anxieties and desires, similarly to dream analysis. Metaphors are also of interest to cognitive behavioural therapy for both theoretical and practical reasons (Stott, Mansell, Salkovskis, Lavender & Cartwright-Hatton, 2010), and are seen as vital tools to support clients to transform the negative appraisals that drive emotional and behavioural difficulties. Specific metaphors have become part of the CBT

lexicon and used to explicate important principles in textbooks and training manuals, for instance the 'burglar example' (Beck, Rush, Shaw & Emery, 1979).

Lyddon, Clay and Sparks (2001) argue that metaphors can have a variety of functions in therapy. They can be used to build the relationship through the use of a shared language, access and symbolise emotions, work with client resistance on difficult or painful topics, and give new frames of reference to explore aspects of the self and the other. The empirical research on metaphor in therapy has predominantly involved counting the number and type of metaphors used and considering this in relation to outcome (e.g. Angus 1996; McMullen, 1985; Pollio & Barlow, 1975). These have produced mixed results as to what might be considered ideal metaphor use in therapy. Further, and contrary to theoretical expectations, clinicians following up metaphors brought by clients has not been shown to benefit therapy outcome (Hill & Regan, 1991; McMullen 1985).

In response to a lack of meaningful conclusions from this line of enquiry, more recent research has looked at the production of therapy-relevant metaphors, for instance of the self, the other, or interpersonal relationships (McMullen, 2008). This approach has shown how outcomes have been positively influenced where metaphors have shown the self as friendly and dominant (McMullen & Conway, 1994), and negatively influenced where the self is considered unanchored or fragmented (McMullen & Conway, 1996). Good outcomes have also appeared in therapy where metaphors have shifted during its course. For instance where metaphors of the "burden of depression" have been transformed into those of "unloaded depression" (Levitt, Korman, & Angus,

2000). Similarly the metaphor of RELATIONSHIP AS WAR/CONFLICT has been shown to be transformed within therapy (Angus, 1996; Angus & Korman, 2002).

The change in focus of metaphor research in therapy has highlighted the need to focus on the particular context in which metaphors are used (McMullen, 2008). Tay (2013) has taken a discourse analytic approach to metaphors in therapy. Drawing on naturally occurring data from 20 therapist-client pairs, Tay evaluates the use of metaphors in therapy at different contextual 'layers'. He argues that metaphor analysis demands not only awareness of how metaphor use draws on embodied, cultural and individual specific language but that they also rely on the use of linguistic phrases such as "you know", "I mean", and "sort of" in conversation. Metaphor use is also seen to depend on the agenda of the speaker and it is possible to distinguish between conceptual explication (used to build a shared language), and principle highlighting (often used for persuasion). Tay finally highlights the metaphor of THERAPY AS JOURNEY as a metaphor that pervades therapeutic discourse and can be considered a 'discourse of therapy'.

Emotions in therapy

A means of supporting a contextualised approach to metaphors in therapy is to focus on specific aspects of therapy (McMullen, 2008). Emotions and the discussions involving emotions are an important aspect within most therapies. In early psychoanalysis (Freud, 1910), emotions were an important consideration and understood as a release of excessive psychic energy. Object relations and interpersonal approaches (Eagle, 1984; Fairbairn, 1962) have seen emotions as a vital motivational tendency towards need satisfaction. Within these approaches it is considered important for the therapist to attune to the

affective state of the client and support them to take ownership of any disavowed feelings.

From a cognitive behavioural perspective, emotion and affect are considered to be a postcognitive event (Greenberg & Safran, 1989) and that a particular emotion is determined by the meaning associated with it (Beck, 1976). It is through the cognitive restructuring (Greenberger & Padesky, 1995) of thoughts and beliefs that certain emotional responses can be eliminated. From more experiential therapies, emotions are considered to be a central part of the organism as situated in its environment as part of a cognitive affective unit (Rogers, 1959). These approaches value the role of emotions, neither focusing on their discharge or elimination, and therapy involves supporting awareness of their meaning and their impact on action.

Greenberg and Pascual-Leone (2006) review the research on emotion in therapy, proposing four empirically based principles to guide therapeutic interventions for working with emotions. The first principle is the role of emotional awareness and arousal. This emphasises the therapeutic importance of approaching and accepting, rather than avoiding, emotions. The next principle is that emotional processing demands emotional regulation, and cannot occur if the client is under or over regulated. This demands the provision of a safe, validating environment for therapy to occur. The third principle involves reflection on emotions. This can occur if there is appropriate regulation, and support the client to make meaning out of their emotional experiences. Through the use of language clients can organise, structure and eventually assimilate emotional experience (Pennebaker, 1995). The fourth and final principle is

emotion transformation. This involves the transformation of one emotion into another that is considered more adaptive.

Research questions for this review

In line with the approach of McMullen (2008), this review considered the following research question: 'How has the role of context been considered within the existing literature on metaphors and emotions in therapy'? It was envisaged that this could help clinicians manage the complex task of negotiating metaphors in the therapy, and to model a more contextualised approach to both metaphor and emotion research.

Method

Preliminary literature search

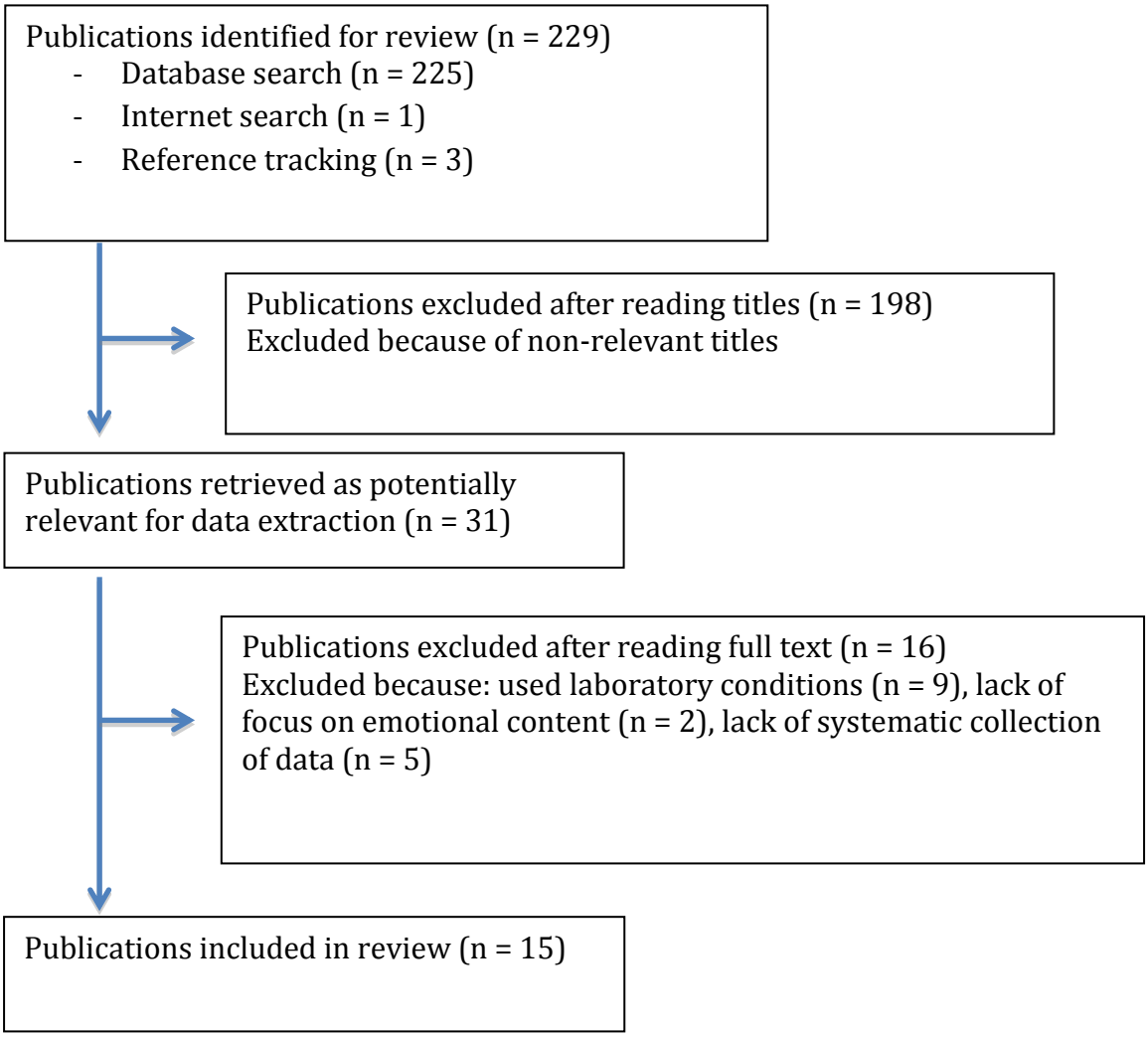
Using Internet search engines it was possible to identify numerous studies on metaphors and affective states/emotions in some form of clinically relevant context. Broadly these were categorised into two different approaches: i) the use of laboratory/experimental studies that tended to focus on conceptual metaphors and looked into whether certain conceptual metaphors could prime, or be primed by, certain experiences (e.g. Landau et al., 2011; Ruscher, 2011); and ii) the quantitative and qualitative analysis of transcripts taken from naturally occurring data in therapy or in depth interviews (e.g. Mcfarland, Barlow, & Turner, 2009; Shinebourne & Smith, 2010). The depth and breadth of data available in naturally occurring dialogue and in depth interviews offered greater opportunity to attend to context, and were more clinically relevant. As such, this review focused on these. Furthermore, the laboratory/ experimental

studies tended to focus on archetypal (conceptual) metaphors as prescribed by the researchers and looked for association with a particular affective state. This is likely to be very different to how metaphors are used in on-going dialogue, diminishing the ecological validity of the studies.

Focused literature search

In light of the initial findings, a more formal literature search was conducted (Figure 1), following the process outlined by the Centre of Review and Dissemination (2009). Electronic databases ('PsychINFO', 'MEDLINE', and 'Science Direct') were searched for primary English-language studies published between January 1980 and December 2014. A multi-field search was conducted for the title word: ("metaphor*"), AND keywords, using the terms: ("emotion*" OR "affect*" OR "depress*" OR "anxi*" OR "sad*" OR "ang*") AND ("qualitativ*" OR "interview*" OR "case*" OR "audio*" OR "video*"). An Internet search engine using the same terms and reference-tracking from studies found was also used. Of the 229 publications originally identified, 198 were initially excluded by reading their titles and/or abstracts, where it was clear that they had no relevance to this review. The remaining 31 were considered in greater detail by reading the entire paper, of which 16 were then excluded.

Figure 1 – *Flowchart of literature search*



Inclusion and exclusion criteria

Inclusion criteria for the study required meeting the following:

i) Studies with metaphor as a primary focus

ii) Studies with a focus on emotional and/or affective states

iii) Clinically relevant contexts. The review included studies that involved psychological therapy and/or involved those in psychological or emotional distress.

iv) Studies that included significant dialogue, from either therapy or in depth interviews

Exclusion criteria involved either of the following:

i) Laboratory studies

ii) Minimal evidence of systematic collection of data

Method of Analysis

Following the suggestion of McMullen (2008) for greater emphasis on context within research on metaphors, this review will consider the extent to which the current literature on metaphors and emotions has focused on context. Following the recommendation of Tay (2013), this was based on a five-layered framework for analysing psychotherapeutic discourse delineated by Wohl (1989), involving:

i) The context of the individual client's life history and subjective experience

ii) The socio-cultural context of therapy and its participants

iii) The theoretical context of therapy

iv) The interactional context between clinician and client

v) The co-text of therapeutic talk

The review was subsequently divided into five sections consisting of:

i) A presentation of the specific metaphors occurring in the studies in the context of the personal life experiences and historical backgrounds of the individuals involved.

ii) Discussion of type and use of metaphors in the context of pertinent socio-cultural factors.

iii) Discussion of the use of metaphors in therapy in the context of the particular theoretical stance. This theoretical stance was either associated with a type of therapy or method of analysis.

iv) Discussion of the use of metaphor in the context of a particular discourse strategy. Within therapy, the discourse strategy is likely to be a particular therapeutic task.

v) Discussion of metaphors in the context of the on-going dialogue between the therapist and client, and how their appearance coincides with other verbal and non-verbal activity. Here, other linguistic devices act as 'tuning devices' (Cameron & Deignan, 2003) to metaphor use.

Results

15 studies (see Table 1) were extracted from the literature that met the criteria for the review. Initially a critical overview of the studies is presented followed by an analysis of studies in relation to the various layers of context.

Critical overview of studies involved on the review

The studies were initially evaluated according to the approach delineated by Meyrick (2006). This approach focuses on the principles of transparency and systematicity as means of accessing quality and rigour in qualitative research. Transparency refers to the degree of disclosure of relevant research processes, whilst systematicity refers to the degree of regular set data collection and analytic processes. These two principles are used to interrogate four major areas of research: i) the researcher's epistemological/ theoretical stance, ii) the processes involved in the methodology, sampling, and data collection, iii) the analysis of the data, and iv) the results/conclusions. A summary of the studies

will be presented, followed by an evaluation of the literature according to these criteria.

