

When is a Metaphor?
Art Psychotherapy and the Formation of the
Creative Relationship Metaphor

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Art Psychotherapy and the Formation of the Creative Relationship

Metaphor

Summary

It is a widely debated subject whether a patient with a diagnosis of major depression and a history of psychosis is able to use and comprehend metaphors. There are a number of studies that indicate that metaphor comprehension with this population is very reduced. However, within the context of psychotherapy metaphor is poorly defined and the concept is often applied inconsistently in academic literature. This thesis examines a commonly reported occurrence of metaphor formation in art psychotherapy and in particular, examines a type of metaphor that offers a novel perspective about interpersonal relationships called the *creative relationship metaphor*. This thesis aims to develop a definition of a form of metaphor that is helpful in clinical practice and understand the clinical formation of this metaphor in art psychotherapy.

The first part of the thesis develops a new metaphor type, called the ‘creative relationship metaphor’ (CRM), beginning with a psycholinguistic perspective.

In summary, the key characteristics of the CRM being developed is that it is:

- An interpersonal event
- An image based representation which is cognitively mapped
- Context dependent
- A novel way of perceiving the person, thing or event

The hypothesis that patients diagnosed with severe mental health issues can produce CRMs is tested through two analyses. The first analysis focuses on the defining features of the creative relationship metaphor and the second analysis focuses on the therapist's influence on metaphor formation. In the clinical examples, the increased capacity to reflect on significant relationships is linked to the formation of the CRM. These results offer preliminary evidence suggesting that there are specific in-session interventions that support the development of the CRM in the assessment context.

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List of Abbreviations

SD	Source Domain
TD	Target Domain
BAAT	British Association of Art Therapists
CM	Creative Metaphor
CRM	Creative Relationship Metaphor
EMF	Emergent Metaphor Features
FANI	Free Association Narrative Interview
HCPC	Health and Care Professions Council
IPA	Interpretative Phenomenological Analysis
NA	Narrative Analysis
SMI	Severe Mental Illnesses
VIA	Visual Image Analysis

CHAPTER 1: When is a Metaphor?

Introduction

1.1 Definition Of The Problem

Nelson Goodman (1994) declared that asking ‘what is art?’ is the wrong question. He stated that art is not only an object; it exists in accordance with the perceptions and assumptions generated by the viewer at a given time. Therefore, he suggested that the more pertinent question is ‘*when is art?*’ The question for this thesis is ‘when is metaphor?’ For many art psychotherapists metaphors are defined as significant therapeutic events that are produced from an interactive therapeutic process (Dalley, 2000; Gorelick, 1989; MacLagan, 2001; Moon, 2007; Rubin, 2001). The metaphoric image in art psychotherapy is commonly seen as representing something meaningful about the patient and their relationships (Dalley, 1984; Edwards, 2004). Hogan’s review of clinical models in art psychotherapy suggests that the therapeutic value of art psychotherapy has been defined on a spectrum of verbal to non-verbal therapeutic action. Hogan suggests that the image can acquire a privileged status, above words, and as having a language that functions independently from words. Hogan (Hogan, 2009) states,

“Some...[art therapists that privilege the art work] might also be suspicious of some analytic [art therapists] work and might regard psychoanalytically inclined practitioners who employ art and subsume it into their discourse to be ignoring vital aesthetic aspects - indeed, what they regard as the very heart of art therapy.”

This study proposes to re-examine the poetics of image making as a verbal *and* nonverbal process. In art psychotherapy, interpreting the nonverbal interpersonal elements involved in metaphoric communication is important in consideration of the role of the visual image in art psychotherapy. It is well established that metaphors

generally use an image-based representation as the basis of metaphor formation (Fabregat, 2004), however, the relationship between the *visual image making* and the production of the creative metaphor as yet, has not been studied in any detail. This study examines the *act* of visual image making and the use of the image in the context of the art psychotherapy relationship and its relation to metaphor formation.

The importance of this study is not only for conceptual clarity but has a practical aim of examining the method of the art psychotherapy assessment of patients who are finding it difficult to engage in psychological treatment. According to many studies, metaphor comprehension and use is extremely reduced in severe mental illness (SMI) suggesting that metaphors are unlikely to occur in any useful form in the early phase of assessment or therapeutic treatment (de Bonis *et al.*, 1997; Happé, 1995; Mayes and Spence, 1994; Mo *et al.*, 2008). To test this hypothesis, the NHS as part of the quality improvement (QI) programme for an arts psychotherapies service, funded this study to examine art psychotherapy assessment processes that utilise metaphor as a mediator of change. The motivation for funding this study was to refine focal areas for practice development that will lead to more effective assessment processes. This study is part of a wider service evaluation programme (“The Horizons Project –Honorary arts psychotherapies clinical research posts - CNWL,” 2013) aiming to develop clinical competencies.

1.2 Main Hypothesis

This study takes as its starting point clinical observations about image making processes in an art psychotherapy assessment context. There are three assumptions central to this study. These are to do with the spontaneous image making process and the therapeutic action of the art psychotherapist.

The first assumption is that patients with severe depression following psychotic symptoms would, in the context of an art psychotherapy assessment session produce a creative metaphor. Although this is contraindicated in a number of studies (de Bonis *et al.*, 1997; Ensink and Mayes, 2010; Mo *et al.*, 2008; Rasmussen, 1995; Rasmussen and Angus, 1996), the assumption is that if the image is spontaneously created the image can be used to make sense of an interpersonal experience using cognitive mapping processes.

The second assumption is that the spontaneously made visual image facilitates the formation of metaphor (Carpendale, 2008; Huss, 2009), in that it forms the basis of the representation that is being mapped onto another domain, such as a thing, person or event (Fabregat, 2004; Fludernik, 2012).

The third assumption concerns the interactional processes that influence the formation of metaphor. It is assumed that the therapist interacts in such a way that the process of metaphorisation is developed in co-elaboration with the art psychotherapist (Carpendale, 2008; Huss, 2009; Moon, 2007)

1.3 Structure Of The Chapters

Chapter 1. Is this chapter and constitutes an introduction for the purposes of a general orientation through the thesis.

Chapter 2 is focused on the definition and use of metaphor in several contexts: psycholinguistic, art psychotherapy and psychoanalytic. The chapter argues that whilst the definitions vary, the different schools of thought inform one another about a model that is rooted in the psycholinguistic tradition. A psychoanalytically informed understanding of the 'creative metaphor' describes the formative process and therefore provides a better comprehension of the structure as it occurs through verbal language in an art psychotherapy context.

Chapter 3 is in three parts. Firstly it examines the practical undertakings to prepare for the investigation, such as the assessment procedure as data collection, note taking and an overall summary of the procedure, including the philosophical premise and the position of the clinician-researcher in the method. The second part defines the theoretical context of the methodology. The last part of the chapter details the theory and background for two analytic procedures; the first concerning identifying the moments of the creative relationship metaphor in the context of art psychotherapy assessments and the second analysis concerns the therapist's actions.

Chapter 4 is a *step-by-step account of the methodologies* for two analyses that incorporates cognitive and psychoanalytic methods of enquiry. This is for the purposes of examining if there are metaphors that occur in an art psychotherapy

assessment context, what type of metaphors they are and why they may have occurred.

Chapter 5 is the *first analysis examining four assessment sessions* following through the nine-step analysis as described in the previous chapter. The method focuses on clarifying the defining features of *the creative relationship metaphor* in the art psychotherapy assessment context.

Chapter 6 describes the *results of the first analysis*. These results are structured in the same order as the analysis, paying particular attention to comparing the results for any patterns in the data, in terms of the language, dynamics or visual aspects of the metaphors produced.

Chapter 7 is *the second analysis* based on the results of the first analysis and focuses on the therapist's *interactions* during the session, with particular attention to *co-creation* and *co-elaboration*.

Chapter 8 describes *the second analysis results*, examining some of the common factors of interaction prior to the formation of the metaphor occurrence. The focus is particularly on the visual image and the verbal mapping process.

Chapter 9 is the discussion. This chapter focuses on the relevance to practice development and further research as well as highlighting some of the limitations of this study.

Chapter 10 is the conclusion proposing that there is a significant outcome concerning the production of the creative relationship metaphor and that there are promising results in terms of implications for practice development.

CHAPTER 2 – Literature Review

“Metaphors need reflected consciousness in order to emerge; there is no such thing as an unconscious metaphor”

(Sandor, 1986)

2.0 Introduction

In this section I will give an overview of the major developments in studies of metaphor and then describe the relevance of metaphor formation within the context of an art psychotherapy setting. I will offer a psychoanalytic perspective on metaphor before briefly examining the metaphor as a mediator of change.

2.1 Defining Metaphor

In ‘An Epic of Gilgamesh’ written in around 2200BC, the protagonist, Gilgamesh is said to *resist sleep* during his dangerous journey. Tigay (1982) analyses the text and compares it with other literature of the time and notes that sleep is used to represent death (Tigay, 1982). This is possibly the earliest form of metaphor used in literature and predates Aristotle’s first works on defining metaphor. The conceptual premise of metaphorical language was debated from the time of Aristotle, and therefore as all debate stems from his original assertion as concordant or oppositional to it, Aristotle’s theory can be considered to be a foundation of any argument on the subject (Kirby, 1997). In 350BC (Aristotle, 350BC), Aristotle defined metaphor as a technical attribute to rhetorical discourse; the power of reasoning induced by an

intuitive comparison of forms¹, subjects or objects. In other words, presenting an argument in a convincing manner could involve a more unexpected perspective that not only uses the known elements of the debate, but also introduces new ideas through comparing dissimilarities. Linguists agree on a number of things about metaphors; namely the way that they are structured through direct comparison of referents (source and target), the fact that they are figures of speech also known as tropes, and also that they are a non-literal use of language. In total, there are 82 tropes; metaphor is one such classification². These definitions have evolved from four categories of rhetoric, written in 90 BC in the *Rhetorica ad Herennium*³. These are: *ένδεια*, (impoverishment), *πλεονασμός* (superfluity), *μετάθεση* (transference), *εναλλαγή* (alternation). It should be noted that whilst metaphor exemplifies a creative method of comparison, according to Quinn (1983), all tropes use a method of comparison to communicate meaning. However, it is within the category of ‘transference’ in particular that Aristotle (350BC) developed his observations on metaphor.

Following the theme of Aristotle’s assertion, we can consider metaphor as bridging both of Aristotle’s schools of thought; the poetic and the rhetoric. The French philosopher Ricouer (1977) argues that although Aristotle’s primary interest in metaphor was the capacity to use metaphor as a tool of persuasion, Aristotle also used

¹ The etymology of the word metaphor derives from the classical Greek, meaning to ‘carry across’ or ‘transfer’ (Kirkby, 1997).

² See also Burke (1945) who ended his well-known chapter on metaphor by suggesting that, in fact, all tropes are dependent on the *function* of the metaphor.

³ Originally thought to be Cicerico’s work but now considered to be an unknown Author.

⁴ See also Burke (1945) who ended his well-known chapter on metaphor by suggesting that, in fact, all tropes are dependent on the *function* of the metaphor.

³ Originally thought to be Cicerico’s work but now considered to be an unknown Author.

metaphor in his poetics of expression and articulation⁴. Ricoeur states that the defining principles of metaphor are built upon the duality of poetics and rhetoric. Aristotle's rhetorical use of metaphor can be summarised as serving a purpose in relating a convincing reality to others, and the poetic by way of 'animating the object' (Aristotle, 350AD).

Kirby (1997) suggests that Aristotle anticipated Lakoff's understanding of the metaphor as a *cognitive model* (Lakoff 1993), by way of highlighting the cognitive process as interpreting a 'source domain', mapped onto a 'target domain' (Lakoff and Johnson, 1980). For example, *the branches of a tree* can be mapped onto a dissimilar domain, *the sea*, to form a cross mapping, which could become '*The branches of the ocean*'. The reader identifies a relationship between the sea and the visual quality of branches, to produce a meaning of twisting estuaries and rivers. The difference between Lakoff and Johnson's (1980) and Aristotle's (350BC) models of metaphor is based on the sense of artistry. Aristotle associated metaphor formation with 'a sign of genius', whereas Lakoff and Johnson (1980) argued that metaphors are implicit to everyday language as a way of representing experience. Lakoff and Johnson (1980) took the focus of metaphor study away from the specialisms of the poet and considered the metaphor as a cognitive mechanism underlying every individual's construction of reality.

Lakoff and Johnson (1980, p. 144) suggested that generally people develop their sense of reality through the implicit conceptual use of metaphor, not only artists and poets. 'We see this as a clear case of the power of metaphor to *create a reality*

⁴ Aristotle (Aristotle, 350BC) also sees a link between philosophical processes of enquiry and the semiotics of metaphor.

rather than simply to give us a way of conceptualising a preexisting reality.’ [Italics mine]. However, as we shall see in the following chapters, not all metaphors urge us to see reality in a novel way and not all creative acts are metaphoric.

Given the theoretical advances offered by Lakoff and Johnson it is unsurprising that the search that I conducted on *PEP Web* produced only two papers published between 1935 - 1955 compared to 109 papers and books between the years 1995-2015. The comparison with the JSTOR database shows a similar trend that the increase in articles and books being produced with ‘metaphor’ in the title increased by 300% between 1977 and 1986. (Fig. 1).

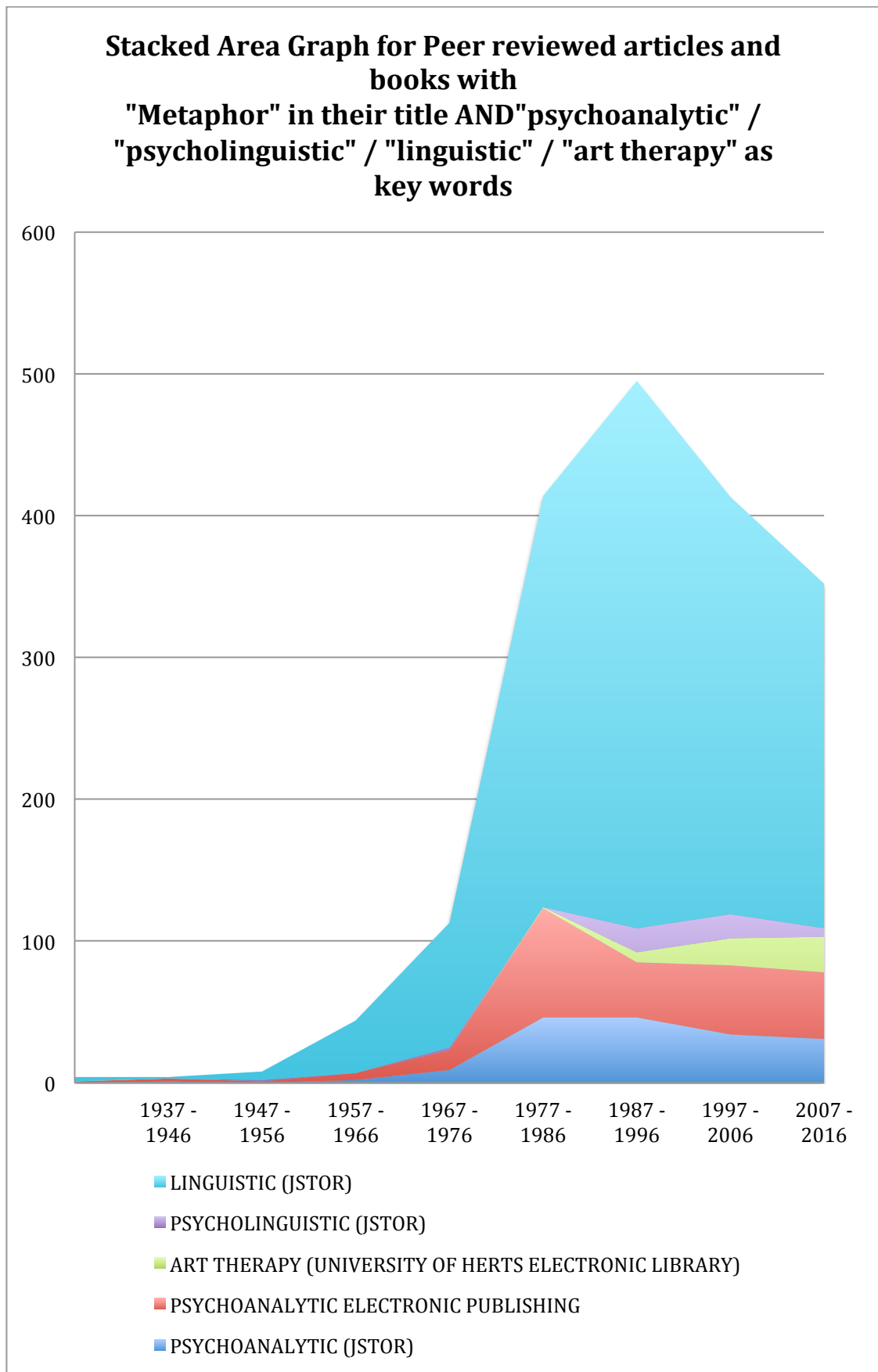


Figure 1 Comparative stacked graph for publications that had 'Metaphor' in their title between the years 1927 and 2016

Whilst there may have been a range of influences on the increase of literature, it is notable that the increases for metaphor research coincide with some important contributions in philosophical and psycholinguistic studies. For example, in 1962, Black wrote a seminal paper on the bi-directional linguistic comparisons innate in the metaphor construction and the interactional context of the metaphor (Black, 1962). Sixteen years later, the philosopher Ricoeur began to investigate metaphor formation as a method of interpreting reality (Ricoeur, 1978) this stimulated further interest, however the breakthrough came when Lakoff and Johnson (1980) made a cognitive linguistic leap in their book, 'Metaphors We Live By'. This was the first endeavour to understand the cognitive construction of communication as being an innately metaphoric action. This produced a sudden escalation of interest in other areas of research, including psychoanalytic discourse. At the time when psychoanalytic writings on metaphor peaked, the art therapy literature began focusing on the role of metaphor production in clinical work.

In recent years the interest in metaphor research has generally sloped off, as further investigation has focused on other linguistic tropes, often using an understanding derived from the process of metaphorisation. However, art psychotherapy and psychoanalytic publications have continued to grow at a steady pace. This is largely to do with the developments in psychological therapies and as Long and Lepper (2008) highlight, there are still important areas of metaphor research that have yet to be investigated, particularly in terms of how clinical orientation relates to metaphor comprehension and formation as well as outcomes in clinical practice.

2.2 Creative Metaphors

According to MacCormac (1971), the *creative* metaphor is best defined by its element of *surprise*. The metaphor *branches of the ocean* creates an economical and imaginative method of giving shape to estuaries and rivers. However, according to MacCormac, there is a point at which the creative metaphor no longer surprises us and hence loses its ‘creative’ status. Once the metaphor comes into common usage, the metaphor acquires an unambiguous objective meaning, thereby losing its element of novelty and becoming part of a common idiom. On these grounds, Leech and Fowler (1966) argued that the creative metaphor can be categorised according to its *unique usage* and *unfamiliarity*. Lindén (1985) also states that the creative metaphor can function as a linguistic temporal matrix that bridges domains of experience and offers a novel perspective.

Although the creative metaphor had been investigated as a branch of linguistic research, the *cognitive* function (Lakoff and Johnson, 1980) led to investigations into the origins of metaphor theory and development. In most, and possibly all examples, theories about complex phenomenon that cannot be directly observed (for example mental functions) are first conceived of as metaphors for the purposes of communicating an observation. MacCormac (1971, p.239) refers to the original metaphor of a theory as the ‘root metaphor’ (also referred to as conceptual metaphor by Lakoff and Johnson), which commonly underlies scientific theory building. As a case example, a theory that is relevant to this thesis is the relationship of the unconscious to conscious represented in Freud’s tripartite model. This idea was first

introduced as a metaphor by Freud during the first introductory lectures delivered in 1915 and later published in 1917,

“They are preliminary working hypotheses... they are of service in making our observations intelligible.... these crude hypotheses of the two rooms, the watchman at the threshold between them and consciousness as a spectator at the end of the second room, must nevertheless be very far-reaching approximations to the real facts.” (Freud, 1917, p.256)

The unconscious has become a widely used concept and the metaphor presented by Freud of the two rooms has been all but forgotten. By way of example, as the concept of the unconscious has become part of everyday language, the creative metaphor became less explicit. The metaphoric assertion becomes accepted as no longer *representing* reality, but is proposed as *being* reality losing the original figurative quality⁵.

Poetry often uses metaphors to create a novel communication. For example, in the last line of the last stanza of ‘*Mirror*’, Plath (1966) eloquently projects the image of herself as the drowned girl, old woman and terrible fish:

“Now I am a lake. A woman bends over me,
Searching my reaches for what she really is.
Then she turns to those liars, the candles or the moon.

⁵ For example, Carvalho (1991) looks at the creative metaphor of atoms being spheres, which is useful for various scientific endeavours, but creates a reality which contradicts a number of complexities about the boundary of the *actual* atom.

I see her back, and reflect it faithfully.
 She rewards me with tears and an agitation of hands.
 I am important to her. She comes and goes.
 Each morning it is her face that replaces the darkness.
 In me she has drowned a young girl, and in me an old woman
 Rises toward her day after day, like a terrible fish.”

The mirror speaks in the first person as a ‘lake’ becoming anthropomorphised, representing Plath as writing her own biography upon the surface of the mirror. Here the vivid use of the metaphor conveys Plath’s emotional struggle through the distant surface of the mirror, and the surprising images that appear as a self-representation. Freedman (1993, p.159) writes,

“Plath had a dual image of herself: she was a brightly silvered surface concealing a demonic form that threatened to tear the fragile membrane – in other words both a mirror and a fish”

Freedman’s interpretation is important because he describes the elaboration of specific meanings by using the image as a source domain for multiple metaphors. This illustrates the image source as having a polymorphous metaphoric potential. This follows Black’s (1963) postulation is that creative metaphors are an interpretation of ambiguous visual schema communicated through opaque language to another⁶.

⁶ This contrasts with Blass’s (2001) assertion that the meanings of creative metaphors are pre-conceived.

2.3 Conventional Metaphors

According to Black (1962) and Lakoff and Johnson (1980) conventional metaphors are in everyday use, so much so that we are no longer surprised by their occurrence. For example ‘*raining cats and dogs*’, ‘*broken hearted*’, ‘*he’s as sly as a fox*’. In each example, the transferring of an image-based source domain onto a target is evident and in this sense, the literal meaning cannot be taken at face value but we assume the meaning as if it was a literal statement (See Fig 2). Given the status of creative metaphors as used for constructing reality, the philosopher, Ricoeur (2003 [1975], p. 99) categorised the non-creative metaphor as ‘*dead*’, that which has lost its ‘*life*’ and ambiguity⁷



Figure 2 – Image representing the source domain for the conventional metaphor ‘Raining Cats and Dogs’

⁷ The definition of metaphor as having a creative or dead function is also referred to by Lacan who has his own discourse on the subject (see also Derrida 1982 [1972]: 225-26, Lacan 1977))

2.4 Emergent Metaphor Features

Emergent features of metaphors (Becker, 1997; Goldstone, 2012; Sanford, 2013; Utsumi, 2003; Wilson and Carston, 2008) are usually considered after the occurrence of the metaphor and are thought of as associations to the metaphor. For example, based on the work by Barsalou (1999) I can give the following example. With the metaphor, 'my mother is the sea', it was evident that the metaphor extends into more nuanced meanings. In this instance the motion, temperament and location are emergent properties that give further meaning to the metaphor. The qualities of the sea might help to illuminate a real relation to an experience of mother from the representation of a warm, calm buoyant sea⁸. Those detailed features are the emergent properties, that can themselves become new metaphors if they are mapped onto new target domains (Veale and Keane, 1995).

According to Carpendale (2008), one way that art psychotherapy uses the image is as a source domain of the metaphor. Carpendale states that metaphors make sense according to the dialogue that brings the source domain and target domain together. However, this may happen over a period of time. For example, it could be that various stories and images of the sea emerge early on in the course of the therapy. Other associations are drawn to the stories such as fish dying from pollution. In the course of the therapy an emotional statement might occur about the mother, which

⁸ However, unlike what we find in text or in a single phrase captured in normal dialogue, it is common in art psychotherapy that these emergent features are present before the metaphoric occurrence.

feels like it is relating to the patient's experience of the sea. The therapist might co-elaborate on the material that has been presented, to produce a metaphor of mother as toxic sea. In hindsight, it is possible to see that the emergent features of the source domain (qualities of the sea) were present before the target domain (mother). The emergent relational experiences that first appear in the image are co-elaborated on through verbal communication (See section 2.17).

2.5 The Metaphor Context

Bosch (1985) states that creative metaphors communicate interactions and sensorial experiences, drawing upon a shared context. This points to the importance of the metaphor's situational context to enable a reliable interpretation of the meaning. Van Den Broeck (1981) states that context is socially and culturally informed and that this poses specific problems to the translator or psychological and anthropological researcher (Rita et al 2004). The interpretation of the metaphor requires a shared knowledge of the context, which is not always available, especially in text (Vivian-Byrne & Lomas 2007). Lemke (1995) argues even when the experience of the context is available it is not always possible to understand because of our own cultural limitations. Emergent features are associations that are communicated through a source domain and target domain that may be interpreted differently according to the social context of the observer. Van den Broeck (1981) offers the following example, when referring to the 'night as a tomb', as in the 'day's tomb', this may have a different meaning if spoken by a school teacher about the day's duties, meaning 'the stifling workload' compared to a Waffen-SS officer in a German military camp discussing the next invasion where the intended meaning would be 'the consequences

of the invasion will result in the death of people'⁹. Therefore the metaphor context can be demonstrated as providing content to the meaning of the creative metaphor, limiting misinterpretation.

2.7 Metaphor, Simile and Other Tropes

Burke (1969) describes metaphor as one of several linguistic devices that uses comparison to construct meaning. The key tropes are metaphor, metonymy, synecdoche and irony¹⁰. However there are several further inclusions suggested by other authors. For example, *The Concise Oxford Dictionary of Literary Terms* (Baldick, 1994) states that metaphor, simile, metonymy, synecdoche, irony, personification, and hyperbole are the main tropes and that these are known by their capacity to 'turn' the meaning of thought. Childers (Childers, 1995) suggests that metaphor differs from other tropes because metaphors 'diverge from the norm' on the basis of the lack of a propositional device.

Jakobson (1995) differentiated two poles of the tropes to be metaphor and metonymy as the axis of selection on which all other tropes are determined. His 'structural linguistic' theory derived from Saussure (2011) centred on metaphor as selecting similarities of comparison. Jakobson (1995) proposes that the metonym compares parallel combinations of objects. For example, Forbus et al. (1998) illustrate

⁹ Dagut (Dagut, 1976) argues that this there are also cultural implications that alter the intended communication, based on the accumulative cultural associations to particular words that make up the metaphor.

¹⁰ These are modern developments of Aristotle's (350BC) 'three species of rhetoric'.

the simile as using the proposition ‘like’ or similar proposition to make explicit the comparing of referents. For example, ‘it’s like watching paint dry’, is a simile associating an experience of time passing with drying paint. This is not a metaphor and can be easily identified by the use of the word ‘like’¹¹ to make explicit the function of comparison rather than the source being directly mapped on to the target. Therefore the simile separates the objects of comparison in an obvious way. Jakobson (1995) suggests that the metaphor would need to restructure the sentence and perform a direct mapping with a less obvious comparison. For example, ‘it’s the drying paint passing of time’ is structured so that the ‘*drying paint*’ is directly transferred onto the ‘passing of time’ without a mediating proposition. It is immediately evident that the comparison of time and drying paint takes on a different imagined form, whilst holding in mind ‘drying paint’ and ‘time’ as two separate referents simultaneously. The close comparison of the source and target domains without a mediating proposition implies a spatial structure, in line and in thought. Unlike the simile, the metaphor can be more evocative of a *felt* capacity for time to be slow and the various emergent features that we may associate with paint; for example, peeling paint, tack, layering, surfaces, flatness and so forth. The ambiguity is informed by an imagined quality that takes us by surprise, as opposed to the form “*it’s like watching paint dry*”. It is notable that according to Richards (1936) simile and other tropes do not demand the same effort of interpretation as creative metaphors.

¹¹ ‘like’ can be replaced by a number of other words such ‘akin to’, ‘as if’ and so forth, as long as the word highlights the comparison taking place.

2.6 Cognitively Mapping Metaphors

Recharadt (1985, p. 97) describes cognition as ‘grasping’, ‘comprehending’, and ‘perceiving’. By this he refers to cognition as the complex array of functions that help us to make sense of the world and ourselves. Metaphor appears to have a role in how we make sense of the world, however the processes that are employed to *make* metaphors rather than *comprehend* metaphors are less well defined. We know that metaphors are cross-domain mappings of dissimilar attributes (Fludernik, 2012; Gibbs Jr, 1999). However, Gentner (1983) states that the mapping *process* in metaphor formation is not simply a matter of identifying the overlap of the target and source domain. Fabregat (2004) proposes that the mapping process is based on the idea that specific attributes of a source and target domain are *stimulated* by the affect and the *image* to result in an interpretation of similarities. However, as Gibbs (Gibbs, 1992) states, this process is not necessarily consciously recognised and can be both implicit in the immediacy of the recognition and an explicit process that spans over a longer period of time.

Whilst there are some conversational rules for metaphor production defined by Grice and Cole (1970) to do with how informative, truthful, relevant and concise the metaphoric utterance is, Gibbs states that the cognitive mapping is dependent upon the ‘cooperative principle’ (Gibbs, 1992). In other words, the meaning is determined in collaboration with the speaker. For example a ‘bed of bread’¹² has a metaphorical structure, but may have a range of associated meanings. For example, a religious

¹² A ‘bed of bread’ refers to an art work ‘Bed’ made by Anthony Gormley in 1981 which was composed of 600 loaves of white bread to form the shape of two beds.

meaning to do with the body of Christ or one to do with sleep as nourishing or alternatively to do with bread as a sustaining staple diet. These depend upon how the emergent features are understood and framed. The interpretation of the speakers intentions, can only be determined through co-elaboration.

Building on the work by Gibbs, Lakoff and Johnson (2010) stated all metaphors are cognised through pre-existing concepts that are associated with the source domains and target domains. They categorised these into three areas that have a conceptual emphasis. These are ‘orientational metaphors’, which relate to a linear movement, for example ‘I’m on top of the world’, ‘ontological metaphors’ as ‘the projection of entity or substance status on something that does not have that status inherently’ (2010, p. 198) and ‘structural metaphors’ which use the structure of one experience to describe the experience of another. Lakoff and Johnson (1980) proposed that these are the basis of conceptual assumptions that underpin all metaphors and that metaphors underpin language. For example, ‘Wasting time’, suggest Lakoff and Johnson is a metaphor that entails the underpinning concept: *time is money*.

This is a cognitive approach, which suggests that there is a direct and preconscious link to a resource of culturally informed conceptual metaphors that underpin most, if not all language. However, it is arguable, that there are a growing number of possibilities for the conceptual roots of the metaphor that Lakoff and Johnson do not account for. For example, it is just as credible to assume from a psychoanalytic perspective that ‘wasting my time’ does not have a conceptual metaphor of *time = money* at the root, but has a bodily sensation experience of wasting faeces or other bodily fluid¹³. This may be context contingent, however, it is

¹³ See Sharpe (1940) on the bodily associations relevant to metaphor.

also possible that both interpretations are potentially true, that the preconscious mapping of time = money, has some early bodily associations to do with digesting and evacuating. For example Yates (1935) refers to her patient that felt that they were wasting time in the therapy as wasting milk from her mother using up the mother's body.

Contrary to a cognitive model of mapping, a psychoanalytic model suggests that creative metaphors are likely to provide the basis for associations relating to early development (this will be explored further in the following chapters). Also, a fundamental premise of creative metaphor mapping from a cognitive perspective, is that the formation is based on co-elaboration (Long and Lepper, 2008) and cooperation (Gibbs, 1992) to accurately interpret the meaning (Table 1).

2.7 Summary of the Structural Features of the Creative

Metaphor

To summarise the combination of factors in the *creative* metaphor in a way that will be relevant to the next chapter, I have listed the points in shorthand below. These are based on the points raised so far about the defining features of metaphor mapping processes.

<ol style="list-style-type: none"> 1. In the structure of the psycholinguistic metaphor, A (the source domain) is transposed onto B (the target domain) (represented as $A \Rightarrow B$). 2. B relates to a person, thing or event and is passive. 3. When $A \Rightarrow B$, B both retains its original meaning and has a new meaning associated with a quality of the image of A. 4. The process of $A \Rightarrow B$ is a communication 5. The outcome of $A \Rightarrow B$ requires cooperative interpretation 6. $A \Rightarrow B$ is a cognitive process 7. The image of A has an ambiguous meaning that becomes specific in the process $A \Rightarrow B$ 8. The metaphor is used to interpret and make a re-construction of reality 9. $A \Rightarrow B$ is commonly the early conceptual stage of theory development
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Table 1 – Key functions for identifying the structural formulation of the CRM

2.8 The Creative Relationship Metaphor (CRM)

Creative relationship metaphor (CRM) is a category of metaphor where the subject of the metaphor is about relationships. As Eckstein (2012) points out, the role of metaphor helps to frame and visually make sense of complex relationship styles and attachment patterns. Therefore the CRM in particular marks a novel way of seeing a relationship.

Whilst a creative metaphor can be about any event, person or thing, the focus of this study is the subject of interpersonal relationships. This is primarily because art psychotherapy as described by Waller (Waller, 1992), Dalley (Dalley, 1984) and Rubin (Rubin, 2012) has a therapeutic value due to the intervention focus on interactions with the arts and the therapist that can produce changes to relationships. Therefore, as creative metaphors appear to be one way of creating and communicating new perceptions about relational realities, this is particularly significant in art psychotherapy in terms of how relationships are perceived. Whilst there is a vast amount of literature on relationship metaphors (for example Atwood and Levine, 1991; Barker, 2013a, 2013b; Gonfalves, 1995; Levine and Busby, 1993), that refer to case study material, there are only three papers that specify a *type* of relationship metaphor being identified as a *creative relationship metaphor*. The family therapist, Eckstein (2004, 2012; Eckstein *et al.*, 1999) refers to the couple relationship as; the ‘three-legged sack race’, being a ‘creative relationship metaphor’ and differentiates this type of metaphor from conventional metaphors.

If we take the example of a patient who told me that her “*mother is the sea*”, this can be expanded upon to elaborate on what visual qualities of the sea are being mapped onto mother and the position of the patient in relation to the sea. Qualities of the sea are associated through the mapping process, for example: a form that you can sink into, that you can float on, be drowned by as well as an infant number of other possibilities. The sea also has different temperaments such as stormy and calm and covers a large area. Therefore, further enquiry about the image can facilitate the elicitation of a range of qualities about the relationship, which Eckstein (2012) argued are less likely to make sense without the source image. Therefore a mapping process of an image-based source domain to an interpersonal target domain defines the structure of the CRM.

On the following page I have brought together some of the key elements of the CRM that help to define the observed characteristics, which will become more apparent during the course of the thesis. However, whilst the following table offers apparently clear criteria, the concept of metaphor is a ‘fuzzy’ concept (MacCormac, 1982; Zadeh, 1997). By this MacCormac (1982) and Zadeh (1997) refer to the conceptual ‘shape’ of the metaphor as having edges that are difficult to define and therefore require human interpretation rather than, for example, something that could be interpreted by a computer. The process of human interpretation is based on understanding the content of the intended communication, and its relationship to unconscious material. As Rogers (1978, p.71) states,

“Thus ambiguity in metaphor facilitates switching a “train of thought” back and forth from conscious to unconscious levels, or from neutral to cathected material.”

This means that a metaphor can be interpreted in a number of ways depending upon the context and how the interplay between conscious and unconscious material takes shape. This is not only indicates the polymorphous potential of metaphor that is developed by expanding on the similarities between the objects of comparison but also the movement between the sign and symbol. This can be illustrated by examining the image making process in art psychotherapy. For example, a painting of a beach can be interpreted as an experience of going to a beach with no explicit metaphoric meaning but the same image, through a mapping process, can be used to describe a quality of a relationship, the therapy or other experiences beyond being on the beach. For example, the patient may be describing 'the uncomfortable hot sands' as a place that feels difficult to be, for example, fearing being scolded by another. However, with patients where there are usually problems with communicating to another, the content is difficult to elicit and such material may remain dormant during the therapeutic work. Therefore the idea of a clearly defined CRM is a theoretical construct as in practice this can be subject to significant ambiguity.

CRM CRITERIA	DESCRIPTION	C O N V E N T I O N A L	C R E A T I V E
1. Figurative language	Linguistic tropes include simile and metaphors as figurative types of speech where the properties of similarity help to communicate a quality of the object. For example the simile ‘the moon is like a cheese’ associates properties of roundness and colour to the moon. (Fogelin, 2011; Giora, 2003; Happé, 1995)		
2. Source domain mapped onto a target domain	Metaphors have a source and target domain (‘Raining cats and dogs’ Rain = Target, Cats and Dogs = source) provides a way of seeing rain according to comparison with a similar quality in cats and dogs (Fludernik, 2005; Szwedek, 2011).	E M E R G E N T	
3. Mentalised communication	Mentalised communication: responding to realistic hypotheses about the other’s state of mind (the opposite being concrete, egocentric and reactive)		
4. Affective image	The image must be an expression of the patient’s emotional world in relation to the image. The image ‘the sea is my mother’ is indicated to be relationally important by the affect associated with the image by the patient. (Holme, 2001; Levin, 1980; Modell, 1997a)		
5. Context contingent	‘The sea is my mother’ should make sense in both the context within which it is being stated (art psychotherapy) as a way of making use of therapy to mentalise and the context to which it refers, in this example an experience of being with mother. (Gibbs Jr and Gerrig, 1989; Leezenberg, 2005)		
6. Novel meaning	The metaphor is not in common use e.g. ‘raining cats and dogs’ (Black, 1962; Gibbs and Bogdonovich, 1999; Lakoff and Johnson, 1980)		
7. Interpersonal emphasis	The metaphor is about a relationship, for example, ‘I see my mother as being the sea when I’m with her’. (Eckstein <i>et al.</i> , 1999; Gelo and Mergenthaler, 2012)		

Table 2 – Detailed criteria for the CRM (Also in Appendix 13)

2.9– Art Psychotherapy and Metaphors

“The degrees of metaphor
The absolute object slightly turned
Is a metaphor of the object”¹⁴
(Buttel and Doggett, 2014)

2.10 Creative Metaphors in Art Psychotherapy

Art psychotherapy uses the image as a way in which to facilitate mentalising through figurative language. This is deemed as the premise of developing communication that relates to connecting affect, imagery and words. Taylor Buck and Havsteen-Franklin (2013, p. 12) state,

“Arts therapies share the commonality of using arts mediums for the purposes of establishing communication and bringing the poetry in communication alive – the ‘as if’ quality of which symbolisation and metaphor are often established through the use of an arts medium rather than through words alone.”

The image is used to consolidate nonverbal material implicitly before the meaning is talked about. This suggests that the image making process is implicitly linked with the generation of poetic forms, namely metaphors.

¹⁴ An extract from the notebook of the American poet, Wallace Stevens, in (Buttel and Doggett, 2014)

“...a metaphor is a conscious use of similarities in which the relationship between manifest and latent content is apparent to the conscious ego function of self awareness. This differs from a symbol in that the manifest content of the symbol is not consciously related to the latent content.” (Sarnoff, 1969, p.4)

This relates to the expression of the image as often being considered by art psychotherapists as representing an autobiographical narrative based on early experiences (Edwards, 1999; Engle, 1997; Huss, 2009). Engle states that the art therapy image, like the dream, may contain latent content that is not immediately accessible and can become conscious and structured through the use of metaphor. Engle (1997, p.253) states,

“...allowing clients to use their own metaphors for their experience, by demonstrating the reality of clients’ fragmented internal systems, and by offering evidence, in the form of child-like representations, that this fragmentation has been in place since childhood.”

Engle suggests that metaphors can be explicit or subtle in art therapy, especially with patients with SMI. What is also very apparent in the art psychotherapy literature is that metaphors are often described as bringing focus to the expression of affect as part of the process of image making. For example art psychotherapists facilitate the use of image making for the purposes of expressing anger (Liebmann, 2008), expressing disorganised emotions (Learmonth, 2009), identifying emotions (Joan Bloomgarden PhD, 2000), allowing for conflicting feelings to co-exist (Heckwolf *et al.*, 2014; Salom, 2011), mastering thoughts and feelings (Worrall and Jerry, 2007) and as a way of expressing emotions that would otherwise lead to self-

harming (Milia, 2000). Whilst these authors consider the act of image making as linked with the expression and organisation of emotions, this is also described as the first stage of metaphor generation.

However, some art therapists stop at the point at which the emotion has been expressed, suggesting that the image speaks its own language of metaphor (Vellet, 2011) and is distinct from verbal language (Cattanach, 2002; Schaverien, 1999). Eastwood (2012) has suggested that talking about metaphors can be harmful to the patient through over-identification with the metaphor and Drass (2015) explains that iatrogenic results occur because of the re-traumatisation caused by the emergent narrative of the metaphor

However, in art psychotherapy the metaphor is also thought of as a process of linking images and words as a way of reflecting on experience in a safe way. Killick proposes that whilst image making is the first step,

“It can give form to emotional experience, enabling the patient to develop an increasingly metaphorical language which assists him or her in the effort to convey experience. The therapist attempts to develop a conversation with the patient in which this effort is encouraged, but not demanded.” (Killick, 1993)

Killick describes an approach that appreciates the importance of the metaphorical occurrence as a significant event to be achieved in the course of the therapy, but in light of the patient’s fragility demonstrates a method that is sensitive to the patient’s *capacity* to develop metaphors. This describes a focus on the patient’s internal world associated with severe mental illnesses (SMI) as essentially fragmented

and disorganised and therefore a context within which symbol formation is compromised (Segal, 1957).

Carpendale (2008) has a different rationale for the development of metaphors. She uses a phenomenological approach to art therapy and defines the art made in this context as metaphoric through the way in which the image is talked about. The idea of the metaphor emerging from the dialogue, rather than being innate to the image is part of her social constructivist approach. Carpendale (2008) suggests that the meaning gradually emerges in the way that the therapist and patient interact and explore the image. The ideology contrasts with Killick's view not so much in method, but more in rationale. Carpendale attempts to be unassuming about the patient's internal world, whilst Killick forms a hypothesis on the basis of the patient having had psychotic experiences.

Carpendale (2008, p. 9) describes three steps to her approach: '1) the attention to the description of the perceived phenomena; 2) focus on capturing the essence; and 3) the essence is found by intuiting and not by deduction or induction.' Carpendale's process takes the standpoint that the content of the image is unknown to the art therapist, except through dialogue with the patient and therefore the process must begin with attentive description to what can be seen, such as form, colour, depth and composition. Carpendale (2008, p. 6) states that, 'Focusing on the description can be of great value because sometimes the intent to explain loses the essence of the experience.' This is the second step in her procedure, 'capturing the essence' which Carpendale (2008, p. 5) defines as 'the essential nature or meaning of the phenomena'. She goes on to state that 'Art can be viewed as holding or mirroring the essence of the art therapy session and it survives the session as a material object.'

(2008, p. 7). Here Carpendale is suggesting that the image makes sense of the experience of *being* in an *interpersonal* context, whereas this stage of the focus for Killick is primarily about internal cohesion and developing a sense of symbolic thinking.

Carpendale proposes that the art therapist's position is not one of neutrality that contains the process, but that the therapist inevitably makes sense of the patient's experience with reference to the familiar. She concludes,

“Art therapists have conscious or unconscious interpretive frameworks, which give direction to their questions, frame their clinical responses and set a tone for their reflections regarding the artwork. The problem is, how to teach openness towards interpretation while communicating the need for restraint concerning certainty.” (2008, p. 7)

Interpretation of the metaphor is central to the debate. From Carpendale's perspective the metaphor emerges through the discourse and yet there are contrary opinions that the metaphor can be entirely nonverbal.

The art therapist, Moon (2009) suggests that the image can be understood through giving aspects of the image 'a voice' and speaking about the content of the image through verbal co-elaboration. However, he also considers there to be 'action' and 'visual' metaphors that appear as independent phenomena to verbal language. He defines five types of metaphor that occur in art therapy as being

- 'Therapeutic metaphor' as an image that is analogous to the person's life situation
- 'Visual metaphor' – an autobiographical representation

- ‘Aural metaphor’ where a sound represents another form
- ‘Kinetic metaphor’¹⁵ where a movement represents another form
- ‘Milieu metaphor’ where the art therapy setting describes another environment (2009, p.9)

Although Moon (2009) makes a strong statement about the types of metaphor that are available to the art therapist, the clinical extracts that he describes in his book are about how he co-elaborates the metaphor through dialogue. In other words, similar to Carpendale, Moon sensitively navigates the image to make sense of the source and target domains. Moon has not articulated a list of types of metaphors, but *source domains from which metaphors can emerge*. The art therapist Huss articulates this in some detail through the multi-dimensional interpretation, when she states that, ‘each element of the art – process, product, and context – is a part of an intertwined rope that forms the *art speech act*.’ (Huss, 2009) In this sense, according to Huss the metaphor emerges through a combination of threads that together give form to the emergent meaning.

However, Moon identifies an important process of multi-sensorial awareness that begins early in life, that of cross-domain mapping as described by Stern (2000). This has been described in art therapy with autistic children where working with ‘amodal perception’ (Stern, 2000) was central to developing a capacity to communicate. Rostron (2010, p. 37) states,

“This is a mysterious place where thinking and feeling are inseparable, and where sensory information is transferrable across the five senses and between

¹⁵ ‘Kinetic metaphors’ are also called ‘movement metaphors’ in dance movement psychotherapy (Ellis, 2001; Halprin, 2003)

therapist and client. Perceptual information is experienced – as *contours* of intensity, shape, shifts, patterns of feeling and mood tone – rather than understood or thought about as overt acts or ‘things’ seen or touched.”

Rostron (2010) goes on to suggest that the amodal experience becomes more differentiated through ‘exuberant’ expressions that develop sensed differentiations. In other words, the act of interpersonal attuned communication between the therapist and patient develops an emotional awareness of a self-other sensed world, rather than perceived world. Ross describes amodal mapping in the context of mirroring processes that provide degrees of differentiation between self and other. She suggests that the mirroring process (Winnicott, 1971) does not lose the qualities of the amodal perception, but begins to utilise them in the service of being in a real relationship. Gergely and Watson (1996) describe this process as a social ‘bio-feedback model’,

“The infant's contingency-detection system will register the temporal contingency and cross-modal similarity of pattern between the parent's expression and his/her own ongoing affective behaviour. The perception of this contingent relation will provide the basis for the referential interpretation and grounding of the decoupled emotion display. As a result, the infant will referentially anchor the marked mirroring stimulus as expressing his/her own self-state.” (Gergely and Watson, 1996)

In other words, Gergely and Watson are claiming that marked, contingent mirroring becomes essential to the experience of being for the infant. However, the process itself requires a ‘decoupling’ of the ‘referential interpretation’ meaning that a differentiation of self and other develops through learning when the caregiver intends to communicate something about the infant’s internal world. This suggests that there

is a sense of an innate self but in a condition of what Stern (2000) has described as an ‘undifferentiated state’. Stern proposes that,

“...during the undifferentiated phase infants experience a state of fusion or “dual-unity” with mother. This is the phase of “normal symbiosis,” lasting roughly from the second to the seventh or ninth month. This state of dual-unity is proposed as the background from which the infant gradually separates and individuates to arrive at a sense of self and of other.” (Stern, 2000)

Therefore amodal processes that are an innate part of nonverbal communication are not generating metaphors but are the basic foundations from which the capacity for a more sophisticated type of comparison procedure can take place, namely, the capacity to form metaphors (Fig. 3).

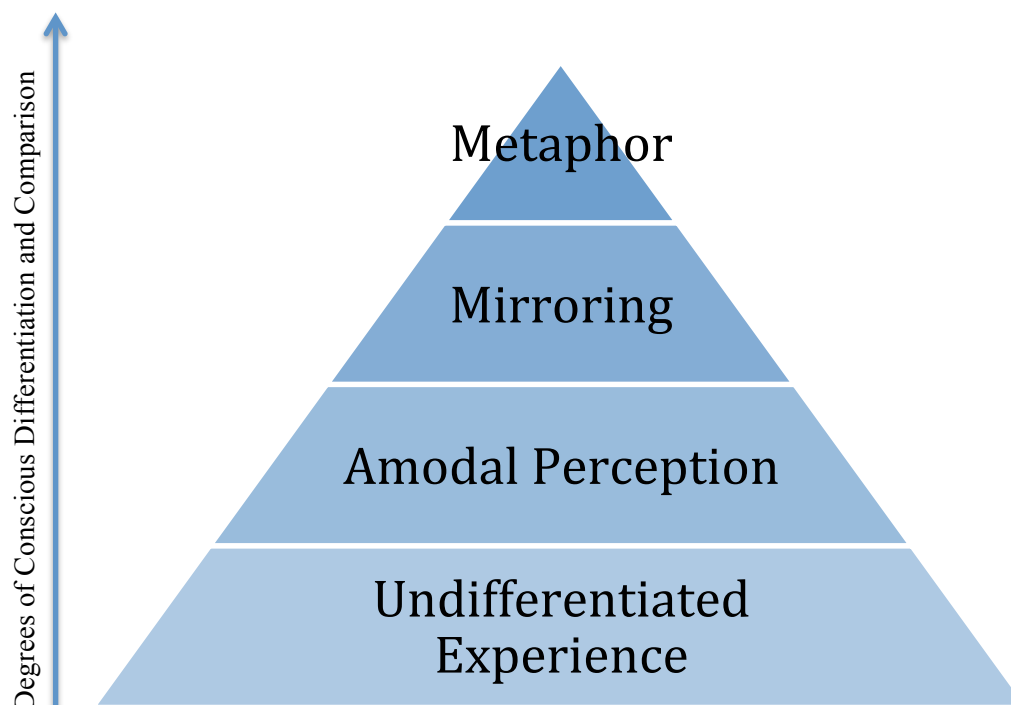


Figure 3 – An illustration of the developmental ‘building blocks’ for metaphor comprehension

This can also be understood in terms of the observations regarding the development of metaphor comprehension being aligned to the development of verbal language (Gardner, 1974), with approximately 20% of metaphors being understood at the age of three years (Kempner *et al.*, 1999). This stage of metaphor comprehension follows Stern's model of amodal perception which dominates during the first year (Bahrick and Lickliter, 2009) with increasing specificity of modal focus (Gibson, 1966). Once the infant and caregiver are aware of each other being aware of each other (Fonagy, 1991) and the resulting shared experience is successfully mapped to form a novel experience of self and other, there is scope for applying the same principles to worldly phenomena¹⁶.

The art therapist Rostron, (2010, p. 37) links the early development of a differentiated self with cognising separateness when she states, 'Successful functioning of the sense of a core and a subjective self gives rise to the 'sense of a verbal self' at around 15 months.' She concludes (2010, p. 48),

"A feature of therapy was the client's understanding of separateness, inscribed early on in the art work and later 'read' by the therapist. His work elaborated on this as therapy continued, progressing from analogue to metaphor to create an imaginary world that he became able to talk about with the therapist."

Following the example by Rostron (2010) and the art therapy method described by Carpendale (2008) and Killick (1993) metaphors are not innate to the kinetic, visual, aural or milieu, but emerge in the therapeutic dialogue. This illustrates

¹⁶ Metaphor has been considered by Brown (2003) as shaping the foundations and mature development of science.

that metaphors are essentially a conscious or preconscious linguistic device shaped through conscious reflection.

In conclusion, the capacity to form metaphors in art therapy does not happen through dialogue alone. There are capabilities that are usually formed in normal early development based on successful comparison of phenomena to generate novel ways of understanding the self, the other and the world, which the art therapist is required to be sensitive to in order to develop metaphors that are meaningful to the patient.

2.11 Art Psychotherapy Assessment and Metaphor Formation

According to Gilroy (2011), the art psychotherapy process focuses on understanding important relational issues that become manifest as part of a transference and countertransference matrix in relation to the image. Stolorow et al. (1994) argued that transference and countertransference are metaphorical ways of understanding relationships, by virtue that the therapist constructs a representation of the patient's reality according to cues from the patient's history that galvanise in the therapeutic context (Stolorow et al., 1994, p.ix). Similarly, Ingram (1996) describes the therapeutic task, as first visited in the assessment process, as being about finding a shared metaphoric language for the transference situation. According to Gilroy, (2011) the art psychotherapist's specialist knowledge of image making aids this process. This has been outlined according to specific guidelines, detailed in the Goldsmith's *'Evidence Based Guidelines For People Prone To Psychoses'* (Brooker et al., 2006) and Gilroy's evidence-based assessment method (Gilroy, 2011).

Therefore, using a theoretical frame proposed by Stolorow et al. (1994) and Gilroy (2011), the relational aims of the assessment procedure involve methods that are intrinsically about forming relationship metaphors in a way that are emotionally significant for the patient. This forms the basis for identifying the CRM in the assessment context. Gilroy's (2011) literature review examined existing art therapy assessment processes. The results described the clinical aims used by art psychotherapists to assess patient suitability for art psychotherapy. In the table below (Table 3), Gilroy's findings are compared with the criteria of the CRM.

Creative Relationship Metaphor Criteria	Art Psychotherapy Assessment Aims (Gilroy, 2011)	Key Art Psychotherapy Texts on Assessment
1. Figurative language	Art-making and symbolic/metaphorical thinking about images/objects	(Case and Dalley, 1992, 2006; Case, 1998; Evans and Dubowski, 2001; Tipple, 2003; Dudley, 2004).
2. Source domain mapped onto a target domain	Art-making and symbolic/metaphorical thinking about images/objects	(Case and Dalley, 1992, 2006; Case, 1998; Evans and Dubowski, 2001; Tipple, 2003; Dudley, 2004; Case, 1998; Dudley, 2004).
3. Mentalised communication	Motivation to receive therapy. Reflecting on relationships, psychologically minded. Therapeutic alliance, psychologically minded	(Case and Dalley, 1992/2006; Case, 1998; Evans and Dubowski, 2001; Tipple, 2003; Dudley, 2004)
4. Affective image	Exploration of the internal nature of the problem	(Case and Dalley, 1992, 2006; Case, 1998).
5. Contextualisation	Motivation to receive therapy. Able to develop a therapeutic alliance. Is psychologically minded	(Case and Dalley, 1992, 2006; Rees, 1998; Evans and Dubowski, 2001).
6. Novel meaning	Art-making and symbolic/metaphorical thinking about images/objects	(Case and Dalley, 1992, 2006; Case, 1998; Evans and Dubowski, 2001; Tipple, 2003; Dudley, 2004).
7. Interpersonal emphasis	How relational experiences influence the problem. . Reflecting on relationships, psychologically minded.	(Case and Dalley, 1992, 2006; Case, 1998; Evans and Dubowski, 2001; Tipple, 2003; Dudley, 2004)

Table 3 - Comparing CRM criteria with Gilroy's (2011) art psychotherapy assessment criteria

The seven criteria of the CRM are aligned with how psychodynamic assessment is used for the purposes of understanding the relational processes that influence the formation of the therapeutic relationship. The patients use of the

assessment process is indicative of the prognostic factors that underpin the illness (Gilroy, 2011).

Similar to art psychotherapy, images have been employed in some psychoanalytic assessment contexts to ascertain suitability of treatment, such as the squiggle game (Berger, 1980; Bertolini *et al.*, 2001; Farhi, 2001; Ziegler, 1976) and the Rorschach test (Benveniste *et al.*, 1998; Frank, 1999). Likewise, in the art psychotherapy context, promoting free association is central to the assessment. Moon (2007) also proposes that the metaphor can be achieved through free association by the patient where the communication of the spontaneous transposition of one object onto another becomes embodied through the image.

The assessment context and metaphor formation mirrors some general principles about treatment as described by Case and Dalley (2006); art psychotherapy is usually explorative and makes links between the image and the transference as it becomes manifest in the relationship; the emphasis is commonly on the processing of the countertransference, often with relative uncertainty about the reality of the patient experience. Essentially the focus of the work with severe mental illness is on allowing the narrative to unfold. Linesch (1994) states that the art psychotherapist uses their intuition, but remains explorative, working toward establishing the therapeutic alliance, a place to be explorative and to play. Havsteen-Franklin and Altamarino (2015) have referred to this as reflecting the condition of mentalising. In conclusion, the art psychotherapy assessment process finds novel visual forms that describe transference and countertransference relationships. This process can also be described as a method of identifying and developing CRMs.

2.12 The Body in Art Psychotherapy and Metaphor Formation

Based on the findings of Carpendale (2008) and Rostron (2010) I have argued that the metaphor is ultimately a linguistic device and commonly the ‘movement metaphor’ is not so much a metaphor as an unconscious action. However, the body can provide important information about the emergent features of metaphor. Skaife (2001, p. 45) writes on the bodily process of image making, ‘There is an interaction of the physical body with the physical materials of the world, and the physical space of the studio. The paradox presented is with literalness and metaphor’. Skaife’s perspective of bodily action in art making is framed in terms of figurative language, suggesting that both concrete and abstract thinking occurs simultaneously.

This theory of the body as articulating the features of metaphor has been extended to feminist art therapy theory where the body Butryn (2008) considered the female body as faced with patriarchal challenges to feminine creativity which is addressed through ‘...engagement with clients’ metaphors and their bodies’ active and creative role...’ (Butryn, 2008, p.278). Butler et al. (2011) also describe the limitations on women’s self perceptions that produces repeated acts and a stylised body, suggesting that the process of anthropomorphising the image in art therapy is an act of gender awareness. The use of materials, explains Lacroix et al. (2001) echoes the bodily function of digesting and the relationship to others. These image making characteristics are generalisable to male and female bodily actions, described by Lacroix *et al.*, (2001) as ‘absorption, assimilation, and expulsion.’

As discussed, the ‘acts’ of art making are not metaphoric in themselves, but may express important emergent features of the metaphor or the source domain. A significant feature of the linking process of emergent features is the therapist’s experience of the affect. Rizzuto (2009) stated that the creative metaphor is formed by an emotionally significant event that has remained dormant in terms of the fantasy and memory constellated as a proto-element¹⁷ (emergent feature) in the psychic life of the individual. Rizzuto goes on to state that the emerging features of metaphor first find expression through the vehicle of bodily enactment. In concurrence, Wilson and Weinstein (1992, pp. 740–741) stated that ‘It is through the metaphoric that the earliest affective turbulence and noteworthy sensations can find subsequent expression.’ As described in the previous chapter, the mapping process evident in early development appears to be a precursor to using metaphor as an intentional communication. Recent findings from empirical research suggest that the bodily action facilitates a better comprehension of metaphor. For example Gibbs (2006) showed that the *action* of grasping facilitated a better comprehension for the communicator and listener when referring to the metaphor ‘grasp an idea’. In fact, Gibbs (2006) suggests that the metaphor is comprehended firstly through imagining the spatial action underlying the metaphor. Koch and Fuchs (2011) also argue that embodied action is particularly relevant in art psychotherapy where bodily movement is part of the act of expression but that this creates a cyclical effect where the expression leaves an impression which informs the subsequent expression recursively.

¹⁷ Stern’s (2000, p. 51) concept of ‘amodal representation’ describes the formation of visual images based on the experience of other sensed based modalities.



Figure 4 – Bidirectionality between the cognitive-affective and the motor system

(Koch and Fuchs, 2011)

The dynamic of the interplay between affect and cognition is considered by Koch and Fuchs to be oscillating according to the influence of bodily movement and vice versa (Fig. 4). From their perspective the body in art therapy plays a central role in the articulation of the evolving metaphoric content when this is understood as facilitating affect through the expression of the body.

2.13 Mentalization-Based Art Psychotherapy

In this section I will describe a development of the art psychotherapy method in relationship to a mentalisation-based model of practice. This is because this method is the main model being employed within the clinical context within which the research takes place. Recent years have seen significant developments in art psychotherapy as a result of the increasing body of research examining effectiveness of psychological therapies (Gilroy, 2006; Kazdin, 2008; Levy and Ablon, 2009; Roth and Fonagy, 1996). Art psychotherapy in the UK has been influenced by Fonagy et al (2011a) development of the concept of ‘mentalisation’ (Greenwood, 2012; Havsteen-Franklin and Altamirano, 2015; Or, 2010; Springham *et al.*, 2012; Taylor Buck and Havsteen-Franklin, 2013). Mentalisation has been defined by Choi-Kain and

Gunderson, (2008) as implicitly or explicitly reflecting on intentional mental states of self and other linked with affect and cognition. The operationalisation of these basic tenets of mentalisation-focused treatment have become well known through the promotion of mentalisation-based treatment (MBT), however various branches to mentalisation based practice have evolved over recent years (Brent, 2009, 2015; Brent and Fonagy, 2014; Fuggle *et al.*, 2015; Kalland *et al.*, 2015). This study utilises the clinical methodology developed by Havsteen-Franklin and colleagues (Havsteen-Franklin, 2016 [in press]), that focuses on the use of the spontaneously made image in art therapy to facilitate reflection on self other states of mind (Havsteen-Franklin and Altamirano, 2015). Using this framework, Havsteen-Franklin (2016 [in press], pp. 147-148) states, ‘The use of the image as reflecting qualities of mental functioning is particularly useful in terms of demonstrating the opacity of mind to oneself and others.’ This is not a novel idea and reflects core principles of art psychotherapy practice. Havsteen-Franklin (2016), states,

“Mentalization-based therapies have a growing evidence base, perhaps because the models draw upon the fundamental agents of change within most psychological therapies, and the process of change reflects some of the basic tenets of art therapy practice.” (p. 154)

To describe the model of practice, Havsteen-Franklin (2016 [in press]) draws upon four fields of intervention, mindfulness, psychological mindedness, empathy and affect consciousness (Choi-Kain and Gunderson, 2008). The method is described as grounded in the image making process. Havsteen-Franklin (2016 [in press]) states,

“From a mentalizing perspective, it is of therapeutic importance that making art is in the presence of another who can be contingently responsive, attuned, and curious so that the image can be understood in terms of what is happening in the person’s immediate relationships, in the therapy and in current interpersonal contexts... and the therapist is also helping the patient to mentalize their own conscious or pre-conscious thoughts, beliefs, and desires through the exploration of the image.” (p. 145)

The co-creation of the CRM requires a sense that the patient and therapist are trying to make sense of the relationship together (Modell 1997). This requires a capacity to reflect on states of mind for both therapist and patient and to make sense of them within an interpersonal context (Liljenfors and Lundh, 2015).

Metaphor comprehension has been linked with problems of mentalising and theory of mind. There is evidence to suggest that mentalising can falter when maladaptive attachment systems are stimulated (Holmes, 2015), during high affect arousal or under stressful circumstances (Allen, 2006). According to Allen (2006) all people falter in mentalising and this may be the case for both patient and therapist within the clinical scenario. Allen states that during the critical point of mentalisation failure, communication is not to another in the sense that the other is considered for their mental states; attempts to make sense of intentional states of mind diminish. In all examples of non-mentalising, the person loses the capacity to be reflexive.

It is now well established that the capacity to develop reflexivity is dependent upon the caregivers capacity to mentalise (Fonagy *et al.*, 2003; Luyten *et al.*, 2012; Luyten and Fonagy, 2014). According to Gergely and Watson, (1996) a proto-

symbolic representation of mental states becomes established through the successful mirroring of affect. In art psychotherapy, Havsteen-Franklin (2016[in press]) states that the experience of mapping a mirrored affect to one's own experience, is hypothesised as being particularly important to forming the metaphor where one object can represent another, not in a merged or inchoate condition, but that mirrors a quality of the object. For example, take our metaphor from earlier in the thesis, 'my mother is the sea'. Through the relational development of reflectiveness, primarily through being curious, the patient is able to consider a comparative *similarity* of the source domain to the target domain, in a similar way that the caregiver uses their own affective attunement to develop a sense of comparative *similarity* of affective states for the infant. In other words, based on the works of Gergely and Watson (1996), Stern (2010), and Havsteen-Franklin (2016 [in press]), it is possible to see that the competencies required to enable metaphor development are dependent upon the therapist's affective attunement to the patient's communication and capacity to make links between sub-symbolic forms and the target domain.

2.14 Images and Metaphors

In this section some important features of image formation in art psychotherapy will be described in terms of their relevance to metaphor development. In particular the spatiality inherent to the image making process as implied in the formation of metaphor will be examined in more detail as well as the process by which the metaphor is interpreted in art psychotherapy and emergent qualities of the metaphor in practice.

2.14.1 Spatiality

Meares (2005) states that the visual image is *suggestive of a spatiality* in the comparison of dissimilar qualities. If we again take the metaphor ‘my mother is the sea’, the visual image of the sea does not portray the *actual spatial experience* of being with mother, but points to a sense of proximity and quality of emotional contact, different to another source image such as, for example, a stone. Meares (1985) suggests that metaphors, by virtue of their often ambiguous meaning, make an implicit allusion to image-based coordination within a potential space in such a way that the metaphor, as having an image source, is an aesthetic composition. This is relevant to the role of the image in art psychotherapy as an object that requires clarification through verbal articulation. To quote Maclagan (1993, p. 12), ‘...however literal its representation, a picture (somewhat like a dream) has to be decanted from a purely perceptual idiom...’. Maclagan describes an art psychotherapy process, which he calls ‘decanting’ from the perceptual. Decanting means to pour a liquid from one container to another, usually to separate the sediment from the liquid. Metaphorically speaking, we can understand Maclagan’s ‘decanting process’ in this context to refer to the fluid movement of the *verbal* exploration allowing movement between the image-based, affective representation to the linguistic and cognitive representation as a process that limits the conception of what is being communicated (reduces the sediment). The limiting process of decanting described by Maclagan offers a helpful way of conceptualising spatiality as the sense of space is transferred from the image to a verbal representation. However, to extend the metaphor, Fabregat (2004) suggests that the method of ‘decanting’ is guided principally by affect to discern what the sediment represents that can be left behind and what representations are useful to the clinical process.

Fabregat (2004, p. 128) states that the metaphor ‘furthers the affects into language’. Fabregat uses a model of affect defined by Tomkins and Mc Carter (1964) as a primary set of emotions (excitement, anger, fear, distress, shame, joy, disgust, surprise, joy), that are expressed through nonverbal actions, for example facial expression. However, Fabregat (2004) proposes that the affects are also linked to spatiality through the motor and bodily experiences associated with the affect. For example, fear brings a motoric action of moving away from the object, sadness of recovering the object, disgust of attempt to reject the object. According to Koch and Fuchs (2011), these relational patterns are communicated through the act of creating the visual image. Skaife (2001) also argues that the image created in art psychotherapy is based on bodily articulation and therefore carries the affect into the image through movement. The movement of the body performs a spatial action that gives a quality of form to the affective state that according to Fabregat (2004) does not immediately have a conscious form.

Pizer (1996) argued that metaphors create the conditions for a playful interface between fantasy and reality mediated with the use of the *spatiality* within an image. Pizer (1996, p. 697) linked the change in language use and spatiality with the spatiality of the relationship. For example being enmeshed, defensive, open, distant all have a metaphorical spatiality associated with the language. Pizer (1996) describes metaphorisation as convergence of nonverbal and linguistic representations (rather than condensation). By convergence, he also means that the objects being compared

remain acknowledged as separate in a bi-fold metaphor process rather than merged as in a process of condensation¹⁸.

There are two mental functions that require further examination are convergence and condensation. Metaphor uses a reflective conscious process of *convergence* of ‘conative, cognitive, affective, perceptual, and kinetic’ (Aragno, 2009) elements in the mapping process drawing upon a content inclusive and merged unconscious *condensation* which, states Pile (2005, p. 81) utilises ‘association, collaterals, combination, composition, substitution, surrogation, congruence, proximity, “just like” logical relations, and reversal into opposites’. Mial (1987) suggests that the process of filtering unconscious condensed content for the purposes of metaphorisation requires a capacity to ‘think about thinking’ that draws upon free associated possibilities.

“Under the impact of metaphoric dissonance, the inadequacy of concepts directly associated with the topic causes a search among more distant concepts that resonate with an affective coloration similar to the vehicle.” (Mial, 1987, p. 35)

Here Mial is referring to the source domain as ‘vehicle’ that carries the metaphor image. This exemplifies the quality of convergence as a form of spatiality in

¹⁸ Lacan (1966) takes a different view, that the unconscious works through a process of condensation which is synonymous with metaphorisation. He bases this on the idea that the symptom represents a psychological condition and that this is a metaphoric process.

the etymology of the term metaphor 'to carry over'. Further to this, figurative language is described by Todorov (1967) as having a 'visibility of discourse' and Ricoeur (1978) proposes that there is a '*pictorial resemblance*' in metaphoric language. Therefore, on this basis it is arguable that using metaphors in clinical treatment is inevitably based on language being implicitly structured through figuration. As Ricoeur stated,

“The space of language, in effect, is a connoted space, “connoted, manifested more than pointed to, speaking rather than spoken of, which betrays itself in metaphor like the surfacing of the unconscious in a slip or a dream” (Ricoeur, 1977)

According to Ricoeur (1977) words offer meanings with an inherent sense of metaphoric spatiality. Pizer (1996) also suggests that there are spatial implications for the production of metaphor that brings with it a visual aesthetic. In light of how we interpret the spatial aesthetic, Giora (2008) states that it is the way in which the metaphoric space is constructed, stands the primacy of 'optimal innovation' above beauty, expression or technical accomplishment. This leads us onto the next section, which defines the role of the image with assisting the interpretation of the metaphor.

2.14.2 The Emergent Metaphor and the Visual Image

Moon (2007) argues that within an art psychotherapy context the interpretation of the metaphorical potential of the image is a sensitive issue that requires collaboration with the maker¹⁹. Rather than the metaphor being interpreted as implicit in the therapeutic process, Enckell (2001, p.250) states that ‘in the reconstruction of the psyche...[the metaphor requires] clarification...’ [insertion mine]. This is a key debate in psychoanalytic literature on metaphor formation, about the degree to which the therapist and patient develop the metaphor together. In contrast, Bollas (1980) suggests that the metaphor is structured according to the imagined real other as part of a verbal reconstructive process. Bollas describes ‘How...the enigmatic message of this discourse is spoken to some absent other – implicit in the logic of the metaphor...’ (Bollas, 1980, p. 136). Bollas argues that we do not know the meaning of the creative metaphor until it is spoken, and that the spoken metaphor is a communication of a private experience involving another in the process, structuring the metaphor through verbal reflection. As the anthropologist Sandor (1986, p. 103) put simply,

“Metaphors need reflected consciousness in order to emerge; there is no such thing as an unconscious metaphor. Accordingly, we should not interpret predications metaphorically unless we have good reason to assume that they were meant that way.”

¹⁹ In her article ‘Lost in Translation’ Rothwell (2008) articulates the problem of assuming that the patient is speaking metaphorically through image making, when in fact the patient may be experiencing a far more literal meaning.

Sandor states this on the grounds that by definition, the articulation of a metaphor denotes the conscious capability to compare dissimilarities in order to communicate an experience.

In art psychotherapy there are methods of facilitating a shared understanding of the metaphorical value of the image. For example, the art psychotherapist Maclagan (1994) suggests that aesthetic enquiry can take three forms: Firstly, 'attentive description' where the art therapist considers what is presented visually in terms of composition, colour and depth as well as attunement to the content through transference and counter-transference. Secondly 'systematic categorisation' which depends upon observed aesthetic similarities, for example, colour and form. Lastly Maclagan describes '*a more inventive or poetic way of elaborating on the aesthetics of a picture*'. This is not so much a matter of scrupulously faithful description as of '*associative or metaphoric play*' [italics mine] (1994, p. 51). Maclagan describes a process of linking the source and target domains which represent general clinical methods used in art psychotherapy (Case & Dalley, 2013; Edwards, 2004; Waller, 1992).

Whilst images are ambiguous, not all images present the possibility of being interpreted as metaphorical. This appears to be largely dependent upon the emotional significance. For example, experimental research by Paivio (1986) suggests that emotionally evocative images are more amenable to metaphor formation than non-emotive images. Further to this, Paivio said that using *emotive* images increased metaphor formulation, comprehension and that this was linked with episodic memory

retrieval. In other words, according to Paivio's experiments, if there is an emotionally evocative visual image, the meaning of the metaphor and accessing relevant autobiographical memories inform the meaning occurs more readily.

Nevertheless, metaphors do not have to be formed from a visual image. It is possible to do this with non-image based words, however, where an image can be used as a source domain, Walsh (1988) concludes that it is more likely to stimulate the formation of creative metaphors than non-image based words. The image as tool for metaphoric associations was also explored in Arnheim's (1969) experiments. Arnheim found that when a participant compared discordant images or contradictory elements within a single picture, the participant used metaphors to establish a new connotation, offering a meaningful abstraction of the commonality between the images. Fabregat (2004, p. 128) suggests that a pattern of interpreting the image is based on the primacy of affective experience provided through sensory cues which gives a novel cognitive meaning.

Although the meaning of the intended metaphoric communication is difficult to accurately convey through visual images, Refaie (2015) points to ways of identifying visual cues that begin to limit the possibilities of what is being communicated, that he calls 'perceptual echoes'. The many associations that can be interpreted in images require some methods of being limited to the source and target domain, with clear points to a commonality. Refaie (2015) described a method of limiting associations using image making where contrasting elements of an image or images are compared to develop a novel meaning (Refaie, 2003; Refaie, 2015) where

‘...metaphorical meaning emerges from what might be termed a “perceptual echo”’ (Refaie, 2013, p.71), and where ‘one entity is depicted in a way that strongly calls to mind a different one.’ (Refaie, 2013, p.71)

However Refaie makes reference almost entirely to advertising and cartoons where there is a deliberate attempt to minimise the associations and focus the attention of the reader. Contrasting with Refaie’s studies on visual metaphors, Moon (2007) suggests that the visual image spontaneously made in art psychotherapy, is not usually produced to provide a clear metaphoric focus and that this emerges in the course of the therapy, through co-elaboration and the development of narrative. Therefore, although there have been studies defining a ‘visual metaphor’ (Forceville, 1996, 2002; Refaie, 2015), this is not applicable to the art psychotherapy context. The studies by Refaie refer to consciously constructed metaphoric communications than can be easily exchanged with words rather than ambiguous forms of visual images that occur in the clinical setting. The question is whether a metaphor can be inferred from only the image. The function of the image as source domain for metaphor formation has been debated by Kennedy (2008, 1982) in terms of the image function to aid communication, and concludes that unless there is a conscious or preconscious message, the image itself is ambiguous and can easily lead to misinterpretation through overvaluation of the image (Paivio, 1986). To conclude, it can be seen that making sense of the aesthetic properties and the process of image making is pertinent to the problem of co-elaborating the intended meaning of the metaphor.

2.17 The Subject of the Enquiry: A Clinical Example

To give a sense of the emergent meaning of the CRM in the clinical context, I will refer to a vignette, published by Taylor Buck and Havsteen-Franklin (2013).

Taylor Buck and Havsteen-Franklin described a patient diagnosed with schizophrenia; during an acute stage her of illness, called 'Abeba'. She was attending group art psychotherapy. Abeba was of Afro-Caribbean origin, 48 with one daughter who was adopted at birth due to the patient's florid psychosis. Her daughter was now 19 years old and Abeba had experienced many years of psychotic relapse. It was apparent that her psychotic symptoms were present during the art psychotherapy sessions and this meant that she could not engage with other group members longer than a few minutes or talk about her images. Abeba attended regularly, but often for very brief periods of time and had a high severity of florid symptoms compared with the other group members. Taylor Buck and Havsteen-Franklin (2013) state,

“Abeba noticed other people using art materials, often making stories through their work, but she had struggled to draw at all, and often there was simply a bold mark. The therapist felt these marks to be a wound or cut in the paper. The pen was used in a jerking and uncoordinated way often jabbing at the paper. Early in the sessions circles were drawn [Fig.5] and then a circle on a circle, something of similar form to a snowman and eventually a face [Fig.6]. But her feelings of desperation and disconnectedness often overwhelmed her and at times there was barely an utterance to the group.” [Insertions mine]

The authors describe the struggle of this patient to engage with the group or the art making process. There are some important details that they describe about the aesthetic development over a period of six months for somebody experiencing severe psychosis. In the initial Steps, Abeba found it difficult to communicate with the use of arts. At this time, the therapist describes feeling that this is an aggressive gesture ‘a wound or cut’ produced by ‘jabbing’. There is a clear development of the images over a six-month period. There are three images that stand out as demonstrating emergent features of the metaphor:

Figure 8. shows the image of her social worker whom she is friendly with. The image is animated and colourful giving an emergent metaphoric quality to the image. For example, the image may represent something about close relationships as colourful and energetic.

Figure 9. is a picture of “her voices” represented by concentric circles. Again, as it is unclear what these mean in context, the personal meaning of this can only be guessed, based on a countertransference experience that suggested a layering of unreal voices between herself and the world.

Figure 10. Is a more articulate image of a “flying duck”. The image gives some indication for a potential for flight, the duck has wings, but the duck appears to be standing. Again, there is not enough data to know whether this could become a metaphor for her vulnerability and struggle to manage the voices.