Table 1. *Summary of Studies*

Author	**Country of origin**	**Sample details**	**Study design**	**Method of analysis**	**Major reported findings**
Charteris-Black, 2012	UK	38 participants (men and women) with a history of depression.	Semi-structured interviews	Statistical analysis and interpretative phenomenological analysis of metaphors	- Similar metaphors (descent, weight, darkness) used by men and women - More metaphor mixing/priming used by women
Fullagar & O'Brian, 2012	Australia	80 participants with a history of depression and recovery	Semi-structured interviews	Qualitative analysis of metaphors	- Metaphors used to articulate the struggle of self-transformation through depression and recovery
Bochaver & Fenko (2010)	Russia	20 participants with unhappy life story; 20 participants with happy life story	Semi-structured interviews and magazine articles on person life histories	Content analysis to identify metaphors	- Metaphors in happy stories more numerous and diverse than those in unhappy stories
Shinebourne & Smith, 2010	UK	6 individuals with a history of addiction and recovery	Semi-structured interviews	Interpretative phenomenological analysis of metaphors	- Metaphors as highly effective tools in communicating and sharing experiences
Matheson & McCollum, 2008	USA	13 women with a history of substance abuse	Structured interviews using 'metaphor elicitation technique'	Metaphor analysis on the theme of 'powerlessness'	- Positive and negative emotions connected to metaphors for powerlessness - Powerlessness conceptualised as process-orientated and developmental

Author	Country of origin	Sample details	Study design	Method of analysis	Major reported findings
Locock, Mazanderani & Powell, 2012	UK	46 individuals with those with experience (carer or sufferer) of motor neuron disease	Semi-structured interviews	Secondary analysis of metaphors used to convey emotions	- Comparative infrequent use of metaphors of 'fighting' the disease - Blurring of literal and metaphoric language
McFarland, Barlow, & Turner, 2009	UK	10 course tutors of a chronic disease self-management course	Semi-structured interviews	Interpretative Phenomenological Analysis	- Course tutors utilised metaphors to support participants identify their own feelings
Kaviani & Hamedi, 2011	Iran	30 participants with and 30 participants without a history of depression	Structured interviews and sentence-stem completion tasks	Quantitative and qualitative analysis	- Common metaphors of darkness, inability to escape, devastation, and disease used to describe depression - Participants with depression more likely to use metaphors involving night-time, lower positions, closed places, and hollow objects
Lanceley & MacLeod Clark, 2013	UK	23 nurse and 60 patients with cancer	Naturally occurring conversations between nurse and patients	Psychodynamically-informed literacy analysis	- Nurses often struggled to identify the emotional content involved in patients figurative language
Skarderud, 2007	Norway	10 women with anorexia nervosa	Semi-structured interviews & naturally occurring therapy sessions	Thematic text analysis of metaphors	- Metaphorical language seen to be 'concretised' in bodily experiences

Author	Country of origin	Sample details	Study design	Method of analysis	Major reported findings
McMullen & Conway, 2002	UK	21 clients with a history of depression	Naturally occurring therapy sessions	Statistical analysis of metaphors used to describe depression	- DEPRESSION AS DESCENT as Western cultural motif
Gelo & Mergenthaler, 2012	Italy	Participant engaging in metacognitive interpersonal therapy	Correlational study	Statistical analysis of metaphors used and 'stages of therapy'	- Metaphoric language is seen as markers for different cognitive-regulatory processes and moments of heightened therapeutic work
Faranda, 2014	USA	Participant engaging in unspecified therapy	Case study	Unspecified qualitative analysis	- Image-based therapeutic activity can act as a portal to schematically represented experiences
Dwairy, 2009	Israel	Participant engaging in Metaphor therapy and culture analysis	Case study	Metaphor analysis	- Metaphoric conversations as suitable means to access to unconscious content in more collectivist cultures
Ansorge, 2012	USA	Participant engaging in psychodynamic therapy	Case study	Unspecified qualitative analysis	- Metaphoric conversations around physical expulsion and incorporation supporting transformation of projective identification into containment

Researchers' epistemological/theoretical stance. The majority of researchers set their studies in the context of conceptual metaphor theory [CMT] (Lakoff & Johnson, 1999). This highlighted its influence on the current research field as well as a positivist approach to scientific knowledge connected to cognitive theory (Gardner, 1985). In studies where this was less emphasised (Ansorge, 2012; Dwairy, 2009; Lanceley & Macleod Clark, 2013) the researchers were theoretically orientated around psychoanalytic theory (c.f. Lacan, 1977). Two studies (Faranda, 2014; Skarderud, 2007) attempted to bring together both CMT and psychoanalytic perspectives. This highlights the potential for interesting future research in these two potentially opposed areas. The reference to theory supported systematicity and objectivity by distancing the researchers from the data. Only one paper (McFarland, Barlow and Turner, 2009) offered little in the way of theoretical stance. Reference to post-structural thought in three studies (Bochaver & Fenko, 2010; Matheson & McCollom, 2008; Lanceley & Macleod Clark, 2013) highlighted a reflexive and therefore transparent approach to the research process. Fullagar and O'Brian (2012) considered one of the researcher's own experiences of depression and recovery and the impact that this might have had on their findings.

Processes associated with methodology, sample, and data collection. Although each study had a focus on metaphor and emotion, the studies used differing methodologies. Four studies (Ansorge, 2012; Dwairy, 2009; Faranda, 2014; Lanceley & Macleod Clark, 2013) utilised case study designs or used case vignettes for evidence. These designs appeared appropriate given the aims of the researchers to highlight complex theoretical (Ansorge, 2012; Faranda, 2014) and

therapeutic issues (Dwairy, 2009; Lanceley & Macleod Clark, 2013) as they allowed for the authors to present information about the cases/sample in a transparent and systematic manner. However systematicity of data collection is also questionable in these studies as only one (Lanceley & Macleod Clark, 2013) mentioned that they had used recorded and transcribed data.

Nine studies used data collected from semi-structured interviews or transcriptions from therapy. This allowed them to answer questions relating to how people naturally produce language. Samples varied in size, but were generally appropriate to the method of analysis that was chosen. Although few studies spoke in depth about specific sampling strategies (and many appeared determined by convenience) the samples types were broadly appropriate for the research aims. Exceptions to this was Bochaver and Fenko (2010), where the two comparison groups were from very different samples (clinical interviews and celebrity magazines), and McFarland, Barlow and Turner (2009), where interviews with the facilitators rather than participants of the chronic disease self-management group inevitably led to distance between the data and direct experience. In all of the interviews the data was transcribed from recordings, increasing systematicity.

Two studies (Kaviani & Hamedi, 2011; Matheson & McCollom, 2008) used structured approaches to data collection. This reduced the ability to answer questions about how metaphors were naturally used but appeared to increase an understanding of how metaphoric language many interact with wider contextual issues (Iranian culture; “powerlessness”). Sampling appeared appropriate for

each. The studies also showed transparency and systematicity by detailing the training undertaken by those collecting the data.

Analysis of data. Of the case studies, only one (Lanceley & Macleod Clark, 2013) evidenced a systematic approach to data analysis. This study also triangulated their findings with co-authors. However they only presented data from 3 out of 60 cases and therefore did not discuss any deviant evidence. Three of the case studies (Ansorge, 2012; Dwairy, 2009; Lanceley & Macleod Clark, 2013) demonstrated reflexivity and transparency throughout their analysis. Neither systematicity nor transparency was particularly present in Faranda (2014).

Of the 11 studies that used data from semi-structured interviews, therapy transcriptions or structured approaches, seven used qualitative methods of analysis, three mixed qualitative and quantitative methods, and one solely used a quantitative method. Each of the qualitative studies increased systematicity through triangulation with co-authors. Two studies (Fullagar & O'Brian, 2012; Skarderud, 2007) also used computer programmes to support this process. The two studies that used Interpretative Phenomenological Analysis [IPA] (McFarland, Barlow, & Turner, 2009; Shinebourne & Smith, 2010) showed transparency by detailing respective adaptations to the traditional IPA. The addition of quantitative analysis (Bochavo & Fenko, 2010; Charteris-Black; 2012; Kaviani & Hamedi, 2011) to other qualitative analyses usefully allowed the researchers to consider frequency of metaphor use. As seemed appropriate, the statistical analysis was minimal in these studies and confined to frequencies and Chi-Squared tests. Gelo and Mergenthaler (2012) increased the external validity

of frequency data by mapping frequency of metaphors onto different stages of therapy. Although insightful the use of quantitative analysis tended to fail to capture much of the context of metaphor use.

The studies' results and conclusions. The majority of the studies grounded their findings in direct quotations from the data, providing transparency. However this was under utilised in three studies (Dwairy, 2009; Faranda, 2014; McFarland, Barlow & Turner, 2009). None of the studies explicitly provided respondent validity, however Fullagar and O'Brian (2012) emphasised the collaborative element of their interviewing process that may have added an element of this. The majority of studies presented the different types of metaphors that occurred, but a key transferable finding was the general importance of metaphor in describing certain experiences. Some of the studies employing quantitative and comparative approaches (Bochavo & Fenko, 2010; Charteris-Black, 2012; Kaviani & Hamedi, 2011; McMullen & Conway, 2002) provided more generalisable findings, linking metaphor types to different populations. These studies also tended to closely link their findings to wider research on conceptual metaphors, supporting transparency and the systematic building of a body of evidence. However the findings of certain studies (Bochavo & Fenko, 2010; McFarland, Barlow & Turner, 2009) appeared too generalisable and linked to common sense. Findings were more convincing and relevant when the authors were able to link them to complex wider discourses (Lanceley and Macleod Clark, 2013; Matheson & McCollom, 2008; Shinebourne & Smith, 2010).

Results by context

For the purposes of this review, a potential marker of quality was the extent that the authors engaged with the various layers of context in which metaphors appear. Table 2 presents the different contexts referred to in each study.

Table 2. *Presence of various layers of context within each study*

Study	**Context of participant's life history**	**Social-cultural context of therapy and its participants**	**Theoretical context of therapy**	**Interactional context of therapist and client**	**Co-text of therapeutic talk**
Ansorge, 2012	✓	-	✓	✓	✓
Bochaver & Fenko, 2010	✓	-	-	-	-
Charteris-Black, 2012	✓	✓	-	✓	✓
Dwairy, 2009	✓	✓	✓	✓	✓
Faranda, 2014	✓	-	✓	✓	✓
Fullagar & O'Brian, 2012	✓	-	-	-	-
Gelo & Mergenthaler, 2012	-	-	-	✓	-
Kaviani & Hamedi, 2011	✓	✓	-	-	-
Lanceley & MacLeod Clark, 2013	✓	‘✓	✓	✓	✓
Locock, Mazanderani & Powell, 2012	✓	-	-	✓	✓
Matheson & McCollum, 2008	✓	✓	✓	-	✓
McFarland, Barlow, & Turner, 2009	✓	-	-	✓	-
McMullen & Conway, 2002	-	✓	-	-	✓
Shinebourne & Smith, 2010	✓	✓	-	✓	-
Skarderud, 2007	✓	-	✓	✓	✓

Personal life experiences of individuals. All but one of the studies provided at least some historical perspective on the participants involved. However this was mostly supplied by the inclusion criteria to the study (e.g. history of depression). Table 3 presents the metaphors identified in studies with comparable participants. Two studies (Ansorge, 2012; Dwairy, 2009) involved more detailed descriptions of life experiences. These described metaphors involving a "pearl" and a "water dam" respectively, and potentially highlight the personal and unique nature of meaningful metaphors as they appear within therapy. Such specific metaphors do not tend to appear in the studies involving multiple participants.

Table 3: *Metaphors used mapped on to individual's life histories*

Study	**Context of individual life history**	**Commonality**	**Metaphors identified**
Charteris-Black, 2012	History of depression	Depression	Self is contained/trapped within depression, and also sadness is contained/trapped within depression
Kaviani & Hamedi, 2011	History of depression		Metaphors used related to darkness, inability to escape/being lost, devastation, and disease; those with depression used more 'negative' metaphors
McMullen & Conway, 2002	History of depression		Metaphors highlighting themes darkness, weight, and captor however there was a predominance of the descent metaphor
Fullagar & O'Brian, 2012	History of depression and recovery		Central themes involved immobilisation of the self; recovery as a battle to control depression; journey of feeling alive
Gelo & Mergenthaler, 2012	History depression		No attempt to identify particular metaphors
Matheson & McCollum, 2008	History of substance abuse	Substance abuse	Metaphors highlighted that powerlessness was process-orientated and developmental, and highlighted that it could be both positive and negative
Shinebourne & Smith, 2010	History of substance abuse		Metaphors indicated themes of addiction as affliction, addiction as support, recovery as growth, and addiction and recovery as a journey

Study	Context of individual life history	Commonality	Metaphors identified
McFarland, Barlow, & Turner, 2009	History of chronic disease	Chronic disease	Metaphors identified involved off-loading and feeling blue
Locock, Mazanderani & Powell, 2012	History of chronic disease		Metaphors indicated themes of battling and fighting; the self under attack; journeying through a physical and emotional landscape

Socio-cultural influences on individuals. Beyond personal historical experiences, eight studies contextualised the use of metaphors in relation to specific socio-cultural factors. The fact that the majority of studies appeared to ignore these considerations may reflect underlying assumptions within research produced from Western cultures. Only one study (McMullen & Conway, 2002) explicitly referred to Western cultural factors that might influence the metaphor used. The other socio-cultural influences identified within the studies fell into clusters associated with issues of: cultures of the Middle East, gender, and illness. Each of these was seen to impact on either the type of metaphors employed or their use in conversation.

Western culture. McMullen & Conway (2002) looked at the metaphor of DEPRESSION AS DESCENT and considered how "up" in Western culture is associated with high status and power and generally desirable states as opposed to "down" which is associated with low status and undesirable states. They argued for a shift occurring from the Renaissance, where "melancholia" was linked to heighted sensibility that artists and noblemen of the day were considered most as risk of contracting, to a passive and more female affliction of current depression. They also discussed how the "up" and "down" orientation maps on to moral values and morally negative places, such as the grave and hell. In this way depression also becomes associated with sinfulness.

Cultures of the Middle East. Kaviani and Hamedi (2011) looked at the use of metaphors to describe depression in Iran. They found considerable crossover with Western descriptions. However, differences involved no reference to depression in Iranian participants as "bad/rainy weather" and this may reflect a

more positive cultural response to rain in a predominantly dry country. There was also no reference to DEPRESSION AS HEAVINESS, common in the Western cultures, and this may be explained by the source of the Farsi word for depression most closely linking to "wilting/withering". Present with Iranian participants, and rare in Western cultures, is the metaphor of DEPRESSION AS DEVASTATION. This, the authors speculate, may be due to devastating impact of depression in light of little access to therapeutic support currently within Iran.

With a greater focus on therapy, Dwairy (2009) reported the success of using metaphor therapy with an Arab-Muslim population. He argued that traditional psychodynamic approaches aim for self-actualisation, and although appropriate within Western, individualistic values this is inappropriate in cultures that emphasise collectivist principles, for instance of greater intra-familial dependence. Metaphors offered an appropriate level of access to material that would be otherwise unacceptable.

Gender. Although Charteris-Black (2012) did not find particular differences between men and women in the specific metaphors used to describe depression, differences were seen in how metaphors were used. Women tended to use more metaphor-mixing and metaphor-priming. Matheson & McCollum (2008) considered how the Women's Rights movements might have impacted on women, and how this influenced the metaphors they used to describe experiences "powerlessness" emphasised by 12-Step Programmes. They found the metaphors identified were developmental rather than static in nature, and were used to represent both personal and socio-political ideas.

Illness. Lancelely and MacLeod Clark (2013) discussed cultural narratives surrounding "patienthood" and highlight how this interrelates with the metaphors generated by one of their participants suffering with cancer. Ideas of 'illness', 'recovery', and 'relapse' were also seen to impact on the metaphors used by those within the 12-Step Programmes interviewed by Shinebourne and Smith (2010).