By the end of the six-month period, although Abeba was still experiencing severe psychotic symptoms, Abeba produced an image of herself in a boat (Fig. 11) The group elaborated on the image about her ‘being afloat’ in the group. This marked

the use of a creative metaphor for the purposes of communicating a supportive interpersonal experience. Abeba agreed with this view and there was a sense that Abeba was able to describe something good about being accepted by the group. This example highlights the problems of interpretation, the role of emergent features and the metaphor in the clinical context.



Figure 5 – Session three: a drawing of a circle

Session 3: Abeba appeared physically uncoordinated and produced a circle. She could only stay for ten minutes of the session and did not respond to the therapist or group members.

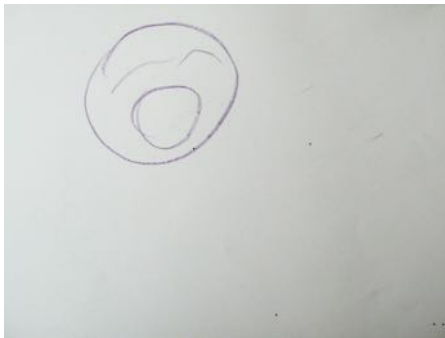


Figure 6 - Session five: a drawing of a simple facial expression

Session 5: Abeba stayed for longer and again produced a circle, but this time she also added some facial features. The therapist felt that this was a depiction of something like an infant that needed feeding.



Figure 7 - Session eight: drawing of a more complex face with indications of a body.

Session 8: Abeba produced a large circle with some indications of eyes, a nose and an open mouth. The image now also had a small body at the bottom of the image. Abeba was unable to reflect on the image.



Figure 8 - Session ten: Abeba drew her 'Social Worker'.

Session 10: Abeba produced an image of her "social worker", whom she was very fond of. She said that she was "happy" and a "nice lady". It is also notable that Abeba used two colours and the features are more defined than in her previous images, suggesting that she is beginning to use novel methods of articulating her experience of self and others.

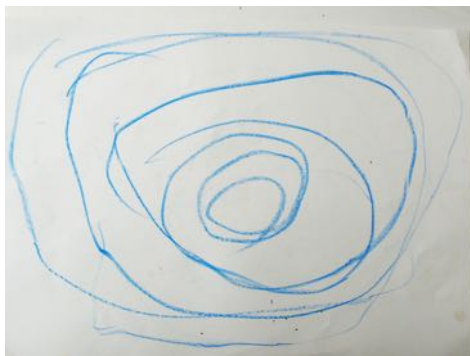


Figure 9 – A drawing of experiencing psychotic symptoms

Session 12: Abeba appeared to be particularly unwell again and drew some circles without being able to describe what or why she was producing them. The therapist felt that Abeba was in a state of psychological disorientation, reflected in her bodily incoordination.

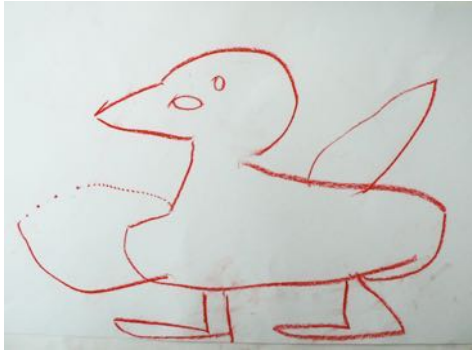


Figure 10 - Session twenty: A drawing of a duck

Session 20: Abeba produced an image of a duck “flying”. This form is representational and could be a source image that links with her experience of developing a capacity to articulate herself to the group, but still feeling very vulnerable. The therapist associated this with a ‘sitting duck’. This was the first indication of a potential conventional metaphor.



Figure 11 - Session twenty two: Abeba drew a picture of herself in a boat

Session 22: Abeba drew an image of herself in a boat. The patient was in recent contact with her daughter. Abeba said that she was happy and it was like being in a boat. The therapist acknowledged this important event and also reflected on her experience of feeling ‘afloat’ in relation to the group that had been supportive. The articulated source domain meant that the development of the creative relationship metaphor could be described as representing her experience of relational contact with her daughter and also her recent experience of the group. This session marked a significant change in her capacity to use the group and relate to other members in the group.

Taylor Buck and Havsteen-Franklin (2013, p. 15) conclude that the patient could be seen to be developing a sense of relationship to the group and a greater capacity to reflect on her own state of mind and the encouraging gestures of others.

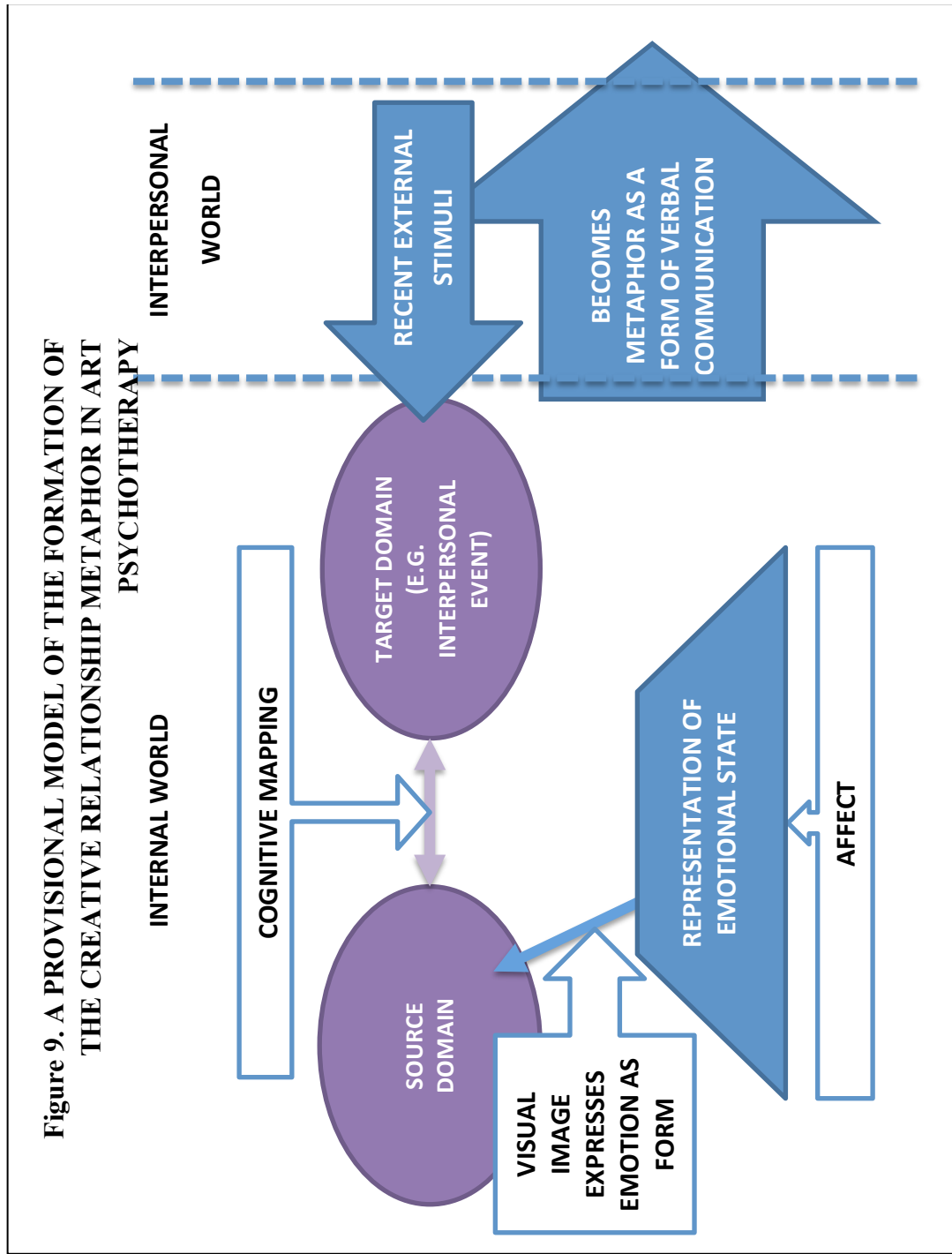
“This brief encounter echoed smaller prior exchanges with the group, however on this occasion the use of an image assisted with revealing something of her experience that appeared to be afloat rather than beneath the waves of her traumatising hallucinations. This concise example gives a sense of the role of the pre-linguistic image in forming a different perspective on the development of epistemic trust through communication, also known as mentalization.”

The vignette demonstrates that even in the most psychotic conditions, there remains the possibility that the image can be used to mobilise the use of metaphor that relates directly to the articulation of the visual image. It also appears to be evident that this happens within an interpersonal context on two levels, both with the interpersonal relations outside of the group context, as seen in relation to Abeba’s social worker, and within the group context. Dent and Case (2007, p. 350) describe the use of the image for this purpose.

“When we infuse an image with our own meaning, we symbolically mediate our affective states, and when we find an image that “fits,” we recognize ourselves that much more clearly. We are not simply experiencing; we are making sense of our experience, and in the process we are creating both reflective distance and greater subjective awareness.”

Here Dent and Case point to the visual image in metaphor as mediating reflective spatiality enabling the process of interpersonal awareness. As seen in the short study of Abeba, the visual spatiality increased with her growing awareness of other people, suggesting that there might be a role of the visual image in helping to mediate this change from undifferentiated internal experience to something that can be represented in an external form and thereby acquire a visual metaphoric status.

Figure 12 - Diagram illustrating a provisional model of dynamic factors involved in metaphor formation



The diagram illustrates the CRM in an art psychotherapy context as a process that begins with an affect that brings about an association in the form of a representation based on schematic constructions of relationships. In the act of visual image making the representation becomes acted out through the image making process and produces a visual example that relates to the affective representation. Making sense of the visual representation happens through a cognitive mapping process to find the perceived similarity with an interpersonal context. In the act of communicating this mapping process, the metaphor becomes actualised.

2.18 A Psychoanalytically Informed Method of Using Metaphors in Clinical Practice

“All our thinking tends to be accompanied and aided by spatial ideas, and we talk in spatial metaphors”

Breuer, (1893, p. 228)

2.19 Are Metaphors Helpful?

This chapter introduces the value of metaphor in a clinical process from a psychoanalytic perspective. The full breadth of psychoanalytic conceptual models of metaphor cannot be described here, as there is insufficient space (see appendix 1 for a complete map of key metaphor concepts applied in psychoanalytic practice). I shall however explore some examples of the central debate about nonverbal metaphors and verbal metaphors. The chapter begins with a psychoanalytic context, exploring trauma in clinical work with the use of metaphors before focusing on the psychological mapping process involved in metaphor formation, with particular reference to Bucci. Finally, Bion’s concept of the ‘pregnant statement’ is used as a metaphor for the emergent metaphor.

According to Treurniet (1993), a contemporary psychoanalytic model analyses the patient’s relational difficulties on the basis of perceived and actual trauma,

especially in relation to early development and transference and countertransference phenomena.

“Our analytic attitude and technique are designed to promote regression and, among other things, thereby to reawaken earlier unresolved conflicts and disturbed relationships, in order to make them visible in the analytic relationship so that they can be worked on within it.” (Treurniet, 1993, p.874)

There is evidence to suggest that most patients with SMI have been subject to traumatic childhood events (see also Mueser et al., 1998; Rosenberg et al., 2007; Choi et al., 2012; Mantel & Haenszel, 2004; Briere et al., 1997). This is important in as much as there is support for the hypothesis that real traumatic events have had an impact on metaphor formation. Where the trauma established an epistemic distrust (Fonagy and Allison, 2014) of others. Borbely (2008, p.420) states that,

“The therapeutic action of analytic treatment resides in the fact that the current reliving of the sequelae of earlier trauma occurs with a different protagonist who seeks to metaphorize through interpretation what was originally and traumatically metonymized.”

Borbely (2011) argues that using metaphor helps to enable a more flexible reflection about the episodic memory of trauma and the impact of the trauma on relationships,

“The vagueness of metaphor is desirable precisely because it allows experience to be integrated in a provisional manner that allows the experience to acquire new meanings with changing contexts and new time indexing.”

[italics mine] (2009, p. 62)

Borberly argues that the enabling use of metaphor is the key to psychological change where the metaphor allows the traumatic events to be placed within a temporal context, in a way that can still allow further development of metaphor with reference to the present context. He argues that metaphors provide sufficient ‘vagueness’ to overcome defensive measures. According to Borbely the metaphor is a psychological *structuring principle*. The newly formed metaphor can include early affective moments and thereby draw attention to central schemas in a structured way²⁰. As Modell (Modell, 1997b) stated, ‘Through the use of metaphor we are able to organise otherwise inchoate experiences’. Becker concurs that, ‘As a cultural resource, metaphor is a mediator of disruption that enables individuals to recreate a sense of continuity and to reconnect themselves to the social and cultural order after a disruption.’ (1994, p. 404).

However, there are different psychoanalytic views about the use of metaphor in practice. Fonagy et al. (Fonagy *et al.*, 2011b) suggest that under conditions of non-mentalising (poor capacity to reflect on states of mind) associated with severe mental health issues, there is a limited capacity for the patient to make sense of metaphors, and therefore Fonagy does not consider this an economical use of interventions to be introducing metaphorical language. The second view suggests that the therapist has a

²⁰ See Freud (1905, pp. 171-174).

positive impact through facilitating a process of using metaphors that relates to the patient's interpersonal context (Grubrich-Simitis, 1984).

If patients with severe mental illnesses (SMI) cannot comprehend metaphors it would follow that clinicians would use metaphor sparingly or not at all, to be sure that communication had a shared meaning. However, some psychological methods of treatment have been outlined in guidelines or manuals that indicate that metaphor plays an important role in the therapeutic process for SMI. For example, Drass (2015) and Swales (2000) suggest that in a dialectical behavioural therapy model there is clinical importance to using metaphors to define important emotional or relational patterns for patients diagnosed with personality disorders.²¹ Fonagy et al. (2011) state,

“Bearing in mind the limited processing capabilities...patients cannot be assumed to have a capacity to work with conflict, to express feelings through verbalisation, to use metaphor, to resist actions, and to reflect on content, all of which form part of a standard psychoanalytic process” (Fonagy et al. 2011 p.58)

Modell (2009) also refers to the problems that ensue from using metaphors; producing a negative therapeutic effect promoting symbolic equating rather than relating,

“We know that in psychosis, as well as in brain damaged individuals, as Kurt Goldstein has shown, metaphor loses its polysemic quality; instead of evoking

²¹ For clinical examples see also Ben-Porath, (2004); Linehan, (1993); Linehan et al., (2008); Swales, (2000)

a multiplicity of meanings, the individual chooses a single meaning, usually with specific reference to the self. This process has been commonly referred to as concrete thinking.” (Modell, 2009)

Modell is referring to a process by which one characteristic equates with another, in contrast with the cognitive construction of metaphor where there is a convergence of commonalities. The condensation of one referent and another was named by Segal (2003) as ‘symbolic equation’. She illustrated this through a case vignette of about a young man that equated his violin with fiddling with his penis and that this phantasy prevented him from playing the instrument. Segal’s observation of this type of psychotic condensation can easily transform the ambiguity evident in the metaphoric statement.²²

Unsurprisingly advocates for using metaphor with patients diagnosed with SMI are few. There is generally opposition to the notion of the metaphor as being of therapeutic benefit for SMI. Hayashi and Moraji (2000) state that the therapist is likely to misinterpret concrete acts of visual expression with psychosis in particular. Rosenbaum (2003, p. 34) also refers to the difficulty of making links between feelings and words that can be conveyed through metaphoric articulation,

²² This process is not only typical of psychotic processes in schizophrenia but can be seen in normal populations as well. The scientists Chew and Laubichler (2003) offer a good example of the misapplication of metaphor in the extension of genetics to eugenics through the use of metaphors that identify populations as ‘vermin’ or ‘disease’. They go on to state, ‘Metaphors introduce a fundamental trade off between the generation of novel insights in science and the possibility of dangerous or even deadly misappropriation.’ (Chew and Laubichler, 2003). This marks one problem of misappropriation of metaphors that can be misperceived as convincing on the basis of misappropriated similarity, producing an oversimplification. This echoes Carpenter’s views about metaphors as a descriptive tool in qualitative research, that metaphors can be used as ‘oversimplifying phenomena and depicting the complex as trite’ (Carpenter, 2008).

“They bring the pain, and the accompanying despondency and feelings of dejection, but they don't have the symbols or *metaphors* to convey the pain. Or they may have words, but the words are not felt satisfying in any way” [italics mine].

Mann suggests that unless the patient can talk about their work, it is difficult to make sense of the image from an integrative standpoint. Mann (2006, p. 34) states,

“Without the use of verbal language, having a conversation, it is difficult to avoid assumptions and projections and for an art therapist to assume integration is a projection.”

In fact, some clinical researchers have concluded that encouraging the use of metaphor with patients experiencing SMI can be iatrogenic, (Elvevaag et al., 2011; Rasmussen, 1995) and even if it is not harmful to the patient, using metaphor is not deemed to meet the task of developing a shared language (Vivona, 2003).

In light of Killick's approach that metaphors are encouraged but not demanded, there is scope for considering the process of metaphor formation that is aligned with the patient's capacity for developing metaphor comprehension. Kernberg (2001, pp. 613–614) explains that in normal functioning metaphors are shaped according to early dyadic patterns of relating,

“The condensation of different internalised object relations under a similar affective sign and the displacement of affective reactions from one object to another *are replicated in the linguistic categories of metaphor and metonymy.*

From this viewpoint, one might reverse the Lacanian assumption that the unconscious is structured like a natural language by pointing to the fact that there are aspects of language structured like unconscious affects.” [italics mine]

Similarly, Bucci (2002) has argued that the process of clinical change is based on a mapping between words and representations, the same process that is central to Kernberg’s model of communication. Bucci examines a concept of a dual process, indicating how verbal and nonverbal language is connected. She states,

“...the major problem is not how to protect a perceptual schema from intrusion by a false construction, but how to have any verbal input reach the underlying imagistic and emotional material, which has not previously been linked to words, or which has been wrongly named. How does the patient find words for nonverbal representations that have never been verbalised or where the links to words are blocked? How does the analyst aid this linking process?” (Bucci, 1985, p.595)

Bucci points to naming and bridging imagistic and emotional material with words, which is a central feature to metaphor mapping. This model has its history in Freud’s (1917a) argument that verbal language structures inchoate experience *unconsciously*. However, Bucci (1997) takes a different point of view, stating that the

mental representation involved in metaphor formulation is a parallel code to verbal language requiring *linkage* rather than being structured through words.

“They [sub-symbolic images] are like symbols in that they are discrete entities that categorise or chunk the analogical representational field into finite units. They may also be “things in themselves,” motoric or sensory components of the presently activated schema, rather than representations of it, thus perhaps standing for the schema itself in a metonymic rather than metaphoric way. [insertion mine]. (Bucci, 2002, p.784)

Bucci describes the role of the sub-symbolic image as playing an important role in categorisation and that when separated from cognition and verbal language, image-based schemata are often *acted out*. Additionally, they do not adhere to intentional states of communicative symbolisation, even though they may have some logical structure²³. Therefore, the sub-symbolic marks a non-metaphoric type of representation that is disconnected from words, but has metaphoric potentiality.

In light of the referential research described by Bucci (1992) the verbal components of art psychotherapy must necessarily be linked with the image making processes to function as a shared metaphoric communication. Therefore, in Bucci’s model (1992) words determine a possibility of a shared language that is informed by the ‘entrance of affects’ (Fabregat and Krause, 2007) through a process of metaphorisation.

²³ (see also Blanco, 2012).

2.19.1 The Non-verbal Metaphor

Some psychoanalysts argue that the use of metaphor is central to psychoanalytic practice (Borbely, 2008; Enckell, 1999; Fellenor, 2011; Modell, 2009b). For example, Adelsen (1997) describes this principle in psychoanalytic work, as a core component of the change process for patients with SMI, suggesting that therapeutic change can occur because of the implicit emergence of the metaphor representing a trauma in a new form. Therefore, Adelsen proposes that metaphors have the potential to become a non-threatening method of making sense of experiences.

Bollas (1980) suggests that the formation of metaphor is considered to happen through a process of playful exploration (Bollas, 1980, p.119), but that the metaphor becomes a way of safely communicating personal trauma. Reider (1972, p. 468) also looks at the development of playfulness in clinical practice to be ‘a kind of metaphor in action’. This is a move away from the verbalised linguistically structured metaphor, and suggests that there are metaphors that occur as part of psychological functioning without recourse to words. Further to this, Wright (1976, p. 98) states that metaphors are not only linguistic devices but that symptoms are ‘an abortive metaphor that stops below the level of speech’. Ogden (1997, p. 728) concurs that ‘dreams, reverie, symptoms are metaphors’ on the basis that there is an inherent mapping process of a psychological expression and the symptom. This theory is based on Freud’s original hypothesis that mechanisms of displacement and condensation are structured linguistically (Freud, 1977). For example, physical symptoms such as a backache may

be a metaphor for a heavy burden; a sore throat the metaphor of not having a voice²⁴. Campbell and Eckell (2005), also propose that the psyche works through the medium of ‘non-verbal metaphors’.

“Thus, an unconscious configuration (a wish, or unconscious fantasy) is transferred to a medium in which it finds representation, and, by this means, actualisation.” (Campbell and Enckell, 2005)

The problematic is that metaphor becomes equivalent to communicating something symbolic. Further to this, Campbell and Eckell (2005) describe the concretisation of metaphors, without losing metaphorical structure and therefore communicated through concrete means²⁵.

The best way of resolving this debate is to refer to the linguistic model that has a clear conceptual focus based on linguistic structures. According to Rizzutto (2001) the *verbal* comparison remains central to metaphorisation. Rizzutto (2001) states,

“Finally, all metaphors, regardless of their unquestionable private function, are created for another person, an intended listener...” (Rizzuto, 2001)

The ‘private function’ of the metaphor can be closed off from communication, can be distorting and reductive. Bion demarcates a quality of metaphor in the ‘pregnant statement’ that can be carried across or thwarted in the process of metaphorisation. By pregnant statement, Bion is referring to the statement that is suggestive of a significant relational meaning. Bion (1965) framed this in terms of the expulsion of undigested experience to concretise the metaphoric meaning.

²⁴ See also Adelson, (1997 p.223)

²⁵ See Brîndușa Orășanu on the ambiguity of the intended meaning of ‘concrete metaphors’

“...the difficulty that arises when a term that in some contexts gains by its *metaphorical quality* (a “pregnant statement”) loses communicative quality if it is employed in a context where its metaphorical quality ceases to be metaphorical because its context has approximated it to a β -element—it is, relative to its context, saturated. Some psychotic patients show skill in manipulating the analytic situation to bring this about.” [italics mine] (Bion, 1965, p.122)

The metaphoric ‘*quality*’ is defined by Bion as a psychic potentiality and described as a ‘pregnant statement’. Bion goes on to describe a problem encountered with psychotic conditions that he defines as ‘saturation’ of the ‘beta element’. By this it is likely that he is referring to a probability of distortion of the metaphor based on the literal meaning so that the potentiality is made concrete. For example ‘pregnant statement’ which suggests a new, if dormant, symbolic quality created by the interactions of two people, can be interpreted through the fantasy that dialogue has actually produced a real baby, suggested as a basic assumption, (Bion, 1991) or concretisation (Segal, 1957).

This is a similar premise to Lakoff and Johnson (1980) who argue that metaphor has a conceptual basis that puts intentional communication at the centre of metaphor interpretation. Whilst a psychoanalytic hypothesis of metaphors as being unconscious offers clarity about the process of metaphor formation, regarding condensation in particular, the existence of nonverbal metaphors contradicts an interactive and psycholinguistic model. Psycholinguists have argued that metaphor

interpretation is dependent upon the intentions of the speaker and that they are conveyed through words. Metaphors bridge nonverbal and verbal expression rather than being either a purely linguistic device (Deignan, 1998; Goatly, 2002; Kittay, 1987), as some linguists believe, or a nonverbal communication (Ogden, 1997; Wright, 1976).

For the purposes of this thesis and the application of the theory to clinical contexts I am considering the metaphor as being formed by psychological mechanisms. These mechanisms include condensation as a formative process and the conscious or preconscious verbal communication as a cognitive process of comparison based on a process of convergence.

2.20 A Critical Review of Two Papers on the Use of Metaphor in Clinical Practice

2.21.1 Introduction

The hypothesis that patients diagnosed with SMI are able to form metaphors in a therapeutic context is central to the thesis. There has been very little research in this area, despite there being a wide range of literature on the subject. A literature search that would confirm this hypothesis was conducted using the following criteria,

- Patients diagnosed with SMI
- Metaphor formation *and* conceptual definition
- Detailed descriptions of clinical interactions

- An analysis conducted by a clinician-researcher

Using these search criteria on PEP and JSTOR there were only two papers retrieved. In the following two sections I shall review these two papers in accordance with the criteria as outlined by Greenhalgh and Taylor (1997) who state that qualitative research can be critiqued using the following nine questions:

Question 1: Did the paper describe an important clinical problem addressed via a clearly formulated question?

Question 2: Was a qualitative approach appropriate?

Question 3: How were the setting and the subjects selected?

Question 4: What was the researcher's perspective, and has this been taken into account?

Question 5: What methods did the researcher use for collecting data—and are these described in enough detail?

Question 6: What methods did the researcher use to analyse the data—and what quality control measures were implemented?

Question 7: Are the results credible, and if so, are they clinically important?

Question 8: What conclusions were drawn, and are they justified by the results?

Question 9: Are the results of the study transferable to other clinical settings?

2.22 Metaphor in Psychoanalytic Psychotherapy: A Comparative Study of Four Cases by a Practitioner-Researcher. By Long and Lepper (2008)

This paper was selected for critique, based on Greenhalgh and Taylor's (1997) criteria and is the only empirical study to date that attempts to explore the relationship between metaphors and mentalisation with a clinician-researcher designed study.

Long and Lepper, (2008) wrote this study as a method of considering the relationship between mentalisation and metaphors from a clinician-research perspective. Their emphasis within the paper is not on the results themselves, but the importance of the clinician-researcher model. The study consisted n=4 that were recorded at twelve month intervals. The recordings were then transcribed. The methodology focused on using grounded theory to draw out important themes. They also used three types of metaphor: 'key', 'novel' and 'conventional'. The productions of metaphor were seen in the context of clinical outcomes. The key measures of change that were used were: CORE-OM and GAF. Further observations were made regarding the co-elaboration of metaphor and the correlation of mentalising and metaphor type.

The results showed that metaphors play a role in improvements to mentalisation, are linked with good outcomes, provide a helpful clinical focus, 'encapsulate aspects of the self' (Long and Lepper, 2008) and they go on to state 'That metaphor also appears to play a crucial role in mentalising exchanges within the

therapy adds further weight to the idea that metaphor is an indispensable aspect of thought and of creativity and change.’ (Long and Lepper, 2008, p. 361).

2.22.1 Critique

The paper provides a mixed method approach to understanding the role of metaphor in psychotherapy, however there are some key limitations to the method. Firstly, the sample size was small for any quantitative results to be generalisable. Secondly the clinical group members all had different diagnoses and disorders that meant that the use of metaphor was not clearly described in the context of the clinical etiology. Further to this, the clinical intervention and aims of the intervention were alluded to, but unclear, assuming a generic model of psychotherapeutic intervention. There are some important clarifications that the paper does make, particularly in relation to types of metaphor and the role of the therapist in ‘co-elaborating’ the metaphor.

Whilst the paper clearly has some fundamental limitations as a mixed methods study, the qualitative procedure of examining the transcript using a specific conceptual tool is advantageous to clarifying the final results.

2.22.2 Summary

- . The authors clearly demonstrate the complexity of metaphor formation in the clinical context.
- . Appear to provide a valid explanation of metaphor as a predictor of clinical outcomes
- . There remains a potential lack of generalisability to a specific clinical group
- . There is good metaphor conceptual clarity
- . There are potentially significant methodological flaws as a mixed method study

The learning points include the problem of mapping the metaphor and the detail of transcript and analysis. However, a useful result from this paper is that a small number of sessions can produce a wealth of material for the purposes of analysis.

2.23 Movement Metaphor as Mediator: A Model for the Dance/Movement Therapy Process. By Ellis (2001)

This paper is relevant to this study for two reasons; Robin Ellis refers to the role of metaphor production, comprehension and use within an arts based clinical context. Ellis defines a range of different metaphors in the treatment of SMI. Ellis (2001) describes a short-term group with four men diagnosed with psychotic disorders experiencing depressed symptoms towards the end of treatment. Her methodology is a

group based case study that is used to develop the concept of metaphor. The membership of the group were male men, with a history of violent behaviour and a current diagnosis of schizophrenia, (n=4).

The important factor that she presents is a way of defining different types of metaphor based on the behaviours of the patients.

“In response to discussion about ending, they held a hunched body posture (*movement metaphor*), and experienced tiredness, tension, sluggishness, and heaviness that they recognized as representing depression (*client meaning*). X started a shaking hand movement (*movement metaphor*) which I mirrored (*therapist action*). This created a kinesthetic experience for me (*movement metaphor*) that I responded to intuitively, with a verbal metaphor, when I said ‘shaking off depression’ (*therapist action*) ... That the group in both instances embraced and amplified these themes seemed to suggest there was a consensus of shared meaning within the group.” (Ellis, 2001)

Ellis describes metaphor as conceptually moving from a concrete, bodily experience to developing the metaphor meaning through elaborating on the source and target domains. Ellis elaborates on the therapeutic action through mirroring a ‘shaking hand’. The therapist then makes the explicit metaphor that depression is a *thing* that can be shaken off. Ellis argues that the transition from depression having a symptomatic response in the body (feeling heavy, sluggish) to being a separate phenomenon to the body that can be affected by being shaken, gives a *metaphorical form* to the experienced quality of depression.

2.23.1 Critique

One of the main problems with this research is the conceptual definition of metaphor. Here Ellis builds upon the cognitive model of Lakoff and Johnson. As with a Ogden's (1997) of metaphor interpretation, Ellis draws the assumption that bodily symptoms are a metaphorical communication. For example, she describes a hunched body as a 'body metaphor' for depression; however the metaphor is an intentional communication, which cannot be assumed of the hunched body. Ellis has not sufficiently or convincingly developed the idea that all symptoms are some type of metaphorical communication. Further to this, the detail is unclear concerning the process by which she interprets the metaphor, for example of the shaking hand, whether this is to do with her experience of the patient, or whether particular behaviours are assigned specific metaphor types.

However, there is a valuable point that Ellis does make clear, and that is the role of the therapist in developing the metaphor and her co-elaboration on the metaphor, with a group that appears to have on-going problems with communication.

2.23.2 Summary

This is a valuable paper in terms of its contribution to the role of the therapist in clinical practice. However, there appears to be some significant methodological limitations in terms of:

- Conceptual development of metaphor
- Interpretation of metaphor linked to an interactive theory of communication

2.24 The Link Between Mentalising and Metaphorisation

Mentalisation has been considered to be the common characteristic, either explicitly or implicitly of effective psychological therapies (Allen *et al.*, 2008) including art psychotherapy (Taylor Buck and Havsteen-Franklin, 2013); and metaphor has been considered as being inextricably linked to the mentalising process (Barnett, 2008; Long and Lepper 2011). Allen (2008, p. 6) describes mentalising as,

“Interacting in the mentalizing mode, we aspire to understand each other as autonomous persons and to influence each other on the basis of our understanding. In the non-mentalizing mode, we can dehumanize and treat each other as objects, becoming coercive and controlling.”

According to Meissner (2008) a critical stage in the development of mentalisation can be seen in the process of acquiring a linguistic and cognitive model of communication that belongs to the infant. The infant develops a sense of agency

through a range of interactions and particularly the marked mirroring responses from the carer (Gergely and Watson, 1996). Where this begins to break down and there is insufficient care, attention and mirroring, the experience of self-autonomy can be compromised (Tronick, 2007).

Stanford et al (Stanford *et al.*, 2011) suggest that there is evidence that there is a relationship between mentalising and metaphor comprehension. This is based on the speakers intended meaning of metaphor being within an interpersonal context. It is worth highlighting the psycholinguistic structure of metaphor here. The idea that another has a mind that is differentiated from one's own is reflected in the form of metaphor *comparing asymmetrical elements*, which is the basic structure of metaphor. The cognitive function involved in metaphor formation is a mapping process; a source domain is mapped onto a target domain (Fludernik, 2012). Modell has argued that the same mechanism involved in metaphor formation is evident in early infancy. Modell (1997, p. 108) states,

“Although we cannot know the nature of the infant's first thoughts, it is not unreasonable to suppose that the capacity for symbolic representation in the form of proto-metaphors appears early in development.”

Nemiah (1978) also states that the structure of metaphor is comparable to the quality of relating in normal functioning with an infant and that comparing two different forms, particularly with a visual basis, produces an experience that provides the possibility of a novel, co-elaborated perspective. According to Nemiah (1978, p. 29) feelings are evoked in relation to the environment and the functioning of the body,

which provides a context for associations to become spatially localised. Similarly, Bollas (1980, p. 119) stated that metaphor formation expresses ‘...how the logic of metaphor suggests a self and an other’. In other words, the capacity to maintain this differentiation between dissimilar objects compared in metaphor is akin to the infant being engaged in an interpersonal, asymmetrical, relational process that is structurally similar to metaphor through the mother’s marked mirroring (Gergely and Watson, 1996). In fact Barnett goes so far to say that the developmentally early process of metaphorisation is the fundamental function required that precedes mentalising,

“Since mentalizing may be defined as the capacity to be attentive to similarities and differences in the perspectives of self and others, there appears to be some conceptual overlap in the *imaginative capacities for metaphor and mentalization*, and in their functional impairments. However since metaphoric thought is intrinsic to the corporeal imagination (e.g., in synesthesia, and in affect confluences, described earlier), and allows comparisons of similarity and difference across temporal domains as well, *it is most likely the broader and more fundamental of these capacities.*” [italics mine] (Barnett, 2008)

This is a bold claim, given the limitations of research in the area of metaphor formation compared to mentalisation (see Fonagy et al., 2003). However, the study conducted by Long and Lepper (2008) confirms that mentalisation and metaphorisation are intimately dependent upon one another. They clearly link the development of metaphor with the patient’s capacity to form a representation of another person’s internal states of mind. Long and Lepper (2008) propose,

“That metaphor also appears to play a crucial role in mentalizing exchanges within the therapy adds further weight to the idea that metaphor is an indispensable aspect of thought and of creativity and change.”

The study conducted by Long and Lepper suggested that metaphor coincided with mentalising, with a state of being attuned, empathic, psychologically minded and demonstrating a reflexive capacity. This follows Rizzuto’s important observation that through the metaphor it is the patient’s ‘...complex interweaving of affect, history, and story that unifies a multitude of compelling self-other perceptions’. (Rizzuto 2001, pp. 565–566). This echoes the definition of successful mentalising described by Choi-Kain and Gunderson, (2008) as a combination of cognitive and affective engagement with imagining self and other states of mind, based on exploring an sense of interpersonal narrative.

According to Rizzuto (2001) the production of metaphor in a therapeutic context draws together autobiography, cognition and affect, which are essential categorical features of the creative metaphor *and* mentalising. In research on psychotic disorders (de Bonis *et al.*, 1997; Brüne, 2005; Kay, 1991; Kettle *et al.*, 2008; Kircher *et al.*, 2007; Langdon *et al.*, 2002) and depression (Kerr *et al.*, 2003; Wolf *et al.*, 2010) theory of mind, has been shown to be significantly impaired.

Further evidence of the link between mentalisation and metaphorisation can be seen with SMI research. The research provides a significant body of evidence to suggest that there is a reduced capacity to infer other people’s intentions and states of mind. It is therefore highly likely that the concepts of metaphorisation and

mentalisation are linked. Ibáñez and Albea recently conducted a review of empirical research for patients diagnosed with schizophrenia and conclude,

“In other words, in patients with schizophrenia, mentalizing anomalies contribute negatively to understanding the figurative aspects of language, beyond impairment to general intelligence.” (Ibáñez and Albea, 2013)

Their review was based on the conclusions from a diverse range of studies inferring significant links across clinical groups (Camp, 2006; Frith and Frith, 2003; Happé, 1995; Pálinkás, 2014). This suggests that in conditions where there is a severe mental health disorder, there is also likely to be a deficit in metaphor comprehension and mentalisation.

In summary, it is possible to see that there are indications of a significant overlap between problems of mentalising, problems with metaphor comprehension and SMI (Fig. 13). However, more importantly, the development of the capacity to form metaphors can be traced to interactions in early development between the carer and infant.

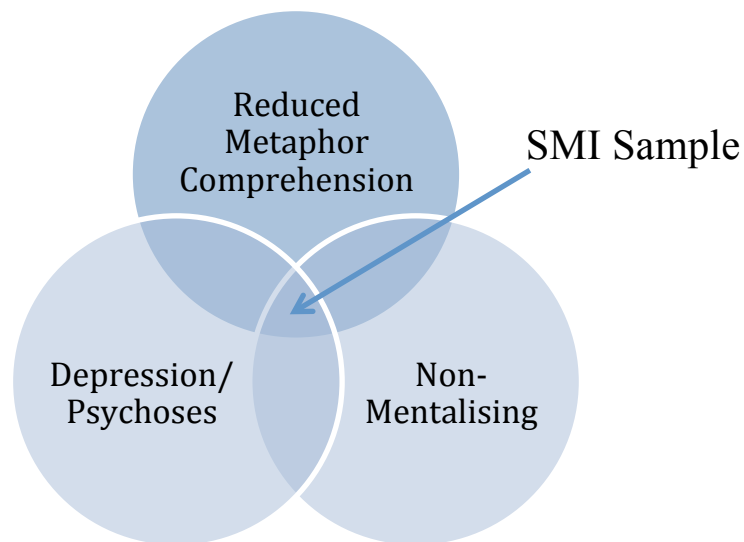


Figure 13 – The overlap between the diagnosis, reduced metaphor comprehension and non-mentalising represents the conditions relevant to this study and severe mental illness. This is rather than moderate or mild conditions of mental illness where there may not be a convergence of all three areas.

2.25 The Creative Metaphor as a Significant Event

Rizzuto (2001) has described the creative metaphor as a convergence of mental functions, bringing together affect, cognition, images and somatic experiences. However, there are other factors, apart from remarkability, that Elliott argues should be taken into consideration to qualify as a ‘significant therapy event’ (Elliott, 1989).

Elliott (1989) proposes that effective analysis of significant events should firstly identify the task of the process. In this context, the task is being described as assessing a patient’s capacity to engage with psychological treatment. This process has been considered to be eliciting a capacity to develop CRMs that meaningfully communicate relational experience. Therefore the task can be observed as resulting in a CRM that indicates a capacity to use the therapy. Elliott proposes that another

essential factor in identifying a significant therapy event is the immediate impact of the event. In order to clarify the metaphor as a meaningful convergence of mental functions, there should be some observable outcome as a result. The following two sections describe these outcomes based on studies of metaphor in clinical practice.