Influence of therapeutic stance. Although all the studies involved clinically relevant material, only six set their understanding of metaphor within a theoretical context associated with a therapeutic intervention. Those that did either focussed on (i) an understanding of metaphors in the context of psychoanalytic/psychodynamic theory, with and without reference to embodiment or (ii), an understanding of metaphors in the context of Christian beliefs associated with 12 Step-Programmes.

Psychodynamic/psychoanalytic theory. Five out of six studies that reference therapeutic theoretical considerations draw on psychoanalytic or psychodynamic theory. Skarderud (2007) emphasised how there is a "loss of the symbolic" within anorexia nervosa, for instance where emotional "fullness" becomes "concretised" as a metaphor, and is experienced as physical "fullness". Faranda (2014) also linked psychodynamic theory with embodiment research (c.f. Damasio, 2000). He argued how through a client interweaving imagery and metaphor, in their description of their "head coming in and out of the bubble", personal affective experiences can be activated and they were able to reconnect their physical bodies and emotional worlds. Dwairy (2009) argued his client's metaphor of dam about to burst symbolised his repressed anger towards his

family. However for cultural reasons, such an individualistic interpretation would be unacceptable, and that what was more appropriate was to remain at the level of the metaphor. Considering solutions to the metaphoric problem, over time, allowed the client to link it to their own circumstances and realise that emotional expression was valuable. Lanceley and MacLeod Clark (2013) drew on psychodynamic theory (Lacan, 1977) and considered how the defences of nurses made it difficult for them to engage with figurative language (for instance where there is an allusion between the weight of bedclothes, weight of illness, and being buried) and rather prefer to focus on problem-solving. Ansorge (2012) reported how his patient's symbolic processes and sense of self had been damaged by traumatic loss and emotional abuse. Metaphoric language, involving of the imperfect grain of sand within a pearl, supported physical experiences of expulsion and incorporation to be transformed and allowed for containment.

Alcoholic Anonymous. Christianity offers a form of theoretical or epistemological context for to the 12-Step Alcohol Anonymous (AA) programmes. Matheson and McCollum (2008) argued that the AA concept of "powerlessness" derives from the Christian ideas of sacrifice and suffering. They showed how members understand this concept by examining the types of metaphors they use to describe it.

Influence of therapeutic discourse strategies. Eleven out of the fifteen studies in the review reference discourse strategies that contextualise the use of metaphors within therapy. These discourse strategies can be understood as a specific therapeutic task at a particular time. Strategies identified involve:

emotional expression, therapeutic engagement, problem-solving and denoting periods of reflecting and integrating.

Emotional expression. A key discourse strategy for the use of metaphors for nine of these eleven studies was emotional expression, for instance "off-loading" (McFarland & Turner, 2009), pressure being released from a dam (Dwairy, 2009), and the body as a container of feelings (Charteris-Black, 2012). Authors consider that metaphors support individuals to express emotions and that this is a therapeutic process. On a number of occasions this is further contextualised with reference to psychodynamic theory, however in others it appeared that the authors did not consider it necessary to justify its therapeutic utility.

Therapeutic engagement. Unlike the interview studies, two of the case studies (Ansorge, 2012; Faranda, 2014), highlighted how the use of metaphors can also support relationships within therapy. Faranda (2014) referred to the shared embodied experience associated with engaging with a client's metaphors and images and how this facilitates change. Ansorge (2012) emphasised how through engagement with a particular metaphor the therapist was supported to undergo change, and this led to increased mutual recognition between therapist and client.

Problem-solving. Drawing on Kopp (1995), Dwairy (2009) argued that extended metaphors of the "water dam" could be used to support the common therapeutic strategy of problem-solving. He showed how a particular metaphor

is used to map onto a client's life experiences and then together the client and clinician use it to provide solutions to the problem faced the client.

Reflecting and integrating. Through statistical analysis, Gelo and Mergenthaler (2012) correlated the use of unconventional metaphors with particular stages of therapy, according to the Therapeutic Cycles Model (Mergenthaler, 1996). This refers to a four-stage model of therapy that involves experiencing, reflecting, integrating and relaxing. They reported there was evidence that unconventional metaphors were more common during periods of reflecting and integrating, although less present during period of the direct experiencing of emotions.

Influence of surrounding co-text. Nine studies referred to wider issues surrounding the use of metaphors in conversation. These included: interaction between different metaphors in text, ambiguity between literal and metaphoric language, wider verbal and non-verbal activity (choice of words, tone of speech and bodily movements) and non-vocalised thoughts and cognitive processes.

Interaction between metaphors. Charteris-Black (2012) found differences between how men and women used metaphors within text, and that women were considered much likely to use metaphor mixing and metaphor priming. When expressing emotions, women had a tendency to use multiple metaphors and clustering them together, for instance "it *builds up* and it builds up and it builds up and *you get full* and you get full of all these feelings that have never been expressed" (p. 24). They argue that the use of metaphor primes the use of further metaphors. Similarly, Matheson and McCollum (2008) described in the

cohort of female participants how metaphors were not used exclusively but rather appeared in the text embedded within each other, for instance "I mean the first *step* is major. If you can *get over that one*, that's the most important one. Because *everything is built on that*." Charteris-Black (2012) contrasts this use of metaphor with men who tended to use more literal language when talking about extreme emotions.

Ambiguity between literal and metaphoric meaning. In a number of studies there are reports of a blurring between literal and metaphoric language. McMullen and Conway (2002) highlighted how common metaphors, such as the metaphor of descent in descriptions of depression, tend to be passed over within dialogue, and tend to go unnoticed or unexplored. The ambiguous nature of metaphors also appeared to be facilitated by the role of the body. Lanceley and MacLeod Clark (2013) identified the shift in discourse from individuals who initially described physical states, such as an inability "to straighten up" and how this was later altered to an inability to "get things straight". Locock, Mazanderani and Powell (2012) reported how it was difficult to distinguish in their data between emotional and physical pain, and that bodily symptoms were employed to describe emotional states. Skarderud (2007) highlighted how the body is used symbolically and metaphorically within anorexia nervosa to describe emotional states. Skarderud further described the ambiguous nature of metaphors in text, and how they can simultaneously have positive and negative connotations, for instance how thinness can relate to both strength and vulnerability.

Wider verbal and non-verbal activity. Wider linguistic and non-verbal communication form part of a wider context of how metaphors are used in

dialogue. Ansorge (2012) reported how the physicality of the sounds within a client's novella indicated the bodily reality of what was being described. Lanceley and MacLeod Clark (2013) drew out the role of tone and sensibility of the client when discussing emotional states and suggest that this impacts on the meaning of the metaphors. Faranda (2014) focused on the bodily movements of the individual described in the case study, in particular the nodding of the head, and how this was integral to the communication of the metaphor.

Non-vocalised thoughts and cognitive processes. Beyond the immediate text, non-vocalised thoughts also are relevant in how metaphors influence dialogue. Dwairy (2009) described the decision-making processes associated with a clinician hearing a client-generated metaphor and considerations of whether to interpret or whether to continue to extend the metaphor. Gelo and Mergenthaler (2012) also considered the experiential difference between the lexical retrieval associated with conventional metaphors and online mapping associated with unconventional metaphors.

Discussion

This review examined the extant literature of metaphors in therapy, with a specific focus on metaphors to describe emotions in therapy. The findings of these studies were categorised according to various contextual layers, which are argued to have a particular influence on the production and use of metaphors (Tay, 2013). These layers included personal life experience of participants, the socio-cultural background, the theoretical orientation of the clinicians/researchers, the therapeutic strategies utilised by speakers, and co-textual issues in speech production. The studies provided evidence for the

influence of the different layers on metaphor use. Case studies were more able to provide evidence for the influence of personal life experiences as larger studies tended to aggregate individuals together, for example under a broad diagnostic categories (e.g. 'history of depression'). Socio-cultural issues were generally focused on studies involving non-Western or non-male participants. Psychodynamic theory appeared to have the greatest influence in the literature on the production and interpretation of metaphors. However, of note the role of embodiment was often linked to this. A number of different therapeutic strategies were referred to, including expressing emotions and creating a therapeutic alliance. These appeared to generally come from the professionals' perspectives. Finally a number of different co-textual issues were evident, including how metaphors were often mixed together, often ambiguous in nature, and that body language also impacted on their use.

Clinical and Research Implications

Containment and the pressing out of emotions. Metaphors involving the CONTAINER schema were present in 11 out of the 15 studies, corroborating its role within therapy (c.f. Charteris-Black, 2012; Siegelman, 1990). The CONTAINER metaphors closely aligned with one of the key discourse strategies described within the studies: emotional expression. Emotional expression links to the container metaphor through the imagery of emotions being pressed out[2] of some form of container. This highlights an implicit model of emotions in which emotions are contained within the body/individual, and that one therapeutic activity is to have them pressed out in some form.

[2] Aetiology: 'ex-primere' – to press out

In psychoanalytic theory, the term containment (Bion, 1962) is used to describe the process whereby particularly affective states are projected into an Other, and whether or not the Other can manage these projections defines whether or not there was containment. This view of containment expands the CONTAINER metaphor to include the client and the therapist in their relationship. In good therapeutic relationships emotions are pressed out (projected) enough to be shared by both the therapist and the client. However if they are pressed out further than this it could be considered detrimental and uncontained.

This model of emotions can be seen as to represent a shift, as described by Tay (2013), from a discourse in therapy, to a discourse of therapy. Tay identified a major discourse of therapy, to be that of THERAPY AS A JOURNEY[3]. With regards to emotions therefore, we may see another discourse of therapy is that (part of) THERAPEUTIC PRACTICE IS PRESSING OUT THINGS (emotions). It appears vital to recognise how this pressing out should not permeate the wider borders of the new container (the therapeutic relationship) as this will impede the journey of therapy.

Analysis of both variation and consistency in metaphors has been central to recent approaches to metaphor research (Kovecses, 2005). An example of this is the metaphor of "off-loading" (McFarland, Barlow and Turner, 2009). This shares similarities with the container/pressing out metaphor. However rather than emotions being inside a container, they are conceptualised as loaded on the

[3] THERAPY AS JOURNEY metaphor is present in five of the studies that referred to therapy in this review

individuals. This metaphor implies emotions as more visible to others than those potential hidden in a container. Also, the off-loading implies that the therapist then takes up the emotions. This can either be seen as an expanding of the emotions into the relationship, as in the concept of containment, or can be seen as shifting the emotions to someone else.

Conceptualising how emotions are to be managed within the relationship is an important therapeutic task, and further research may indicate more or less helpful ways of doing this. It may also be important to conceptualise how emotions are to be managed after therapy has ended. Containing emotions and pressing out emotions offer related but contrasting views of how to relieve distress. Clients are likely to have been exposed to these two equally relevant and interconnected metaphors/images of relieving distress during therapy. This supports the evidence that individuals optimally should have a flexible response in relation to their emotions (Bonanno, Papa, Lalande, Westphal & Coifman, 2004).

Metaphoric speech and uncertainty. There was evidence from this review that there is a good deal of ambiguity in the meaning associated with the use of metaphors. Metaphor could be mixed together to make meaning (Charteris-Black, 2012), single metaphors were seen to represent multiple meanings (Skarderud, 2007) or ambiguously refer to emotions or physical experiences (Locock, Mazanderani & Powell, 2012), and at times particular metaphors were seen to be ignored all together (McMullen & Conway, 2002). This ambiguous nature of much of metaphoric speech in relation to emotions may point towards a further discourse strategy of metaphors in therapy: communicating

(emotional) uncertainty. As metaphors may elucidate certain aspects of meaning they can also leave meaning open to other interpretations. Metaphors have been traditionally described as rhetorical (Aristotle, 1941) aspects of speech, to some degree clouding meaning. However it is possible that the confusion or doubt associated with metaphors may play an important role in therapeutic discourse. In many cases, individuals come to therapy uncertain of why they are distressed or what to do about relieving the distress. The uncertainty of meaning associated with metaphors may therefore be a key element for their use, as it offers a means of communicating this uncertainty.

Supporting individuals to tolerate uncertainty is a key element in psychodynamic therapy (Borbely, 2008), which represents a different epistemological stance to cognitive therapies, where cognitions and beliefs are considered to have empirical validity. This different relationship to certainty may be used to explain the predominance of psychodynamic interest in the studies for this review.

Given that CMT offers a more cognitive approach to metaphors (Lakoff & Johnson, 1999), it could be important for cognitive theorists to integrate this knowledge into therapeutic practice. It also may be important to consider how the theorising around embodiment, that is central to both CMT and many of the psychodynamic approaches in this review (Ansorge, 2012; Faranda, 2014; Skarderud, 2007). This may offer a bridge that links theoretical differences between cognitive and psychodynamic approaches. This may open up space for further exploration of linguistic uncertainty within cognitive therapies.

Evidence from the socio-cultural layer of context highlighted that there is both constancy and variation in the metaphors used to describe emotional distress with individuals from different cultural backgrounds. This appears to offer clinicians a level of safe uncertainty (Mason, 1993) in the use of metaphors, in that metaphoric conversations may well support empathy and mutual understanding, but also may work as a springboard to explore unique aspects of the individual and their socio-cultural heritage.

Although therapists (and clients) may utilise metaphor to communicate uncertainty it is important to consider when uncertainty has the effect that what is said is passed over and ignored, as described by McMullen and Conway (2002). This passing over would represent a deficit in active listening, a core Rogerian counselling skill (1951) and the basis of most current therapy. Certain metaphors are considered dead or conventional by having become entrenched in common speech to the degree that they are often not recognised as metaphors (Kovecses, 2010). It is important for both clinicians and researchers to consider whether the reason that certain metaphors are passed over is because they are commonplace and less meaningful or whether there are other reasons. Again, from an embodied and psychodynamic perspective, it is possible that certain metaphors, such as that of descent, represent such ubiquitous distressing experiences, as lived out by each individual, that they raise the anxiety of the therapist in a way that means the therapist does not wish to explore them. Further research may involve looking at why certain metaphors are more ignored than others in therapy, and what the ramifications of this are.

Limitations

Since few of the studies included were designed to primarily focus on the wider contextual information around metaphors use, they provided relatively sparse evidence. The methods chosen tended to focus on meaning within speech and are most appropriate for identifying metaphors, rather than being able to focus in any detail on quite how speech is used. In this review, data of the contextual layers was often obtained from the introductory or discussion sections of the papers. The need for greater contextual focus that draws on the primary data was highlighted by the case studies written by the clinicians themselves (Ansorge, 2012; Dwairy, 2009). Although they too failed to use more rigorous methodologies, it was through the personal experiences of the clinicians-as-researchers that they were able to identify building the therapeutic alliance as a particular discourse strategy associated with metaphor use. This points towards the dialogical and interactional basis of metaphors and how they are constructed between individuals (Strong & Lock, 2005) rather than in isolation. Greater focus on clinician and client in dialogue may offer clues as to how important discourse strategies, such as building a therapeutic alliance, are developed.

Future directions

The findings and discussion from this review highlight important questions for future research.

How are metaphors used in CBT and Third-wave CBT? The studies that used data from therapy tended to involve psychodynamically-informed therapy.

Given the predominance of CBT for the treatment of mental health concerns in the UK it seems important that the role of metaphors (and metaphors in relation to emotional states) are understood within this context. Although there is recognition of the use and usefulness of metaphors in CBT (Stott, Mansell, Salkovskis, Lavender & Cartwright-Hatton, 2010) there is little knowledge about how these are utilised in practice. A number of third wave cognitive and behavioural therapies (for instance Acceptance and Commitment Therapy; Mindfulness Based Cognitive Therapy) explicitly refer to particular metaphors that are considered useful for a variety of clinical reasons. Manuals often present these in a prescriptive manner, for example the 'Passengers-on-a-bus' extended metaphor (Hayes, Strosahl, & Wilson, 1999). However it is uncertain how clinicians translate these metaphors into clinical practice and what particular discourse strategies are fulfilled by the use of these metaphors. Here it would be important to know the 'tuning devices' (Cameron & Deignan, 2003) utilised by therapists so that the metaphors can have the greatest impact. As well as these novel metaphors, it is important to understand the role of conventional metaphors within CBT, and how they are taken up and used by clinicians and clients.

Acceptance and Commitment Therapy (ACT) may also be an interesting context in which to consider the discourse strategies associated with communicating uncertainty. Drawing on relation frame theory, a key therapeutic process within ACT is defusion (Hayes, Strosahl, & Wilson, 1999). Defusion attempts to create distance between words and their meanings, in short

uncertainty, and a key technique in this is the use of metaphoric language. How this occurs in clinical practice would be important to explore.

How might a discourse analytic approach support our understanding of metaphors and emotions in therapy? The importance of a discourse analytic approach in studying metaphors is an emerging area of research (Cameron et al., 2009; McMullen, 2008). Discourse analysis can offer an in depth insight into the often-opaque process of therapy. Discourse analysis offers the opportunity for metaphors to be considered not only across different contextual layers as reported above, but also for across therapeutic areas of interest, for instance emotions, interpretations, beliefs etc. To be most beneficial, a discourse analytic approach should be utilised alongside evidence from acontextual approaches, such as CMT (Cameron et al., 2009).

The focus on naturally occurring speech language will also enhance transtheoretical approaches to therapy (c.f. Luborsky, 1995; Prochaska & DiClemente, 1992). This could potentially unite clinicians under more easily agreed types of conversation (around metaphors, emotions, the future, the past, personal values etc) and build a more integrative approach to the so-called talking cure.

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Section B: Empirical Research

The Use of Metaphors in an Acceptance and Commitment Therapy Group

Word count = 7962 (-265)

Abstract

Keywords:

Acceptance and Commitment Therapy, metaphor, emotion regulation, discourse analysis

Objective

Clinicians are encouraged to use metaphors in Acceptance and Commitment Therapy (ACT). This study aimed to investigate the types of metaphors that occurred within an ACT therapy group and how they were used within on-going dialogue.

Design and methods

Naturally occurring data was gathered from an ACT therapy group. Therapy sessions were audio-recorded across the course of the therapy group and discourse analysis was applied to the transcriptions.

Results

Various systematic metaphors were identified in relation to the therapeutic discourse of managing emotions. These included protective containers, handling objects, moving passed impediments, and emotions as fellow travellers. Between the group members and the facilitators various power dynamics were identified that influenced how the metaphors were negotiated and appropriated.

Conclusion

These findings highlight differences between traditional metaphors of therapy and ACT-specific metaphors, differences between metaphor use by clinicians and clients, and some of the challenges associated with more directive approaches to therapy.

Practitioner points

- A number of different metaphors can be used to conceptualise how emotions can be managed.
- Awareness of the metaphors that occur implicitly within therapy can inform how ACT-specific extended metaphors are used.
- Appropriation of metaphors introduced by clinicians can be a potential therapy outcome, and clinicians may need to consider how they are negotiated.

Introduction

Metaphors in Therapy

The use of metaphor is an established area of importance within therapy (McMullen, 2008; Siegelman, 1990). Metaphors can function to work with painful topics, to explore the Self and Other, and form a shared language to build the therapeutic relationship (Lyddon, Clay & Sparks, 2001). Psychodynamically-informed clinicians and researchers have been particularly interested in the impact of metaphors (c.f. Ansorge, 2012; Faranda, 2014; Lanceley & Macleod Clark, 2013). Borbely (2008) argues metaphors can be used and analysed in a similar manner to dreams as a means to access unconscious content that is not available through language due to defences. Although there has been less research into metaphors in cognitive behavioural therapy (CBT), Stott, Mansell, Salkovskis, Lavender & Cartwright-Hatton (2010) argue that in CBT metaphors are tools for supporting clients to transform the negative appraisals that can drive emotional and behavioural difficulties.

Acceptance and commitment therapy (ACT) is a third wave cognitive behavioural therapy that pays particular importance to metaphors. Drawing on relational frame theory, ACT theorists argue that the majority of psychological distress is the result of individuals becoming 'fused' with certain ideas or concepts (Hayes, Strosahl, & Wilson, 1999). Strategies that can be used for reducing distress in the external world, for example by ignoring a problem, when applied to internal stimuli, such as thoughts, further fuse the individual with this source of distress. Within ACT, metaphors are used as a method of defusion, where the associations between distressing stimuli are loosened.

Some research studies have identified the types of metaphors that occur within therapy (Charteris-Black, 2012; McFarland, Barlow & Turner, 2008; Skarderud, 2007; Siegelman, 1990; Tay, 2011) whilst other studies have examined the processes that occur whilst using metaphors in therapy (Ansorge, 2012; Dwairy, 2009; Faranda, 2014). Other studies have also linked metaphor use to certain therapy outcomes. For example, positive outcomes have been associated with metaphoric descriptions of the self as friendly and dominant and negative outcomes associated with unanchored or fragmented associations (McMullen & Conway, 1994).

The Influence of Conceptual Metaphor Theory

Much of the research on metaphors in therapy has been influenced by cognitive linguistics and conceptual metaphor theory [CMT] (Lakoff & Johnson, 1999; Tay, 2013). This argues that abstract concepts, for instance relationships, are primarily understood through metaphor. For instance the common phrase "we've come a long way together" considers RELATIONSHIPS AS A JOURNEY[4]. In this example our embodied experiences of going on journeys is seen to have created an unconscious cognitive representation that can be employed as a source domain for various target domains, such as relationships (Lakoff & Johnson, 1999). Much of the research on metaphors in therapy has used this theory to examine the common sources and target domains employed i.e. what is spoken about metaphorically (target domain) and what metaphors are used (source domain).

[4] The use of capitals is the traditional way of referring to conceptual metaphors

Setting Metaphor Use in Context

A noted criticism of conceptual metaphor is that metaphors are conceived as "highly conventionalised, static, conceptual structures" (Kovecses, 2010, p.289) and that they do not allow for the 'messy realities' (Eubanks, 1999) of metaphors as they are used creatively in discourse. To right this balance, researchers have more recently emphasised the importance of context within metaphor analysis (Cameron et al., 2009; McMullen, 2008; Tay, 2013). Outside the field of therapy, Cameron (2007) takes a discourse analytic approach to reconciliation talks. She highlights how micro-level negotiation of metaphors contributes to the emergent macro-level metaphors. Tay (2013) analysed a large body of therapy transcripts emphasising the relevance of examining different layers of discourse in metaphor analysis. These layers represent the influence of various factors, including the sociocultural background of the individuals involved and the moment-to-moment production of speech within therapeutic talk. In order to contextualise the use of metaphors within therapy, McMullen (2008) suggested that rather than starting with particular metaphors, metaphor analysis should consider particular therapeutic discourse strategies. This would involve taking a topic of clinical interest and looking at how metaphors, as well as other parts of language, are used within this context to fulfil the therapeutic task.

Emotion and Metaphors in Therapy

An important discourse within therapy involves work around emotions. Greenberg and Pascual-Leone (2006) delineated four empirically grounded principles associated with emotion work in therapy. These emphasise the need

to access and accept emotions, contain emotions, reflect on emotions, and transform emotions. Minimal research has looked specifically at therapeutic discourses of emotion and metaphors. The experiential states that have been evaluated are that of 'depression' (Charteris-Black, 2012; Fullagar & O'Brian; Haviani & Kamedi, 2011; McMullen & Conway, 2002) and 'powerlessness' (Matheson & McCollum, 2008). Drawing on research from conceptual metaphor theory, Siegelman (1990) identified the role of the CONTAINER-schema metaphor in psychotherapy for conceptualising affective states.

Rationale for the Study

As has been shown, metaphors are important within therapy, and it is important to consider them within a particular therapeutic context (McMullen, 2008). A significant context of therapy where there has been minimal metaphor research is working with emotions. Due to the influence of National Institute of Clinical Excellence (NICE) guidelines and Improving Access to Psychological Therapies (IAPT), the majority of therapies delivered in the UK are based around CBT. These tend to be shorter-term therapies that have been able to produce outcome measures of efficacy (Clark, 2011). ACT is a third wave CBT that has gained popularity over the past two decades. Despite its focus on metaphors, there has been minimal research on how metaphors are employed within ACT. More generally, it is also important for research in third wave CBT to look at process issues as well as outcome measures. Although research on metaphors has tended to involve individual therapy, group therapy has various clinical benefits over individual therapy, such as the sharing of experience and interpersonal development (Yalom, 1995). Dialogue in group settings is

particularly interesting as it occurs not solely between therapist and client but also between clients.

Aims and objectives. The study aimed to investigate metaphor use in therapy. Specific objectives included:

1. To describe the types of metaphor that occur in ACT group therapy.
2. To examine how metaphors are used in conversations around emotions.
3. To examine some of the discursive processes associated with the use of metaphors in group therapy.

Method

Design

In order to most effectively meet the study aims and objectives it was decided to collect naturally occurring data from ACT group therapy. The use of naturally occurring data is similar to previous research on metaphors in therapy (Charteris-Black, 2012; McMullen & Conway, 2002), and provides greater transferability (Meyrick, 2006) to other clinical settings than the use of interviews or questionnaires. Discourse analysis allowed consideration of the context of metaphor use in greater depth that other approaches (McMullen, 2008).

Recruitment of Participants and Data Collection

The researcher approached facilitators (qualified clinicians) of ACT groups in an adult community mental health service of an NHS Trust in the South of England. The facilitators were briefed on the inclusion and exclusion criteria for the group participants. Inclusion criteria included clients currently accessing

psychological support within a community mental health service and considered by qualified clinicians to benefit from an ACT group. Exclusion criteria were clients currently experiencing a psychotic episode.

In the timeframe, one ACT group was fully recruited to. The group originally constituted seven participants and two clinicians/facilitators (one participant dropped out after six sessions). There were four female and three male participants, all of working age, and each with chronic issues associated with depression and anxiety. Further demographics were not collected due to ethical considerations. One facilitator was a CBT therapist and the other was a clinical psychologist, and both had undertaken training in ACT. Attendance varied throughout the sessions and ranged from three to seven group members. Overall, 15 of 17 sessions were audio-recorded and transcribed, each lasting approximately 90 minutes. Sessions 2 and 3 were not recorded, as the audio-recording device was not turned on. Two audio-recorders were used to help capture less audible material and were placed in an unobtrusive position so as to limit participants' awareness of being recorded. After each session, the audio-recordings were securely collected and transcribed by the researcher.

Ethical Considerations

The study received NHS and Trust ethical approval (Appendix I & II). Following a clinical assessment by the facilitators, participants were given information (Appendix III) on the potential for the group to be part of the research, what it would involve, and asked to take seven days to consider whether they would want to participate. They were given assurance by the clinicians that their decision to participate would in no way affect their eligibility

for the group. Each of the participants signed consent forms (Appendix IV) before the group commenced. Pseudonyms are used throughout the study.

Data analysis

The particular form of discourse analysis chosen for the study combined a dynamic discourse method of metaphor analysis (Cameron et al., 2009) with positioning theory (Davies & Harre, 1990). In line with dynamic discourse method of metaphor analysis, the data was prepared and transcribed from the audio-recordings, and metaphoric words or phrases (were identified and underlined. Both novel and highly conventionalised metaphors (Cameron, 2008) were considered relevant data. Using NVivo qualitative software (QSR International, 2006), the metaphors were then coded for various features, and finally codes were examined for patterns or systematicity, attempting to uncover systematic metaphors regarding participants' attitudes and ideas. Systematic metaphors are a dynamic collection of linguistic metaphors (Cameron et al., 2009). For example, multiple references to linguistic metaphors such as "I don't know which way to turn"/"I'm in a difficult place" would lead to the systematic metaphor of 'LIFE IS A JOURNEY'. Systematic metaphors are very similar to conceptual metaphors (see Introduction), but they differ in that they are not necessarily unconscious representations of embodied experience. It is possible that they could also be conceptual metaphors but they foremost considered discursive tools.

The data analysis moved between levels of the dynamic system: the particular metaphors as they appeared, the topic under discussion, that topic in connection to other topics, and the therapy as a whole. Further, there was

particular focus on the specific therapeutic discourse strategies that appeared to occur within the dialogue (c.f. McMullen, 2008). The analysis moved recursively between the text and the bigger picture, building patterns from the metaphors as they appeared within the text and also drawing on knowledge of common (conceptual) metaphors from the wider literature (Cameron et al., 2009). This approach meant that much of the analysis was theory-driven. This made it open to certain biases and meaning that it would inevitably find support for existing forms of knowledge, rather than always creating new knowledge. The recursive process also meant certain metaphors, parts of text, and topics were analysed thoroughly whilst others in a more cursory manner. This depended on their relevance in light of earlier (and temporally later) metaphors and topics. For instance, analysis was more cursory when certain 'mindfulness practices' were repeated or for the introductory preamble to certain exercises. As ACT can involve a level of didactic teaching, an attempt was made to focus on metaphors that occurred during two-way interactions involving group members and/or facilitators.