2.25.1 Impact of the Creative Metaphor and Related Outcomes

Metaphor has been seen to be linked with a capacity to mentalise (Long and Lepper 2008) and therefore how mentalising and metaphorisation are related within the context, especially in terms of formative factors can be examined in terms of a sequence of events; intervention then mediator and then outcome. There is an established conceptual framework that points to metaphor as a key mediator of change in psychological therapies (Ellis, 2001; Gaudiano *et al.*, 2010; Gorelick, 1989; Hayes *et al.*, 2006; Milne *et al.*, 2001). Baron and Kenny (1986, p. 1173) describe a mediator as, ‘the generative mechanism through which the focal independent variable is able to influence the dependent variable of interest’.

It is also notable that Becker (1994) recognised that cognition was not re-ordered through metaphor but that the metaphors were a foundation for cognitive restructuring. Becker reflected on metaphor in therapeutic conditions as a discrete mediator of therapeutic change rather than classified as an intervention or outcome. In other words, the metaphor itself does not restructure the experiences, but *the therapeutic use of metaphor* has an impact on symptoms. This process has also been described in the work of Gaudiano et al (2010) who researched psychotic beliefs in schizophrenia. Their findings demonstrated that by introducing different ways of

seeing a metaphor, that this could alter the believability of psychotic symptoms.

Metaphors are not considered as indicators of change, because it depends upon *how* they are used.

There isn't scope to examine in detail the outcomes resulting from the use of metaphor in therapeutic contexts, as this is not the focus of this thesis. However, suffice to say that there are a range of empirical studies published over the past twenty years, suggesting that metaphor can be used to facilitate better comprehension (Clark, 1989), clarify clinical priorities (Rasmussen & Angus, 1996), increase the memorability of therapeutic events (Donnelly & Dumas, 1997; Martin, Cummings & Hallberg, 1992), as well as improved socialisation and narrative formation (see Ellis, 2001). These empirical studies that demonstrate a link between the use of metaphor and different domains of functioning have mostly been conducted with patients experiencing mild to moderate mental health problems. However, the range of empirical studies clearly demonstrates positive outcomes attributed to co-constructed changes in metaphor formulation. In conclusion, metaphor should not be viewed as an *outcome* of therapy, but as a significant event that indicates there is a potential for mediating change of rigid relational patterns.

CHAPTER 3 - Methodologies Part 1: Introduction

“I have always taken the tips of my fingers for the beginning of her hair”²⁶

(Hughes and Brecht, 1975)

3.0 Introduction

The methodology is divided into six parts. The first part describes the position of the clinician-researcher and a summary of the methodologies considered in relation to the epistemological and ontological positions. The next part describes the theoretical background to the chosen methodologies and the last parts describe a hybrid research methodology in more detail.

3.1 Methodological Position

The subject of the analysis is the formation of the CRM within an art psychotherapy assessment context. The CRM is a metaphor that offers an unconventional way of describing a relationship through the use of metaphor. In this context the metaphor is formed from a source domain which has an associated visual image, for example the sea, and a target domain which might be an interpersonal event or person, for example, mother. Mapping the source domain onto the target domain produces, a novel way of viewing a relationship, for example ‘*I see my mother as being the sea*’.

²⁶ Originally said by the poet Edmond Jabès, quoted in Hughes and Brecht, (1975)

Central to the clinical method being examined is the facilitation of communication through verbal and nonverbal means. Havsteen-Franklin (2016, p.160) states,

Such genuine interest in what is happening for the patient in the image making, and as a communication, has the potential to make inchoate experiences meaningful. As seen in the previous clinical examples, the patient's engagement with the image's spatiality and aesthetics can potentiate a symbolic communication to another person."

The clinical method focuses on the use of the image as a way of connecting with and understanding emotional content that is being communicated within the interpersonal context. This also includes a range of gestures in relation to the development of a communicating couple. Pally (2001, p.77) states,

"Of relevance to psychoanalysis is that the "back and forth" of all forms of conversation is regulated by nonverbal cues. Kendon (1992) describes how some gestures and body movements function simply as a way for participants to regulate their attention to the frame of the conversation. Orientation of gaze, body posture, and vocal qualities signal who is talking to whom and who is paying attention to whom. To speak to someone who is speaking, a "connection" is made by taking up their vocal cadence and moving in synchrony with them."

The gestures, such as turn taking, eye contact and bodily movement are focused on where they seem to be significant communications, especially in relation to the creation of the image and utterances about the image.

However this process of selection of data also poses a problem of reliability. The clinician as researcher selects those moments that appear to him to be affectively charged, to have an implied and often unconscious meaning and give some weight to understanding the nuances of transference within the session. However, the method by which the material is selected as being significant or not is at least partially determined by the countertransference responses in the therapist at an early stage in the therapy when the therapist openly acknowledges the problem of salience between his own countertransference experience of the patient and what is being communicated. Despite some agreement from colleagues who also examined the text for significant events, the selection of material for its metaphorical properties may be subject to bias where the clinician-researcher finds what he is looking for.

“We see what must be. We confirm what we expect to see. We selectively inattend or repress what diverges too much from our preconceptions. Pseudo-necessities hem in theorist, analyst, and patient alike.” (Tenzer, 1985, p.230)

There is some inevitability that the limitations of the clinician-researcher will bias the results in a two-fold manner. The first problem of being receptive to the perception of the patient where some material is marginalised or denied its place in the data and the second biasing factor is the clinician-researcher influencing the patient to get the results that are required. With this in mind the research uses verbatim transcripts and video recordings, which are analysed several times to allow for new meanings to emerge as well as defining some criteria that assist with the selection process. This is by no means water-tight, but is revealing in the way that the therapist influenced the production of metaphor and during the reworking the countertransference is seen to assist the analysis of the material by opening up

questions about the motivations and unconscious content that the patient reveals rather than using the countertransference to offer conclusive results.

The focus of this study is examining the formation of metaphor with four patients that are diagnosed with major depression. The problem that has been defined in previous chapters is that in an art psychotherapist context it is unclear as to whether patients produce CRMs and how they are relevant to the therapeutic interactional context. Whilst it is predicted that metaphors will occur in the assessment sessions, this is a unique study and therefore there is no known clinical material published that supports the prediction. To ensure a level of validity, the analysis requires a method that makes sense of data relevant to the relationship, image and verbal language in relation to the metaphor event.

Undertaking metaphor analysis and focusing on the definition and potential formative factors requires the close examination of a range of data from the assessment sessions. Metaphor is a *linguistic device*, which has certain profound psychological implications. However, given the complexity of the metaphoric event, three strongly associated areas, which are usually studied separately, define the metaphor and are hypothesised in this study as both defining and influencing the formation of metaphor. These are the:

1. Relationship of the image as source domain to the target domain of the CRM.
2. Language of the CRM as a linguistic composition
3. Interpersonal meaning of the CRM

To consider what are the best research tools for the task requires a broad range of enquiry, looking at data relating to aesthetics, psychoanalysis, art psychotherapy and psycholinguistic theory.

Beginning with art therapy, Deaver (2002) and Linesch (1994) are two art psychotherapists that have reviewed research paradigms in art psychotherapy regarding how patient experience and the art object are researched. Deaver (2002, p. 25) posits that art psychotherapy as a profession is required to understand the participant's experience through '...realizing art's potential to accurately and objectively measure a range of attributes' suggesting that the image in art psychotherapy can be interpreted independently of the maker.

Linesch (1994, p.185) describes a second model of art psychotherapy research where she postulates that the participant's experience is '*interpreted or constructed*' through the observer's experience of the art form and the dialogue. Linesch's findings are based on art psychotherapy research across continents (Carolan, 2001; Edwards, 1999; Gantt, 1998; Gilroy, 2006; Linesch, 1994). Linesch states,

“Seen within the context of psychotherapy as a humanistic, dialogical and phenomenological event the role of the interpretation can be conceptualized as the inter-subjective creation or construction of the participants.” (Linesch, 1994)

Philosophically, Linesch describes the methodology as based on the view that making sense of the clinical situation is generated in collaboration with the patient,

which creates an intersubjective interpretation. This will be further elucidated in the sections on countertransference. The development of a methodology with an intersubjective basis requires further exploration for the most suitable qualitative research design to answer the problem “how can we identify and understand formative factors of the CRMs as they occur in art psychotherapy assessments?”

3.3 The Epistemological Position of the Clinician Researcher

The epistemological position is principally the belief that underpins the interpretative behaviours of subjective enquiry. Inherent to an ‘intersubjective method’ is a philosophical premise based on the nature of experiencing. Therefore before continuing with the exploration of methodologies a brief explanation of the epistemological and ontological position should be taken. This is not a formality but an important standpoint from which to view the data defined by answering the question “*how do we know what we know?*” Gettier (2002) referred to the definition of knowledge as being where truth and belief coincide in a way that can be falsified (Fig.14). For example, if I believe that my patient is intrusive and undermining and I conclude that the patient is re-enacting a scenario where she felt intruded upon and undermined, this proposition of an enactment can be tested through exploring what is happening, *with* the patient. The important factor here is to allow an interpretation of the patient experience to be emergent (Frosh and Emerson, 2005) rather than the interpretation smuggling in the answer that we expect to find (Wallerstein and Sampson, 1971).

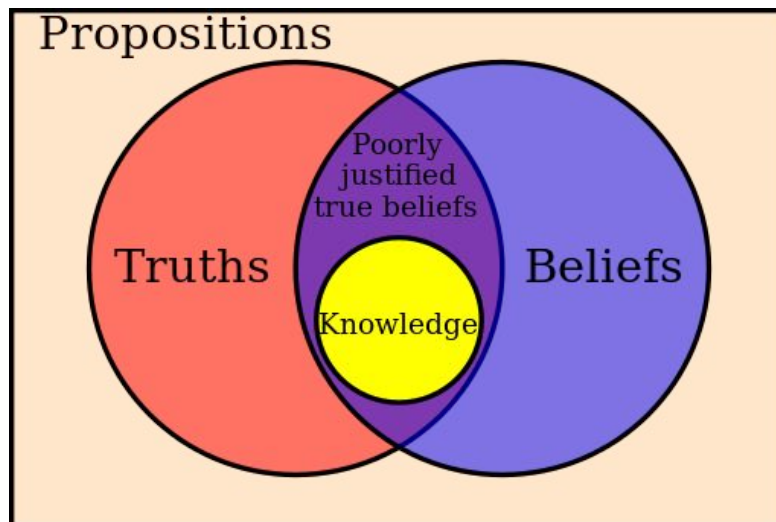


Figure 14 – Gettier’s (2002, p.59) Venn diagram illustrating the required overlaps of propositions truths, beliefs to be classified as *knowledge*

Gonfalves (1995) considers an inherent factor of metaphor analysis as being constructivist as the use of metaphor has the potential to *avoid* or *create* a novel perspective on reality, suggesting that the defining features of the co-constructed metaphor positions the researcher as a social constructivist. Burr (2015) suggests that the unanticipated content of metaphor that arises through dialogue extends beyond what is expected, thereby becoming a collaborative construction of the real.

The premise for the epistemological position for this study will be explained in more detail in the section on countertransference, however to summarise, there is an assumption that there is an *otherness* to the other (alterity) and that both realist and idealist positions are true (Chiari and Nuzzo, 1996); that the patient is part of the real external world that is understood through subjective functions (Zahavi, 2001).

“This interdependence [of subjectivity and objectivity] is revealed to the extent that nowhere can I start with a pure account of either one, and wherever

I choose to start is like a fractal that only reflects back precisely what I do: to describe it. By this logic, we stand in relation to the world as in a mirror that does not tell us how the world is: neither does it tell us how it is not. It reveals that it is *possible* to be the way we are being, and to act the way we have acted. It reveals that our experience is *viable*.” [insertion mine] (Varela, 1984, p. 321)

A useful example, from a psychoanalytic perspective of this epistemological position can be seen in Ogden’s (1992) account of transference interpretation in the analytic third, where he utilises his personal experiences and associations to make sense of the other. However, it should be noted, that following Freud’s (1912) notion that the reliance on the subjective experiences of the clinician-researcher, especially so early in the therapy, can result in being attentive to material at the exclusion of other significant evidence. Developing an area of inquiry can induce such a problem; many possibilities that remain unformulated are disregarded despite the possibility that they may falsify the findings. As Freud (1912, p112) stated,

“In making the selection; he is in danger of never finding anything but what he already knows; and if he follows his inclinations he will certainly falsify what he may perceive. It must not be forgotten that the things one hears are for the most part things whose meaning is only recognized later on.”

Whilst some precautions were made against excluding relevant material, such as making video recordings of the sessions, going over the text a number of times, allowing considerable uncertainty for any claims made through use of the countertransference and having the material examined by colleagues for significant

events, the fact remains that the results may ‘falsify perceptions’ and therefore should be subject to some caution in relation to their salience to what is being communicated by the patient. There should be some discretion given to the way in which the countertransference is used, and in this study it is assumed that the therapist and patients transference material is to some degree inseparable, that there is an understanding of the patient developed from the clinician-researcher’s own experience but that they must discover the patient through examining the familiar. In such early days of the therapy, it is uncertain how much of the countertransference is based on expectation and how much is based on the patient, and in this study, where possible the countertransference response is commented on as speculative reasoning or alternatively as being salient to the material.

In section 3.18 I refer to Ogden’s (1997) method of using the countertransference as a similar method to the one employed in this study as primarily an intersubjective account of unconscious material.

3.4 The Ontological Position in Relation to Context

From an ontological position the epistemology must link with assumptions that we have about what ‘being’ within the research context means. There are two important paradigms that need to be taken into account: *being* in relation to another and being as related to context. The first issue has already been touched upon, however, essentially the position is that in essence, people exist in their own right (realism) and are initially experienced through the familiarity of a subjective meeting

relative to the context (idealism). However, the social context of the observer and participant also frames the subjective encounter. As Borck (2011, p. 408) states,

“The research subject or the psychotherapy patient can only emerge within the discursive apparatuses of sociology/anthropology/psychology/psychoanalysis, and the material or lived consequences of those discourses. In other words, once the subject or patient emerges as such, she or he has already been constructed as a problematic for the researcher or therapist.”

In this context, the researcher²⁷ is required to be sensitive to the role that they take as implicitly providing a pre-determined model of *being* for the patient; in this context a medical-psychosocial paradigm of health. Therefore, whilst the assumption is that the person does exist and can be experienced through the vehicle of the observer’s subjectivity and psychological functions, this is within the ontological position posited by Borck (2011). Borck states that the researcher is also required to understand utterances within the context of a therapist – patient dyad. This will also be explored more fully in the section that follows on interpreting countertransference (See section 3.17).

3.5 Axiology

²⁷ Where the terms ‘researcher’ or ‘researcher-clinician’ are used, this is defined according to leading and conducting a process of investigation to acquire knowledge that can influence local NHS service delivery.

The practice of art psychotherapy research reflects the values and ethics of the participants and stakeholders. In this instance, all participants and researchers have acted in accordance with NHS clinical governance and ethical considerations concerning quality improvement²⁸. Scally and Donaldson (1998) describe clinical governance as,

“...a system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”

This study also reflects my ethical relationship to patient participants and the ethical considerations of the University of Essex²⁹. Further to this, the production of this thesis is to further the development of knowledge and practice for clinicians and for relevant stakeholders and therefore, in light of ethics, has no commercial value to myself. As such this thesis will be evaluated according to what the content offers to the art psychotherapy profession and the research community.

²⁸ For more information on clinical governance see (Simpson and Robinson, 2002; Starey, 1999).

²⁹ For Essex University Ethics Procedure see:
<https://www.essex.ac.uk/reo/governance/human.aspx>

3.6 Developing a Hybrid Methodology

Wilson and Huthison (1996) refer to integrating methodologies as a flawed approach to research amounting to something that is ‘*cooked up*’ and strays away from standardised procedure. There are a range of ‘off-the-shelf’ methodologies that can save considerable time, ensure repeatable and standardised approaches and prevent re-inventing the wheel. However, there is increasing scepticism about the relevance of readymade methods for the purposes of getting results for complex questions such as the one posed here. In this situation, following an off-the-shelf methodology can amount to misleading the reader where biases are overshadowed by ‘methodolatry’ (Chamberlain, 2000; Elliott *et al.*, 2000; Janesick, 1994; Martin and Sugarman, 1993; Phillips, 2006; Reicher, 2000; Stokes and Bergin, 2006). For example, interpretative phenomenological analysis (IPA) has a specific Husserlian epistemological philosophy determining the approach, which defines the method. This philosophy is one strand of phenomenology and will not meet the demands of many qualitative research questions³⁰. A ‘ready-made’ method can prove to be suitable for researching a particular problem, however, may not fit the unavoidable epistemological and ontological assumptions of the researcher. The results can be distorted by the researcher’s ontological and epistemological assumptions where the data is seen through a particular lens, for example idealist or realist.

Hammersley (2010) in his book ‘*Methodology, who needs it?*’ argues that qualitative research is a creative enquiry that cannot be pinned down so easily and that

³⁰ Freud (1917b), in his letters to Biswanger implies that philosophical considerations were secondary to the philosophy of psychoanalytic enquiry.

any procedure is at risk of losing the qualities inherent in the researched *and the researcher*. Janesick (1994) also compares research design to the task of the choreographer, going through a series of exercises to engage in the dance. She refers to Moustakas (1990) to consider some parameters for formulating a design that is flexible enough to allow the researcher's reflexivity to inform the design as part of an ongoing process. Moustakas (cited in Janesick 1994) refers to five Steps of the process,

1. '...*immersion* in the setting starts the inductive process.'
2. '...the *incubation* process allows for thinking, becoming aware of nuance and meaning in the setting, and capturing intuitive insights, to achieve understanding.'
3. '...there is a phase of *illumination* that allows for expanding awareness.'
4. '...phase of *explication* that includes description and explanation to capture the experience of individuals in the study.'
5. '...*creative synthesis* enables one to bring together as a whole the individual's story, including the meaning of the lived experience.'

([italics mine], Janesick, 1994, p. 49)

The phases of immersion, incubation, illumination explication and creative synthesis offer a broad framework that allows consideration and reconsideration of what the underlying principles of the metaphoric communication are and how the researcher-clinician is involved in the formation and formulation of the metaphor. Janesick defines the process as toing and froing, using a metaphor of the dance

between the subject of investigation and the awareness of the researcher and is one that I hold as central to the methodology.

In the following section I will briefly articulate nine recognised methodologies that are relevant to qualitative research. The question that is being addressed is about the role of metaphor in articulating novel perspectives on relationships. This requires two facets of enquiry to be developed, firstly, that of the cognitive comparison that leads to a verbal communication and secondly the psychological relational dynamics that impact on the formulation and content of the metaphor. The primary difference being proposed rests on the intention to communicate the metaphor, in other words, how is the content interpreted? The methodologies that are explored in the next section reflect this difference. On the one hand there are methodologies that focus on the conscious or preconscious intentional communication and conversely methods that focus on interpreting the unconscious formation.

3.7 Exploring Qualitative Research Methodologies

Whilst I cannot give an appraisal of all qualitative methodologies that were considered for this thesis, I can give a brief overview of the most common qualitative research methodologies that I examined for the purposes of considering what might be of value to this research. Following a brief appraisal I will offer a rationale for the development of a hybrid methodology. The model that accounts for metaphor production in art psychotherapy is that metaphors are consciously communicated *and*

articulate unconscious relational material that becomes conscious through co-elaboration (See Fig. 15). The next section will be divided into three sections:

- Methodologies focusing on conscious / preconscious formation of Metaphor
- Methodologies with no explicit theoretical position
- Methodologies focusing on unconscious formation of Metaphor

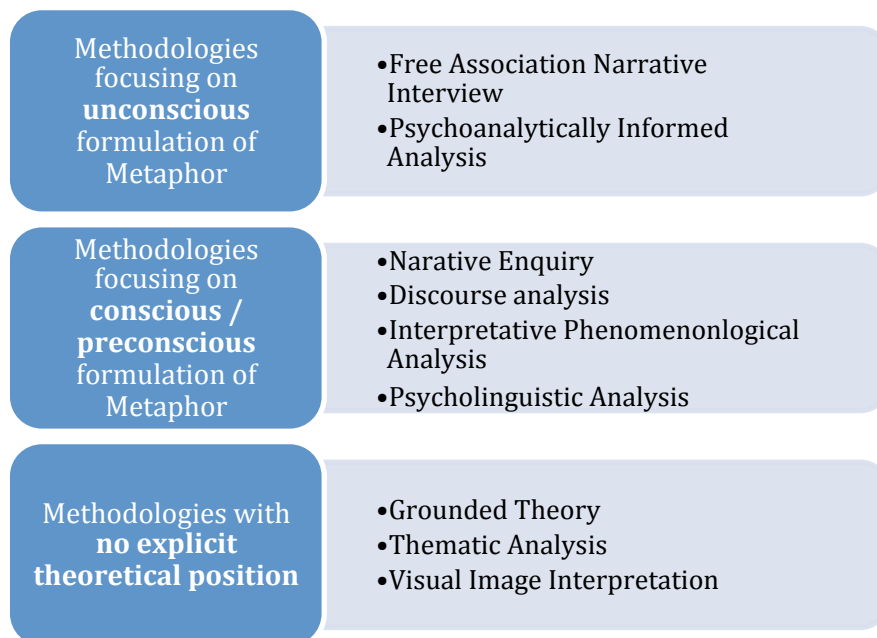


Figure 15 – Methodologies grouped according to the focus on conscious and unconscious formulation of metaphor.

3.8 Methodologies Focusing on the Conscious / Preconscious formation of Metaphor

3.8.1 Narrative Enquiry

Narrative enquiry is fundamentally a method of collating texts from various sources so that they make sense in context. This is usually conducted through a thematic approach that is tailored to the question, hypothesis and the material available. The narratives point to why the narrator chose to construct this version of reality, to what purpose (Lyons and LaBoskey, 2002) and how narrative is unified according to underlying principles (Johnson, 1993). However, in this study the material that is being investigated is not about narrative per se, but about a change in the participant that produces a metaphorical meaning. Another limitation is that in this study the image also forms part of the narrative, which cannot be accounted for in its visual form in narrative analysis. Whilst knowledge of narrative based principles is helpful to consider the way in which stories are formed and the context, this method is not suitable to answer the research question.

3.8.2 Interpretative Phenomenological Analysis (IPA)

IPA has drawn on key principles of phenomenological investigation as described by Merleau-Ponty and Husserl. Smith and Osborn (2003) as a way of capturing a qualitative account of another's experience have developed their philosophical premise into a systematic methodology.³¹ IPA was originally designed by Smith and Osborn (2003) and the results of the critical review of fifty-two IPA studies by Brocki and Wearden (2006) confirmed the credibility of the method.

³¹ Other methodologies, such as discourse analysis, thematic analysis and grounded theory do not focus on states of mind as being conjoined with the text.

IPA is a double hermeneutic method of research that analyses discourse for the phenomenological and interpreted themes. This means that the data collected, usually from interviews is themed for weighted occurrences that occur in the text and also, for the ways in which the observer understands the experience of the interviewee. The method does not attempt to draw conclusions about cause and effect but does attempt to make sense of the interviewee's experience.

However on closer investigation the IPA paradigm does not offer equal emphasis to how the communication is affectively received and experienced by the therapist (the countertransference), or how the therapist processes the countertransference for its dynamic qualities. IPA focuses largely on 'bracketing'³², which uses a different paradigm to psychodynamic art psychotherapy. Therefore using the countertransference to reflect on how the patient experience is communicated does not feature as part of the IPA process, which makes this method unsuitable for this research.

3.8.3 Discourse Analysis

Willig (2008) considers language as a way of constructing reality through social discourse. Gee (2014, p. 46) provides a definition of discourse as,

³² See LeVasseur, (2003) who provides a good overview of the problems associated with the classical conception of 'bracketing' as a method of separating bias from being objective. LeVasseur develops a new conception of bracketing in the service of being curious.

“...ways of combining and integrating language, actions, interactions, ways of thinking, believing, valuing, and using various symbols, tools, and objects to enact a particular sort of socially recognizable identity”

This is relevant to this study as based on the literature review it is hypothesised that the metaphor is co-constructed through discourse. However, the criticism of this type of research is that there is not a systematic method of analysing the intentions and communications that may be outside of the awareness of the interviewee (Willig, 2001). Discourse analysis has limited scope to analyse features of metaphor that are understood as image based as well as the problem of identity being a developmental matter rather than based only on discourse.

3.8.4 Psycholinguistic Analysis

Psycholinguistic analysis draws data from studying the development and comprehension of language. Whilst most psycholinguists use experimental conditions to understand behaviours associated with language (for example see Fischler, 1977), there are some more recent methods, which encourage the researcher to be more reflexive (Schmitt, 2000, 2003, 2005). Additionally, the analysis of language in terms of its form and types of metaphor is essential to defining criteria of the CRM in verbal language. The psycholinguistic model investigates the mapping process drawn from cognitive science. The mapping process usually depends upon pre-determined definition of metaphor, with specific criteria that can be observed in practice. Cognitive methods of interpreting experience similar to the process of metaphor

development, that of mapping a source domain to a target domain. As Hummel and Hollyoak (1997, p. 427) state,

“Reasoning, problem solving, and learning (as well as language and vision) depend on a capacity to code and manipulate relational knowledge, with complex structures emerging from the systematic recombination of more primitive elements.”

In other words, Hummel and Hollyoak focus on how we can name the subject and agree on a certain number of statements, based on the cognitive appraisal of the convergence of ‘primitive elements’. The detailed linguistic analysis of what the transcript tells us about metaphor is important to the process of mapping the metaphor domains; a cognitive approach tells us about the elements that we might predict as shared through language. As a first phase of enquiry, this seems a valuable approach in order to map the qualitative terrain of the patient experience, before the therapist’s experience is taken into account. Visual mapping tools have also been developed by and Veale and Keane (1995, 1992), which are based on a cognitive method of inquiry.

3.9 Methodologies With no Explicit Theoretical Position

3.9.1 Grounded Theory

Glaser and Strauss (1967) established Grounded Theory (GT) as a method of generating novel theories from a cyclical process of data collection and data analysis which continues until the theory is saturated (see Strauss & Corbin, 1998). GT is often

used to develop new hypotheses and questions in areas where there is insufficient evidence to support theoretical assertions (Charmaz, 2006). The area of enquiry into metaphor formation does require a similar toing and froing between the data and the theory about why metaphor forms in this particular way at the particular time. Also, Long and Lepper (2008) used GT as part of a mixed methodology studying metaphor occurrences in psychoanalytic clinical work. However, this approach has been criticised by Robrecht (1995) for looking *for* data rather than *at* data and that the role of prior theory is unclear. In other words, the way that the researcher makes sense of themes does not have any systematic approach associated with the thematic analysis. In many contexts where themes are used for the purposes of auditing, the theory is less relevant. However, in this thesis the theory is central to the hypothesis (as referred to in the previous chapters) based on an art psychotherapy method.

3.9.2 Thematic Analysis

Thematic Analysis analyses data for recurring patterns that can produce a systematic network of associated and weighted themes (Braun & Clarke, 2006). This method is common to many approaches in that there are weighted categorical statements or themes that are represented as part of other the findings from the investigation, such as discourse analysis or IPA. Braun and Clarke (2006) argue that similarly to GT, the advantage and disadvantage to this methodology is that there is no explicit relationship to prior theory and therefore can be applied without consideration of the researcher's theoretical perspective or philosophy, thereby not revealing inherent biases. Whilst in this study of metaphor, categorisation of themes

will certainly play an important part in the way that the data is understood in terms of types of interaction and forms of metaphor, the themes themselves are understood in the context of the interpersonal dynamic, which cannot be captured through a pure thematic analysis. However, themes will be drawn from the material during the course of the research especially in consideration of the cognitive mapping and the therapist interactions.

3.9.3 Visual Image Analysis (VIA)

In Visual Image Analysis (VIA) Lester (2013) describes the centrality of a descriptive approach to image analysis that is similar to the art therapist Carpendale's (2008) approach to investigating the image in art therapy. As seen in previous chapters it is hypothesised that the visual image in art psychotherapy forms an important part of the formation and definition of the CRM. There have been a number of attempts to attribute generalisable meanings to visual images according to specific aesthetic factors. However, none of these have been successful at producing any systematic validation or reliability in practice (Betts, 2006).

Lester (2013) produced a comprehensive methodology for analysing art works that focuses on the descriptive factors before considering what is being communicated according to context and other factors. Associated factors such as the subjective experience of the observer, linking with previous events and the context play an important role in art psychotherapy. Perhaps the least ambiguous form of aesthetic data are the formal characteristics of the image: colour, line, form and depth. To this

effect the image can be analysed, purely for its visual information, rather than how the content is interpreted. Similarly, the importance of Lester's (2013) approach focuses initially on the image as a shared object, before analysing what the intended communication is. Lester's (2013) systematic model of visual image analysis is relevant to the first steps of this study where the formal elements are considered before the content is analysed.

3.10 Methodologies Focusing on the Unconscious Formation of Metaphor

3.10.1 Psychoanalytically Informed Analysis

As already stated, a psychoanalytically informed perspective of intersubjective experience is important to this study on the grounds of understanding complex interpersonal phenomena through reflecting on the transference, countertransference and the required and avoided relationships (Ezriel, 1951; Hinshelwood, 1991). The method usually requires taking account of the researcher-clinician's subjective state and observations during and soon after the therapeutic encounter. This information forms the basis of understanding the experience of the patient. The essential features that are considered in a psychoanalytically informed analysis are, that relational issues are considered that exist outside of the awareness of the patient. These become manifest as transference, countertransference, defences and ego functioning. Further to this, in recent years there has been a growing interest in researching the

interactional and emotional processing involved in psychoanalytic work (Greenberg, 1990).

Using an intersubjective approach to interpret the patient as having a motivated agency, based on an unconscious schematic rationale for their actions has been criticised on the grounds of over-interpretation, particularly where this is unchallenged by the patient's perspective. Midgley (2003) has suggested changes to the classical case study design (Hinshelwood, 2010a) to reduce bias of interpretation. Midgley (2006b) advises having a second person reading the interpretations as well as keeping the interpretations very close to the data, which should be described in detail. Provided some assurances are in place to provide greater credibility of the interpretation being accurate in relation to the data, it would seem that psychoanalytically informed analysis is a highly valuable method for this study. Therefore, a psychoanalytic method is suitable for this thesis, especially given that the model of intervention is based on psychodynamic principles, particularly in relation to early development (Dalley, 2000). In summary, a psychoanalytic method uses a number of methods, which are of particular use where there is complex interpersonal material that requires a method of inferred interpretation.

3.10.2 Free Association Narrative Interview (FANI)

The use of countertransference in psychosocial research has been developed as a research method by Hollway and Jefferson (2012) who developed the 'free association narrative interview' method. This method has become integral to a wide

range of research projects (Garfield *et al.*, 2010; Goldman, 2003; Graham, 2007; Holge-Hazelton, 2002; Madill *et al.*, 2000; Robb, 2004; Shefer T *et al.*, 2000; Smith and Joffe, 2013; Swartling *et al.*, 2011) and is evidence of the growing dialogue between research and the psychoanalytic method (Cartwright, 2004; Lewis, 2008; Melles *et al.*, 2005).

Hollway and Froggett (2012) describe the problem of using qualitative methodology and analysis for the purposes of understanding material that is not immediately accessible through traditional psychosocial methods of investigation,

“We use the idea of unconscious processes to signify that which is not ordinarily accessible to symbolisation. This can be seen as a continuum of the unthought known ranging from the unsaid to the unsayable. The question for psychosocial research is how to open up an area of unthought known not usually available to qualitative social research methods.” (Hollway and Froggett, 2013)

Whilst there are many methods that focus on explicit communication, Hollway and Froggett (2012) identify a gap in the traditional psychosocial research process where the use of countertransference is pertinent to making sense of the patient’s experience. Following Hollway’s conceptual model of using the countertransference in research, this can be seen as an important part of understanding what might impinge on the formation of metaphor. This is important in terms of interpreting the use of language on the basis of how the utterance is received. However a limitation to the approach, is that it is difficult to know the reality of the psychoanalytic assertions

about interview narrative due to the interpretation being heavily influenced by theory. Whilst FANI has an overriding emphasis on interpretation informed by the countertransference, it is a requirement in this thesis that the countertransference is salient to behaviours, the image and the dialogue.

3.11 Selection of Methods

The following table (Table 4) delineates the types of research methodology (left column) against the type of data (top row). The evaluation suggests that psychoanalytically informed analysis, psycho-linguistic analysis and visual image analysis would be valuable methods for making sense of the definition and the formation of the CRM from the perspectives of both the conscious intention to communicate the metaphor and inferred formulation of the unconscious content.

Data Method	Sequences of in-session interactions	Visual Image	Process Notes (Including notes on Counter-transference)	Transcript
Narrative	x		x	x
Psycho-analytically informed Analysis	x	x	x	x
FANI	x			x
Grounded Theory	x		x	x
IPA	x			x
Psycho-linguistic Analysis	x			x
Content Analysis	x			x
Discourse Analysis	x			
Thematic Analysis				x
Visual Image Analysis		x		

Table 4 - Selection of research methods based on required areas of inquiry in relation to the hypothesis.

The highlighted parts of the table illustrate the important methods for analysing the data that will elucidate the definition and formation of the CRM based on congruence with the ontological position and the best suited methods to answer the question. This amounts to a psychoanalytically informed investigation, based on the intersubjective paradigm and the emphasis on process research in order to understand the metaphor *as a sequence of events*. Second to this is the examination of the metaphor criteria in light of the form of the image. The way the image is made informs the researcher about the content.

Lastly, metaphor is essentially revealed and communicated through verbal language. Therefore identifying the features of the metaphor are heavily dependent upon a linguistic formulation, which is understood as meeting some specific criteria; linking an image based source with a target domain that makes sense in the given context. The next sections will give further detail about these methods of enquiry:

- **Psychoanalytically informed analysis**
- **Psycholinguistic analysis**
- **Visual image analysis**

3.12 The Psychoanalytic - Psycholinguistic Interface

The reason why psychodynamic, psycholinguistic and visual image analyses are integral to metaphor analysis in the context of an art psychotherapy assessment is because of the defining features of the metaphor as described in the literature review. Metaphors are defined according to, image-based, linguistic and intersubjective features within an interpersonal context and therefore the analysis requires an approach that takes into account the linguistic form and how this relates to the personal content of the metaphor (Adams, 1997; Arlow, 1979; Bollas, 1980; Modell, 1997a, 2005).

It should be noted that these three methods of analysis are not usually used concurrently because they were developed through different paradigms of investigation according to the perceived relevance of the methodology to the question. The school of visual aesthetics' interests lie in understanding an image in a social context, for example the gallery or television advertisement (Berger, 1989; Lester, 2013; Sullivan, 2010). The psycholinguist is interested in the psychology of cognitive language mapping (Gibbs and Perlman, 2006; Glucksberg, 2003; Ortony, 1979) and the psychoanalyst is interested in the dynamic development of the interpersonal world of the patient (Fonagy and Target, 2005; Hinshelwood, 2010b; Holmes, 2006). However there are recent psychoanalytic studies that draw on research from psycholinguistic studies to make sense of the patient experience (Emde *et al.*, 1997;

Grotstein, 1977; McCarthy *et al.*, 2011) as well as visual aesthetics (Ettinger, 1999; Glover, 2009; Meltzer and Williams, 1988). In fact there has been a recent widening of the definition of psychoanalytic enquiry, making stronger bridges with a range of disciplines. Bucci (2001, p. 66) states, ‘Such a science needs to draw on related fields such as developmental psychology, cognitive psychology, psycholinguistics, and neuropsychology—and in return has much to offer them.’

Following Bucci’s proposition, this thesis uses a psychoanalytic procedure of data collection and analysis as its primary method, but also draws upon the cognitive field of metaphor analysis and aesthetic analysis. This means that certain aspects of cognitive psychology are taken into account, especially in terms of a visual system required for mapping metaphor and associations (Keane and Veale, 1992). However, the fit between methods requires an adaptation for both the cognitive and aesthetic analysis. Keane and Veale’s cognitive model (1992) assumes that the brain is like a computer that stores a finite number of associations used to construct language³³. As Meltzer and Williams (1988, p. 14) stated,

“Outside the invisible walls of psychoanalytical thought it is probably generally accepted, again unthinkingly I would say, that the brain is a giant computer and that the mind is the brain, any other description being mere metaphor. But of course that is exactly the point: the mind is the metaphor-generating function which uses the great computer to write its poetry and paint its pictures of a world scintillating with meaning.”

³³ There have been some psycholinguists that have argued against a computational model of the mind, for example Gibbs stated “We must not assume cognition to be purely internal, symbolic, computational, and disembodied, but seek out the gross and detailed ways that language and thought are inextricably shaped through embodied action” (Gibbs 2003, p. 9)

By using Lakoff and Johnson's (1980) cognitive model, metaphor associations can be predicted through restructuring the supraordinate cognitive schemas of the patient. Further to this, whilst the text can be seen as the production of a computer like human function, psychoanalytic investigation also takes for granted that appearances can be deceptive. The conscious, computer-like analysis differs from that of the psychoanalytic investigation that refers to unconscious material. Ehrenzweig (1962, p. 303) states, 'the technique of unconscious perception and image-making is less differentiated than our conscious language and imagery.' In this sense, psychoanalytic enquiry focuses on an area of uncertainty, disruption, conflict and discordance in relation to the image. However, a cognitive method is required as a clear starting point from which to begin the journey of investigation. A road map is quite different from the journey and this is how I compare the Lakoff and Johnson's cognitive model with Holmes (2010) and Midgley's (1996) psychoanalytic method.

From the psychoanalytic perspective of Modell (2012), Bolas (1980) and Borbely (1998) it is not assumed that there are supraordinate concepts associated with personal and cultural values, or that there are only conceptual metaphors that underpin metaphor comprehension (Lakoff and Johnson, 1980). From their psychoanalytic perspectives, metaphors are considered to be linked with the affective and interpersonal world (Fabregat, 2004; Modell, 1997b, 2009b) and therefore associations are primarily related to the interpersonal situation, transference, countertransference and defenses. Whilst a computational model might help to map some possible associations (Veale and Keane, 1992), from a psychoanalytic perspective a cognitive approach cannot predict the metaphor potentials and emergent

features without the risk of oversimplifying the meaning of the metaphor within the uniquely relational situation.