Cameron et al. (2009) suggest that the dynamic discourse method of metaphor analysis should be combined with another form to take into account the whole discourse event. Positioning theory (Davies & Harre, 1990) examines how conversations position participants in light of the particular context and particular statements made by each party. One statement will position a listener, leading them to respond in a certain way, in turn positioning the original speaker. How the facilitators positioned and were positioned by the group

members was therefore important to understanding the production and use of metaphors within the text.

Procedure

Each session involved one or two mindfulness practices (often at the beginning and end), and one or two exercises associated with ACT. These exercises were often based on metaphors common within ACT manuals, such as the 'Passengers-on-a-bus' and 'Tug-o-war-with-a-monster' extended metaphors (Appendix V). At the start of each session the facilitator would check-in with the group members, finding out how their week had been and how they had found their homework. At the end of each session further homework would be suggested. The group members were invited to contribute their experiences throughout the group, and discussion about specific difficulties and concerns were reported during the initial check-in and elicited as examples during the ACT-specific exercises.

Results

Overview of Metaphors

Large quantities of metaphors were identified throughout the text, spoken by both facilitators and group members. The quantity of metaphors produced by an individual appeared broadly proportionate to how much an individual spoke. However no attempt was made to quantify this.

The identified metaphors were coded into target and source domains (c.f. Kovecses, 2005; Lakoff & Johnson, 1999). Table 1 offers a summary of the

overarching source domains and corresponding sub-ordinate systematic metaphors.

Table 1. *Summary of overarching source domains and systematic metaphors*

Source domains	**Systematic metaphors**
CONTAINERS	SELF AS CONTAINER
	SELF/EMOTIONS AS OBJECTS IN A CONTAINER
	SELF-PROTECTION AS BEING IN A CONTAINER
	OTHER-PROTECTIONS AS KEEPING THINGS IN A CONTAINER
	MIND AS CONTAINER
OBJECTS	MANAGING MIND AS HANDLING OBJECTS
	SELF/EMOTIONS AS OBJECTS IN A CONTAINER
	EMOTIONAL RELIEF AS OBJECTS TAKEN/COMING OUT OF A CONTAINER
PEOPLE	MIND AS PERSON
	EMOTION AS PERSON
	MIND/EMOTION AS CHILD
JOURNEYS	LIFE AS JOURNEY
	PURPOSE AS DESTINATION
	DIFFICULTIES AS IMPEDIMENTS
	DIFFICULTIES AS PEOPLE/THINGS TO TAKE WITH US
	PURPOSE AS GOING IN THE RIGHT DIRECTION

As well as describing the types of metaphor, there was also consideration of the particular therapeutic tasks that the metaphors appeared to be fulfilling. Given the didactic nature of ACT, a key therapeutic task appeared to be to support group members to conceptualise/reconceptualise topics such as the mind and the therapeutic process according to ACT principles. These topics however appeared to link to an overriding therapeutic task of how best to conceptualise the managing of difficult emotions and thoughts. Between the facilitators and the group members, there appeared a number of different ways that managing emotions and thoughts could and should be conceptualised. Evidence for the different ways of conceptualising this will be presented below. This draws on a number of the different source and target domains.

How Metaphors Conceptualise Managing Difficult Emotions

Throughout the therapy there were numerous discourse events or conversations about how to manage difficult emotions and thoughts, and there was negotiation between the facilitators and group members as to how this should be conceptualised. Key systematic metaphors employed during this process were that of a CONTAINER, an OBJECT TO BE HANDLED, and a PERSON.

CONTAINERS and OBJECTS. The group members commonly used a CONTAINER-schema source domain when describing powerful emotional experiences. One group member describes his experience of "self-destruction": (1)

1. Facilitator1: What does it feel like?

2. Simon: The worst times, just empty, suicide thoughts coming into your head.

3. Facilitator1: Empty and suicidal, what's that like?

4. Simon: Don't know, it's just a black hole really, a zombie, had enough and that's it…

In Extract 1, the group member responds to questions (lines 1 & 3) by using a number of metaphors that appeared to indicate the SELF AS A CONTAINER. The experience of "self-destruction" implied he had some violent energy within the self, and the self felt unstable. In line 2 he reconceptualised his inside as being "empty". Although not obvious 'containers', from the context the use of the metaphors of a "black hole" and a "zombie" infer CONTAINER-schema, where there is tension between a violent exterior and an empty interior.

Table 2 shows further examples of CONTAINER metaphors that arose during the course of therapy.

Table 2. *CONTAINER metaphors*

Speaker	**Quotation**	**Systematic metaphor**
Barbara	I'm just feeling a lot of like anger and want to, I'm at the tip of, I feel like a volcano at the moment	SELF AS CONTAINER
Gabby	I've gone more like a robot again	
Linda	That does make me feel quite good, but it makes me feel rotten at the same time for some reason	
	You do have that sense of emptiness really, that there has got to be something that will fill that void, and I know other people that have other things that fill their void, other people's children	
Linda	It was opening a can of worms, my husband knows I don't pay bills, banks statements	EMOTIONS AS OBJECTS IN A CONTAINER

Linda	It is difficult to just try, you just become so enveloped in those feelings and that space, it is like a membrane and you can't break it	SELF AS OBJECT IN A CONTAINER
Tracey	Cooped, and I dunno, trapped, and imprisoned	
Linda	Stuck in a bubble, everything squashed into a little bubble	

Similarly to the "black hole", the "volcano" metaphor conceptualised the self as having a calm outer area but with potentially violent energy contained within in. As with the "zombie", the "robot" metaphor appeared to indicate some violent energy, but also highlighted a sense of emptiness within the container. This conceptualisation of an empty container is furthered in descriptions of a "void", "emptiness" and to be "rotten".

At other times the self was described as an object in a container. Similarly to the SELF AS CONTAINER metaphors these were described in negative terms and had the potential to be unstable, such as "a bubble".

In light of the potential violence of their contents, the group members highlighted the protective factors associated with the containers (Table 3).

Table 3. *CONTAINERS AS PROTECTIVE metaphors*

Speaker	**Quotation**	**Systematic metaphor**
Linda	If to shut myself down, and keep myself in the bubble, then I can protect myself	SELF-PROTECTION AS BEING IN A CONTAINER
Barbara	I'm terrified if I let my guard down that's suddenly going to come crashing down again.	
Barbara	I've been trying to do that but I also find I'm sort of surrounded by a lot of people who don't like to let your emotions out you know, and then it's easier for you not to let out your emotions and then, god forbid that you do.	OTHER-PROTECTION AS KEEPING THINGS IN A CONTAINER

In Table 3 the outer layer of the container was seen as highly protective and functional for managing emotions, for the individual or for those around them. This protective function of CONTAINERS contrasted with the highly restrictive function (Table 2), where group members' experienced feeling "trapped and imprisoned", and the container itself was an emotional experience trapping the individual.

The facilitators also used CONTAINER metaphors, however these tended to be much more stable than those described by the group members (Table 4). For example, the facilitators used the metaphor of the sky as a container for different types of weather (as the mind is a container for thoughts and feelings). The extract in Table 4 also offered an example of the regular discussion where individuals were asked to look at what was "in your mind" as you might look into a container or vessel.

Table 4. *MIND AS A CONTAINER metaphors*

Speaker	**Quotation**	**Systematic metaphor**
Facilitator 2	Begin by seeing what's going on in your mind and body right now, what is the weather pattern like, what thoughts are around, what feelings are here	MIND AS CONTAINER
Facilitator 1	Call up an image in your mind of the pen you've just observed and looked at very thoroughly."	

Another systematic metaphor that appeared within the text was that of EMOTIONS AS OBJECTS TO BE HANDLED, where individuals could "hold on" to emotions. In these metaphors emotions were conceptualised as physical objects that could be physically handled and controlled in some way. These were also

connected to a metaphor of EMOTIONAL RELIEF AS AN OBJECT COMING OUT OF A CONTAINER, and the need to "let out" emotions. Although the mind was often conceptualised as a container of difficult emotions and thoughts, it could also be an object to be handled, creating a metaphor of MIND-CONTAINER AS AN OBJECT TO BE HANDLED (Table 5).

Table 5. *OBJECTS TO BE HANDLED metaphors*

Speaker	**Quotations**	**Systematic metaphor**
Facilitator 1	Toning up our minds to be mindful	MANAGING MIND(-CONTAINER) AS HANDLING OBJECT
	So if for instance I want my mind to be full of cooking this evening I might mindfully cook	
Facilitator 2	Hold on to the discomfort	MANAGING EMOTION AS HANDLING OBJECT
	Holding an awareness of all sensations	
Tracey	Lifting a burden	EMOTIONAL RELIEF AS OBJECTS TAKEN/COMING OUT OF A CONTAINER
Barbara	I think its good to get something off your chest	
Facilitator 2	Opening up	
Facilitator 1	What did that bring up?	
	What came up?	
Tracey	This was a place to vent all my issues	
Linda	Would it be useful to have this alongside a place where you can let out certain things	

THE MIND and EMOTION AS A PERSON. In addition to CONTAINERS and OBJECTS, the third systematic metaphor that appeared was that of THE MIND/EMOTIONS AS A PERSON (Table 6). These metaphors tended to anthropomorphise the mind/emotions, giving them human characteristics, such as speech or "busyness". They also occurred in the ACT-specific extended

metaphors where difficult emotions and thoughts were conceptualised as "passengers" or "guests" (Appendix V).

Table 6*. PERSON metaphors*

Speaker	Quotations	Systematic metaphor
Facilitator 2	What is your mind telling you?	MIND AS PERSON
Facilitator 1	We start observing how busy our mind is	
Facilitator 2	It's good you have been able to come despite your mind giving you that label	
Facilitator 1	That's just what minds do	
Facilitators	''Passengers-on-a-bus' extended metaphor	EMOTION AS PERSON
	'Unwanted Guest' extended metaphor	

Furthermore, there was also a sense that there was a type of parental relationship that should be encouraged with he mind/emotions, conceptualising them similarly to a child (Table 7).

Table 7. *MIND/EMOTION AS CHILD*

Speaker	Quotations	Systematic metaphor
Facilitator 2	If the mind wanders, simply acknowledging where it has gone and escorting it back."	MIND/EMOTION AS A CHILD
Facilitator 2	That's what minds do, they come up with all sorts of stuff in response to something	
Facilitator 1	Gently and deliberately bring you attention back	
Facilitator 1	So we don't want to push it away but include it in the rest of the context	

This relationship with the mind and emotions was often contrasted with a "struggle". This appeared graphically in the 'Tug-of-war-with-monster' extended metaphor (Appendix V) and then repeatedly through the text in relation to difficulties.

THERAPY AS A JOURNEY. Conceptualising EMOTION/MIND AS AN OBJECT TO BE HANDLED and EMOTIONS/MIND AS A PERSON led to two different versions of the THERAPY AS A JOURNEY metaphor to appear throughout the text.

***Traditional version of THERAPY AS JOURNEY metaphor*.** Earlier sessions emphasised a more traditional version of the THERAPY AS A JOURNEY metaphor, which utilised the LIFE IS A JOURNEY conceptual metaphor and the associated metaphors of DIFFICULTIES ARE IMPEDIMENTS and PURPOSES ARE DESTINATIONS (Table 8).

Table 8. *Traditional THERAPY AS JOURNEY metaphors*

Speaker	**Quotation**	**Systematic metaphor**
Facilitator 2	I'm not in a very good place	LIFE IS A JOURNEY
Facilitator 1	Why do we keep going back to these strategies if they don't work?	
Facilitator 2	That might actually get you where you want to be	PURPOSE AS DESTINATION
Linda	I don't want to reach the end or whatever and have never tried	
Facilitator 1	So when you look at the barriers, what are the barriers you have written down there?	DIFFICULTIES AS IMPEDIMENTS
Facilitator 1	Certain expressive experiences and thinking difficulties that don't allow us to function or move forward.	
Linda	Do you feel there is some baggage there that is preventing you from absorbing everything that is going on cause you want to off load it?	

Novel version of THERAPY AS JOURNEY metaphor. In response to some of the extended metaphors used, there was a shift from the DIFFICULTIES AS IMPEDIMENTS metaphor to a DIFFICULTIES AS PEOPLE/THINGS TO BE TAKEN WITH US metaphor (Table 9).

Table 9. *DIFFICULTIES AS PEOPLE/THINGS WE TAKE WITH US metaphors*

Speaker	**Quotation**	**Systematic metaphor**
Facilitators	'Passengers-on-a-bus' extended metaphor	DIFFICULTIES AS PEOPLE/THINGS TO TAKE WITH US
Facilitator 2	You will have to try the bus with the passengers on board, that's the only way forward.	
Facilitator 2	What kind of thoughts and feelings did you have to take with you to the park?	
Simon	You need to accept the baggage	

Other instances highlighted similar conceptions of difficulties:

(2)

1. Tracey: I want to say in advance that I'm a little bit emotional at the moment, so I apologise if I get a bit teary, I don't mean to
2. Linda: There's a big box of tissues there
3. Tracey: I don't mean to, things are a bit on the surface at the moment
4. Facilitator 1: We'll work with that. We'll take those with us and keep going

In lines 1 and 3 of Extract 2, a group member described feeling upset. The facilitators highlighted that this was not something that needs to be got rid of (potentially through tissues, line 2) nor did she think it needed to stop the group member engaging with the session (line 4). She did not directly refer to passengers, but stated, "we'll take those (upsetting feelings) with us and keep going".

There was also evidence for a shift in the PURPOSES AS DESTINATIONS metaphor to a metaphor of PURPOSE AS GOING IN THE RIGHT DIRECTION (Table 10).

(3)

1. Facilitator2: You would then be living your life by your values, it's not about reaching your goals
2. Facilitator1: Often what we look at in relation to what you've just said is if you were going from here on a cruise to New York. What's the holiday?
3. Barbara: Say that again
4. Facilitator1: What's the holiday?
5. Linda: The cruise, not the destination.
6. Facilitator1: Not New York, not getting there, the journey

In Extract 3, the purpose of therapy shifted from "reaching goals" to "living your life by your values" (line 1). As with a cruise holiday (line 2) it is the journey itself, not the destination (line 5, 6) that is considered the most important factor.