A related issue occurs with aesthetic analysis. Visual image analysis is considered valuable where the observer is part of a social context attempting to discover the message of the image. Lester's (2013) model of aesthetic analysis suggests that the emotions should be relegated in preference to the 'rational' and that the focus is on the 'message that the artist wants to communicate' (Lester, 2013). In art psychotherapy the message that is being communicated is often not clear to the patient or the therapist, but they both make sense of this experience together through an attunement to the affective context. However, the starting points for all methodologies are mutually important. Whilst Lakoff and Johnson (1980) have described their approach to mapping metaphor as both 'positivist' and 'experientialist', the approach is essentially linking supraordinate concepts to every day language. A phenomenological psychoanalytic approach (Holmes, 2014; Ogden, 1997; Reis, 1999) investigates the intersubjective influence of affect and developmental processes through examining the qualities of the relationship that influence the emergence of metaphor, and thereby is inseparable from an 'experientialist' position.

This lends itself to the use of the image to help verify the countertransference experience. The art psychotherapist Leclerc describes the importance of being open to the image as a way of processing the countertransference,

“Finally, within this perspective, the capacity to be destabilized, touched, and ‘ravished’ by the aesthetic effects of presentation reflects *our condition of experienced other*; it reflects, in Winnicottian terms (Winnicott, 1971), our capacity to play which, in turn, is instrumental in helping our patients play and become experienced persons.” (Leclerc, 2006) [italics mine].

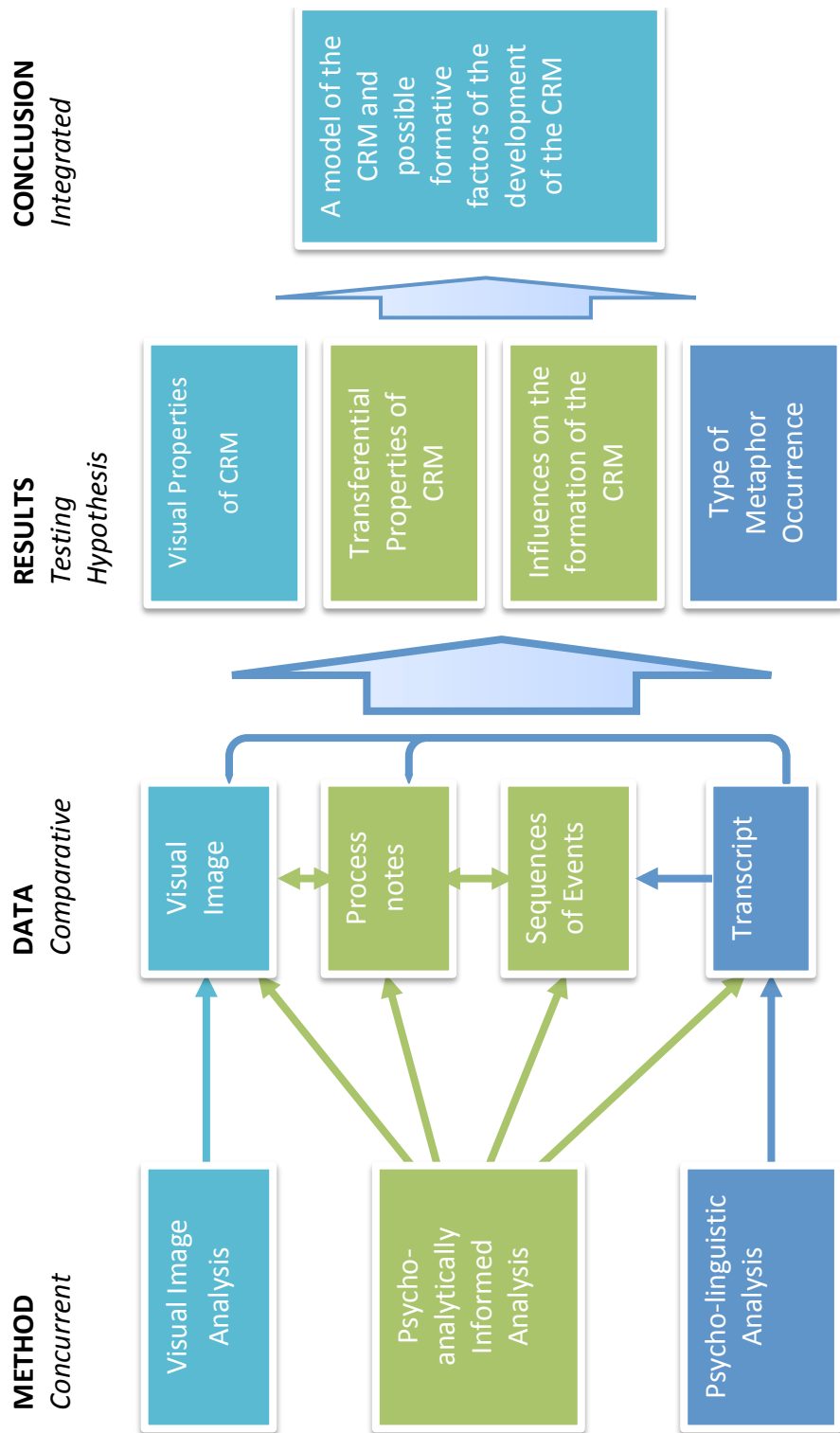
Leclerc describes the stance of the researcher as having a psychological permeability of being affected, even *ravished* by the image produced by the patient. Leclerc describes a powerful countertransference response to the image as sensation-based, affect-laden stimuli, similar to the notion of Ogden’s (1997) use of the ‘analytic third’. For Leclerc (2003) and Ogden (1997), allowing the mind to meander and explore primitive sensations, reveals the capacity to be playful. Exposure to the patient’s experience through the image, allows playfulness as a method of exploration to occur. This gives a space to the affect to become conscious and to achieve a form that can be reflected upon. Leclerc’s (2006) idea that countertransference is ‘destabilising’, ‘touching’ or ‘ravishing’ (all of which are metaphors) echoes the experience of Ogden’s (1992) ‘analytic third’.

However, Lakoff and Johnson share Ogden’s philosophical position, that there is *a reality that is a shared experience that can be described*. The researcher - clinicians position taken in this study assumes that the initial overlap of experience is a superficial but important map from which to co-construct meaning. As Merleau-Ponty stated, when exploring his perceptions of a stone,

“Even if in the last resort I have absolutely no knowledge of this stone, and even if my knowledge regarding it takes me step by step along an infinite road and cannot ever be complete, the fact remains that the perceived stone is there, that I can recognise it, that I have named it and that we agree on a certain number of statements about it”. (Merleau-Ponty, 1962)

Just as the aesthetic properties of the image are important to map, this also represents a cognitive process of meaning making. Therefore, a hybrid methodology is *not an integration of methods*, in that cognitive and psychoanalytic methods remain discrete ways of analysing the material; the methods are being considered in terms of their use to psychoanalytic investigation (See Fig. 16).

Figure 16 - Hybrid Research Methodology



*The Methodology: Part 2 – The Theory of Psychoanalytic,
Psycholinguistic and Visual Image Analysis*

“It is the theory which decides what can be observed”³⁴

3.14 Psychoanalytically Informed Analysis

3.15 Why Use Countertransference as a Research Tool?

The approach to validating metaphor interpretation in the art psychotherapy assessment context is complicated by the following factors:

1. The patient’s difficulty with communicating verbally (this is often the main reason for the referral)
2. The patient’s difficulties in their relationships that may be causing or sustaining the depression/ psychosis.

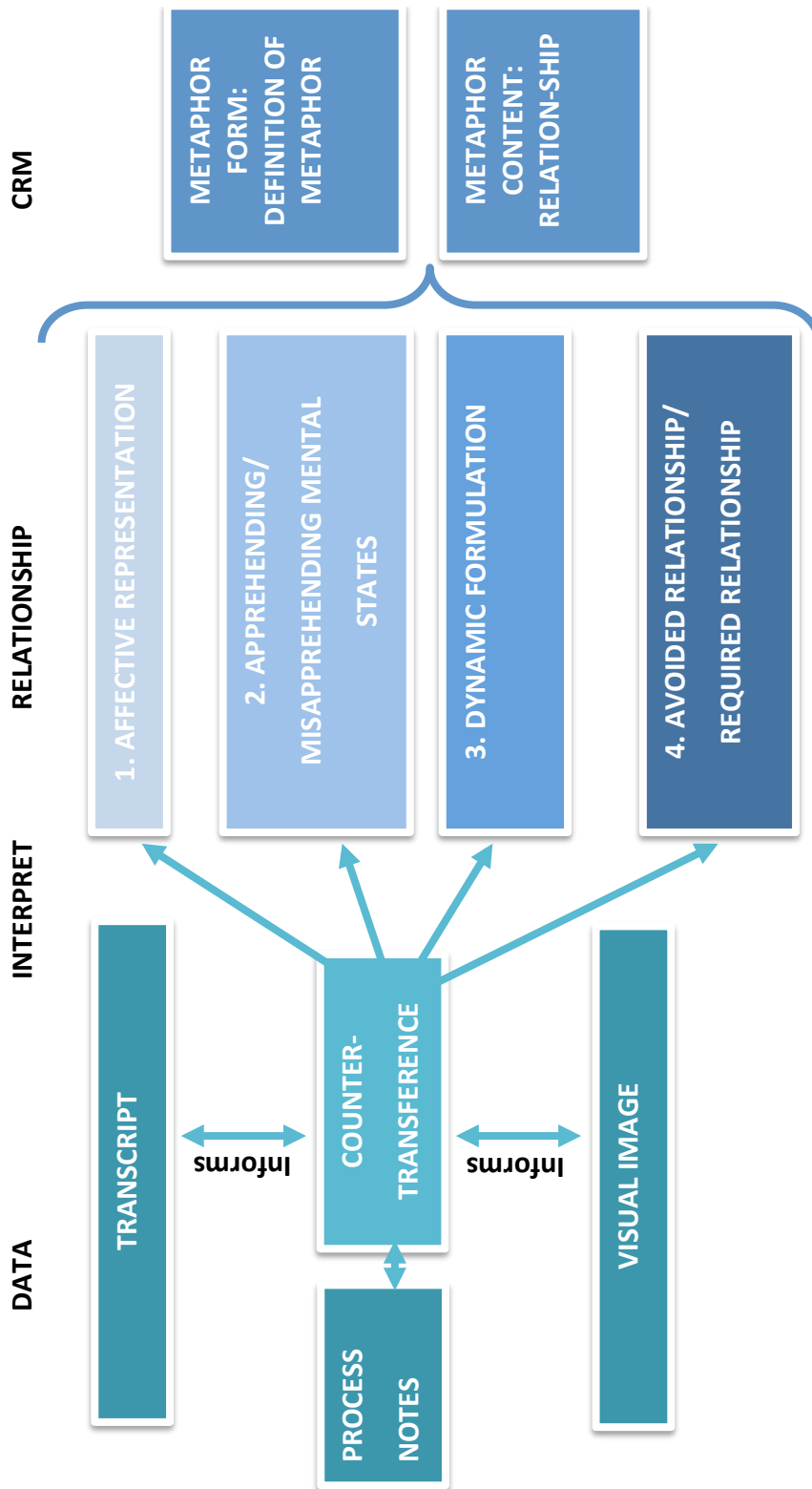
Therefore, countertransference can be a useful tool for making sense of the relational dynamic (Hinshelwood, 1999; Holmes, 2014) linked with the CRM where validation of the interpretation by the patient can be difficult. Art psychotherapy has been closely informed by a countertransference paradigm (Agell et al., 1981; Case

³⁴ Quoted by Werner Heisenberg, from a conversation with Einstein about how to make sense of observations relating to quantum mechanics (Heisenberg, 1973)

and Dalley, 2013; Kielo, 1991; Killick, 1993; Lewis, 1992; Waller, 1991), which draws upon the growing evidence for countertransference as a valid investigative tool (Holmes, 2014; Midgley, 2006). To establish the relevant principles of psychoanalytically informed investigation I considered two areas of focus for psychoanalytic enquiry: metaphor definition and formation. The research requires a method that will examine the relational and intended communication.

The following sections will examine the role of countertransference as an intersubjective instrument of interpretation, psychoanalytic relationship formulation and the concepts of the avoided and required relationships. This is to elicit the content and form of the relational aspect of the CRM (Fig. 17).

Figure 17 - Model of Psychoanalytically Informed Inquiry



3.17 Countertransference and Metaphor - Four Paradigms of Countertransference

There are four paradigms of countertransference that are on a spectrum of the Cartesian (Stolorow *et al.*, 2001) to intersubjective positions (Stolorow *et al.*, 1994).

These models are:

- i) Countertransference as Neurosis
- ii) Cartesian Countertransference Paradigm
- iii) Combining Countertransference as Neurosis and a Cartesian Approach
- iv) Intersubjective Countertransference

The paradigms are considered in relation to their usefulness to investigate the type of metaphor being generated and in light of whether they promote a collaborative approach to interpretation.

3.17.1 Paradigm 1: Countertransference as Neurosis

The experience of countertransference was originally postulated by Freud (1937) as being the unresolved neurosis of the analyst activated by the transference of the patient, making it difficult for the analyst to interpret the transference material.

In his writings on technique, Freud stated,

“I cannot advise my colleagues too urgently to model themselves during psycho-analytic treatment on the surgeon, who puts aside all his [her] feelings, even his human sympathy, and concentrates his mental focus on the single aim of performing the operation as skillfully as possible.” (Freud, 1912, p. 115)

Freud suggests that the emphasis of the analytic position is to maintain an objective technique that can be precise and neutral without interference from feelings evoked in relation to the patient’s transference. This idea is about countertransference being obstructive to interpreting the patient experience.³⁵

3.17.2 Paradigm 2: The Cartesian Countertransference Paradigm

A Cartesian paradigm refers to René Descartes mind-body dualism of ‘Archimedean certainty and clear objectivity, in which isolated mind entities are radically estranged from external others.’ (Stolorow *et al.*, 2001) This paradigm is based on a model of projective identification (Klein, 1946), whereby elements of the patient’s estranged experience are projected into the analyst. For example, Kernberg (1985) takes a Cartesian perspective, that all emotions³⁶ experienced by the analyst in

³⁵ See also De Rivera (1977) who postulated that negative countertransference reactions should be avoided in order to maintain clarity of perspective.

³⁶ See also Rossberg *et al.*, (2010)

the clinical relationship constitute the countertransference and can inform how we understand the transference issues of the patient.³⁷

3.17.3 Paradigm 3: Co-Existence of Countertransference as Neurosis and a Cartesian Approach

There is a third paradigm proposed by Kiesler (2001) which accommodates paradigm one and two. He suggests that ‘acting out’ from neuroses, (paradigm one), can be considered a ‘subjective countertransference’, which is largely about the therapist’s prejudices and unresolved conflicts. He states that this always co-exists with an objective countertransference (paradigm two), which is a direct response evoked by the patient during the session. Geltner (2006) also attempts to differentiate the ‘subjective’ by bringing objectivity to the understanding of a multiplicity of countertransferential experiences, likening the analyst to a piano being played as a metaphor for objective countertransference.

3.17.4 Paradigm 4: Intersubjective Countertransference

Intersubjective countertransference is inclusive of the therapist’s own internal world in the construction of the patient’s experience. For example, when working with a patient, Ogden uses his own seemingly arbitrary experiences to make sense of the transference (Ogden, 1992). This method accounts for the countertransference as a co-created event in what Ogden refers to as the ‘third’, which is both something of the

³⁷ See also Hinshelwood, (1999).

patient and the therapist. This would assume that the therapist uses their personal experience as a foundation for understanding the patient experience. As Overton (1994, p. 219) stated about metaphor formation, ‘Metaphor as process then operates projectively—beginning from the known, giving meaning to the unknown, and recursively resulting in a restructuring of the known.’. In concurrence Stolorow et al. (Stolorow *et al.*, 1994) state that the therapist also co-creates the type of transference as well as perceives it in a particular way depending upon the schemas that reflect their personal experience.

Given the epistemological position of the researcher-clinician, and the complexity of interpreting material with patients who are diagnosed with SMI, paradigm four meets the demands of interpreting the data to inform an understanding of the dynamic nature of the CRM.

3.17.5 Common Factors of Countertransference Processing

The commonality between paradigms about countertransference is based on the method of processing. Wagoner et al (1991, p.418) postulate some of the key aspects of clinical competency in relation to using counter-transference,

“...insight into their feelings and the basis for those feelings; as having a greater capacity for empathy in the sense of being able to partake of the client's emotional experience, as well as having an intellectual understanding of client emotions; as being more highly integrated, and therefore, more able to differentiate client needs from their own needs; as possessing less anxiety in

general and with clients in the session; and as being more adept at conceptualizing client dynamics, in both the context of the therapeutic relationship, and the client's past.”

These competencies form the basis of a dynamic art psychotherapy approach (Case and Dalley, 2014) of being available to the patient, empathic, and the ability to tolerate high levels of anxiety to enable thinking about the patient’s current situation in relation to the past. Perhaps this is the most fundamental rule of understanding countertransference phenomena, that it is processed in relation to what happens in the session and is made sense of acknowledging a personal standpoint without being overshadowed by the therapist/ researcher’s personal anxieties. Holmes (2014, p. 11) adds to this that the researcher must have ‘...an ability to examine potential links between observed changes in feeling states and other aspects of the research situation’. Bram and Gabbard (2001, p. 696) also identify the use of the reflective function in countertransference processing as a dialectical, bi-directional therapeutic playfulness. This brings the technique employed in the methodology, to the forefront, the focus of which lies in the capacity to be reflexive about countertransference.

3.18 Ogden’s Method of Using Countertransference

In Holmes’ (2014) evaluation of different theories of countertransference, he concluded that Ogden’s intersubjective model provides helpful data within a research context. Ogden is an example of a psychoanalyst who has developed an intersubjective model of countertransference interpretation. Ogden proposes that the

intersubjective encounter in the clinical work appears at particular times when there is unprocessed affect that relates to the patient experience. This, he states manifests in the first instance as *personal* rudimentary sensations, images, memories or thoughts which he develops through the process of free association. Ogden's (1992) paper on the '*initial analytic meeting*' is relevant here in terms of how the patient's transference is processed during the first encounter. He describes the unique nature of the clinical encounter,

“As the patient's internal object world is given intersubjective life in the transference-countertransference, both patient and analyst have an opportunity to experience directly the forms of attachment, hostility, jealousy, envy, etc. constituting the patient's internal object world.” (Ogden, 1992, p.244)

Ogden highlights the importance of making sense of preconceptions in relation to the patient through a form of cross-modal reverie. Similarly, when Reis (1999) reflects on Ogden's analytic third, he refers to the quality of 'illusion' that Ogden creates when describing his own personal, often arbitrary experiences to make sense of the patient's transference.³⁸

In his comprehensive appraisal of using countertransference in research Holmes (2014) concludes that countertransference analysis is a rich form of data that should always be cross-compared with other data (Holmes, 2014, p.14) ‘...which is neither wholly made up of nor wholly devoid of projected elements from both researcher and participant...’. Holmes calls this the constructivist approach in that the

³⁸ See also Bram and Gabbard, (2001); Milner, (2010); Milner and Rudnytsky, (1993).

countertransference is based on the researcher's personal position in relation to the patient and the assumed opacity of the patient's mind. From examining Holmes' study this paradigm seems most applicable to the required methodology and follows recent developments of the use of an intersubjective approach in art psychotherapy (Betensky, 1977, 1995; Cleveland, 1997; Quail and Peavy, 1994; Skaife, 2001).

3.19 The Concept of Co-Creation

For the purposes of this study, *co-creation* is an important concept based on the role and generation of meaning in the dyadic relationship. Tronick (2003, p. 476) refers to co-creation in early developmental interactions as central to affect regulatory processes, a requirement for mentalising in CRM production. Tronick explains the concept of co-creation,

“...it implies that when two individuals mutually engage in a communicative exchange, how they will be together, their dynamics and direction are unknown and only emerge from their mutual regulation.”

Tronick describes co-creation as a coordinated, relational responsiveness according to attunement to intentional states of mind and affects. According to the thesis hypothesis, the CRM is one such product of the co-creative process. Tronick goes on to explain that the dyadic relational couple moves between positions of *apprehension*, *reparation* and *elaboration* (Tronick, 2003, p. 486) as key components of co-creation. Therefore, we find in Tronick's model that co-elaboration is integral to

the concept of co-creation. The concept of ‘co-creation’ encompasses the concept of ‘co-elaboration’ used by Long and Lepper in their study of metaphor formation. Long and Lepper (2008) state that,

“On average 17% of total metaphors were *co-elaborated* and in the analysis of a sample of co-elaborated metaphors 50% were found to be therapist-generated and 50% patient-generated.” [italics mine] (p.354)

In Long and Lepper’s (2008) study, the co-elaborated metaphor was produced over two to three sessions. This is also evident in the material for the four patients in this study, that on two occasions the therapist drew upon material from the previous session to co-elaborate on the CRM. Long and Lepper found that 21% of the metaphors produced for four patients over the period of 12 months were novel metaphors and 17% of metaphors produced were co-elaborated. It is notable that the three examples that they use to illustrate co-elaboration are all novel metaphors. In other words, in their study, between 14% and 81% of novel metaphors were co-elaborated. This raises the question whether novel metaphors are generally co-created, which is relevant to this study on the grounds that the CRM is a novel type of metaphor.

However, before examining therapist interactions, it is important to give further definition to these concepts as used in relation to the production of the CRM.

Apprehending is a function required to anticipate another’s actions based on their mental states (Allen and Fonagy, 2006). Apprehending may be mentalised or non-mentalised depending on the state of mind of the person. Based on Tronick’s

model, misapprehension is linked with transference and countertransference where the problems of misperception are related to generalised experiences of others. The body of literature examining the mental states and processes by which re-enactments occur is vast and beyond the scope of this study, however a central debate is succinctly summarised by Krause and Merten (1999, pp. 103–104),

“One can view [transference] as a form of illusory misapprehension, and thereby stay relatively close to the process of perception and thinking, or one can see it as a form of enactment, and focus, more or less, on the action position, with the patient as the unconscious director of his own suffering.”

According to Krause and Merten, we should make a choice about which model of transference we are applying, perception based misapprehension, or the action based unconscious orchestration of scenarios. However, this also appears to be a matter of what Fonagy et al. refer to as misattributing mental states to behaviours (Fonagy *et al.*, 2003). Fonagy and Target (1997, p. 683) state,

“Thus misapprehension of reality constraints (e.g., assumed dangerousness) will provide and create a model where action which is clearly irrational from an external standpoint is nevertheless seen as based on the principle of rational action.”

In other words, actions relating to enactment of prior relationships are based on misapprehensions of the other’s intentions. In conditions of SMI, such enactment takes on a powerfully non-symbolic form, which often becomes a matter of psychic equivalence rather than treating the other ‘as if’ they were someone else.

Colli and Lingiardi (2009) describe the reparative features of the therapist's actions as 'positive interventions' defined as emotionally attuned responses to previous patient communications, that were clear and focused on the patient experience. Where there have been moments of enactment in the therapeutic relationship, reparation can establish the conditions that enable a shared co-creation of the CRM, defined as *co-elaboration*. In this context the focus is on when co-elaboration applies to the development of literal language into the metaphoric language or the conventional metaphor into the creative metaphor. On closer examination of the case examples of Long and Lepper (2008) it was evident that *co-elaboration*, involved several actions of the therapist; '*elaborating on the source domain and target domain*', '*elaboration on the use of figurative language*' and '*elaborating on the link between the relationship between the source and target domain.*'

The aim of this section has been to examine the relevance of Tronick's (2003) concept of 'co-creation' and the formation of the CRM in the art psychotherapy assessments. The three methods of relating within co-creation, according to Tronick are: repairing, apprehending and elaborating. The function of apprehending was considered in the context of transference and countertransference. Contrastingly misapprehending mental states reflects ruptures in the therapeutic relationship. Elaboration relates to Long and Lepper's (2008) findings relating to the role of the therapist and the formation of metaphors. Tronick's concepts of *apprehension and elaboration* will be focused on for mapping therapist influences on the formation of the CRM.

3.20 The Clinician as Researcher

Hinshelwood (1986) has argued that psychotherapists are testing their theories and developing their methods in response to the patient within laboratory-like clinical circumstances and therefore good clinical practice *is* a method of investigation. However, Figlio (1993, p. 330) responds that good clinical practice as research ‘needs a protocol’ in order to make sense of conflicting theories. This is a view that Fonagy (2000) has stressed, that without some way of evaluating theory in practice that is non-biased, theories are too often used to make sense of experience without consideration of where theories are disconfirmed. This gives an inherently biased flavour to the idea of the clinician as researcher. However, this is not a problem of the clinician as researcher, but a problem of clinical awareness and openness to the emergent material. This problem has been seen by Frosh and Emerson (2005) as an inherent issue in theory driven psychoanalytic enquiry. The clinician is required to keep a clinical focus whilst being open to the emergent data and thereby suspends the seemingly obvious interpretation. This sense of curiosity in the investigator as researcher and clinician is reminiscent of Socrates’s method of questioning that whilst seeming to be unknowing, is paradoxically poignant in the capacity to unmask false beliefs (Paul and Elder, 2007). The assertion suggests that therapy is about acquiring knowledge and to this effect Leclerc (2006, p. 133) suggests that art therapy provides a vehicle *par excellence* for collaborative knowledge testing,

“The mostly infra-representational eidetic impressions arising from the image as a presentation event, when experienced and then translated into knowledge, participate vividly in the mutual construction of meaning. “

Inevitably theoretical assumptions exist for the clinician *and* the researcher, as theories are ways that we personally make sense of the world and therefore inform the research from the outset. Following Braun and Clarke's (2006) postulation, that the researcher's theoretical position should be made clear from the outset, one of the aims of the methodology is to make the researcher – clinician's theoretical assumptions transparent, whilst also drawing upon what is believed to be the most appropriate methodology for researching the CRM. Therefore as Figlio stated, a 'protocol' is required, but equally so, an explicit statement regarding the ontological standpoint. However, the analysis produced by the researcher as clinician also requires verification from theoretical and clinical sources as well as from experts in the clinical field that can confirm (or disconfirm) the findings as realistic and plausible.

Assuming that an intersubjective standpoint provides an accurate method of inquiry for this study, there is a significant advantage for the clinician as researcher, and this is the sensitive access to complex relational material that could otherwise be overlooked by somebody external to the clinical process. As Gehrie (1978, p. 162) states, '... the researcher-clinician has access to data from a cohesive transference, which lies at the heart of the way in which an individual will communicate his experience of himself, as well as of his culture.' It is on these grounds that the clinician as researcher is considered for this study to be the best model of enquiry into the context of the art psychotherapy assessment, where essentially the advantages of being able to describe direct contact with the clinical material, first hand evidence, outweighs the problems of interpretative bias.

3.21 Psychodynamic Formulation in the Service of Interpreting the Countertransference

Hinshelwood (1999) highlights the importance of countertransference as a method of investigating the relationship. Based on the work of Ezriel (1951) he concludes that there is a three-step process to making sense of the countertransference,

“...first is a description of the relationship as it is in the transference, and he called this the required relationship: then we must understand, and interpret, that it is required in order to avoid another kind of relationship which he called the avoided relationship; and finally we must interpret why it is avoided – because in the mind of the patient it would lead to a catastrophe.” (Hinshelwood, 2010a)

Hinshelwood’s frame of reference produces some basic principles about analytic investigation, the relational patterns that come to life in the therapeutic encounter, and how the fantasy associated with another type of relationship are defended against, in order to prevent ‘catastrophe’. Davies and O’Farrell (1976) argue that the term ‘avoided’ is defined more accurately by the patient’s refusal to acknowledge a particular quality of a relationship, that nonetheless is present in the therapeutic relationship. Davies and O’Farrell (1976) propose that,

“What the patient is avoiding is not the relationship, but the acknowledgement of it, even to himself. Secondly, in referring to the avoided relationship, the therapist is not making an inference or putting forward a hypothesis: he is describing something which he sees before him. He is pointing out to the patient that certain aspects of the patient's behaviour constitute an unacknowledged relationship: for instance that he is behaving angrily.”

Here they highlight the observable nature of the avoided relationship, which can also constitute a transference relationship. Ezriel (1951) contrasts this with the *required relationship* which defends against the acknowledgement of the avoided relationship.

3.22 Psychoanalytically Informed Process Analysis

The first part of the thesis primarily defined *what* is a metaphor, rather than, ‘*When is Metaphor?*’ It is hypothesised that the art therapist plays a role in facilitating the use of an image in a way that produces a metaphor. It is hypothesised that the therapist employs decision-making processes that are informed by an interpretation of inferences based on observations and the countertransference. As Arkowitz (1989) has argued, an important development of psychotherapy research not only describes what important therapeutic event happened, but also *how* it happened. To understand the processes within the art psychotherapy assessment several forms of data must be drawn upon in a temporal framework. The process is essentially an enquiry into the patient’s engagement and use of art psychotherapy and the ways in which the

therapist facilitates this process. Therefore the process being examined is naturalistic according to pre-defined assessment methods. However, as Elliott (2010) postulates, the research of the process requires careful attention to the minutiae of interactions during and before the CRM occurrence. This can then be compared with non-metaphoric moments using the same method. This is what Elliott termed 'microanalytic sequential process design' (Elliott *et al.*, 1985).

Elliott (2010) concludes that most change process research is severely flawed because it attempts to manipulate the therapists actions in such a way that the therapist is no longer responsive to the patient but has some actions that are pre-determined and therefore compromise the therapeutic alliance and responsiveness. In this study, the therapeutic method is based on a standard art psychotherapy assessment model (Gilroy, 2011) and the therapist has not changed any interventions for the purposes of testing interventions.

In her various papers on change process, Greenberg (1986) attempts to reduce the dichotomy between process and outcome in psychotherapy. Greenberg proposed that a change process in psychotherapy requires rigorous examination of immediate outcomes and the ways in which these outcomes occur. There are definite advantages to using sequential analysis to examine turn-by-turn in-therapy change. Firstly, causal criteria can be closely met as examined by Haynes and O'Brien (2000). These are; that the therapist and patient responses achieve a high degree of covariance in their temporal alignment, that the therapist response preceded the patient response and that there is a theoretical hypothesis for the causal change³⁹.

³⁹ This is similar to Kazdin's (2007, p.16) model of change process research.

Haynes and O'Brien (2000) suggest that valid change process research must take into account the variable relationship between the process and outcome, the sequence of events being reliably temporal, (that is one coming before the other), whether other variables influence the outcome to a greater or lesser degree and whether there is a rational narrative that can explain the change. Therefore the final step in the analysis for this thesis is to bring together the data about what happened in the session and to begin developing a cogent explanation of why this process of metaphor development happened in the context of sequences of image based, and metaphor domain focused interactions.

The specific data that will be analysed in sequences will be the segments of dialogue taken from a video as well as the production of the image in sequence and the way the dialogue relates to the image and process notes. The data is therefore, a sequence in time and process; a record of moments containing a CRM and a non-metaphor, e.g. concrete statement.⁴⁰

⁴⁰ The problems that exist with this approach are described by Greenberg (1986) and Elliott (2010) who state that there is difficulty in defining reliable standard units of change, particularly when the units (e.g. discrete interventions) are individual therapist led. By 'standard' Greenberg refers to Pearce and Cronen's (Pearce and Cronen, 1980) hierarchical model of meaning ranging from speech acts to episodes of interaction. The other key issue that is raised by Greenberg is that the patient response to an intervention can be delayed by minutes or even sessions, making it difficult to identify what produced the change.

3.23 Metaphor Mapping: Using Veale and Kean (1995)

‘Spatially Founded Meaning Representation’ Method

Making sense of experiences that are communicated through CRM requires unpacking the metaphor for its associations and structures as they occur through the session. In other words the CRM does not simply appear as a single unit as an island in the sea of non-metaphorical utterances, but rather is part of the dynamic situation as described by Modell (2009a). It helps to make sense of the metaphor in terms of what the meaning might be and how the metaphoric novel perspective is being generated about a relationship or quality of a relationship. This can be clearly defined according to links between concepts communicated through the metaphoric structure. Using computational linguistic modeling⁴¹ Veale and Kean (1995, p.2) describe metaphor as a linking matrix,

“..., metaphor comprehension involves the construction (or more accurately, the *awakening*) of new cross-domain linkages, which serve as bridges to bind the *analog-pairs* established by the metaphor.”

This means that where a metaphor is established such as ‘my mother is the sea’ it also provides a range of possible metaphorical associations. For example ‘the action of mothering can be seen as the action of the sea’, a rocking motion, enveloping, calmness, rhythmic alternating and so on, thereby suggesting that further

⁴¹ The Sapper computational model

associations to the original metaphor can be activated through the process of comparison.

Veale and Kean (1995) have established a visual systematic model to map all of the *potential* links of a metaphor, and suggest that this cognitive approach helps also to map the figurative possibilities that are not being uttered. The linkages to associations are formulated by the observer and rated on their relevance to the association and labeled 'dormant structures'. This is based on the hypothesis that there are a limited number of directly related metaphor associations that can be recalled from semantic memory functions. Whilst Veale and Keane use this type of exhaustive cross-domain mapping, this has also been contested. Leavy (1973, p. 325) argues that,

'...metaphor and metonymy are the principal forms of speech which permit the transmission of unconsciously intended imaginal structures. Metaphor does so by offering a series (*potentially infinite*) of interchangeable indicators of meaning... [italics mine]'

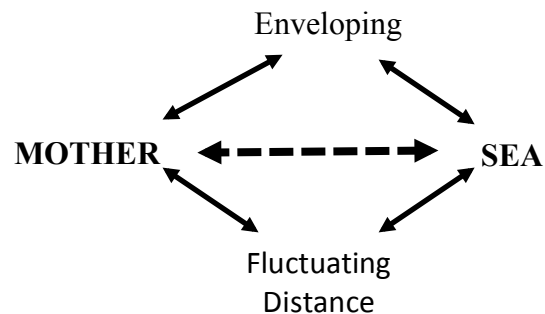
This statement is based on the production of metaphor within a therapeutic context being concerned with autobiographical detail and therefore *episodic memory*, rather than semantic memory. The position that this research takes suggests that potential associations will change according to a range of factors including the impact of the mental health condition on episodic memory retrieval (Ilsley *et al.*, 1995; Schatzberg *et al.*, 2000) and English as a second language and relational disturbances (Cirillo and Seidman, 2003; Egeland *et al.*, 2003). Therefore as suggested by Midgley

(2006), the importance of staying close to the data is of uppermost importance in consideration of linkages between domains of meaning associated with metaphor communication. Therefore the process of linkage between source domains and target domains requires a close analysis of the text to examine where the image-based schema is linked with the patient's interpersonal world. In this study the associations will be drawn from the transcripts and Veale and Kean's 'dormant structures' are considered as part of the metaphor map where there is further evidence such as the image or process notes that indicate that there is a high possibility of a relationship between inferred associations and the mapping of the source to the target domains. I will use Veale and Kean's (1995) method of triangulation of schema.

The helpful part of Veale and Kean's cognitive model of metaphor mapping is the formulation of *direct* mapping processes being depicted according to the associative structures through visual triangulation of the metaphor content which links each source and target domain. Triangulation of constructs suggests that there is a common schema between the source and target domains resulting in a metaphor. Further to this the salience to available data can be illustrated through the use of the thickness of the line (See Fig. 18 – next page).

Figure 18 - A Cognitive Tool for Visually Mapping Metaphors

Triangulation:



KEY

- ← - - - - → *Creative Relationship Metaphor (CRM)*
- ← = = = = → *Associational Relation*
- ← = = = = → *A thicker line indicates relational salience to the transcript, whereas a thin line indicates that other data was used to reinforce the probable relation; the image making, the process notes or both.*

Veale and Keane (1995) propose that through mapping the metaphoric associations, the data helps to consciously structure metaphors. In this sense we might the process limits associations that inform an understanding of the content of the CRM. Therefore the mapping of the metaphoric structures in relation to the CRM provide a basis to examine the wider meaning of the CRM, the associations and how these are relevant to the formation of the CRM.

3.24 Visual Image Analysis

3.24.1 Interpreting Metaphor and the Visual Image

There are certain preliminary steps to examining the meaning of the image that are based on direct observations. For example, a picture of a tree has qualities of colour, form and depth that can be more immediately acknowledged. Therefore Maclagan (2001) and Carpendale (2008) suggest that the clinical procedure should initially involve some closer examination of formal details of the image, just as an unknown facial expression would require a detailed description of a face that is being examined (Wagner and Linehan, 1999).

To develop a sense of the metaphor, certain details about the form need to be established. Lester (2013) describes this preparatory phase in the context of visual image analysis in relation to the visual image more generally, for example art works, media images, graffiti and other public forms of image. The process parallels art psychotherapy practice. We know there is something being communicated, and making sense of a piece of public art follows some similar principles as making sense of a visual image in art psychotherapy. Lester (2013a, p. 130) states that visual image analysis follows nine preliminary steps. The latter six steps are bound to the specific contextual factors that relate to the intended communication of the image as a cultural artefact, which is less relevant to art psychotherapy. However the first three steps clarify formal features of the image. Below I have stated the first three steps with examples of the therapist interaction, however, these observations do not usually

require confirmation from the patient and therefore this analysis can be conducted independently of the therapeutic context. Examples of therapist interaction are shown to demonstrate the generalisability (and therefore likelihood of those characteristics being shared) of representational pictorial attributes. Within the research context, drawing out features such as pictorial form is shared through verbal language. These representational attributes have perceptual-cognitive relationships that can be analysed in the following steps:⁴²

1. Make a detailed inventory list of all the things that you see in the picture

This process involves becoming conscious of the image pictorial elements. For example the therapist might say “I can see that there is a tree with what seems to me to be a hole, a wide trunk, with some marks on it, branches that are far apart and round forms for leaves”.

2. Note the unique compositional elements within the frame

This step suggests that objects in the image may have a relationship to one another, which can be indicated by the therapist. These are described by Locher et al., (1999, p. 262) as,

1. the distribution of “weight” about the axes of the pictorial field (especially about the vertical and horizontal axes);
2. cue directionality (principally with respect to left–right lateral organization);
3. the location of areas of interest or greatest structural weight

⁴² This also relates to the so called ‘*bouba/kiki effect*’ demonstrated in experimental studies (Milan *et al.*, 2013) where a shape can be identified with a word through its spoken form and sound, that is, softer sounds are associated with curved shapes and harsher sounds associated with hard edged shapes.

For example: T. “The tree seems to be very close to the dog and the sun but more distant from the small red box.”

Step 3. Consider how the visual cues of colour, form, depth and movement work singly and in combination to add interest and meaning.

“You have used a single colour and somehow the image seems quite flat, but my sense is that there is some movement, something is happening, a narrative perhaps”.