Table 10. *PURPOSES AS GOING IN THE RIGHT DIRECTION metaphors*

Speaker	**Quotation**	**Systematic metaphor**
Facilitator 1	We're a little bit stuck and we want to get direction back	PURPOSE AS GOING IN THE RIGHT DIRECTION
Facilitator 1	It's about getting back on track, and allowing you to have direction, its about giving you a map, but it's your map	
Facilitator 2	I think we were saying last time that a value is much more like a guiding compass	
Facilitators	Lighthouse extended metaphor	
Facilitator 1	I might put the spotlight on that value this week and go and take a cooking class, because I love learning and that's learning something	

The concept of values adapted the journey metaphor through metaphors such as "direction", "compass", "maps" and "guiding". An extended metaphor involved the metaphor of a lighthouse with a spotlight lighting up what group members valued (Appendix V). This highlighted a key metaphor associated with values and that is the need to "see" them, in order to both appreciate current activities and direct future activities.

Within the group, difficult emotions were used as a way of finding out or "seeing" what the group members valued.

(4)

1. Facilitator 2: It can sometimes be very painful cant it, to look at what you're struggling with, something that is really important to you.

And

(5)

1. Facilitator 2: Sometimes it's the flipside of a coin, what you struggle with, you also see something about what is important to you.
2. Tracey: Yeah I suppose so. It was just, it was hard to focus, keeping it, what it was that I valued, like I say, but it's impossible, or it's so, so I started writing essays, just waffling on.

The facilitator in Extract 5 used the metaphor of a coin (line 1) to highlight how the values and difficulties are two sides to the same coin. In line 2 the group member highlighted the difficulty of maintaining sight of the value, that it is "hard to focus" on. In this way there was presence of a systematic metaphor of PURPOSE AS THINGS SHOWN TO US BY OUR DIFFICULTIES ALONG THE WAY.

Discussion

Key Ways to Conceptualise Managing Emotions

Charteris-Black (2012) developed a containment model for depression where the self is seen as conceptualised as both containing feelings of sadness as well as being contained itself within the depression. The concept of the CONTAINER was used to guide some of the analysis and from the findings it appears that Charteris-Black's model can be expanded to involve distressing emotional experiences in general, not just depression. Both group members and facilitators often described emotional experiences using CONTAINER metaphors. For the group members this mostly involved the SELF AS UNSTABLE CONTAINER, where the ability of the container to contain the emotions appeared highly protective for the individuals. The instability of the container meant that

group members were reluctant to endanger the outer "guard" in anyway. Group members also conceptualised themselves as in a container where the outer layer was a "membrane" of difficult emotions that functioned as a barrier. This appears to indicate that although containers can be protective, they can also be restrictive, making the group member feel "trapped".

The clinicians most commonly utilised the CONTAINER metaphor with reference to the mind or the body. These appear to be more stable metaphors than those used by the group members. These CONTAINER metaphors also offer the opportunity of 'stepping outside' the container, allowing for a conceptualisation of THE MIND-CONTAINER AS AN OBJECT. The MIND AS AN OBJECT metaphor allows the mind to be considered as an 'external event' and supports the process of defusion by allowing a certain "distance" that allows to "see" it more clearly and therefore able to manage it more easily (Hayes & Smith, 2005, p. 78). This developed into the systematic metaphor of MIND/EMOTIONS AS OBJECTS TO BE HANDLED.

The metaphor of THERAPY AS A JOURNEY was also used to guide the analysis of the data. It is considered a common metaphor that often occurs within psychotherapeutic discourse as a way conceptualising the overall process (Tay, 2011; Tay, 2013). It tends to make use of other conceptual metaphors such as PURPOSES ARE DESTINATIONS, DIFFICULTIES ARE IMPEDIMENTS, and LIFE IS A JOURNEY.

There is a link between the EMOTIONS/ MIND AS OBJECTS TO BE HANDLED metaphor and the DIFFICULTIES AS IMPEDIMENTS metaphor. Here

the difficult emotions are conceptualised as “barriers” or “obstacles” to be handled/navigated before we get to where we want to go in life.

Metaphor researchers have emphasised how socio-cultural factors influence the production of metaphor (Kovecses, 2010; Tay, 2013), and theoretical underpinnings and therapeutic techniques associated with ACT set a particular context for this data. Therapeutically, ACT emphasises the importance in accepting difficult thoughts and feelings (Hayes, Strosahl, & Wilson, 1999), and the concept of acceptance appeared to impact on both the metaphor of OBJECT and the metaphor of JOURNEY. Rather than getting passed DIFFICULTIES AS IMPEDIMENTS (e.g. barriers), there was an emphasis on the need to accept difficulties. This led to a shift in JOURNEY metaphor to DIFFCULTIES AS THINGS TO TAKE WITH US.

The group members tended to view emotions in a negative manner. However the influence of acceptance supported a more complex relationship with them and the mind, where they were neither totally good nor bad. This supported a shift in metaphor from EMOTIONS/MIND AS OBJECTS TO BE HANDLED to EMOTIONS/MIND AS PERSON TO BE RELATED TO. The particular relationship that was emphasised was one that was influenced by compassion, another common topic within third-wave CBT (c.f. Gilbert, 2010). The tone and words of the facilitators emphasised the need to be both gentle but also firm with emotions and the mind. For instance, “If the mind wanders, simply acknowledging where it has gone and escorting it back”. This emphasises a way of managing emotions as you might manage a child.

The concept of 'values' also impacted on how difficult emotions were conceptualised within the THERAPY AS A JOURNEY metaphor. As the concept of acceptance influenced the metaphors and conceptualisation of DIFFCULTIES, so the concept of values influenced the conceptualisation of PURPOSE. ACT group members were invited to identify their values and then to make a commitment to act in line with these values. Therefore in ACT, there is a shift from the metaphor of PURPOSE AS DESTINATION to PURPOSE AS GOING IN THE RIGHT DIRECTION.

Through the use of a number of extended metaphors (see 'coin exercise': Appendix V), difficult emotions were used as a means of "seeing" what the group members' values were. The facilitators argued that the things that caused emotional distress were the "flipside" of what the group members cared about and valued. In this way there was further development of the JOURNEY metaphor: PURPOSE AS DIFFICULTIES (emotions) POINTING OUT IMPORTANT THINGS ALONG THE WAY.

The different metaphors therefore appear to present four distinct ways of conceptualising how difficult emotions can be managed or regulated. The first of these, predominantly produced by the group members, involves EMOTIONAL REGULATION AS SECURING A CONTAINER. A second involves EMOTIONAL REGULATION AS HANDLING OBJECTS, and linking to the JOURNEY metaphor, a third involves EMOTIONAL REGULATION AS MOVING PASSED IMPEDIMENTS ON A JOURNEY. A final metaphor involved EMOTIONAL REGULATION AS TAKING DIFFICULTIES ON THE JOURNEY WITH US.

Four principles of working with emotions in therapy. It is possible to draw some speculative parallels between the different ways of conceptualising how emotions can be managed or regulated and the four principles for working with emotions in therapy as delineated by Greenberg and Pascual-Leone (2006).

The group members' descriptions of keeping their emotional experience safe within a container can link to Greenberg and Pascual-Leone's principle concerning the importance of a safe environment for regulating emotions. The desire of the group members to maintain the containing functioning of their unstable containers (volcanoes, black holes) highlighted that this was a strategy that the group members were focusing on. The metaphor EMOTIONAL REGULATION AS HANDLING OBJECTS can be mapped onto the principle involving the intention to approach rather than avoid emotional experience. The metaphor highlights that we can approach and physically handle emotions without fear. The metaphors EMOTION AS A PERSON and EMOTION AS A FELLOW TRAVELLER both indicate the development of a complex relationship with emotions. The building of a complex relationship may connect to the principle that involves in-depth reflection and meaning making. The final principle focuses on how maladaptive emotions can be transformed into more adaptive emotions. This emotional transformation links closely to the metaphor of PURPOSE AS DIFFICULTIES POINTING IMPORTANT THINGS ALONG THE WAY. In this metaphor, negative emotions can be used to guide what an individual cares about, and therefore transform them into more adaptive and meaningful experiences.

The Function of Metaphors in Dialogue

Positioning of group members and facilitators. There was a significant difference in emphasis between the metaphors used by the facilitators to conceptualise managing emotions from those used by the group members. Gibbs (1994) highlights how certain metaphors can support either passive or active responses to emotional experience. The CONTAINER metaphors employed by the group members offered little opportunity for the group members to directly control or influence their emotions. Rather, managing emotions involved restricting emotions from causing damage by stabilising unstable containers. This contrasted with the metaphors introduced by the facilitators of the MIND/EMOTIONS AS OBJECTS TO BE HANDLED and PEOPLE, which implied much higher levels of agency and control over the particular emotions.

This difference between the facilitators and the group members can be understood through positioning theory (Davies & Harre, 1990). Part of the discursive background (Winslade, 2005) to therapy are 'internalising discourses', presenting individuals as indivisible from their problems (Epston, 1993) and discourses around help-seeking and a reduction in personal accountability (c.f. Johnson et al., 2012). These are both likely to position the group members passively in relation to the facilitators. The following extract highlights ambivalent feelings towards this passive position, where coming to therapy is "useful" but where it is also disempowering as it causes emotions to "come out" unexpectedly.

(6)

1. Linda: It's 'cos when you come here it's quite useful, you can be absolutely fine and then it just switches because it's when you come here, 'cos you suddenly sort of face the thing, it comes out how I don't want it to come out.

In contrast, therapists are positioned by a key therapeutic aim of empowering clients (Rogers, 1951), and this is particularly the case in shorter-term therapies where there is an emphasis on collaboration (Greenberger & Padesky, 1995). In response to Extract 6, the facilitator replies:

(7)

1. Facilitator 1: Well it's interesting that it comes out because sometimes things need to come out, and that's why you are coming here, to get it out, to get rid of it, rather than holding on to stuff, holding on to emotions, and holding on to ideas, and concepts and feelings that are really quite painful, letting them out can be quite a relief, so that's alright.

Here the facilitator redeployed the "come out" metaphor, and indicated that this was positive, "interesting" and that "things need to come out". The facilitator then changed this metaphor, and employed the more active metaphors of "holding on to emotions" and "letting them out". Both these imply that the group member is in control of the process of managing their emotions.

Negotiation and appropriation of metaphors. Of interest within metaphor analysis is how different metaphors are negotiated and appropriated by speakers in dialogue (Cameron, 2008). Extract 7 highlights how the facilitator took the group member's metaphoric language and adapted it in light of their own therapeutic discourse strategy (McMullen, 2008). This process of the facilitators taking and adapting the group members' language occurred across the sessions. From this it appeared that a key therapeutic task for the facilitators was to offer novel or more helpful ways of conceptualising how emotions could be managed.

The metaphors employed by the facilitators tended to imply that group members could take up more active and empowered positions in response to their emotions. However importing these different conceptualisations into the conversation was also an assertion of power, implying that the facilitators had greater access to truth and knowledge (Foucault, 1972). By altering traditional, institutionalised metaphors of therapy, the facilitators could be seen to politicise the process (Guilfoyle, 2005). It is questionable whether the group members felt part of this 'political campaign' or whether they felt it was actually launched at them as persons employing more institutionalised narratives of therapy. In practice this process led to the facilitators speaking for long periods of time during the sessions, and also often interrupting the group members, either to adapt or validate their use of language.

The group members appeared to resist this assertion of power and psychological inflexibility by symbolically 'saying no' to the facilitators (Foucault, 1997). At an implicit level, ignoring or misconstruing the facilitators' extended

metaphor worked as a fruitful way of resisting these discourses. An example of a more explicit 'saying no' occurred in the last session. On this occasion, a group member reported that they had found some of the language used by the facilitators difficult. Using a metaphor from ACT they questioned whether the facilitators were "fused" too tightly with the ACT language and method. This suggested that she had felt that there had been differing and competing discourses (Winslade, 2005) used by the group members and facilitators.

Another explicit resistance to the conceptualisations used by the facilitators surrounded a discussion on suicidal thoughts. The facilitator compared suicidal thoughts to a thought of "making spaghetti bolognese''. The point here was that the thought/feeling was essentially benign, a key aspect of the DIFFICULTIES (emotions) AS A FELLOW TRAVELLER metaphor. A group member returned to this comparison in a later session.

(8)

> Tracey: … I don't think that the thought of killing yourself is nothing like the thought of making Spaghetti Bolognese, it's very dark and dangerous thought, and depending on where your mind is you can be dragged right towards that like a magnet, so it is very scary…

In this extract, the group member reiterated the theme of safety, echoing the CONTAINER AS PROTECTIVE metaphor. Thoughts and emotions were not viewed as benign, rather they were "dangerous". In her use of language the group member positioned herself passively in relation to this thought/feeling and that she was "dragged right towards that like a magnet".

The phrase "dragged right towards that like a magnet" does not involve a CONTAINER metaphor as identified above. Despite this its use here fulfils many similar discursive functions to that of the CONTAINER metaphors, for instance it implies danger, is restrictive, and places the group member in a passive position. This highlights how the particular metaphors are subordinate to the discursive agendas for which they are employed (Cameron et al., 2009; McMullen, 2008). This discursive approach indicates that a particular metaphor appears to be used less as a personally salient representation of an embodied experience, and more as a representation of an embodied experience that the speaker wishes the listener to hear.

It is important to note that the resistance of group members was not necessarily a failure of the therapist (Guilfoyle, 2005). Resistance is potentially politically productive and therapeutic as it is indicative of the group members' ability to resist other forms of oppression in their lives (Foucault, 1980).

Appropriation of metaphors as therapy outcomes. Given that the facilitators were offering the group members novel and (purportedly) more helpful ways of conceptualising how they could manage difficult emotions, a key therapeutic outcome (Llewelyn & Hardy, 2001) was likely to be the degree to which the group members appropriated the facilitators' metaphoric language. There was evidence of the group members using/appropriating the traditional THERAPY AS A JOURNEY metaphor, and this was likely supported by the socio-culturally common metaphors of LIFE IS A JOURNEY, DIFFICULTIES AS IMPEDIMENTS and PURPOSE AS DESTINATION (Kovesces, 2010). There was however less deployment of the ACT-specific THERAPY AS A JOURNEY

metaphors. When the group members did use these they were often closely associated with the more traditional versions.

(9)

1. David: It's like I said before about when I try and forget about something, it's about trying to live with something and get passed it.

In Extract 9, the group member initially conceptualised his difficulty as something to "forget", and this had a similar discursive function to DIFFICULTIES AS IMPEDIMENTS, as something to remove from one's JOURNEY. He then shifted away from this, appearing to correct himself, and stated that "its about trying to live with something". This linked to the more accepting DIFFICULTIES AS A FELLOW TRAVELLER metaphor. He finally returned to the IMPEDIMENT metaphor and he described the need to "get passed" it.