This last point is particularly important, because it alludes to an intended meaning based on making sense of the image. In terms of the presence or absence of these phenomena there may be indicative values associated with the formation of the metaphor and some of the problems associated with the process. Therefore the following values will be considered in relation to their relationship to metaphor formation:

1. *Colour*: refers to the intensity and variety of colours as they are *sensed*. According to the Oxford Concise Dictionary (2015) Colour is ‘...the property possessed by an object of producing different sensations on the eye as a result of the way it reflects or emits light’. For example, the researcher-clinician would note the use and intensity of colour as seen.
2. *Form*: Lester (2013a, pp. 21–28) refers to form as the perceived quality of ‘dots, lines and shapes’.
3. *Depth*: refers to the illusion of three-dimensional space, such as linear perspective, sense of foreground and distance or the sense of multiple perspectives. Mausfeld (2003, p. 23) states that depth is more accurately

described as 'spatial representations' or 'surface' representations', to denote elements of suggested internal structure that are part of an inference to the best explanation.' In other words, three-dimensionality within a two-dimensional plane must necessarily be inferred through a complex set of cues, for example, shading, tone and scale.

4. *Movement*: refers to the illusion of movement in the image created, for example, by flowing lines or pointed forms or forms that resonate with one another. As Freyd (1983, p. 580) states, movement is '...the representation of possible transformations an object could undergo is a static indication of the space of possible positions or rigid perturbations of an object.'

To reiterate, these descriptive elements are considered in relation to what the patient is intending to communicate and whether these visual elements support the development of the metaphor.

3.25 Applying the Methodology

In this section the procedure of the preparations for the methodology are described, including the art psychotherapy assessment process, preparation and use of process notes, ethical considerations, and data collection. The following section will describe a step-by-step account of the methodological procedure.

3.26 Quality Improvement (QI)

This project was funded by CNWL NHS Foundation Trust to examine the role of art psychotherapy in the assessment of severe mental illness in a psychiatric outpatient clinic as part of an NHS *practice development* initiative.

“Practice development occurs at the interface between creativity and innovation, evidence-based practice and quality improvement (Page and Hamer, 2002) and as the term implies it is concerned with developing professional practice. In this regard, practice development often involves the implementation of research findings in a local context, for example, the development and implementation of evidence-based guidelines.” (Gerrish and Mawson, 2005, p. 36)

The rationale for the project is based on developing an understanding of the therapist interventions that impact on patient communication that is observed in art psychotherapy assessment contexts. If this study confirms that there are changes to metaphor production and comprehension as a result of the art psychotherapist facilitating the image making process there are grounds for considering the types of competencies required that are relevant to the local assessment context, as well as those skills that are transferrable to other professions.

Langley et al. (2009, p. 24) state that the quality improvement programme begins with three important questions:

1. What are we trying to accomplish?

This project aimed to identify whether there was an assessment function that adds to the repertoire of assessment interventions used in NHS mental health settings for patients diagnosed with severe mental health disorders.

2. How will we know that a change is an improvement?

If the findings from the study demonstrate that there are specific uses of an image making process to help patients communicate relational problems this will have an impact on assessment method, outcomes and clinical competencies. These are measured in-service using outcome measures and patient reported experience measures.

3. What change can we make that will result in an improvement?

If the findings are indicative that there are competencies required that improve assessment processes for this population, training staff in competencies that are derived from the study will support future improvement in assessment processes.

Central to the quality improvement programme is the growth of knowledge from observations. Langley et al. (Langley *et al.*, 2009) state that in a quality improvement context developing knowledge that is applicable to the local context is a central feature of practice development.

‘...the interplay of the human side of change and the building of knowledge, as seen in areas of study such as cognitive psychology, is critical for growing people’s knowledge about making changes that result in improvement’

This thesis forms a cornerstone of the QI approach: the data required to further the development of knowledge required for the purposes of implementing changes to practice development within service design (See Appendix 2).

As a study commissioned by the NHS, it was also important that the project formed part of an ongoing dialogue with the North West London Arts Psychotherapies Service. Members of the team supported the project by identifying this as a key area of service interest and two clinicians read through the results to ascertain their credibility. Further to this, implementation plans and further research will be identified in collaboration with the team manager.

3.27 Ethics and Informed Consent

Ethics are central to any type of investigation, research or service evaluation within an NHS context, especially where the research includes vulnerable people (Gerrish and Mawson, 2005). This study follows the recommendations made by Lynn et al. (2007) suggesting that regardless of the type of study, key ethical considerations should be accounted for (see Appendix 2). These included:

- Social or scientific value
- Scientific Validity
- Fair Patient Selection
- Favourable risk-benefit ratio
- Respect for participants
- Informed consent

- Independent review

This study is part of a service evaluation focusing on practice development, which has a formal consent process included. Christians (2000, p.139) describes the importance of consent to take part in any study. Christians carefully considers the question of what informed consent means to the patient with regards to comprehension, disclosure and capacity. There are also significant legal issues regarding the use of text and images for the purposes of publication and service evaluation (see appendix 3).

The following points were discussed with the patient before signing the consent form (see appendix 3).

Consent

1. It is legally and ethically right that clients should play a key role in determining what happens during their treatment. This means properly explaining our intentions and ensuring that clients' consent to our actions. Consent is essential to maintaining trust between practitioners and clients.
2. The requirement for consent extends over how we create and use clinical records, including Arts Therapies materials.
3. We must ensure that clients are informed about how we will record information and we should only reuse it outside of the care context with consent.

The consent procedure adheres to the following legal references, especially in relation to dialogue and art works being used for the purposes of publication and study:

1. Data Protection Act 1998 (DPA)
2. Common law duty of confidence
3. Copyright, Designs and Patents Act 1988 (CDPA)

Ethical considerations for this study are part of the good practice guidelines, issued by the HCPC. The clinical process does not detract from the usual procedure. In normal clinical practice sessions are recorded and consent forms are issued in the event that material is required for service evaluation or other forms of local audit or practice development. However, this does not reduce the level of ethical consideration of the researcher-clinician conducting the investigation. Ethical consideration is required in clinical practice, storage of recordings, and the detailed conduct of the project, but not limited to these areas, or as Janesick (2000, 385) stated, responding to 'ethical issues as they present themselves'.

3.28 The Art Psychotherapy Assessment

This section describes the process and function of the art psychotherapy assessment. These are described according to local service specifications within an NHS service.

Once the art psychotherapist receives the patient details, the patient is sent an appointment letter offering an appointment within four weeks. Under usual circumstances the arts psychotherapies service is funded to offer two assessment appointments. In rare circumstances, for example where the patient finds it difficult to make a choice or the therapist is unable to gauge benefits from treatment after two sessions the therapist may see the patient for an extended assessment.

Ordinarily in the first session the therapist would focus on engaging with the patient, being receptive, interested and attentive to the patients concerns. Other factors would be to gain a sense of the patient's history where possible and to understand any risk factors for the patient such as neglect or self-harm or harm to others, especially if there are children or other vulnerable people in contact with the patient. Observation of counter-transference responses and where possible, beginning to make some explorations of interpersonal patterns would be a priority during this first session. Often the initial session is primarily verbal and the art materials are not introduced, unless the patient requests that they can use them or the patient is struggling to be with the therapist the art materials can offer a change in relational activity.



Figure 19 - A selection of the art materials used for the assessment sessions

The art materials (Fig. 19) and the room are laid out in the fashion that they will be for subsequent sessions. Therefore the patient has access to the materials if needed as they are usually placed on the table around which the patient and therapist are seated. Under some circumstances the patient may begin using the materials straight away or the therapist may introduce a free association exercise such as the ‘squiggle game’ (Ziegler, 1976) to assist with visual exploration. Alternatively the therapist may suggest that the patient use the materials if there is difficulty with communicating in a coherent way or if there is significant anxiety that prevents the patient from engaging with the therapist.

The therapist will suggest that the patient uses the art materials in the second session, however the patient may already be interested and take them up quite readily, without much encouragement. Before the patient uses the art materials, there may be a theme emerging and occasionally the therapist may suggest that they visually

articulate this theme, however, in most cases the therapist will simply ask them to draw or paint whatever comes to mind.

The clinical extracts that show CRMs and non-metaphoric moments in the analysis are all taken from the second session of each assessment. This is so that there is more visual material that assists in the understanding of the metaphor formation and the first session may prove to be unproductive for CRMs because of the emphasis on engagement and information sharing, rather than the process of how we make sense of experience. With two of the patients in the analysis they chose to use the art materials in the first session and therefore the analysis occasionally refers back to the previous image if it helps to make sense of the image produced in the second session.

The patient referred to arts psychotherapy services in a health context usually has had some contact with other professionals. The patients in this study have already had a mental health assessment. The referrals were made by a psychiatrist, community nurse, social worker or care coordinator who has for various reasons decided with or without the patient that art psychotherapy would be helpful to the patient. Often the referral is made on the basis of problems with verbal communication. This is relevant to the predicted outcome; that art psychotherapy assists with the development of metaphors where relational trauma has impacted on the person's capacity to do so and that this happens through *verbal* co-elaboration.

In the clinical extracts that follow this section, it is possible to see that the therapist was at times encouraging a metaphoric response, and the therapist encountered an avoidance of a metaphoric use of the image. This is evident in the way

that the patient responds using a *concrete action*. For example, the following extract shows the therapist alluding to a metaphoric form and the patient responding in a concrete way:

T. 17:36.1 I can see that you've also painted something that looks err...
alive today

P. 17:39.7 Yeah. I am going to fill in the spaces.

As the metaphor being investigated is hypothesised as being relational, how the art psychotherapist understands the context of the occurrence of metaphor in art psychotherapy assessments is according to how the patient relates to others. Therefore questions that are important to the art psychotherapy assessor are:

‘Why does the patient feel that they are referred and why do they want to attend?’

‘How does this reasoning fit with what the art psychotherapist can offer?’

‘Can an overlap be found for their aims and what art psychotherapy can offer?’

‘Are intersubjective patterns for the patient so entrenched that therapeutic outcomes within a set period of time is considered unlikely?’⁴³

‘Can the assessment process elucidate relational dynamics that help with the organisation of support in the community?’

Underpinning these questions is the development of the metaphorical formulation of the relational dynamic. For example, during the assessment Patient A, Angela, presented with the problem of feeling isolated and ‘bad’ about her experience

⁴³ The maximum period of treatment is two years for SMI.

of being attracted to another woman. What emerged in the exploration of the metaphorical formulation was that she experienced an overwhelming absorption in a preoccupied and distant other that appeared as the metaphor of the 'sea as mother'. This underlying metaphoric formulation of the relational dynamic helped the therapist to consider a number of issues to do with her attachment style to others, her self-perception and a core countertransferential dynamic that the therapist experienced during the assessment about being uncomfortably immersed in her world.

Questions about how the patient can benefit and how the patient engages with art psychotherapy are closely informed by the form and interactions that the course of the assessment might take. In this sense the assessment sessions differ from practice as usual, as there is a mutual investigation into the possibility of beginning a therapeutic endeavour rather than a contractual commitment from the therapist to provide therapy.

In this study, the second session is chosen as being optimal to examining a process of metaphor development for several reasons:

1. The question of metaphor development centres on the production of an image. It is common practice in art psychotherapy for the second session to be focused more on the image making process.
2. There is a brief opportunity in the first session for transference issues to develop which inform the content of the CRM.
3. The first session is primarily concerned with risk assessment, history taking and gaining consent and therefore there is some slight interruption to a session resembling a normal progression of events that allow the image to reveal more explicitly the experience of the relational elements.

4. On all occasions there were only two sessions, however under some circumstances an extended assessment is offered if it is not clear to the therapist what intervention would benefit the patient.
5. Assessment sessions can be particularly arousing for the patient (Storey *et al.*, 2014) due to meeting an unknown person for the first time and therefore it is hypothesised that there are significant defences preventing the formation of metaphor. Therefore, in the event that metaphors are formed within the second session this can be considered a significant event.
6. The focus of the study was determined primarily by the question, but also by the parameters of the service evaluation for which this study was commissioned.

3.29 Process Notes As Data

Clinician - researchers commonly use the therapist's process notes to make sense of the therapist's internal experience that motivated their actions (Bucci *et al.*, 2012; Bucci and Maskit, 2007; Midgley, 2006; Wallerstein and Sampson, 1971; Weiss, 1972) and to help convey a sense of the 'atmosphere' (Hinshelwood, 2010a) of the session that cannot be conveyed through recordings. Wallerstein and Sampson (1971) argue that process notes provide invaluable information about the clinical experience that cannot be seen in the transcribed session or heard on the audio tape.

"It is, however, precisely this mental activity by the analyst that is (should be) captured by properly written process notes. A proper prescription for the latter

might include: what the patient was conveying; what the analyst understood the patient's material to mean; and the basis in that understanding for the analyst's technical interventions—and his withholdings. In this area, process notes can have a 'completeness' denied to the tape-recording.” (Wallerstein and Sampson, 1971, p. 20)

This study will draw upon case notes written immediately after the session, whilst listening to the recording of the session to contextualise the therapist's countertransference experience of the session. These notes are responses to the session material and are then organised according to a line-by-line method according to the transcription. Using line-by-line analysis has gained credibility in a number of dynamic research studies where particular variables or themes required closer analysis within a here-and-now context (Holmes, 2012; Nahum, 2005; Tallberg, 2007). For this study a line-by-line analysis has only been conducted for the purposes of organising and structuring process notes. Where there is more detail needed about the therapist's experience to offer some insight into complex interactions the process notes are referred to citing the line of the process notes, for example, (PN, Line 1) indicates that this process note was taken in response to the first line of the transcript. The transcripts and the notes are also in the appendices (Appendices 5-12). The validity of the process notes is based on an intersubjective paradigm that helps to illuminate the countertransference experience of the therapist in relation to sequences of events in the clinical encounter.

3.30 Transcription

Transcription is rarely written about in any detail for psychoanalytic research, however there are clear standards that have been established (Gottschalk, 1966; Gottschalk and Winget, 1969; Kiesler, 1973). The method of analysis follows Gottschalk (2012) approach, which has not changed very much from its original version in 1969 (Gottschalk and Winget, 1969). Gottschalk suggests that being dependent upon on memory for detailing clinical interactions is insufficient and unreliable for research standards. Therefore, he suggests that video recordings should be made with elaborate transcribing of dialogue and any other significant nonverbal features that occur on the video. The transcripts of the video recording with details of sounds that are made, significant pauses and gestures are also included in the Appendices 5-12. 'The communication system uses all of the sensory modalities' (Gottschalk, 2012 p. 271).

The transcript is organised according to 'units of the size of the syntactic sentence' (Gottschalk, 2012 p. 271) that are arranged on a line-by-line basis. Where each line is referred to in the text, the time that the statement began is indicated at the beginning of the sentence. The time is indicated as:

00:00.00 (minutes : seconds . milliseconds)

Gottschalk states that syntactic units of verbal and nonverbal language have been defined as an 'event'. He also suggests that the same system has been evaluated over a period of twenty-five years, bearing successful results.

For the purposes of analysing the relationship of the 'syntactic unit' to influences on metaphor formation Gottschalk advises 'structural' modelling, which delineates the unit in terms of the sequences of events. A sequence of events is

defined according to Kiesler (1973, p. 133) as containing natural pauses between each ‘utterance’.

The nonverbal units coincide with or appear within a syntactic unit and are indicated within []. The following examples are of codes that indicate relevant nonverbal behaviours:

[pause] = a pause of 3 seconds or more.

[laughs] = laughter

[crying] = crying

... = showing intent to say something, for example, a brief pause whilst the speaker considers what to say next

[points] = is an example of a gesture that coincides with the utterance.

P. = Patient

T. = Therapist

For example, the following extract of the transcript used in the analysis is defined as a complete utterance with an indication in a significant nonverbal interaction:

P. (05:17.05) Sometimes... you need to talk about it. What is going on in your head, with someone. [Brief direct eye contact] If you don't talk about it with someone it will explode

But as Gottschalk (2012 p. 271) states, this ‘does not tell us the function of any behaviour’. To determine the function of the behaviour, further analysis is required using the process notes referenced as: (PN line 1), included in appendices 5-12. This

gives detail about the therapist's experience of the behaviour as the therapist's subjective notes following the session about the countertransference. This has been described in the previous section under 'Process Notes'.

The length of each session that is being coded is a 45 minute 'standardised live therapy interview' used for research purposes (Kieser, 1973, p. 134). However, on several occasions the patient arrived late for the session, resulting in a delayed starting point.

In the second analysis I have developed a method of describing the quantity of time in a systematic order using a bubble chart. The units displayed in the bubble chart are described according to Gottschalk's methods of 'syntactic' unit definition. A bubble chart has been used following guidelines for comparing quantitative data (Tufté and Graves-Morris, 1983), in this instance types of interaction and the time and duration of those interactions. Specific details about the coding for specific interventions are described in the first part of the second analysis. However, there is a basic commonality with Gottschalk's (2012) method of defining a syntactic unit in relation to pauses (Kieser, 1973).

3.31 Confidentiality

Art Psychotherapy has a history of respecting the confidentiality of the patient (Gilroy, 2006; Spaniol, 1994; Wilson, 1987) and understanding the nuances of the

ethical use of clinical material. The consent procedure (Appendix 3.) given to the patients referred to the arts psychotherapies service states clearly that,

“Alongside the DPA [The Data Protection Act], healthcare practitioners are bound by a duty of confidence to their clients. Confidentiality means not sharing client information outside the care relationship without consent or an overriding reason (such as public safety).”

According to the Caldecott Report (Caldicott Committee, 1997), principles regarding patient confidentiality are essential to the ethical functioning of the NHS. The tenth principle states, “Patient confidentiality will be respected throughout the process of care”. The DPA also safeguards the patient against the misuse of personal data. The focus of the DPA is to ensure that the individual’s privacy is protected.

The consent form issued to the participants explicitly states that the researcher will uphold these principles. This was ensured by:

- Conducting the transcription myself and ensuring that I was the only person that had access to the SD card with the recordings of the sessions. The recordings were kept on a site and all data, including the transcripts were treated as ‘sensitive material’
- Ensuring that there was no data recorded on the transcripts that would indicate the personal identity of the patient. This involved giving pseudonyms (for example, ‘Patient A, Angela’), and following the consent agreement so that any identifying names or any addresses or unique personal identifiable characteristics were not included.

- Any material carried off-site was anonymised to prevent breaking the rules of confidentiality in the event of loss of computers or memory sticks.
- All confidential material was stored on an NHS secure computer and password protected.

3.32 Sampling

As stated at the outset of the thesis, the patients chosen for this study have been diagnosed with severe depression with a recent history of diagnosed psychotic disorders. The patients were also selected on the basis that they were considered to have had difficulties with verbal communication and on this basis were considered for this study due to the assumption that it was difficult to produce meaningful metaphors. For this study, purposive, homogenous sampling was used. Devers and Frankel (2000, p.103) propose that,

“Purposive sampling strategies are designed to enhance understandings of selected individuals or groups’ experience(s) or for developing theories and concepts. Researchers seek to accomplish this goal by selecting “information rich” cases, that is individuals, groups, organizations, or behaviors that provide the greatest insight into the research question.”

According to Loewenthal and Winter (2006, p. 267) this sampling method is particularly valuable for ‘treatment development’.

For this study patients were selected from referrals received from the NHS mental health assessment and brief intervention team (ABT). The ABT functions as a 'gatekeeper' for secondary care mental health services, particularly for GPs referring to secondary care services. Once the referral is received a team of arts therapists allocated patients to this study on the basis that the patient:

- i) Was diagnosed⁴⁴ with severe depression with a history of psychoses⁴⁵
- ii) Was unclear about which arts therapies the patient wanted to receive and what would be helpful
- iii) Was uncertain whether they would be able to use the therapy for working with relationship difficulties
- iv) Required further assessment due to uncertainties about a clear diagnosis

3.33 The Use of Software for Data Collation

For the purposes of analysing text, Kimmel (2012) suggests using software to identify source and target domains of the metaphor. Kimmel illustrates how using software streamlines the identification process and systematises the analysis according to timings, types of metaphor and duration of occurrences. Schmitt (2005) describes a similar methodology in his manualised approach to metaphor analysis. A range of types of software were considered that could be used to code video material

⁴⁴ According to Kirk and Kutchins (1988, p. 20) diagnoses are 'metaphors' that have not been scientifically validated.

⁴⁵ Evans (2007) states that the largest clinical groups referred to art psychotherapists are those diagnosed with a severe mental health disorder that have usually found it difficult to engage in verbal therapies.

and then export data that would be useful in consideration of the formative influences on the CRM. These programmes included Nvivo, R, Anvil and Elan as being suitable because of the ease of use and the previous papers published on this type of analysis⁴⁶.

Elan (Grynszpan, 2006) software was used to examine timing and patterns of speech for this study and the coding was conducted manually. As Bazeley and Jackson (2013, p.3) point out,

“...computer software cannot turn sloppy work into sound interpretations, nor compensate for limited interpretative capacity by the researcher. As much as ‘poor workman cannot blame his tools’, good tools cannot make up for poor workmanship.”

Boyatzis (1998) suggests that coding the transcript prepares the text for interpretation. In this instance, in the second analysis the coding will relate to types of therapist intervention aligned with types of metaphor and patient response. As Boyatzis (1998, p. 1) states, ‘A “good code” is one that captures the qualitative richness of the phenomenon’. This study aims to examine the sequence of events and the codes draw on existing criteria in order to examine the development of the metaphor.

⁴⁶ See also Hassemer, (2009); Kita et al., (2007); Kolter et al., (2012); Walker and Cooperrider, (2015); Wang, (2015).

Chapter 4: Research Design

4.1 Introduction

The analysis of the data requires a step-by-step process that follows the linguistic and psychological context of the development of the CRM. To ensure the reliability of results the method has been advanced from a cognitive approach of mapping meanings to a more indepth psychoanalytically informed approach to understanding the relationship that is represented by the metaphor and the influence on the development of metaphor. From this point of view the results build on and reformulate the surface meaning acquired from a more cognitive perspective.

The following sections act as a step-by-step process of analysis. The process is based on a phenomenological approach to enquiry, that first impressions count, but not for everything. This method defines a procedure to discovering what the patient is communicating through metaphor, as well as how and why this formulation of language occurs. The following tables (Table 5 and 6) illustrate the steps to be taken in the methodology. It should be noted that most of the analysis happens in the first analysis. However, this is on an individual basis looking at each case separately. The second analysis examines the source and target domains across the text to look at when the CRMs occur in the context of metaphor focused interactions and how the linkage is formed between the source and target domains. The data analysis will be in two parts constituting a first analysis identifying the features of the CRM in the assessment context and the second analysis that focuses on the therapist-patient interactions.

The following tables identify the hybrid methods and the form of data being analysed as well as the steps in the process. The first table shows the procedure for analysing the CRM (ANALYSIS 1) and the second table looks at an analysis

procedure for the formative factors (ANALYSIS 2). These analyses will produce separate results about the type and formation of metaphor respectively, the main results and the subsidiary results. Following the tables there will be a step-by-step account of what happens in each part of the analysis.

TABLE FOR ANALYSIS 1: Identifying the Creative Relationship Metaphor

	Visual Image Analysis	Psychoanalytically Informed Analysis	Psycholinguistic Analysis	Data
Step 1		A Description of Relevant Background Information and an Overall Summary of the Session		Transcript/ extra material (e.g. Contact with relatives/ professionals)
Step 2			The First Reading: Classifying the CRM, Emergent Features and Conventional Metaphors in the transcript	Transcript
Step 3		Identifying Extra-Contextual Influences on the Production of Metaphor		Transcript/ extra material (e.g. Contact with relatives/ professionals)
Step 4	Using Visual Image Analysis to Identify Source Domains			Visual image/ process notes/ visual image
Step 5		Identifying the Source Domains and Their Relationship to Target Domains		Transcript/ process notes/ visual image
Step 6			Visual Map of the CRM, Emergent Features and Conventional Metaphors	Transcript
Step 7			Comparing Non-Metaphoric Sections of Transcript	Transcript
Step 8		Examining What the Metaphor Means in the Dynamic Interpersonal Context		Transcript/ process notes/ visual image
Step 9		Summarising the Therapist Interventions in the Context of the Dynamic Formation of the CRM		Transcript/ process notes/ visual image
Results	MAIN RESULTS Each step of the data is revisited to make comparisons and integrate the findings. This specifically examines similarities and differences across the sessions of what types of metaphor are produced and in what way they are produced. This marks the major findings of the study.			Findings from the Analysis

Table 5 - The nine-step first analysis procedure

TABLE FOR ANALYSIS 2: Co-creating the CRM

	Coding Therapist Interventions/ patient Responses	Source Material
Step 1	Sequential Coding	Transcript/ First analysis results
Step 2	Sequential Visual mapping	Transcript/ First analysis results
Step 3	Identifying Therapist and Patient Syntactic Units that appear to commonly precede the formation of the CRM	Transcript/ First analysis results
Results	Subsidiary Results: Examining the therapist patient interactions relative to the formation of the CRM	First analysis results

Table 6 - The three-step second analysis procedure

4.2 FIRST ANALYSIS: Steps for Identifying the Creative Relationship Metaphor

4.3 Introduction

As explored in the literature review, the homogeneous sampling was for the purposes of identifying metaphor development within conditions where metaphor development has been contraindicated. The following steps point to the key aspects of analysis in order to identify the features of the metaphor and what is being communicated as well as what might be influencing the formation of the CRM. The aim of this study is to define and understand the formative factors of the CRM production in the context of the art psychotherapy assessment. Understanding what is happening for the patient in the art psychotherapy context is pertinent to understanding the patient's intention to communicate, what is being communicated and whether what is being communicated is a form of metaphor. The hypothesis is that the change in language from literal to metaphoric is to do with the relational context for the patient and the interactional context within the session. To this purpose there are several methods required which focus on defining the metaphor and its formative factors. This chapter will precede with general, theoretical and methodological considerations before describing a hybrid research method for collecting and analysing the data.

The first analysis, as described in the methodology has been conducted for four patients attending four individual assessment sessions. For the first session with

Patient A, Angela, the process as described in the methodology is repeated to remind the reader of the criteria and process of analysis. In the following sessions the metaphor criteria and analysis process are described in less detail. In total, nine stages to the first analysis are applied in sequence to each session. Following this, a further three stages of analysis are applied to the results of the first analysis to determine if the data indicates any possible patterns of interactions that promote the occurrence of metaphor formation in this context.

4.4 Demographics

Patient	Gender	Age	Race	Educa- tion	Diagnosis	Session No.
A: Angela	Female	37	Asian British (Middle East)	GCSEs	Severe Depression following delusions and bipolar episode	2
B: Bernard	Male	54	Black British	None Known	Schizophrenia/ Depression	2
C: Cheryl	Female	41	Black British	Degree	Psychotic post-natal Depression	2
D: Talía	Female	26	Asian British (Middle East)	GCSEs	Severe Depression following an acute psychotic episode	2

Table 7 - The demographics of the four patients that were assessed for art psychotherapy and form the basis of the research study

4.5 First Analysis– A Step-by-Step Account

4.5.1 Step 1: A Description of Relevant Background Information and an Overall Summary of the Session

The first Step involves giving an overview of the patient demographics and known history prior to attending the session. This includes the narrative as described by the referrer and the initial contact with the patient, offering any details that help to give a sense of the person to the reader. A summary of the session is also described to offer a sense of the session as a whole before specific extracts relating to metaphor formation are analysed.

4.5.2 STEP 2: The First Reading: Classifying the CRM, Emergent Features and Conventional Metaphors in the Transcript

Following Schmitt's (2005) model of metaphor analysis, the first phase of the procedure is an attempt to identify metaphor schemas. The transcript is scanned to determine whether there are any statements from the patient that fall into three categories:

1. *Conventional metaphors* in the sense that they are non-literal phenomena that have both clear source and target domains.

2. *Emergent features* of a metaphor in that there are clearly symbolized elements but are not clearly associated with a specific context or interpersonal situation.
3. *Creative relationship metaphors (CRMs)* (that meet all of the criteria – see Appendix 13.)

These initial findings are based on the transcript only and are, therefore, not processed in terms of understanding the session as a whole with the process notes. Therefore, the categorisation process is provisional.

4.5.3 STEP 3: Identifying Extra-Contextual Influences on the Production of Metaphor

According to Schmitt (Schmitt, 2005) and many psycholinguists (Baynham, 1995; Gibbs, 1999; Gibbs Jr, 1999; Gibbs Jr and Gerrig, 1989; Giora, 2003; Glucksberg, 2003), metaphors only make sense when the contextual factors are taken into account, such as culture, personality and identity. Whilst the previous stages serve to identify the linguistic forms of metaphor, the meaning is considered to be context-dependent and therefore definitive factors to do with cultural and context specific criteria can be considered more closely. For example, factors that exist outside of the therapeutic relationship are examined to identify possible metaphoric contextual meaning. This stage is to identify the target or subject area within which the research enquiry is about. In the example given, one target area would be about mother. This is largely based on identifying the subject of the dialogue according to the patient's frame of reference.

“The investigative understanding of someone else’s linguistic images is conveyed via the horizons of a historical subject; a person’s social character, life experience, and level of education both allow and limit this understanding.” (Schmitt, 2005, p.369)

This background and historical account that helps to make sense of the patient’s experience is also based on the premise of information acquired from secondary sources, for example the referrer, or family members. For example one patient arrived with her mother and the quality of their relationship made an impression on the therapist. This first observation of the mother being very involved, through close physical proximity and appearing to be concerned formed part of the background to understanding the metaphor analysis.

4.5.4 STEP 4: Psychoanalytically Informed Visual Image Analysis to Identify Source Domains

Analysing the visual image, initially involves three steps:

1. Lester’s (2003) method of describing the image in terms of its composition, colour and depth. This is to make explicit the visual experience of the researcher and how this relates to the image.
2. Examining the process notes relating to the therapist’s experience of the image making and how it was painted. This method

involves the analysis of the countertransference in the context of the image making.

3. Examining the making of the image in terms of how gestures may contribute to understanding a source or target domain.

4.5.5 STEP 5: Identifying the Target Domains in Relation to the Source Domains

1. Having identified the source domains and emergent features, these are further elaborated upon in terms of the therapist and patients contextualisation of the target domains. This is primarily to examine whether the intended communication of the metaphor has been verified or communicated directly by the patient.
2. Sections of the transcript that show the CRM source and target domains are tabulated.

4.5.6 STEP 6. Visual Map of the CRM, Emergent Features and Conventional Metaphors

Using the source and target domains from step five and following a cognitive linguistic model of mapping metaphors, the themes are identified and coded according to the way in which the source domain is mapped onto the target domain through specific associations and their weighted relation to the data. For example, on certain occasions the therapist may be making a link between the

source and target domains, by virtue of their similar affect and temporal proximity in the session, which is defined as a weaker link than if the metaphor developed more explicitly by the patient. This model is based on Veale and Keane's psycholinguistic metaphor mapping process (Veale and Keane, 1995).

4.5.7 STEP 7. Comparing Non-Metaphoric Sections of Transcript

The formation of metaphor is dependent upon the quality of communication and the linguistic features. The quality of communication is based on the capacity to develop mentalised communication of an experience conveyed through the transposition of one object onto another to create a novel meaning. The following table describes the criteria to be met in order to be a CRM. If all criteria are met the communication is non-metaphoric (See Table 8 on the next page)

NON-CRM CRITERIA

One of the following criteria should be met to define the selection of transcript as a non-CRM.

1. Literal content: for example, ‘it is raining’ referring only to rain. (Glucksberg <i>et al.</i> , 1982)
2. Only a target domain with no source: ‘it is raining’ may refer to a concrete experience of rain without direct association to another experience of rain. For example, an intended communication of a memory of rain as a child would indicate that there it is intended to be another version of rain transposed onto the current experience of rain. (Fludernik, 2005)
3. Non-mentalised communication: ‘it is raining’ may be used to argue that the person needs an umbrella as an outcome of the therapy, that the therapist has the same experience of rain or that talking about rain is something that they should be doing in the given context. All of these would qualify for non-mentalised communication. (Fonagy and Allison, 2014; Gabbard <i>et al.</i> , 2006; Hinshelwood, 2010b; Luyten <i>et al.</i> , 2012).
4. No clear affect: This is relevant to the art psychotherapy context where the statement ‘it is raining’ cannot be affectively linked in any way to the visual image produced (Carta <i>et al.</i> , 1986; Finke and Shepard, 1986; Fonagy <i>et al.</i> , 1993; Gärdenfors, 1996) produced and does not have any clear affect associated with the statement. (Bouchard <i>et al.</i> , 2008; Bucci, 1982; Green, 2004; Modell, 1997a)
5. The description does not relate to the context: It may be that the patient experiences rain when there is no rain in such a way that despair or sadness is experienced as a concrete experience of rain; for example, in psychotic states of mind. There may also be an assumption that it is raining when there is no evidence of rain (Gibbs Jr and Gerrig, 1989; Giora, 2003; Messer <i>et al.</i> , 1992).
6. There is not a novel meaning: For example the metaphor is in common use, or structured to be a simile or a conventional metaphor.
7. There are no explicit qualities relating to an interpersonal relationship: The content of the metaphor should be explicitly about interpersonal events.

Table 8 - Non- CRM criteria

4.5.8 STEP 8: Psychoanalytically Informed Analysis – Examining What the Metaphor Means in the Interpersonal Context

The dynamic nature of the therapeutic relationship and especially in relation to the *avoided relationship* or *required relationship* will be analysed for potential influential factors on the development of the metaphoric occurrence. This is mapped out in terms of dynamic factors relating to problems with mentalising and the transference-countertransference matrix. The analysis refers to the metaphor themes, the process notes and the image to make sense of the relational experience. A dyadic visual formulation is based on the ‘interpersonal affective focus’ with particular attention to the self, other and affect from the patient’s perspective. As stated by Lemma et al. (2011, pp. 110–113) the formulation needs to,

- Describe a problem as seen by the patient
- Be contextualised within a developmental framework (temperamental dispositions, traumatic experiences, life events, past and present relationships.)
- Pull together this information into an account that meaningfully links the patient’s difficulties with a psychological dynamic process

This step helps to establish how the metaphor has been formulated in relation to an interpersonal context, meeting the defining criteria of the relational content of the CRM.

4.5.9 STEP 9. Summarising the Therapist Interventions in the Context of the Dynamic Formation of the CRM

Having developed a formulation, there is a closer investigation into the therapist's experience and how he responded within the specific situations. This is conducted as a narrative closely examining the therapist interactions prior to the metaphoric statement. (This will be more closely examined in the second analysis)

4.6 ANALYSIS 1: Prediction

Given the research and tools developed for the analysis the prediction is that CRMs may be identified with patients with a higher level of functioning. This means that where there is evidence of persistent concrete thinking and non-mentalizing, it is very unlikely that a CRM will occur. However, there may be emergent features or moments of reflection on relationships that would be of significance.

4.7 ANALYSIS 1: Results

The results will be described through the comparison of data from the first analysis, forming overarching themes and differences between the patient's development and comprehension of metaphors. Therapist interaction themes prior to the production of the CRM identified in the analysis will form the basis of the second analysis.

4.8 Second Analysis – Step-by-step Procedure

The second analysis investigates a model of co-creation formulated by Tronick (2003) that examines sequences of interactions relevant to mother and baby as well as therapeutic interactions (Tronick, 2003). This section involves two parts to the methodology: the sequential mapping of interactions and the analysis of the sequences to the development of the CRM.

4.9.1 STEP 1: Sequential Coding

The specific factors identified in the consolidation of the analysis will be coded to define a syntactic unit within the therapeutic context. The unit will relate to Long and Lepper's (2008) study of the timing and effect of elaboration as part of the co-creation of metaphors in the art psychotherapy context. Themes drawn from Tronick's concepts of 'apprehending and misapprehending' mental states will be used along with any other significant syntactic events drawn from the results of the first analysis.

4.9.2 STEP 2: Visual Sequential Mapping

The coded units will be identified in the video recording and the duration of the specific event will be noted. These will be mapped in temporal relation to the patient's responses using a 'bubble chart' method. This is a novel and economical method of displaying the whole session as a sequence of interactional units. The rationale and use of the bubble chart will be explained as part of the coding procedure.

4.9.3 STEP 3: Identifying Therapist and Patient Syntactic Units that Appear to Commonly Precede the Formation of the CRM

The analysis of the charts will examine the relationship between the metaphor formation and the timing of syntactic units. The units that will be focussed on are those that relate to ‘co-creation’ of the CRM within the art psychotherapy context.

4.10 ANALYSIS 2: Prediction

It is predicted that the art psychotherapist employs a collaborative approach that can be identified as a series of interactions through defining syntactic units in sequence. The prediction is that the units that are identified in the sequence of events before the CRM will have an influence on the production of CRMs.

4.11 ANALYSIS 2: Results

The results will be categories of intervention that are linked to a theoretical explanation of why those units of intervention may have influenced the development of metaphor formation.

CHAPTER 5: First Analysis – Identifying the Creative Relationship

Metaphor

“And during the journey you come in touch with unexpected--”⁴⁷

5.1 Introduction

Four art psychotherapy assessment sessions will be analysed for the occurrence of CRMs. The analysis will be looking in detail at the sections of transcript where a CRM occurs as well as conventional metaphors and non-metaphorical sections of text, to ensure plausibility of the interpretation of the CRM. There are criteria required for the definition of the CRM, some of which are relevant to conventional metaphors and figurative language, but all seven criteria must be met to meet the requirements of being identified as being a CRM. The CRM will be analysed in the context of the avoided and required relationships and understood in the context of the countertransference and image that has been produced by the patient. Whilst sections of the transcript will be referred to throughout the analysis, for the full transcript, see appendices 5-12. In the analysis of patient one, a few lines will explain the rationale of the section of analysis with any relevant tables that help to link the methodology with the analysis. For following analyses, this information is not repeated, but the analysis is conducted in the same way.

As has already been noted, whilst every effort was made to produce an analysis that was salient to the clinical material, by formulating a focus for the

⁴⁷ A comment by Maria Grazia Vassallo when interviewing Dana Birksted-Breen about writing papers (Bulgheroni and Panella, 2013)

inquiry this in itself begins to focus the attention away from material which may falsify the results. Within the scope of this study efforts were made to counteract this, by referring to video, re-reading the transcript a number of times and through colleagues examining the transcript for significant events. However, a note of caution should be offered about the reliability of the analysis on the basis that the interpretation is defined by criteria (see appendix 13) that has the potential to exclude other salient material that could alter the results.

5.2 PATIENT A: Angela

5.3 Step 1: A Description of Relevant Background

Information and an Overall Summary of the Session

(See Appendix 5-12 for the transcript and the therapist's process notes.)

This section relates to step one of the methodology and provides background information relevant to the formation of the creative relationship metaphor, including personal history of the patient as well as the session structure as whole.

5.5 Diagnosis

DSMIV Code: 296.24

Major depressive disorder, single episode, severe with psychotic features

PHQ-9 score= 21 (Severely depressed)

5.4 Relevant Background Information

Patient A, Angela, was thirty-seven years old and was born in the Middle East and had lived in the UK for twenty years. Her daughter was 13 years old. The daughter's father was absent as was the patient's. Her contact with mental health services began after being rejected by a woman that she had fallen in love with. This was two years before being referred to art psychotherapy. She had felt deeply rejected, and stalked and threatened the woman whom she had had a relationship with. She believed that they had made a lifelong commitment and that their relationship had developed over many years. The patient's former lover did not report this and accused Angela of repeatedly making death threats and stalking her with malicious intent. Angela was imprisoned for 6 months. She was referred to art psychotherapy for severe depression following her discharge from prison

5.4.1 Meeting Angela's Mother

The therapist had come into contact with her mother in the waiting room and she appeared anxious, protective but quietly bold and assertive. Her mother was an older lady dressed in relaxed middle-eastern clothes. She was perhaps 5'1" slightly stooped and made little eye-contact with the therapist. The engagement was brief, lasting less than a minute and it seemed to the therapist by her actions that she simply wanted the patient out of her hands and that the therapist would be an authority on the matter of alleviating the depression that her daughter was

experiencing. When the therapist entered the waiting area the mother stood up and directed her daughter. It was clear that the mother seemed to be the authority and the therapist experienced the patient as her child rather than being a grown adult. Having said this, her facial expression seemed caring, if a little anxious, perhaps even frightened about what was going to happen. The therapist was aware, that the mother appeared to be preoccupied and that whilst she clearly wanted to help, the patient was ushered by the mother over to the therapist with some immediacy, as if her daughter would not know what to do. This extra information is relevant, as her mother became a central feature of the therapy both during the assessment session and in the course of the therapy.

5.6 Summary of the Session Process

An overall summary of the session is based on the key themes that were presented during the course of the therapy. This is to help contextualise more specific accounts of the data that follow.

Time	Summary
00:00 – 00:02:37	Angela was greatly absorbed in the art making process from the beginning and the therapist often felt excluded and uncertain with regards what the patient was thinking about and feeling. However, he also often felt warm towards her. An absence of another seems to be reflected in the therapist's experience of the pauses at the beginning of the therapy, where further enquiry may have helped to elicit what the patient was intending to communicate and how we made sense of that.
00:02:37- 00:05:55	Angela began to describe a scenario where her daughter was in a fight at school and was now feeling unwell.
00:05:55– 00:17:50	The therapist introduced a type of metaphoric thinking about 'aliveness' that he associated with an image produced in the first session where she had been much less verbal.
00:17:50- 00:17:52	The patient was experienced as being defensive and cut off by the therapist when the therapist tried to be explorative about the image that she had produced. The therapist felt confused by what her response was and the patient made no eye contact and continued to 'fill in the spaces' on her image.
00:17:56- 00:17:59	The therapist became more descriptive in his responses, and despite not understanding what she had painted, related some lines and 'movement' to the condition of the sea.
00:18:05- 00:18:09	The therapist became more actively involved and described a personal association of a 'girl looking out to sea'.
00:19:38 00:19:43	The patient formulated a CRM response based on a fascination with the 'beautiful' sea that she wants to 'reach out' to as her lover or mother.

Table 9 - Summary of the session: Angela

5.7 STEP 2: The First Reading: Classifying the CRM, Emergent Features and Conventional Metaphors in the Transcript

The following table is used to apply the metaphor criteria to the transcript. This is a first reading and each column identifies the metaphor type and the timing of the metaphor on the left hand column. This data will be examined more closely for the relational content and the relationship to the image making process. The text in bold indicates the portion of text that meets the metaphor criteria.

The text was scanned for statements that met all of the CRM criteria:

- 1. Figurative language*
- 2. Source domain mapped onto a target domain*
- 3. Mentalised communication*
- 4. Affective image*
- 5. Context contingent*
- 6. Novel meaning*
- 7. Interpersonal emphasis*

(The details of these criteria are repeated on the next page and in appendix 13).

CRM Criterion	Description
Figurative language	Uses language, which is representational. The process of comparison communicates a quality of the object. For example the simile ‘the cheese of the moon’ associates properties of roundness and colour to the moon. (Fogelin, 2011; Giora, 2003; Happé, 1995)
Source domain mapped onto a target domain	Metaphors have a source and target domain (‘Raining cats and dogs’ Rain = Target, Cats and Dogs = source) provides a way of seeing rain according to comparison with a similar quality in cats and dogs (Fludernik, 2005; Szwedek, 2011).
Mentalised communication	Mentalised communication: responding to realistic hypotheses about self and other states of mind (the opposite being concrete, egocentric and reactive) (Choi-Kain and Gunderson, 2008)
Affective image	The image must be an expression of the patient’s emotional expression through the use of an image. The image ‘the sea is my mother’ is indicated to be relationally important by the affect associated with the image by the patient. (Holme, 2001; Levin, 1980; Modell, 1997a)
Context contingent	‘The sea is my mother’ should make sense in both the context within which it is being stated (art psychotherapy) as a way of making use of therapy to mentalise and the context to which it refers, in this example an experience of being with mother. (Gibbs Jr and Gerrig, 1989; Leezenberg, 2005)
Novel meaning	The metaphor is not in common use e.g. ‘raining cats and dogs’ is an example of a conventional metaphor compared to the novel meaning of ‘my mother is the sea’ (Black, 1962; Gibbs and Bogdonovich, 1999; Lakoff and Johnson, 1980)
Interpersonal emphasis	The metaphor is about a relationship, for example, ‘I see my mother as being the sea when I’m with her’. (Eckstein <i>et al.</i> , 1999; Gelo and Mergenthaler, 2012)

Table 10 – The CRM criteria (detailed version)

5.8 Summary of Metaphor Types

5.8.1 Conventional Metaphors

Angela described three conventional metaphors (CM) before a CRM was identified. The first CM related to ‘being open’.

- P. 12:55.5 It is difficult to talk, **being open** about it...
- T. 12:55.6 [Pause]
- T. 13:03.9 About your experience with the woman?
- P. 13:06.1 Yeah... cause it was my first time.

The second CM indicated a more defensive stance, to ‘stand up for yourself’ that she described in relation to her daughter feeling threatened.

- T. 03:07.3 It’s natural...?
- P. 03:12.2 To **stand up** for yourself. [Patient continues to paint, hunched over the paper]
- T. 03:24.4 So this is what your daughter did? [Higher tone]

The last CM, Angela described a pressure related to her lack of communication about her relationship with her former girlfriend.

- T. 04:43.6 perhaps somebody to share something with, offer you some help

- P. 05:07.6 Sometimes you need to talk about it. What is going on **in your head**, with someone.
- P. 05:17.4 If you don't talk about it with someone **you will explode**

Angela valued the therapeutic relationship and said that she needed to talk about experiences that had been putting pressure on her, making her feel that she could 'explode'. The initial impression following the session about Angela's conventional metaphors included two types. The first was a conscious and intended communication about the benefit of receiving therapy. Angela also described herself as a spatial, container being 'open', and '*in your head*'. Angela produced an orientational metaphor of 'standing up' as being assertive.

5.8.2 Emergent Features

When Angela begins talking about her image, she sees it as the sea and other associations form that suggest that there is something about the sea that is linked with the associations. Angela describes 'living by the sea' and that the sea is 'alive', she feels 'fascinated' and it is 'beautiful'. These features appear to underpin the CRM. Angela was living with her mother and had become severely depressed and isolated.

5.8.3 Creative Relationship Metaphor

'It is alive' states Angela, and gives the sea a human quality of wanting to 'reach out to you'. The therapist interprets her statement in terms of a special space that Angela was looking for with the woman that she fell in love with. This provides the target domain for the sea as source domain. Angela confirms this when she responds to the therapist's linking, stating, 'Yeah. That's true' (Table 11).

Time	Conventional Metaphors	
00:03:07- 00:03:40	<p>P. Everyone defends by herself when alone. I done. I was called when I was young names. And I fight. It's natural.</p> <p>T. It's natural...?</p> <p>P. To stand up for yourself.</p> <p>T. Is this what your daughter did?</p>	
00:05:07- 00:05:52	<p>T. I was thinking about... that you had been quite vulnerable err in a way what brought you here, was that you were feeling that you needed some kind of space and some help and somebody to share something with, offer you some help.</p> <p>P. Sometimes you need to talk about it. What is going on in your head, with someone. If you don't talk about it with someone you will explode'</p>	
00:12:55- 00:13:01	<p>T. So quite a big ummm, quite a big step</p> <p>P. Yeah</p> <p>P. It is difficult to talk, being open about it...</p> <p>T. About your experience with the woman?</p> <p>P. Yeah... cause it was my first time.</p>	
Time	Emergent Features	CRM
00:17:59- 00:18:00	<p>T. I can see that it started with the spiral and moved to the right. It seems to have the motion of the sea?</p> <p>P. Yeah, I like the sea. It is alive.</p>	
00:18:09- 00:18:36	<p>P. I used to live by the sea as a child. I would stand by the sea. I was fascinated. Fascinated, looking out to the sea.</p> <p>T. What fascinated you?</p> <p>P. I don't know. The sea..... it is beautiful</p>	
Time	CRM	
00:18:36- 00:19:55	<p>T. Was anyone else there?</p> <p>P. My mother</p> <p>T. The sea that you have painted is a special kind of sea. You are painting it in different colours, reds, blues</p> <p>P. Yes. It is alive.</p> <p>T. How would you describe it?</p> <p>P. It wants to reach out to you. It is a wonderful place.</p> <p>T. This made me think of the place that you find yourself in and made me wonder whether you want someone to reach out to you?</p> <p>To give a special place to you, a live space. A space that you thought you were being given by the woman that you fell in love with.</p> <p>P. Yeah. That's true.</p>	

Table 11 – Identifying types of metaphors used in the transcript for Angela

5.9 STEP 3: Identifying Extra-Contextual Influences on the Production of Metaphor

This Step of the process involves the analysis of factors that are not immediately apparent based on events that occur within the session. This follows Schmitt's (2005) systematic metaphor analysis as outlined in Step 2 of the methodology.

Possible background influences on the production of the metaphor of the 'sea... wanting to'... 'reach out' may have been influenced by Angela's close relationship to her culture. Angela was born in Iran and was of Persian origin. In the context of the patient falling in love with another woman and then stalking her, her depression may relate to her experience of being ostracised by her family for committing an illegal act, punishable with a death sentence in Iran. It was also evident that on this occasion, Angela had not been accompanied by her mother to the clinic because her mother had a 'doctor's appointment'. This may have amplified some feelings of separation for Angela; however she stated that her mother being at the doctor's 'was fine'.

It is interesting to note that in many Iranian stories and poems, the metaphor of mother as a plant is used to symbolise taking root within a new culture (Aliakbari *et al.*, 2011; Brookshaw and Rahimieh, 2010; Yarshater, 1962). It is possible that this

patient was using an image of a plant that she had painted in her first session (Fig. 20) to describe a quality of attachment between mother and daughter but also to refer to the cultural context. In the last extract of the transcript, Angela's mother being present followed her image of the sea. This seemed to the therapist to be the patient alluding to this metaphor as the sea representing an experience or quality of mother.

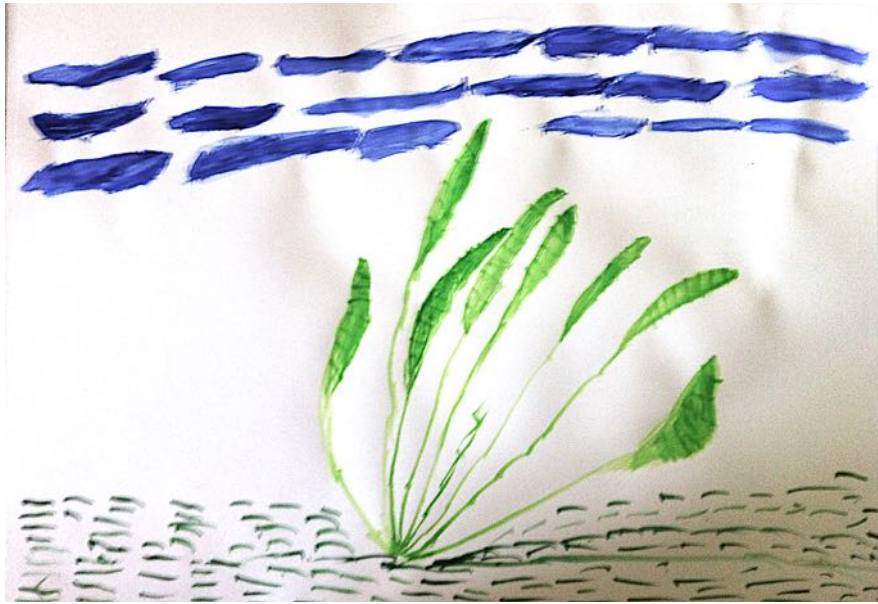


Figure 20 – Angela's painting of a plant, made in the first assessment session.

5.10 STEP 4: Using Psychoanalytically Informed Visual Image Analysis to Identify Source Domains

This section follows Lester's (2003) descriptive visual image analysis, before examining the therapist's countertransference experience in relation to the image. Process notes are identified as 'PN' and relate to a line number that indicates the line of the transcript that the countertransference relates to. These process notes are referenced as 'Line 1, PN'. If there is specific gestures, postures, or facial expressions that seem relevant to the image making process, this material is included in the interpretation.

Angela immediately engaged with the image making and appeared to immerse herself in the process, moving to one side of the page as she continued to paint throughout most of the session. She described the image as 'the sea'. (Fig. 21.)

The image was painted in vivid watercolour paints that were not very diluted. The outline of the form was painted in a bright red and was a continuous line that appeared to form different unidentifiable shapes. The form built up to the left where she stopped painting the outline of two spirals. When she 'filled in' the outline she used six different colours (from right to left – yellow, orange, red, blue, magenta and purple) that were differentiated rather than blended. The image did not seem to be representational and only covered half of the page.

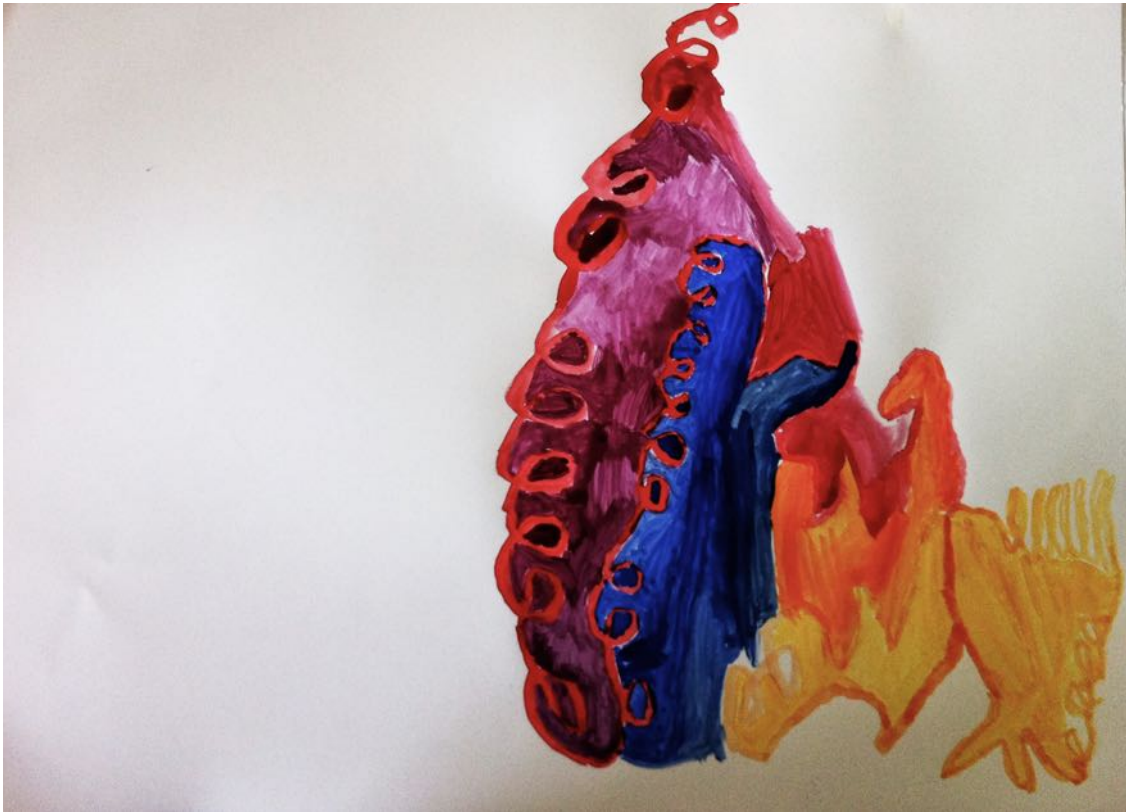


Figure 21 – Angela’s painting of ‘the sea’

The therapist wrote in his process notes,

“My association of the sea as a mass of water was depicted as a colourful display of movement on the right hand side of the paper, created from right to left, towards me, but leaving the left side of the page empty. It felt to me like a gap between herself and a real other. I felt that the image was suggestive of a figure rather than landscape. I also felt that her concentrated focus did not appear to see beyond the immediate painted mark.” (Line 115, PN)

This is relevant to the source domain as her immersion in the image making process and immediate engagement within the art psychotherapy assessment (Angela immediately began painting without encouragement) seemed to be similar to her

experience of falling in love with a woman where she immersed herself in a relationship with someone who did not respond in a reciprocal way. Her image of the sea appeared to have a quality of immersion and unreality that was enacted in her engagement to the session:

- T. 18:05.9 I don't know why, but I had the sense of a girl talking about the sea
- P. 18:09.3 I used to live by the sea as a child. I would stand by the sea. I was fascinated. Fascinated, looking out to the sea.
- T. 18:21.8 What fascinated you?
- P. 18:26.0 I don't know. The sea. it is beautiful [She appears to look into the image]
- T. 18:29.3 Was anyone else there?
- P. 18:34.7 My mother.
- T. 18:37.9 Your mother was there?
- P. 18:40.9 Yeah.

In the following section the therapist refers to her relationship with her partner. The therapist wrote in his process notes,

“It felt like my feelings of being shut out were in response to her ‘filling in’ her internal space where an object was lacking and thereby being self-sufficient and dismissive of the help being offered. She also appeared to me to paint with a constant pressure and little variation in line thickness, which seemed to suggest a continuity of her experience without hesitancy. My

association to the immediacy of her image making was that of a small baby, born short-sighted discovering the other through the immediacy of contact.”

(Line 115, PN)

From the process notes it seemed that the therapist felt that the sea represented an infant’s immersion in the immediate surroundings. The therapist also felt that this excluded another relationship in the process. The patient rarely looked up whilst she painted, but responded to the therapist whilst hunched over the image.

- T. 19:15.5 The sea that you have painted is a **special kind of sea**. You are painting it in different colours, reds, blues
- P. 19:25.3 Yes. **It is alive**.
- T. 19:27.3 How would you describe it?
- P. 19:31.0 **It wants to reach out to you. It is a wonderful place**.

The description of the image as ‘alive’ and ‘reaching out’ is echoed in the movement and bright colours with no clear parameters to the form. In other words the image is not confined, or inanimate, but becomes suggestive of a living form by the inferred movement of the image.

5.11 STEP 5: Identifying the Source Domains and Their Relationship to Target Domains

This step uses a table to show the mapping of the source domain to the target domain. The words that are in bold in the table are relational factors of the CRM.

The CRM was based on the source image of the ‘sea’. However Angela used a range of associations that made sense in the context of the sea as her former lover and her mother. Table 12 illustrates how the source domain was elaborated on throughout the session.

TIME/ Person	SOURCE DOMAIN	TARGET DOMAIN
17:56	<p>T. I can see that it started with the spiral and moved to the right. It seems to have the motion of the sea?</p> <p>P. Yeah, I like the sea.</p>	<p>P. It is alive.</p>
18:09	<p>P. I used to live by the sea as a child. I would stand by the sea. I was fascinated. Fascinated, looking out to the sea.</p> <p>T. What fascinated you?</p> <p>P. I don't know. The sea..... it is beautiful</p> <p>T. Was anyone else there?</p>	<p>P. My mother.</p>
18:34	<p>T. The sea that you have painted is a special kind of sea. You are painting it in different colours, reds, blues</p> <p>T. How would you describe it?</p> <p>P. It is a wonderful place.</p> <p>T. This made me think of the place that you find yourself in</p>	<p>P. Yes. It is alive.</p> <p>P. It wants to reach out to you.</p> <p>T. ...and made me wonder whether you want someone to reach out to you? To give a special place to you, a live space. A space that you thought you were being given by the woman that you fell in love with.</p> <p>P. Yeah. That's true.</p>

Table 12 - Source and domain mapping for Angela

Angela begins to describe her painting as the source domain about two-thirds of the way through the session. Suggesting it is 'alive' followed by 'it wants to reach out to you'. She also described the sea being alive followed by the presence of her mother. It is arguable that these were unrelated experiences that are being artificially linked to form a metaphor, however Angela's presentation appeared to have

continuity in terms of her tone of voice, emotions and gestures, rather than there being a sudden change in relation to a new subject. Later in the session, Angela confirms that the sea reaching out to her was also a desire for her former lover to reach out to her, providing another target context for the source domain.

The following table examines the metaphor criteria in relation to the CRM criteria based on the possible falsification of the text.

	Creative Relationship Metaphor (CRM) Criteria	TRUE/ FALSE
1	Non-literal (figurative) content The sea as describing characteristics of the experience of being in love with her partner and something shared with mother.	TRUE
2	Target and source domains The 'sea' was the identified source and a quality of being in love was the target.	TRUE
3	Mentalised communication to another Angela appeared to be engaging more with the therapist to make sense of the image and her feelings, suggesting that she was reflecting on her own internal states and those of the therapist.	TRUE
4	Affective image Angela became more emotionally engaged in exploring the image content throughout the session. The image was associated with strong feelings, which she began to convey.	TRUE
5	Context contingent Angela presented the material in a way that made use of the therapy and also was relevant to a real event.	TRUE
6	The subject is about an interpersonal relationship The subject was related to an early experience with mother and also her recent lover.	TRUE
7.	The metaphor is novel in the context The metaphor was not conventional. Angela had constructed a novel way of viewing an interpersonal situation.	TRUE

Table 13 – 'True/ false' table for Angela's CRM criteria

Angela described the sea as being ‘alive’ following the therapist using the same term.

T. 00:17:36 I can see that you’ve also painted something that looks [err]...
alive today

Angela further elaborated on this term in collaboration with the therapist. When the therapist shared the association of ‘a child’ Angela said that she had lived by the sea in her childhood.

P. 17:59.3 Yeah, I like the sea. It is alive.

T. 18:05.9 I don’t know why, but I had the sense of a girl talking about
the sea

P. 18:09.3 I used to live by the sea as a child. I would stand by the sea.
I was fascinated. Fascinated, looking out to the sea.

Angela seemed more fascinated by the sea than in her friends. She also described her mother as being there. Later in the text Angela said that the sea ‘wants to reach out to you’. The metaphor appears to be that the sea is alive and was a representation of her mother and her former lover.

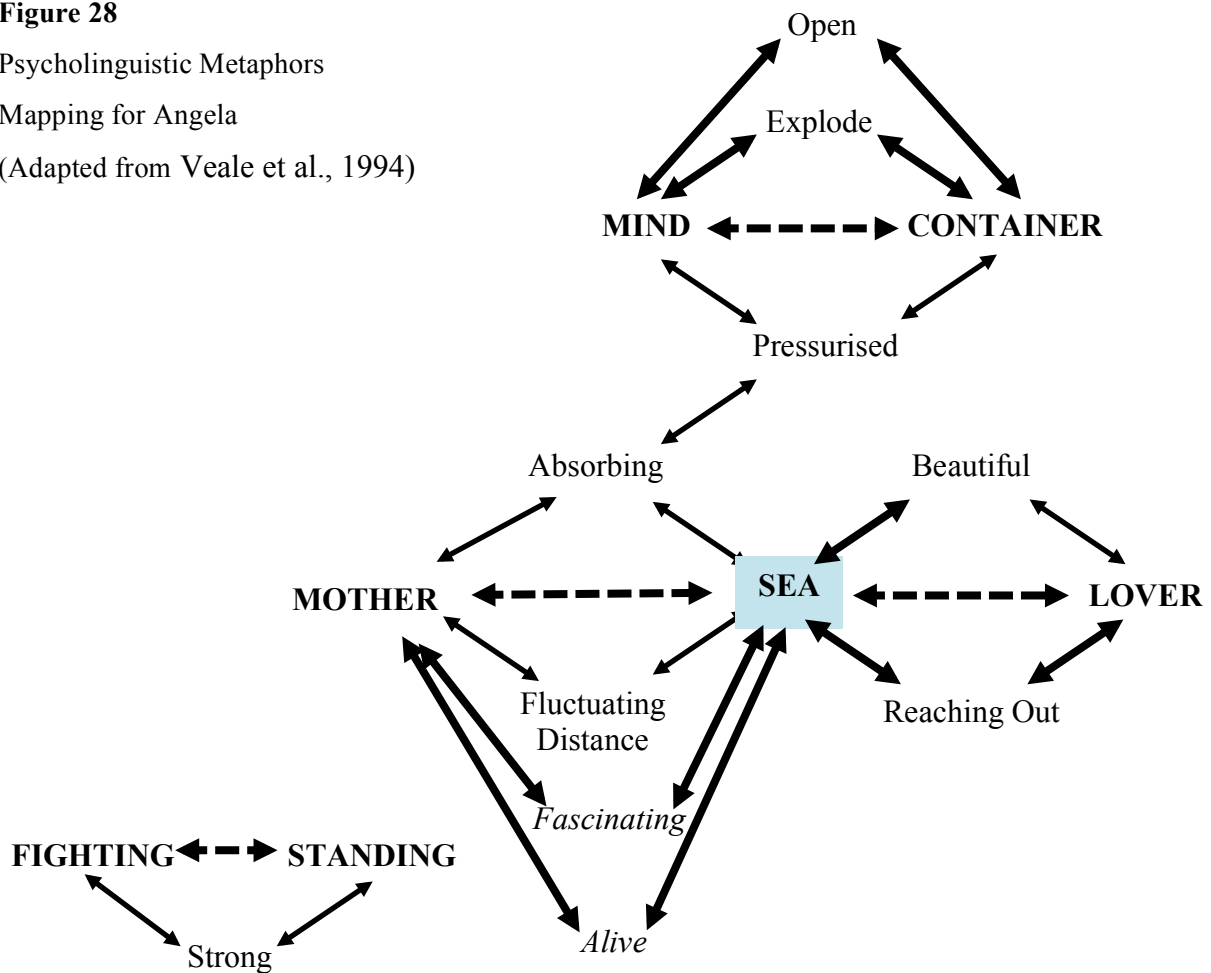
In the first session, in a similar way, Angela entered the room and immediately began painting without instruction. She painted an image of a plant.

From the transcript, process notes and image it is possible to infer that the CRM can be identified as: *colourful sea reaching out = a shared experience of love*

5.12 STEP 6. Visual Map of the CRM, Emergent Features and Conventional Metaphors

This step is based on Veale and Keane's (1992) methodology of visually mapping metaphors according to the source and target domain's associated features. This helps to ensure that the conclusions are reliable.

Figure 28
 Psycholinguistic Metaphors
 Mapping for Angela
 (Adapted from Veale et al., 1994)



- ←-----→ *Creative Relationship Metaphor (CRM)/ Conventional Metaphor (CM)*
- ←=====→ *Associational Relation*
- ←=====→ A thicker line indicates *salience to the transcript*, whereas a thin line indicates that other data was used to reinforce the *probable relation*; the image making, the process notes or both.
- Image source directly associated with picture
- Fascinated* Italics designate emergent features in the transcript

There are various points in the text that demonstrate that Angela is forming a CRM. What is evident from the mapping exercise is that Angela's painted *image* of the sea can be linked with all of the metaphors. *The visual image provided a source domain in relation to mapping associated qualities onto her mother and former lover.*

5.13 STEP 7. Comparing Non-Metaphoric Sections of Transcript

Most of the transcript is non-metaphorical and can be identified as fact based simple responses or concrete responses. The following sections of the transcript illustrate non-metaphoric language and therefore provide a different and less reflective quality of communication compared to the metaphors that were formed.

5.13.1 Non-Metaphorical Theme 1: 'A Fight at School'

- | | | |
|----|---------|---|
| P. | 01:34.7 | Yeah. She's been missing school. Err because she's been sick. |
| T. | 01:45.3 | Oh. |
| P. | 01:49.3 | Feeling a little bit of fever. And someone punched her last time at school. |
| T. | 02:06.3 | Why did someone punch her? |
| P. | 02:08.7 | Because someone look at her only for looking |
| T. | 02:17.8 | What did you make of that, what was your ...response? |

- T. 02:25.4 hmmhmm
- P. 02:25.9 She came upset for me in the house, she saying she's tired
to defend herself by
- P. 02:44.7 And I told everyone defends by herself when alone. I done. I
was called when I was young names.
- P. 02:56.5 And I fight. It's natural.
- P. 03:01.0 It's natural
- T. 03:07.3 It's natural...?

The following table provides criteria for a non-CRM criteria. One of the criteria must be met in order to be defined as a 'non-CRM'.

Criterion For Non-Metaphor: Theme 1	TRUE/ FALSE
(There must be one true statement to be non-metaphorical)	
<p>Literal content</p> <p>Angela appears to be describing literal events about an experience that her daughter had at school. The events are described in non-figurative language.</p>	TRUE
<p>Only a target or source domain</p> <p>She only uses target domains and does not make reference to any source domain throughout the dialogue</p>	TRUE
<p>Non-mentalised communication in relation to the therapist</p> <p>There is a sense that Angela has a rigid perspective about events and she states them in quite a forceful tone. She has a clear idea about how to respond in situations when being bullied without reflecting on states of mind of self and other.</p>	TRUE
<p>No affect communicated explicitly in relation to the source domain</p> <p>Although the material is quite affectively charged, there is not an explicit source image that she refers to.</p>	TRUE
<p>The patient responses do not relate to a real context of therapy and personal narrative</p> <p>The theme does relate to a real event and makes sense in the context of the real interpersonal event. It is unclear why she is bringing this material to the therapist, as she appears to be quite fixed in her views about the material.</p>	FALSE

Table 14 - True/ False Table for Angela's non-metaphors (1)

5.13.2 Non-Metaphorical Theme 2: 'Going out'

- T. 10:21.1 Have you seen anybody recently?
- P. 10:23.4 No
- T. 10:25.5 Apart from your mother?
- P. 10:29.0 [Mm] no
- P. 10:35.9 I have been out by myself in the gardens.
- T. 10:42.8 What was that like?
- P. 10:45.0 It was quiet, peaceful.
- T. 10:48.6 Did you enjoy it?
- P. 10:50.5 Yeah
- P. 10:51.7 seeing the birds
- T. 11:10.3 What did you find was most helpful last time, when we met?
- P. 11:15.1 The conversation, and the painting was relaxing.

Criterion For Non-Metaphor: Theme 2 (There must be one true statement to be non-metaphorical)	TRUE/ FALSE
Literal content The language used is descriptive and literal.	TRUE
Only a target or source domain She only has target domains and does not make reference to any source domain throughout the dialogue. However, the birds and the gardens are images that could potentially become source domains.	TRUE
Non-mentalised communication in relation to the therapist Angela appears to respond in an even temperament and elaborates on the answers when the therapist asks questions. There is a sense that she is mentalising her experience with the therapist.	FALSE
No affect communicated explicitly in relation to the source The material is not particularly affectively laden in any way and there are no clear source domains that are being used in the service of metaphor formation.	TRUE
The patient response does not relate to a real context of therapy and personal narrative Angela responds in a conversational way to the therapist and there is a sense that she is sharing her experience about being in the park with the therapist to help the therapist to understand her experience. Therefore the material seems to relate to the context to which she is referring and the therapist.	FALSE

Table 15 - True/ False Table for Angela's non-metaphors (2)

Whilst in both examples there are opportunities for the therapist to encourage further elaboration, there is a sense that the patient did not want to communicate more than she offered. The answers are short and do not show any concern or uncertainty

about what she is saying. The uses of metaphors to develop novel ways of seeing the situations are absent.

5.14 STEP 8: Psychoanalytically Informed Analysis – Examining What the Metaphor Means in the Interpersonal Context

For the purposes of understanding an area within which a creative metaphor could develop and the interactional premise of the formation of the creative metaphor, the patient's sense of self in the context of the avoided relationship is analysed according to the countertransference, image and transcript.

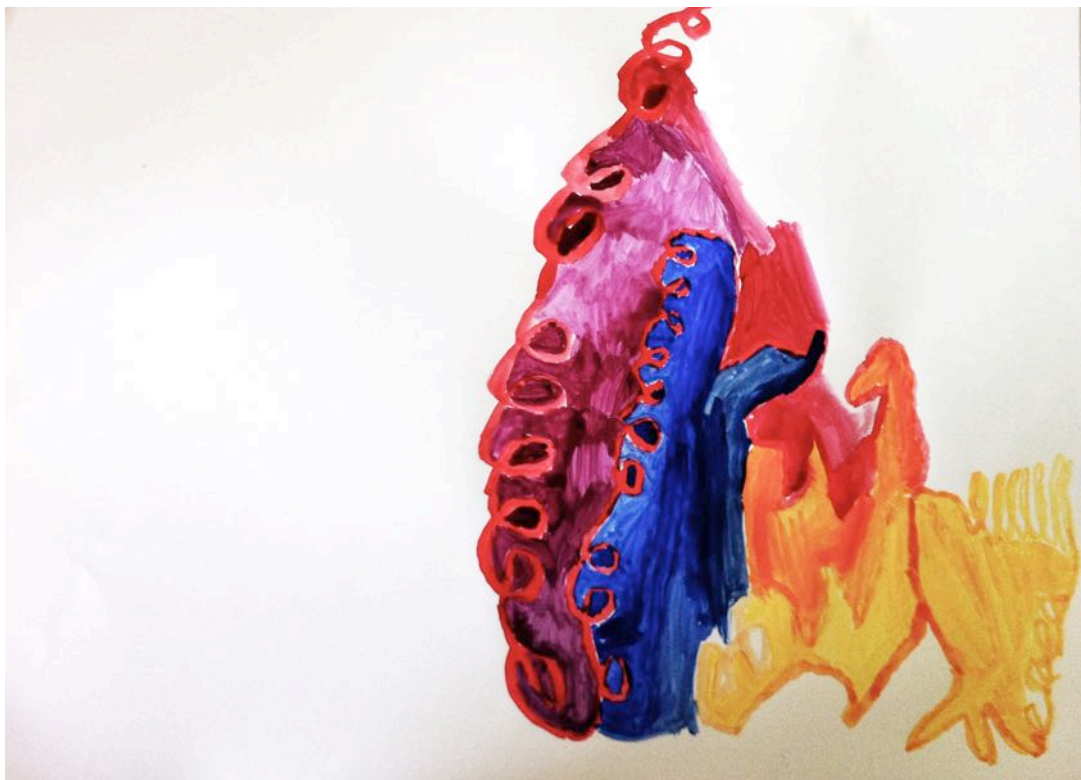


Figure 23 – Angela's painting of 'the sea'

Angela spoke about the metaphor of the sea (Fig. 23) in relationship to being with the sea as a quality of mother and her former lover as both immersive and distant. Angela described the sea as a metaphor for her former lover, wanting her to reach out. On re-examining the text it is clear that there are difficulties with separating from significant others. The tone of voice that she used to express the sea as '*alive*' and wanting to '*reach out*' suggested that she was immersed in the experience. The experience of the sea also appeared to be related to her sense that she will '*explode*'. There is a sense that the metaphor is being used to communicate an intense '*absorptive*' experience of being with another, which is difficult to separate from, and presents an obstruction to developing functioning relationships. This type of attachment appears to be a merged, sticky attachment (Orbach, 2007) which also, at times, becomes inherently dismissive and avoidant of the real relationship. In other words, the relationship that Angela believed that she held with the dyadic other was not given the opportunity to be reciprocated. This suggests a clear problem of mentalising in as much as the other is not considered in terms of their desires, beliefs or feelings (Fonagy and Allison, 2014). Instead, under great duress, Angela became delusional as was seen with her fixated pursuit of her former lover.

An intersubjective account made by the therapist in his process notes suggested that he felt disorientated and confused by the image. The therapist moved between making figurative associations as an attempt to reorientate himself. In the process notes the therapist reflects on his feelings of being excluded from the process,

“I felt ‘at sea’ with her response, as it was difficult to make a response that felt like it would take root and I did not think that the image looked like the sea. The patient’s association of the form with the sea meant that I felt excluded, how could I make sense of the description and what I saw and felt? I did not know whether she was producing a representational verbal answer as a way of defending against the chaotic elements of the image that had assumed a symbolically equated configuration. Here I wondered if there was a fear of indifference that had stimulated the making of the image as she had started almost immediately without direction from me.” (PN Line 117)

The overall experience of the therapist fitted with the metaphor of *mother = sea* with the associations of being fascinated, beautiful and alive. However the image depicted incongruence between her minimal verbal communication and the colourful image of the painting. In response to being asked if she wanted to have a partner again Angela stated, ‘No it is too difficult and I could not be rejected again. It was too painful’ (00:21:36). The hypothesis is that the pain relates to a powerful sense of being rejected, which seemed to be a relational pattern that she avoided but that resulted in a depression. From the therapist’s experience, as written in the process notes, there was also a sense that he was withdrawing into a depressed state,

“I felt disorientated by the image, associating a reconstruction of the image as of the body, which I associated with psychotic defences. I felt that the image illustrated a lack of a containing function for the patient. I also felt something dynamic and alive about the image as if there was an attempt by the patient to

relocate her own sense of being ‘alive’. This is where I also felt that there was something that was being blocked out in the image.” (PN line 115)

What was depicted as the sea to Angela does not appear to be the sea to the therapist. There is an emergent quality in both the way that the painting was made and the various forms and parts of the image that echo some qualities of the sea, that the therapist describes as the movement of the sea (00:17:56) during the session and also in her recollection of looking out at sea with mother as a shared experience and the way this is also present in the therapeutic context. Father is not available, and in this instance, the data suggests that the patient is left immersed in an experience that she cannot easily separate from. There is also a sense that talking about the closeness of being with mother as with her former lover was avoided through immersing herself in a disorganised ‘alive’ visual representation. It is possible to configure the dynamic formulation in terms of her attraction to regressing with mother, perhaps an idealised condition of ‘oceanic bliss’ in light of an absent father. In the countertransference, the therapist often considered his own unnerved distractions to be like an absent father that he associated with death. The quality of the father’s absence appeared to the therapist as echoed in the image as being a poorly conceived form. The absence of a clear representation was enacted in the therapeutic engagement by the therapist’s lack of exploration about any of these important areas whilst feeling absorbed in the patient’s experience and confused by the painting.