Similarly in the following extract the group member used the phrases "push on" that appeared to conceptualise DIFFICULTIES AS A THING TO TAKE WITH YOU. However the phrase "but not try and just push you away" indicated that conceptualising DIFFICULTIES AS IMPEDIMENTS is still an option.

(10)

1. Facilitator 2: What have you got to do?
2. Tracey: I've kind of got to push on.
3. Facilitator 2: Yes.
4. Tracey: Against you, but not try and just push you away because you are going to be there.

In these examples it appears that the group members were struggling with new conceptualisations in the face of older ones. It is uncertain whether the lack of or partial appropriation of language represented implicit resistance to the discursive aims of the facilitators, or whether at a cognitive level represented the inevitable delay in application of new knowledge (Eysenck, 2000). In Extract 10, it is uncertain whether the oscillation between the different metaphors represented an attempt by the group member to maintain a particular discourse that served their needs more fully, or whether it represented the unsurprising confusion in response to contradictory ways of conceptualising a situation.

Career-of-metaphor theory. Within the text it appeared that the new metaphors introduced by the facilitators were those that the group members were more resistant or less able to appropriate. Novel metaphors can be contrasted with conventionalised metaphors, with the latter emerging out of dialogue as "as common currency in future talk" (Cameron, 2008). Conventional metaphors by definition are those that have become to some degree appropriated by a wider culture. This progression from novel to more conventional metaphors can be described on a cognitive level through 'career-of-metaphor' theory (Bowdle & Gentner, 2005). This argues that as novel metaphors turn into conventional metaphors they are processed differently. Novel metaphors are processed within a 'correspondence' cognitive model whereas conventionalised metaphors are processed within a 'class inclusion' model (see Bowdle & Gentner for details). Conventionalised metaphors are seen as less cognitively demanding, as there is no 'online mapping' required.

Tay (2013) parallels these cognitive processing models to different discursive strategies. He argues that metaphors that follow a correspondence model (associated with novel metaphors) are used for conceptual explication and those that follow a class inclusion model (associated with conventional metaphors) tend to be used for persuasion. Persuading group members of the validity of particular ways to conceptualising emotional management was a key therapeutic discourse strategy of the facilitators, and it was therefore interesting to consider the transitions from novel to more conventionalised metaphors across the sessions.

A potential candidate for this process within the text arose from the novel 'Passengers-on-a-bus' extended metaphor. Across the course of the sessions this metaphor was repeated in a simplified form of "passengers". As such it appeared that it became 'conventionalised' and that group members were able to understand the meaning without reference to the extended metaphor. For instance:

(11)

1. Facilitator 2: What were your passengers that you had to deal with?
2. Linda: The passengers were the thoughts that I would have, customers and things waiting for me, and that I would be letting people down.

The term "passengers" here has begun to be used like other more common conventionalised metaphors, such "what are your barriers?" Importantly, when extended metaphors were reduced to non-metaphoric

phrases such as “Bill’s story” or the “Brian principle”, they were not taken up by the group members. The use of a conventionalised metaphor, such as “passengers” appeared more efficacious for supporting appropriation.

Clinical Implications

A central tenet of ACT is to support clients to have greater psychological flexibility (Hayes, Strosahl, & Wilson, 1999). Evidence from this study indicates that there are more effective and less effective ways of using metaphors to meet this goal. ACT has identified many metaphors that it considers therapeutically useful. However clinical psychologists and ACT therapists may need to pay greater attention to the power dynamics involved in introducing these metaphors (Foucault, 1972). New ways of conceptualising particular issues may be experienced as an assertion of power and resisted by clients (Foucault, 1980). Clinicians need to think of working sensitively so as to reduce or avoid such imbalances of power if they hope for the clients to adopt a new way of understanding an issue. This will likely need awareness of the client’s current way of conceptualising the issue, and non-judgmentally comparing this to the novel way, potentially with reference to how the different versions ‘position’ people differently (Davies & Harre, 1990). Alongside this, clinicians may also use ideas from the ‘career-of-metaphor’ theory (Bowdle & Gentner, 2005) to support the process of appropriation. This theory suggests that simplifying metaphors (for example, the Passengers-On-A-Bus extended metaphor becoming simply “passengers”) would allow them to become more conventional, more useful for persuasion, and increase the likelihood that they are adopted. Before introducing new metaphors the clinicians therefore may wish to think about how, as

conversation progresses, they intend to regularly refer to the metaphor. When it becomes more conventionalised it is more likely that the client will start to use it as a way of conceptualising the issue alongside their previous version.

There was evidence from the study that clinicians can become themselves 'fused' with the metaphors they are introducing. This is a sign of psychological inflexibility (Hayes, Strosahl, & Wilson, 1999) and is contrary to the flexible attitude that they are fundamentally trying to instil in their clients. Therefore clinical psychologists and ACT clinicians may wish to be aware of the various ways that the particular issue at hand can be conceptualised. They then may wish to interweave the different (and at times contradictory) ways of conceptualising them. This will allow clients to experience a multiplicity of ways of understanding a particular issue and support psychological flexibility across all parties. In order to be able to offer clients multiple ways of conceptualising an issues, clinical psychologists and ACT therapists may also wish to consider creating their own metaphors so that they have a wide selection to draw from. To do this they can consider the different overarching source domains (Lakoff & Johnson, 1999), for instance JOURNEYS and CONTAINERS, which are currently used to conceptualise the underlying issue, and to think about building new or extending old metaphors on this basis.

Limitations and Future Research

The study has a number of limitations and these may need to be taken into account for future research. As the study draws its data from only one group it is only possible to speculate how generalisable the results are to other ACT groups (Meyrick, 2006). It is likely that facilitators were stylistically idiosyncratic

in their approach and the composition of the group was also unique. Future research may consider the metaphors used when participants conceptualise the managing of emotions in other forms of CBT (individual and group). Future research on ACT therapy (individual and group) may provide further detailed consideration of how metaphors are negotiated and appropriated, in order to determine what are more or less helpful processes. Determining how the appropriation of language (such as metaphors) may be considered a useful outcome measure, including whether it provides convergent validity with other outcome measures, may also be a useful future line of research.

Although there was agreement between the researcher and his supervisors on the systematic metaphors identified, there was no use of an independent coder. As such, it is possible that another researcher may have taken the research elsewhere, coding metaphors differently and linking them to different therapeutic discourse strategies. In line with this, the study may have benefitted from the use of respondent validation (Meyrick, 2006) to consider whether the group members and facilitators agreed that the metaphors were used in the way described in this study. This approach could be helpful to future research on metaphors in therapy.

Conclusions

Various metaphors were used to conceptualise the managing of emotions within an ACT group. These metaphors involved protective containers, handling objects, moving passed impediments, and emotions as fellow travellers. Other findings highlighted differences between traditional metaphors of therapy and ACT-specific metaphors, differences between metaphor use by clinicians and

clients, and some of the power dynamics associated with metaphor use in more directive approaches to therapy. Clinicians may wish to be aware of the metaphors that occur implicitly within therapy and how these interact with ACT-specific extended metaphors. Appropriation of metaphors introduced by clinicians could be potential therapy outcomes, and clinicians may need to consider how these are negotiated. Future research could investigate the use of metaphors to conceptualise managing emotions in other therapeutic contexts and focus on different therapeutic discourse strategies.

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Section C

Appendices and supporting information

Appendix I. NHS Trust Research & Development Permission letter

[redacted]

[redacted]

Mr Hugo Madden
Trainee Clinical Psychologist
Salomons Centre for Applied Psychology
Canterbury Christ Church University
Broomhill Road
Tunbridge Wells
TN30TF

10th March 2014

Letter of NHS Permission for Research

Study title: *Mapping the development of the use of metaphor in therapeutic groups.*

CSP/IRAS ref: *137719*

Dear Hugo Madden

I am pleased to inform you that the above research study has been granted NHS Permission to be undertaken at [redacted], effective from the date of this letter.
Please note that:

1. NHS permission has been granted following a review of the information provided in the following documents:

- *NHS R&D Form #* *137719/573415/14/255*
- *NHS SSI Form #* *137719/573517/6/670/216181/293622*
- *REC Approval #* *13/LO/1836 Dated 28th January 2014*

2. Permission is granted only for those activities for which a favourable opinion has been given by the Research Ethics Committee and (if applicable) the Medicines and Healthcare products Regulatory Agency, and on the understanding that the study is conducted in

accordance with the Research Governance Framework and (if applicable) ICH Good Clinical Practice, and the Trust's policies and procedures.

3. The research sponsor or the Chief Investigator, or the local Principal Investigator at a research site, may take appropriate urgent safety measures in order to protect research participants against any immediate hazard to their health or safety. The R&D office should be notified that such measures have been taken. The notification should also include the reasons why the measures were taken and the plan for further action. The R&D Office should be notified within the same time frame of notifying the REC and any other regulatory bodies. Any amendments (including changes to the local research team) need to be submitted in accordance with IRAS guidance and the R&D Office informed.

4. Principal Investigators must inform the R&D Office of the total number of recruits recruited to this study on a monthly basis and, for NIHR portfolio studies only, also ensure that this information is recorded correctly on the national accrual database.

5. The Trust is required to monitor all research activities to ensure compliance with the Research Governance Framework and other legal and regulatory requirements. This is achieved by random audit, and all required documents must be made available upon request to facilitate this process.

Please note that deviation from any of the five conditions listed above will render this permission void.

Finally, I wish you every success with your study. Please don't hesitate to contact me should you require any further assistance.

Yours sincerely

[redacted]

[redacted]
Research and knowledge manager
[redacted]

cc: [redacted]

This communication may contain information which is confidential and may also be privileged. It is for the exclusive use of the addressee. If you are not the addressee please note that any copying, distribution or use of this communication or the information in it is prohibited. If you have received this communication in error please telephone us immediately to arrange for its return.

Appendix II. Letter of ethical approval from NHS Ethics Committee

Appendix III. Information Sheet

Salomons Centre for Applied Psychology

"Mapping the use of metaphors in therapy"

Hello. My name is Hugo Madden and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study as part of my training. Before you decide to take part, it is important that you understand why the research is being done and what it would involve for you.

The project is supervised by Prof Paul Camic and has passed through NHS Ethics Approval.

Part 1 tells you the purpose of this study and what will happen to you if you take part. Part 2 gives you more detailed information about the conduct of the study.

Part 1

What is the research about?
This study will explore how metaphors are used within therapy. A metaphor is a figure of speech used in normal conversation as well as in therapy. Sometimes we use them on purpose and sometimes we use them without thinking about them. We often use metaphors when we talk about emotions, for instance "I'm *boiling* with anger". This study will explore what types of metaphor are used within therapy and how often they are used. It will also try to find out how metaphors get shared between people and what happens when we share them. The information will be gained by audio-recording therapy sessions.

Why is this important?
By taking part in this study, you will be providing important information about how metaphors are used in a therapy setting, particularly to describe emotion. This knowledge should help clinicians better recognise the metaphors that are used to describe different emotions and help them build skills using this knowledge for the benefit of clients.

Who is invited to take part?
You have been invited because you are about to start therapy. In the therapy it is likely that metaphors will be used in discussion. The metaphors you use and how you use them will be very important in helping us understand the role that they play in therapy.

What will I be asked to do?
If you agree to take part you will be asked to sign a consent form.

If your therapy is group therapy**,** it is not certain that your therapy group will be included in the research study. This is because the study needs all members of your therapy group to agree to take part. The group facilitator will let you know at the first group meeting whether or not your group will be audio-recorded as part of the research study.

You will attend your therapy as normal, with an electronic audio-recording device turned on at the start of each session, and turned off at the end of each session.

How will my identity and information be kept confidential?
You will remain anonymous throughout the study. You will attend your therapy sessions as normal, and the researcher will not be present at these sessions. The audio-recordings will be securely stored and transferred onto a password-protected USB stick after the session. The recordings will be transcribed into written scripts by the lead researcher and a professional transriber. During transcription, all names will be anonymised and any other identifiable information (place names, historical events) will be changed to maintain confidentiality of participants.

Participants will be completely anonymous and no personal data will be collected. The only information collected will be some basic demographics about you (age, gender, and ethnicity), which will be useful to set the context for the discussions, but you will remain anonymous. For more details, see part 2.

Do I have to take part?
No, you do not have to take part in the study. Taking part is voluntary and entirely up to you. You will be offered therapy if you do or do not decide to be part of the group. Your decision will have no impact on the standard of care you receive.

You are also free to withdraw from the research at any time, without giving a reason. If you wish to withdraw then you may let **your therapist or** one of the group facilitators know privately. If you are part of a group they will let the group know that the group is no longer part of the study. Withdrawing will not affect the standard of care you receive.

What are the possible risks of taking part?
There are no direct risks, although some people may find it uncomfortable to be audio-recorded and feel less able to speak freely.

What are the possible benefits of taking part?
Your involvement in the study may give you satisfaction that you are contributing to important research that may benefit other people in therapy in the future. You will also be given access to the findings of the study, which you may find interesting.

What if there is a problem?
If there is sensitive information that you have disclosed in therapy that you specifically do not want to be part of the data then you may approach your therapist or one of the facilitators and these parts of the session will not be transcribed from the audio-recording.

We will address any complaint about the way you have been dealt with during the study or any possible distress it might cause. The detailed information on this is given in Part 2.

This completes part 1.
If the information in Part 1 has interested you and you are considering participating, please read the additional information in Part 2 before making any decision.

Part 2

Further details about how confidentiality will be maintained
Your data will be collected by an audio-recording device which will be stored in a locked cabinet, and then transferred onto a password-protected USB stick as quickly as possible (within two weeks). The audio-recordings will then be transcribed by the lead researcher and/or a professional transcriber.

In the transcription you will be given a pseudonym and all reference to your name (or any other identifying features) will be deleted from the transcripts. The data will be viewed by people connected to the research e.g. supervisors, but will always be anonymised before this happens.

It is possible that anonymised quotations of what you say may be used in the write up of the research. However these will not be chosen if they are considered to compromise your identity in any way.

After the research is complete the audio-recordings and transcriptions will be stored securely by Canterbury Christ Church University for 10 years and then destroyed.

What will happen to the results of the research study?
The study will form the research thesis of my doctorate in clinical psychology. The results may also be published in academic journals and presented at conferences. Participants will not be identifiable in any of these reports.

As a participant, you will be given the opportunity to contact your NHS service and receive the results of the research study once it is complete.

Who is organising and funding the research?
Canterbury Christ Church University is organising and funding the research

Who has reviewed the study?
This study has been reviewed and given favourable opinion by NHS Research Ethics Committee.

Complaints
If you have a concern about any aspect of this study, you should ask to speak to me and I will do my best to answer your questions (07967 818154). If you remain unhappy and wish to complain formally, you can do through following the Canterbury Christ Church University complaints procedure (www.canterbury.ac.uk), or by contacting Prof Paul Camic, Research Director (paul.camic@cantebury.ac.uk

Further information and contact details

If you choose to participate you will be given a copy of the information sheet and asked to sign a consent form.

If you would like any information about this study or if you have any concerns please contact me at h.madden230@canterbury.ac.uk or on Tel[redacted]

Appendix IV. Consent Form

Salomons Centre for Applied Psychology

The Consent Form

Title of study: Mapping the use of metaphors in therapy

Researcher: Hugo Madden, Trainee Clinical Psychologist, Canterbury Christ Church University

Please initial box

1. I confirm that I have read and understand the information sheet dated **24th May 2014** for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw from the study at any time, without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that agreeing to this research will result in the sessions of therapy being audio-recorded. ☐
4. I understand that the data collected during the study might be looked at by the research supervisors. I give permission for them to have access to my data. ☐
5. I agree that anonymous quotes may be used in published reports of the study findings. ☐
6. I agree to take part in the above study. ☐

Participant's name: .....

Date: ..... Signed: .....

Researcher/Facilitator: .....

Date: ..... Signed: .....

I, the researcher/facilitator, have given a written and oral explanation about the study and have answered his/her questions honestly and fully.

Appendix V: Acceptance and Commitment Therapy Extended Metaphors

Title	Description
Passengers-on-a-bus	You are the driver of a bus. On the front of the bus is one of your values and that is your destination. There are also various unpleasant characters on the bus and these keep trying to bother you. Every time they bother you, you stop the bus to try and make them desist have expel them from the bus. Neither of these things work. You also realise that when you do these thing you are no longer getting closer to your destination. You eventually realise that the best thing to do is to continue you driving, no matter what they do. Also see: https://www.youtube.com/watch?v=Z29ptSuoWRc&spfreload=10
Unwanted-guest-at-a-party	You decide to have a party. During the party an unpleasant neighbour turns up. Despite your efforts they come into the party and you are forced to expel them. Whenever you leave the door they sneak in. You end up standing by the door guarding it to stop them coming in. You realise that you are no longer enjoying your party. You eventually give up guarding the door and accept that they will be part of the party. You begin to notice positive attributes that they might have. Also see:

	https://www.youtube.com/watch?v=VYht-guymF4
Tug-o-war-with-monster	You are having a tug-o-war with a monster over a big chasm. Many times you are nearly pulled into the chasm because the monster is so strong. You eventually realise that you are not going to win and the best thing is to let go of the rope. Also see: https://www.youtube.com/watch?v=C2TUXp5VMPI
Coin exercise	One side of a coin is shown to be a difficulty and the other side of the coin is seen as the thing that the person cares about that makes the difficulty significant. As such, are difficulties are closely tied to what we care about.
Lighthouse	Life's difficulties are conceptualised like a rough sea. The beam of the lighthouse is seen to be our 'values' guiding our life through these difficulties. Also see: http://www.actcounselling.co.nz/lighthouse-metaphor.html

Appendix VI. Example transcript and initial coding

Appendix VII. Submission Guidelines for Journal: Psychology and Psychotherapy: Research, Theory and Practice.

Author Guidelines

Psychology and Psychotherapy: Theory Research and Practice (formerly The British Journal of Medical Psychology) is an international scientific journal with a focus on the psychological aspects of mental health difficulties and well-being; and psychological problems and their psychological treatments. We welcome submissions from mental health professionals and researchers from all relevant professional backgrounds. The Journal welcomes submissions of original high quality empirical research and rigorous theoretical papers of any theoretical provenance provided they have a bearing upon vulnerability to, adjustment to, assessment of, and recovery (assisted or otherwise) from psychological disorders. Submission of systematic reviews and other research reports which support evidence-based practice are also welcomed, as are relevant high quality analogue studies. The Journal thus aims to promote theoretical and research developments in the understanding of cognitive and emotional factors in psychological disorders, interpersonal attitudes, behaviour and relationships, and psychological therapies (including both process and outcome research) where mental health is concerned. Clinical or case studies will not normally be considered except where they illustrate particularly unusual forms of psychopathology or innovative forms of therapy and meet scientific criteria through appropriate use of single case experimental designs.

1. Circulation

The circulation of the Journal is worldwide. Papers are invited and encouraged from authors throughout the world.

2. Length

All articles submitted to PAPT must adhere to the stated word limit for the particular article type. The journal operates a policy of returning any papers that are over this word limit to the authors. The word limit does not include the abstract, reference list, figures and tables. Appendices however are included in the word limit. The Editors retain discretion to publish papers beyond this length in cases where the clear and concise expression of the scientific content requires greater length (e.g., a new theory or a new method). The authors should contact the Editors first in such a case.

Word limits for specific article types are as follows:
• Research articles: 5000 words
• Qualitative papers: 6000 words
• Review papers: 6000 words
• Special Issue papers: 5000 words

3. Brief reports

These should be limited to 1000 words and may include research studies and theoretical, critical or review comments whose essential contribution can be made briefly. A summary of not more than 50 words should be provided.

4. Submission and reviewing

All manuscripts must be submitted via http://www.editorialmanager.com/paptrap/. The Journal operates a policy of anonymous peer review. Before submitting, please read the terms and conditions of submission and the declaration of competing interests.

5. Manuscript requirements

• Contributions must be typed in double spacing with wide margins. All sheets must be numbered.
• Manuscripts should be preceded by a title page which includes a full list of authors and their affiliations, as well as the corresponding author's contact details. A template can be downloaded here.
• Tables should be typed in double spacing, each on a separate page with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript with their approximate locations indicated in the text.
• Figures can be included at the end of the document or attached as separate files, carefully labelled in initial capital/lower case lettering with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Captions should be listed on a separate sheet. The resolution of digital images must be at least 300 dpi.
• For articles containing original scientific research, a structured abstract of up to 250 words should be included with the headings: Objectives, Design, Methods, Results, Conclusions. Review articles should use these headings: Purpose,

Methods, Results, Conclusions.

• All Articles must include Practitioner Points – these are 2-4 bullet points, in addition to the abstract, with the heading 'Practitioner Points'. These should briefly and clearly outline the relevance of your research to professional practice.
• For reference citations, please use APA style. Particular care should be taken to ensure that references are accurate and complete. Give all journal titles in full and provide DOI numbers where possible for journal articles.
• SI units must be used for all measurements, rounded off to practical values if appropriate, with the imperial equivalent in parentheses.
• In normal circumstances, effect size should be incorporated.
• Authors are requested to avoid the use of sexist language.

• Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations, etc. for which they do not own copyright.
• Manuscripts describing clinical trials must be submitted in accordance with the CONSORT statement on reporting randomised controlled trials (http://www.consort-statement.org).
• Manuscripts describing systematic reviews and meta-analyses must be submitted in accordance with the PRISMA statement on reporting systematic reviews and meta-analyses (http://www.prisma-statement.org).

For guidelines on editorial style, please consult the APA Publication Manual published by the American Psychological Association.

6. Multiple or Linked submissions

Authors considering submitting two or more linked submissions should discuss this with the Editors in the first instance.

7. Supporting Information

PAPT is happy to accept articles with supporting information supplied for online only publication. This may include appendices, supplementary figures, sound files, videoclips etc. These will be posted on Wiley Online Library with the article. The print version will have a note indicating that extra material is available online. Please indicate clearly on submission which material is for online only publication. Please note that extra online only material is published as supplied by the author in the same file format and is not copyedited or typeset. Further information about this service can be found at http://authorservices.wiley.com/bauthor/suppmat.asp

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If your paper is accepted, the author identified as the formal corresponding author for the paper will receive an email prompting them to login into Author Services, where via the Wiley Author Licensing Service (WALS) they will be able to complete the license agreement on behalf of all authors on the paper.

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9. Colour illustrations

Colour illustrations can be accepted for publication online. These would be reproduced in greyscale in the print version. If authors would like these figures to be reproduced in colour in print at their expense they should request this by completing a Colour Work Agreement form upon acceptance of the paper. A copy of the Colour Work Agreement form can be downloaded **here**.

10. Pre-submission English-language editing

Authors for whom English is a second language may choose to have their manuscript professionally edited before submission to improve the English. A list of independent suppliers of editing services can be found at http://authorservices.wiley.com/bauthor/english_language.asp. All services are paid for and arranged by the author, and use of one of these services does not guarantee acceptance or preference for publication.

11. OnlineOpen

OnlineOpen is available to authors of primary research articles who wish to make their article available to non-subscribers on publication, or whose funding agency requires grantees to archive the final version of their article. With OnlineOpen, the author, the author's funding agency, or the author's institution pays a fee to ensure that the article is made available to non-subscribers upon publication via Wiley Online Library, as well as deposited in the funding agency's preferred archive. For the full list of terms and conditions, see http://wileyonlinelibrary.com/onlineopen#OnlineOpen_Terms

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journal's standard peer-review process and will be accepted or rejected based on their own merit.

12. Author Services

Author Services enables authors to track their article – once it has been accepted – through the production process to publication online and in print. Authors can check the status of their articles online and choose to receive automated e-mails at key stages of production. The author will receive an e-mail with a unique link that enables them to register and have their article automatically added to the system. Please ensure that a complete e-mail address is provided when submitting the manuscript. Visit http://authorservices.wiley.com/bauthor/ for more details on online production tracking and for a wealth of resources including FAQs and tips on article preparation, submission and more.

13. The Later Stages

The corresponding author will receive an email alert containing a link to a web site. A working e-mail address must therefore be provided for the corresponding author. The proof can be downloaded as a PDF (portable document format) file from this site. Acrobat Reader will be required in order to read this file. This software can be downloaded (free of charge) from the following web site: http://www.adobe.com/products/acrobat/readstep2.html. This will enable the file to be opened, read on screen and annotated direct in the PDF. Corrections can also be supplied by hard copy if preferred. Further instructions will be sent with the proof. Hard copy proofs will be posted if no e-mail address is available. Excessive changes made by the author in the proofs, excluding typesetting errors, will be charged separately.

14. Early View

Psychology and Psychotherapy is covered by the Early View service on Wiley Online Library. Early View articles are complete full-text articles published online in advance of their publication in a printed issue. Articles are therefore available as soon as they are ready, rather than having to wait for the next scheduled print issue. Early View articles are complete and final. They have been fully reviewed, revised and edited for publication, and the authors' final corrections have been incorporated. Because they are in final form, no changes can be made after online publication. The nature of Early View articles means that they do not yet have volume, issue or page numbers, so they cannot be cited in the traditional way. They are cited using their Digital Object Identifier (DOI) with no volume and issue or pagination information. E.g., Jones, A.B. (2010). Human rights Issues. *Human Rights Journal*. Advance online publication. doi:10.1111/j.1467-9299.2010.00300.x

Appendix VIII. NRES End of Study Form

DECLARATION OF THE END OF A STUDY

(For all studies except clinical trials of investigational medicinal products)

To be completed in typescript by the Chief Investigator and submitted to the Research Ethics Committee (REC) that gave a favourable opinion of the research within 90 days of the conclusion of the study or within 15 days of early termination.

For questions with Yes/No options please indicate answer in bold type.

1. Details of Chief Investigator

Name:	**Hugo Madden**
Address:	**David Salomon's Estate, Broomhill Road. TN3 0TF**
Telephone:	[redacted]
Email:	**h.madden230@canterbury.ac.uk**
Fax:	

2. Details of study

Full title of study:	**Mapping the development of the use of metaphors within therapeutic groups**
Research sponsor:	[redacted]
Name of REC:	**London-Bromley**
REC reference number:	**13/LO/1836**

3. Study duration

Date study commenced:	**01/04/2014**
Date study ended:	**17/04/2015**
Did this study terminate prematurely?	*No* *If yes, please complete sections 4, 5, 6, & 7.* *If no, please go direct to section 8.*

4. Recruitment

Number of participants recruited	
Proposed number of participants to be recruited at the start of the study	
If different, please state the reason or this	

5. Circumstances of early termination

What is the justification for this early termination?	

6. Temporary halt

Is this a temporary halt to the study?	*No*
If yes, what is the justification for temporarily halting the study? When do you expect the study to re-start?	*e.g. Safety, difficulties recruiting participants, trial has not commenced, other reasons.*

7. Potential implications for research participants

Are there any potential implications for research participants as a result of terminating/halting the study prematurely? Please describe the steps taken to address them.	

8. Final report on the research

Is a summary of the final report on the research enclosed with this form?	*yes* *If no, please forward within 12 months of the end of the study.*

9. Declaration

Signature of Chief Investigator:	

Print name:	**Hugo Madden**
Date of submission:	**17/04/2015**

Appendix IX. Feedback email to NRES and Trust R&D Committees

Dear Committee,

I am pleased to inform you that I have completed the research study 13/LO/1836 for which you granted ethical approval in the Spring 2014. Below is a summary of the report.

The objectives for the project were to research the use of metaphors in a cognitive behavioural or acceptance and commitment therapy group. This was to look at the types of metaphors that appeared, how they related to conversation around emotions, and some of the dynamics associated with their use.

I recruited to one acceptance and commitment group that was made up of 7 group members and 2 facilitators. Overall I audio-recorded and transcribed 15 out of 17 sessions, and subjected the transcriptions to a form of discourse analysis, dynamic discourse method of metaphor analysis.

The results indicated a number of systemic metaphors that were used to conceptualise the managing of difficult emotions. These involved securing containers, handling objectives, moving passed impediments, and emotions as fellow travellers. Also identified were various power dynamics occurring in the use of the metaphors, with the group members employing more passive metaphors than the facilitators.

Conclusion were drawn that acceptance and commitment therapy adapts and changes metaphors common to therapy and that those working in this way would benefit from being aware of this. Also, clinicians would benefit from being

aware of the power dynamics associated with directive forms of therapy and of the ways that clients may attempt to resist new ways of conceptualising managing emotions. If clinicians can become skilled at negotiating some of these issues then it is likely that clients will be more willing to appropriate new and potentially helpful ways of conceptualising these issues.

Initial arrangements have been made for the publication of this study in the journal: Psychology and Psychotherapy: Research, Theory and Practice. I hope that this will proceed in the near future.

Thank you for your support in this process.

Kind regards,

Hugo Madden

Trainee Clinical Psychologist

Salomon's Centre for Applied Psychology