5.14.1 Self

Angela describes her self-image as someone who can 'stand up' for her self. She also describes herself as feeling internally pressurised, to the point of 'exploding'.

5.14.2 Other

Angela appears to relate to the other as being an absorbing and boundaryless object.

5.14.3 Affect

Angela gave a sense that she was withdrawn and often spoke in brief disengaged sentences. She described herself as feeling the pressure was explosive, indicating a volatile and angry affect. There was also an implied acknowledgment of her withdrawn sad affect when she spoke about trying to go out more.

The dynamic that seemed to become evident that related to her depression as supporting the *required relationship* can be seen as present in her process of metaphorisation:

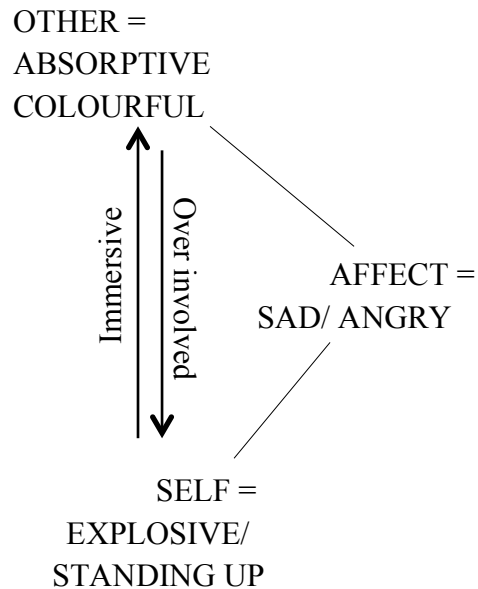


Figure 24 - A Visual Formulation of the Required Relationship

The dynamic formulation repeated in the session is that Angela avoids an awareness of her powerful rejection of others that are close to her. This appeared to be a defense against being rejected herself, which she had described as being ‘too painful’.

5.15 STEP 9: Summarising the Therapist Interventions in the Context of the Dynamic Formation of the CRM

There were difficulties for the therapist in forming a sense of a shared understanding of what the patient was intending to communicate. The therapist felt

that her visual image might relate to the patient's experience of her attachment to her mother and her former lover. In terms of what appeared to be interactional precursors for for the CRMs the therapist interactions may be relevant. As already stated, the therapist used the term 'alive' to describe the patient's painting. The patient recontextualised the word 'alive' to create an anthropomorphisation of the sea.

The therapist's statements before the (recognition of the) CRM were:

- T. 04:29.2 I was thinking about, that you had been quite vulnerable
[Err] in a way what brought you here was that you were feeling
that you needed some kind of space and some help and perhaps
somebody to share something with, offer you some help
- P. 05:07.6 Sometimes you need to talk about it. What is going on in
your head, with someone.

In this first statement in the transcript the therapist suggests to the patient that her motivation for attending art psychotherapy was because she 'needed some kind of space and some kind of help'. There is the possibility that this was not the patient's intention, but that now she hears the therapist's view, it makes sense to her. In hindsight, the therapist felt that he was behaving in a similar way as how he saw her mother behave in the waiting room, where she appeared to be over involved and not did not allow Angela the time to make her own decisions. However, in the early part of the assessment the therapist is seen to be quite warm and interested, showing a level of open curiosity, which appeared to facilitate a therapeutic working alliance. The sense that the therapist is useful is stated when the patient Angela says,

- P. 05:17.4 If you don't talk about it with someone you will
explode.
- T. 05:30.3 It's... It's blocked did you say?
- P. 05:32.0 Yeah
- T. 05:36.1 ...and was it helpful coming here last time?
- P. 05:38.4 Yeah it was

Based on this extract, the first influence can be seen to be the therapist's introduction of the experience of 'space'. Angela's feeling that she might explode was based on an experience of an internal 'pressure' generated by her own thoughts and feelings. She felt that if she did not talk about her experiences in the therapy her head would metaphorically 'explode'. There is a link that Angela made with the therapist's view that she was looking for 'some kind of space'. This can be taken literally or metaphorically and may have led to the idea that there is a sense of spatiality in relationships that led to her sense of her visual image of the sea as a spatial entity. This was not a strong metaphoric suggestion from the therapist but the idea of 'finding a space' was congruent with the sense that she could use a space to express herself. This also contrasts with a concrete reaction to finding space:

- T. 17:36.1 I can see that you've also painted something that looks [err]...
alive today
- P. 17:39.7 Yeah. I am going to fill in the spaces.

The second possible therapist influence on the production of the CRM is to do with the experience of aliveness. The patient refers to the sea as ‘alive’, (next section of transcript), however this is also a word first used by the therapist to describe her image of a plant that the therapist associates with Angela’s image of the sea seven lines before Angela uses the same word. At this same time the therapist used the word ‘aliveness’. Perhaps this was due to the sense that ‘filling something in’ was experienced as equivalent to blotting out potential meaning. It appeared to be intended by Angela to be a literal statement about what she was going to do with her painting.

- T. 19:15.5 The sea that you have painted is a special kind of sea. You are painting it in
- T. 19:20.2 different colours, reds, blues
- P. 19:25.3 Yes. It is alive.
- T. 19:27.3 How would you describe it?
- P. 19:31.0 It wants to reach out to you. It is a wonderful place.

At the point where the therapist describes the sea as ‘special’ and relates to this to descriptive qualities ‘different colours, reds, blues’ to tell the patient what he sees as holding some kind of relation to the sea, the patient responds with a metaphorical response that echoes the therapist’s first reflection - ‘It’s alive’ followed by ‘It wants to reach out to you’. Angela uses the concept of being ‘alive’ comparing this quality to ‘the sea’ that has a capacity to reach out. Here, it is unclear what the intention of the sea is: the form of the sea in her painting is ambiguous which she appeared to be absorbed in making throughout most of the session. The therapist

appears to both reflect this retreat as ‘special’ and introduces two metaphorical elements, one of ‘spatiality’ and the other of an image being ‘alive’.

5.16 Summary

From the narrative account of key features of the therapist’s interventions prior to metaphoric assertions, it can be seen that there are several factors that appear to play a key role in the formation of the CRM. These enabling factors are discernible in the therapist’s actions and attitude. (This will be analysed further in the second analysis):

1. The therapist changes his focus from developing the narrative of the patient’s recent experiences to focusing on relational patterns, being more curious and trying to make sense of emergent (implicit) content
2. The therapist tolerated experiences of confusion and feeling cut off.
3. Silence was used to give Angela time to focus whilst she painted. This contrasted with the therapist’s lack of responsiveness in the beginning of the session.
4. The therapist introduced the idea of ‘aliveness’, ‘spatiality’ and ‘specialness’ to elaborate on the quality of Angela’s image.
5. The therapist used descriptive language prior to the CRM being formed.
6. The therapist uses an association of a ‘girl’.

7. The therapist maps the source domain to the target more clearly by linking the visual image of the sea wanting 'to reach out' to her desire for her former lover to 'reach out'.

5.17 PATIENT B: Bernard

(See Appendix 5-12 for the transcript and the therapist's process notes.)

5.18.1 DSMIV Code

Schizophrenia 295.60 Residual Type

PHQ-9 score = 17 (moderately severe)

5.18 STEP 1: A Description of Relevant Background Information and an Overall Summary of the Session

Bernard was 54, living in supported accommodation and was fairly isolated and had suffered from psychotic hallucinatory symptoms periodically since he was twenty-one. He was the youngest of seven children and his parents were born in the Dominican Republic. He was brought to England as a young child and initially stayed with relatives, before his parents emigrated. The patient came from a large family and was still in contact with some of his siblings. On entering the room Bernard appeared to be a tall black man and slightly unkempt. His posture was slouched and he made glances towards the therapist. On first seeing the therapist and the room he said that he was going to leave and headed for the door. When the therapist engaged with him asking him if he could explain why, the patient sat down. The therapist confirmed his consent to record from the previous week before the camera was turned on. When Bernard spoke his voice was slurred and it felt like he wanted something but the therapist did not know what. His care-coordinator referred him because he had little contact with others and no friends and according to the psychiatrist was becoming

‘increasingly depressed’. Previous mental health assessments had noted that he had ‘no known education’ and ‘poor cognitive skills’ and had recently become very isolated.

5.18.1 The Session Process

Time	Summary
-00:09:30 - -00:00:00	Bernard arrived 13 minutes late. On arrival, he was initially very anxious and wanted to leave. This part of the session wasn't recorded, however once he decided to stay he also gave consent to have the session recorded.
00:00:00 – 00:01:45	Bernard describes himself as 'nothing big at art', Bernard made an image very quickly in biro pen. The therapist is openly curious and makes enquiries about the image to clarify what Bernard was intending to communicate. There is a sense for the therapist that the therapist feels imposing when he asks a question and neglectful when he is not.
00:01:45 – 00:15:05	The patient stops elaborating so much and begins to make monosyllabic responses so that the therapist now feels '...distant and anonymous...' (line 134 PN) and that there was a '...slow, vacuous disengagement...' (line 136 PN). The therapist now feels that Bernard has retreated and attempts to draw him back in feeling at the same time as if he is behaving like an 'overbearing' and 'domineering' other.
00:15:05 – 00:16:36	The therapist begins to take elements of the drawing to encourage reflection on Bernard's motivation for attending therapy. It is notable that when Bernard responds that 'the people would come to therapy to relax', there is a sense that this relates to a part of himself that is disengaged. The therapist introduces the notion that they might 'do some drawing or something like that' (15:05). In this sense there is a co-constructed emergent metaphor where the emergent element of the sunbather coming to therapy and wanting to relax is associated with Bernard's motivation. The therapist also introduced the idea of 'drawing'. The therapist makes a significant effort to acknowledge how hard it is to respond to metaphorical questions. He states 'No, it's a tough one that, because of course the sea isn't a person...' (15:31) And after the following question, '...it's a difficult kind of question' (16:05). The therapist was attempting to form a real relationship through using the image, but with limited success.
00:16:36 00:27:19	Shortly afterwards (16: 35) Bernard responds using the term 'draw', apparently spontaneously that indicated a more complete metaphor that the dog would go to therapy to 'Learn how to draw'. The added component that is significant in the context is that Bernard feels that the dog will be 'learning' to draw, rather than simply 'doing drawing' as the therapist had stated. However, the tone that Bernard stated the metaphor in was also felt to the therapist to be about 'obedience' (Line 138 PN) which has implications for why he chose this metaphorical form.

Table 16 - Summary of Bernard's second assessment session

5.19 STEP 2: The First Reading: Classifying the CRM, Emergent Features and Conventional Metaphors in the Transcript

The main subject of the session was about exploring a dog that Bernard had drawn in the middle of the page. The word ‘dog’ appeared a total of 49 times in the transcript. The only time that a clear CRM appeared for Bernard was at the point at which the therapist urged him to consider why the dog might come to art therapy.

In the text there appears to be one CRM at 16:35. The statement lasts 1.3 seconds and appears to be the only CRM in the text. The event (CRM in bold) is:

- | | | |
|----|---------|--|
| T. | 16:10.0 | Shall we move onto the dog? |
| P. | 16:11.8 | [mmm] |
| T. | 16:16.7 | With the dog, what would the dog want? |
| T. | 16:19.4 | The dog has been referred to art therapy what is the dog going to want to do? |
| P. | 16:35.5 | Learn how to draw |
| T. | 16:37.2 | Learn how to draw |
| P. | 16:38.7 | yeah |
| T. | 16:40.3 | So wants to [err] be taught some things? |
| P. | 16:45.1 | yeah |

Here the patient refers to the dog as wanting to come to therapy to learn how to draw. The therapist understood this to be a metaphorical communication rather than literal because of the deliberate use of the dog as a source domain (representing the qualities of a person) and the target domain being specific to the context of art psychotherapy.

5.20 STEP 3: Identifying Extra-Contextual Influences on the Production of Metaphor

During the session the therapist felt that Bernard appeared to be frequently distracted and avoidant in his behaviours towards the therapist and therapeutic engagement. This may have been impacted on by his life-long experience of mental health services. At one point the therapist feels that there is a reference to this when he says that the dog is ‘any prescription’ instead of ‘description’. This seemed to suggest that prescription was on his mind and that this was most likely medication for his mental health, as he was not receiving a prescription for any physical complaints.

- | | | |
|----|---------|---|
| T. | 09:31.7 | But the dog is a bit different, the dog is wandering around |
| P. | 09:34.5 | Yeah |
| T. | 09:56.4 | So ...so how do you describe the dog? |
| P. | 10:00.8 | It's any dog. I don't know any prescription, any dog |
| T. | 10:05.3 | It's any dog |
| P. | 10:06.9 | [uhuh] |

P. 10:08.6 [mmm]

Later Bernard makes several references to ‘them’ as being his carers who communicate his needs, where he reasons with himself that he has ‘gotta choose’ (25:23) what treatment he engages in.

P. 25:04.4 See [ahem], [ahem] they told me

P. 25:10.0 See how it goes. yeah...

P. 25:13.7 You want to do football or art?

P. 25:17.4 Tell me if you want to do football or art

T. 25:19.7 I see, yeah

P. 25:20.5 yeah

T. 25:20.7 yeah

P. 25:21.1 yeah did they say that?

T. 25:22.6 no

P. 25:23.4 oh

The following contextual influences appeared to impact on the formation of metaphoric language about the therapeutic relationship:

- Medication
- Cognitive ability
- Influence on decision making from his carers, suggesting ‘football’ or ‘art’

However, despite these problematic influences, Bernard did appear to use the materials spontaneously and without instruction.

5.21 STEP 4: Using Psychoanalytically Informed Visual Image Analysis to Identify Source Domains

Bernard drew an image quickly and began slightly before the recording equipment was turned on (-00:10 – 01:26). The image was produced spontaneously and continuously. He began immediately after giving verbal consent holding the corner of the page with his left hand and rapidly drawing with the other.

The image was drawn with black a Biro pen very quickly, producing a linear form that was easy for him to control. An inverted arc that divided the page horizontally demarcated the sea. This meant that a common way of perceiving the sky as being at the top of the page was replaced by the sea. There were multiple perspectives within the image. The sea and people are seen from above whilst the dog is seen as a flat simple form from the side. Apart from the dog, the rest of the image can be described as seen from an aerial view. The image of the sea therefore suggests a particular dynamic, that the observer is looking down on the people and therefore there is a significant vertical distance between the observer and the image. However, in this instance, the sea is composed of something like numerical forms, changing the known meaning of the figure '2' to wave-like forms in the sea.

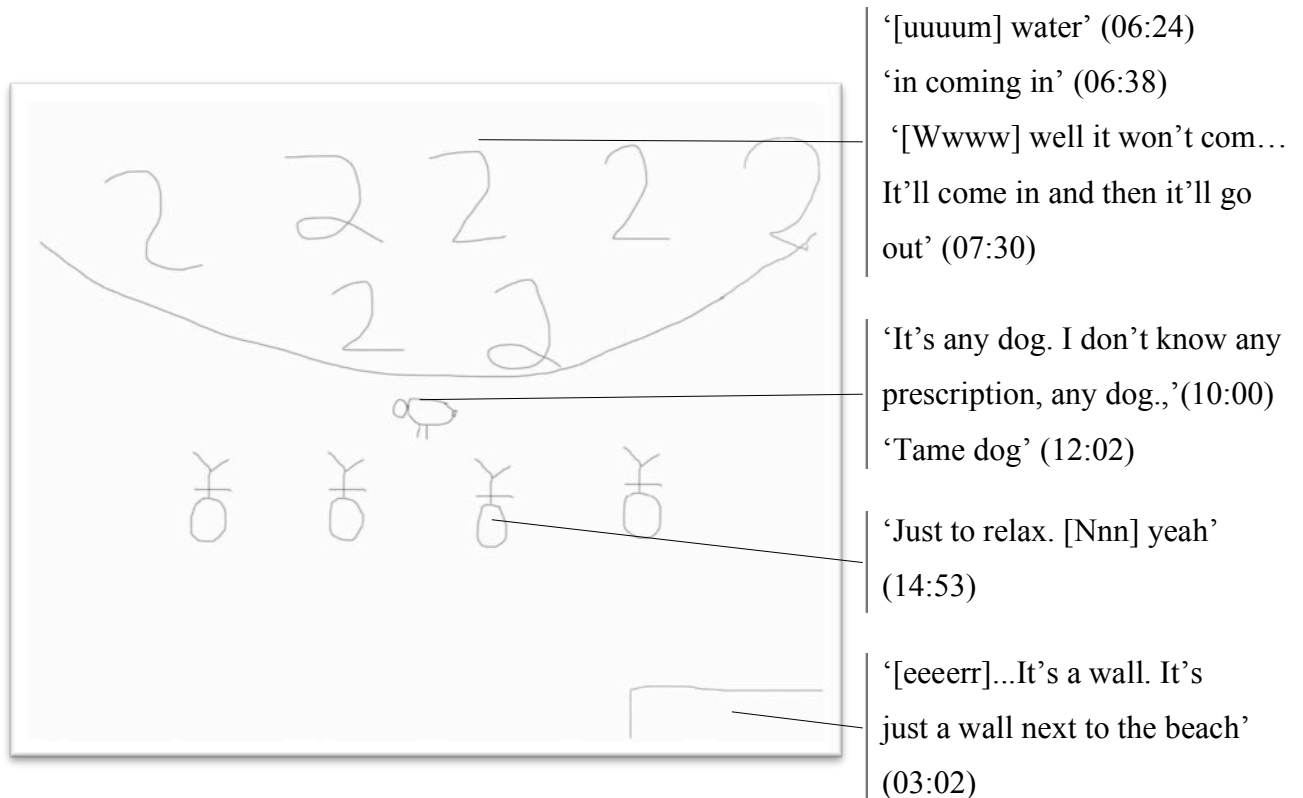


Figure 25 – Bernard's pen drawing of 'people on the beach'

There was a powerful sense that was repeatedly referred to by the therapist in his process notes, that the patient was predominantly disengaged from the image that he had made. In his notes he states that Bernard 'remained distant' (PN line 134) and that there was a '...slow, vacuous disengagement...' (PN line 140). For example, in an art-making *and* relational context the patient seems to suggest that he is little, stating,

P. 01:45.6 When it comes to art I'm not nothing big, I'm not all that...

Bernard's intended meaning was that he wasn't very good at creating pictures. There was a sense for the therapist that Bernard was feeling judged as if he was little,

perhaps an infant. In his process notes (PN Line 142) the therapist writes, 'I felt 'big' as if in the presence of a child'.

Bernard also discussed various elements to his image that the therapist feels have an implicit quality that could potentially be used as emergent elements, however, these elements remain unconnected to any target domain and therefore remain unmapped image sources. For example, Bernard draws an image of the beach and refers to a wall,

- | | | |
|----|---------|---|
| T. | 02:59.9 | And in the corner? |
| P. | 03:02.2 | [eeerr] ... It's a wall. It's just a wall next to the beach |
| T. | 03:05.6 | Oh yeah ... |
| P. | 03:06.3 | A wall yeah |
| T. | 03:07.5 | okay |

The therapist has the sense that the wall might bear some relation to an obstacle in the relationship, however the patient doesn't confirm this link but the theme is repeated in his avoidant behaviours.

The dog was small and drawn differently to the rest of the image in that it was composed of circles and lines. This is different to the technique employed by the patient of making 'stick people'. There were circles used to represent the head, body and tail. This seemed to be a way of connected pieces of a dog together, rather than drawing the dog as an homogenous whole. In a similar way the therapist in his

process notes experienced this rudimentary form of a dog that Bernard had created to be potato-like forms stuck together. However, there was a sense for the therapist that the dog form could have an inside and outside, designated by the circles, as opposed to the stick-people. In other words the dog has inside spaces and parts that are joined together rather than being linear extensions (Fig.25).

On the subject of dogs, Bernard became more animated and emotionally engaged when the therapist responded by drawing a dog under the patient's instruction (Fig. 26).

- | | | |
|----|---------|--|
| P. | 10:20.9 | If you draw a dog does it have a col [...] name? |
| T. | 10:25.5 | [um] Yeah sometimes, if I give it a name. |
| P. | 10:29.3 | oh |
| T. | 10:30.1 | shall I make a dog? |
| P. | 10:31.7 | Yeah Did you say you want to make a dog? |
| T. | 10:37.5 | You want me to do it on your piece of paper? |
| P. | 10:39.3 | Alright, anything |
| T. | 10:42.1 | oh |
| T. | 10:42.8 | On here? |
| P. | 10:43.7 | Yeah |
| T. | 10:44.8 | Well what should it look like? |

The patient called the resulting dog a 'terrier' (11:25). There was a sense that both the therapist and the patient were collaborating on visually elaborating on the features of the dog that Bernard had originally drawn in the centre of the page.

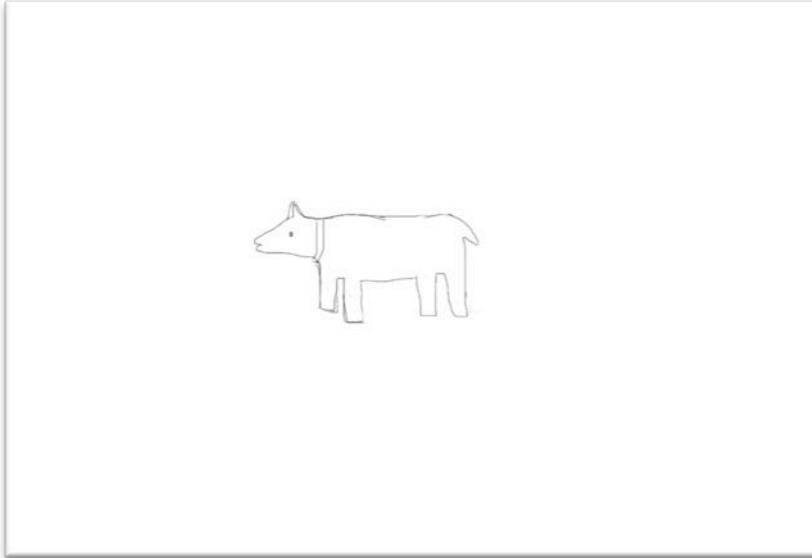


Figure 26 – The therapist’s drawing of a dog, as requested by the patient

5.21 STEP 5: Identifying the Source Domains and Their Relationship to Target Domains

In order to develop a stronger sense of the target domain for the dog as source domain, the therapist asked Bernard why the dog would come to therapy to which the Bernard responded that the dog was there to ‘learn how to draw’.

P. 16:35.5 Learn how to draw.

It appeared that Bernard understood that the therapist was attempting to develop a metaphorical understanding of the image. His body language; leaning forwards, brief eye contact as well as tone of voice indicated that he was engaged in reflecting on the proposition that a metaphorical dog could come to therapy.

TIME	SOURCE DOMAIN	TARGET DOMAIN
16:10	T. Shall we move onto the dog ? P. [mmm] T. With the dog , what would the dog want? T. The dog has been...	
16:38		T. ...referred to art therapy what is the dog going to want to do? P. Learn how to draw. T. Learn how to draw. P. yeah

Table 17 - Mapping source and Target Domains for Bernard' CRM

The characteristics of the dog as source domain can also be linked to Bernard's responses early in the session where he describes himself as 'not big' and that he was there to 'learn art'.

	CRM CRITERIA	TRUE/ FALSE
1	Non-literal (figurative) content The dog is intentionally treated as having the attributes of a person.	TRUE
2	Target and source domains The structure has a source and a domain: self (target) and dog (source)	TRUE
3	Mentalised communication to another Bernard appeared to momentarily try to use the image making reflectively to communicate to the therapist his desires to be in therapy to 'learn how to draw'.	TRUE
4	Affective image The image of the dog had been reconstructed with the therapist where the therapist and patient collaborated on image making and the patient appeared to become more excited both by the therapist drawing and involving himself and the kind of dog that had been drawn.	TRUE
5	Context contingent The image referred to the therapy context and how he wanted to use the therapy.	TRUE
6	The subject is about an interpersonal relationship The schema of Bernard not being 'big' at art and the idea that he was interested in making art under the instruction of another was central to the relational schema of the metaphor.	TRUE
7	The metaphor is novel in the context The metaphor is a novel metaphor. However, there are many conventional metaphors that use a dog as an image source such as, 'dog-eat-dog world', 'a dog's life', 'on a short leash', 'leader of the pack' to name but a few. However the idea of the dog as a tame learner is not in common use in the UK. In his country of origin, the Dominican Republic, a common saying is used, 'He who hangs out with a dog will learn how to bark'.	TRUE

Table 18 – True/ false table for Bernard's CRM Criteria

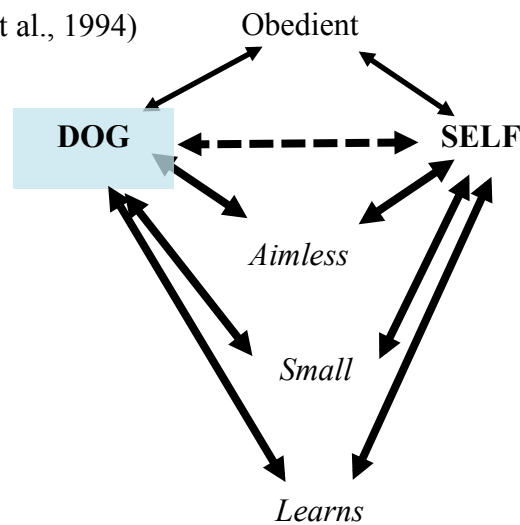
5.22 STEP 6: Visual Map of the CRM, Emergent Features and Conventional Metaphors

Figure 33

Psycholinguistic Metaphors Mapping

for Bernard

(Adapted from Veale et al., 1994)



]

←- - - - -> *Creative Relationship Metaphor (CRM)/ Conventional Metaphor (CM)*

←- - - - -> *Associational Relation*

←- - - - -> A thicker line indicates *salience to the transcript*, whereas a thin line indicates that other data was used to reinforce the *probable relation*; the image making, the process notes or both.

Image source directly associated with picture

Fascinated Italics designate emergent features in the transcript

Figure 27 – Bernard’s Visual mapping of his CRM

5.23 STEP 7: Comparing Non-Metaphoric Sections of Transcript

Most of the text contains simple responses and often very concrete responses. The only metaphor that was used was a CRM and then only briefly (00:01.25s). The following two extracts give examples of dialogue that have no metaphorical meanings.

5.23.1 THEME 1: The Wall

T.	05:15.6	But you put a wall there as well
P.	05:18.3	Yeah, Sometimes there's a wall next to the beach
P.	05:23.2	Brighton's got a wall
T.	05:25.1	Yeah
P.	05:25.3	Is it brighton?
P.	05:26.7	Yeah
T.	05:27.2	Yeah
P.	05:27.5	Bo.. wall yeah
T.	05:29.7	What's the wall there for?
P.	05:31.4	I don't know

<p>Criterion for Non-Metaphors: Theme 1</p> <p>(There must be one true statement to be non-metaphorical)</p>	<p>TRUE/ FALSE</p>
<p>Literal Content</p> <p>Bernard appears to intentionally use language in a literal way.</p>	<p>TRUE</p>
<p>Only a target or source domain</p> <p>No target was identified, i.e. the wall was not transposed onto any target domain such as being a relational obstacle</p>	<p>TRUE</p>
<p>Non-mentalised communication in Relation to the Therapist</p> <p>There is no sense that Bernard can make sense of the perspective of the therapist.</p>	<p>TRUE</p>
<p>No affect communicated explicitly in relation to the source</p> <p>There are emergent images that form a source, such as the wall and sea but there is no evidence of any change in affect associated with the source or elaboration on the source domains.</p>	<p>TRUE</p>
<p>The patient responses does not relate to a real context of therapy and personal narrative</p> <p>There is little evidence that Bernard is considering the context of art psychotherapy or how he can make sense of his experience with another, however it is also inaccurate to say that Bernard is not relating to the context. Bernard makes simple responses and makes an association of the wall with Brighton, which the therapist feels is a general link between his image and sea defences. Therefore his speech is contextual, in terms of his personal narrative.</p>	<p>FALSE</p>

Table 19 – True/ false table for Bernard’s Non-Metaphor Criteria (1)

5.23.2 THEME 2: Describing The Dog

T. So ..so how do you describe the dog?

P. It's any dog. I don't know any prescription, any dog.

T. It's any dog.

P. [uhuh]

T. It's any dog.

P. [mmm]

T. It doesn't have a name?

P. no

T. It doesn't have a colour.

P. no

T. Not a particular colour

P. no... If you draw a dog does it have a col.. name?

Criterion for Non-Metaphor: Theme 2 (There must be one true statement to be non-metaphorical)	TRUE/ FALSE
Literal Content Bernard appears to intentionally use language in a literal way.	TRUE
Only a target or source domain No target was identified, the discussion is about a dog, which does later become the source of the CRM, but at this Step is being described as ‘any dog’, with no specific qualities.	TRUE
Non-mentalised communication in Relation to the Therapist There is no sense that Bernard can make sense of the perspective of the therapist.	TRUE
No affect communicated explicitly in relation to the source The image of the dog is the main source, but is not expanded upon.	TRUE
The patient responses does not relate to a real context of therapy and personal narrative Bernard does not provide any evidence that he perceives the image of the dog as being within a specific context.	TRUE

Table 20 - True/ false table for Bernard’s Non-Metaphor Criteria (2)

5.24 STEP 8: Examining What the Metaphor Means in the Dynamic Interpersonal Context

From the process notes the therapist feels that the patient is ‘...unformed... unstable...lost.’ (Line 138). Bernard often seems distracted in the room and most of Bernard’s responses were monosyllabic simple responses. Out of a total of 164 responses only 38 of the responses were complete sentences and 80 of the responses

were 'yeah' or 'no' which meant that the dialogue was rarely explorative. He didn't seem to refer to any self-images except for 'not being big' and referring to the dog as wanting to 'learn how to draw'. However, the therapist's experience of Bernard gives some indication of Bernard's sense of self. The following extracts give a sense of how the therapist experienced Bernard.

"...distant and anonymous..... hanging upside down out to dry... regressive symbiotic condition...' '...distant and removed... passivity of an infant that had given up struggling" (PN Line 134)

In PN line 131 the therapist describes his efforts to engage where he felt like he was being either too passive or domineering,

"I was trying to find a way of understanding the patient's world and desires, which felt like a difficult path to tread. At one moment I felt I was pushing an unwilling participant off the beach and at another I felt that I was making a path to be followed."

Later in the session the therapist felt that he was excluded from the mind of Bernard because of a fantasy of being in a symbiotic condition. The therapist describes a '...sea of mirrored couples.... in an undifferentiated world' (PN Line 142) when referring to his experience of the numbers depicted as the form of the sea. The dynamic formulation appears to be a fear of a neglecting preoccupied other. At specific times that were emotionally more turbulent during the session the therapist felt that Bernard experienced the following relational pattern:

5.24.1 Self

Bernard describes himself as small and dog-like. 'I'm not big at art' he states. To the therapist, this suggested a child-like, lost and aimless sense of self.

5.24.2 Other

The other was experienced either as offering clear and concrete guidance or as being an excluding other. From the beginning, Bernard had the sense that he was in the wrong place. When he first entered the room he immediately left again, before being invited back in.

5.24.3 Affect

The affect that Bernard expressed during times of disconnection seemed to be dismissive in an abrupt and avoidant way appearing as being frustrated and unsettled.

The self-other formulation of these moments of disconnection during the therapy was described from the patient's perspective and the therapists process notes as a dyadic dynamic:

5.25 The Required Relationship

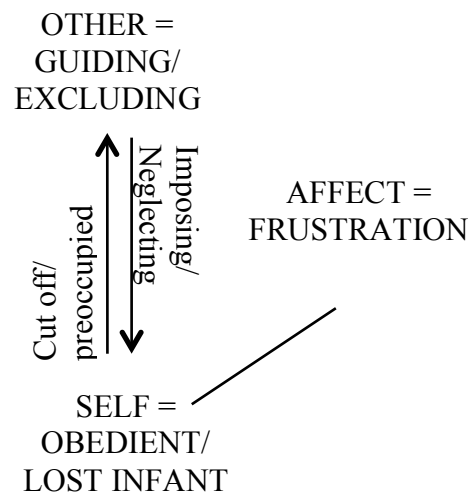


Figure 28 – Bernard's visual dynamic formulation for the 'required relationship'

In light of the required relationship as one which is either guiding or preoccupied, it appeared that another condition was being avoided which was one to do with an experience of an undifferentiated sense of self that was reflected in his language and actions. Most of his sentences were incomplete and his actions were often unpredictable, such as laughing at times that did not make sense to the observer.

5.26 STEP 9: Summarising the Therapist Interventions in the Context of the Dynamic Formation of the CRM

1. The therapist changes his focus from clarifying the content of the image to using it metaphorically in an ‘as if’ scenario, for example ‘*if* the dog attended art psychotherapy, what would it do?’
2. The therapist did not make any reference to relationships, except implicitly through the image.
3. The therapist introduces the notion of ‘drawing’ as a reason why the people in the image might come to art psychotherapy.
4. The therapist also acknowledges and validates the patient’s experience when he struggles with responding, for example the therapist states, ‘...it’s a difficult kind of question’ (00:16:05).
5. The therapist tolerated experiences of feeling imposing or distant, and speaks in a calm responsive way.
6. The therapist consistently makes verbal references to the image as a metaphor source.

5.27 PATIENT C: Cheryl

(See Appendix 5-12 for the transcript and the therapist's process notes.)

5.27.2 DSMIV Code

Major Depression 296.34 Severe with psychotic features

PHQ-9 score= 20 (severe depression)

5.27.1 STEP 1: A Description of Relevant Background Information and an Overall Summary of the Session

Cheryl was 41, black, British born and lived with her husband and two children. She had been referred to a mother and baby assessment following a period of post-natal psychotic depression. When she first became unwell and mental health services were contacted by her husband Cheryl avoided contact with professionals. When she was finally referred to a mother and baby assessment unit, her baby was nearly six months old and Cheryl was still experiencing a severe depression. Cheryl had three sessions of individual art psychotherapy on the mother and baby assessment unit. Her discharge plan included being referred to the arts psychotherapies service in the community.

On presentation she appeared well dressed and responsive and eager to begin the work. There was sense that she held some expectations based upon her prior experience of art psychotherapy that the therapy would be about making symbols. In the first part of the second session, Cheryl was anxious about the camera and wanted

to talk about how the video material would be used. Cheryl had taken the consent form home and had a number of questions about the legality of using the recording. Once these were answered and she was satisfied with the level of confidentiality the recording equipment was turned on.

5.27.3 Summary Of The Session

Time	Process
00:00:00- 00:02:18	Cheryl said that she felt watched by the therapist.
00:02:18- 00:02:30	The therapist feels destabilised and tries to respond about the boundaries and conduct to be expected within the therapeutic situation.
00:02:30- 00:07:15	There is a long silence following this, however the therapist feels slightly distracted whilst Cheryl draws large circles in black.
00:07:15- 00:07:44	The final image was interpreted by the Cheryl as an experience of going 'around and around'.
00:07:44- 00:10:07	The image had another meaning that is suggested by her experience of avoiding situations that will evoke experiences of being raped.
00:10:07- 00:13:09	Cheryl contextualises her experience of being isolated and living with traumatic memories and despite being supported by her family, not feeling happy in herself.
00:13:09- 00:15:00	A decision is made about her treatment following her use of the image making process.

Table 21 - Summary of the second assessment session with Cheryl

5.28 STEP 2: The First Reading: Classifying the CRM, Emergent Features and Conventional Metaphors in the Transcript

Throughout the dialogue there are a number of emergent metaphoric features, several conventional metaphors and one CRM:

Time	Emergent
00:40	P. I'm not going to use my key... [looking in her bag for a pen] P. [laughs] P. my key is my... P. Are you just going to sit and watch me?
	Conventional
07:30	T. What are your thoughts? P. It's just that life [looking at the image] P. My whole life P. It goes, it just goes round and round and round [smoothing the chalk in a circular motion] P. Yeah round and round and round [continues action]
	Emergent Features
07:55	P. You know I'm sitting here, I'm drawing yellow... [sits back] T. Yeah P. Trying to get to the black P. Drawing a bit of yellow you know
08:03	P. But real yellow and not black P. With black T. It does feel... P. It's not just yellow
	CRM
08:40	P. And yet here I am going around the outside P. Around here [continues smoothing the chalk] T. So you feel that you are going around and around. P. Yeah
	Emergent Features
09:49	P. but that's what I'm good at. I'm good at 'woohoo' that's what I have to do everything is great, everything is fine T. But there's something quite sad about this going around in circles... P. And you know, I just want to shift.
	Conventional
09:51	P. I just want to be happy. I don't want to remember these things, but I know I have to remember them to deal with them
11:59	P. I'm different compared to last time T. I don't know what happened there but something seemed to shift. P. This is the experience this is what I've got to face. You know I can try and hide for it, you know that's what I need help with, that it doesn't effect me so much when I think about it.

Table 22 – Cheryl's types of metaphor Types in from the transcript

In the first part of the session Cheryl makes a number of references that clearly show a source domain but it is unclear what the target domain is. From 08:31 there is a clearer communication that Cheryl feels on the outside of something. In the last part she describes her experience in relation to being sexually abused in metaphoric terms. The reference to sexual abuse comes later in the session (10:04) and at this point makes a clearer target for the source domain.

5.29 STEP 3: Identifying Extra-Contextual Influences on the Production of Metaphor

Cheryl was well educated and well presented with good social skills. She had however recently suffered from a psychotic episode and had become very depressed. This became particularly pronounced when she was referred to the mother and baby assessment unit after the birth of her second daughter. She had received three art psychotherapy assessment sessions at a mother and baby unit and had found them helpful. It was unclear what happened in those sessions, but they appeared to have a strong influence on the way that the therapy session was used. Initially the therapist felt that there was some expectation that the therapist would be more involved ‘Are you just going to sit and watch me?’ (02:18), and towards the end of the session Cheryl referred again to the good experience of the previous sessions ‘Once I did this. Once I did three sessions on the unit then yeah. It's what I'd like to do.’ (14:39). There

was also a sense early on that she was aware of the camera in the background, turning to look at the camera several times. In this sense, her experience of sexual abuse may also have been informed by the experience of being ‘watched’ by the camera. There is a sense that there is a lot at stake for her in terms of her family and work. However, she was known to retreat from both family, mental health services and work when she was feeling unwell.

The recent arrival of her baby was not discussed during this session and she was generally avoidant of discussing in any detail the difficulties that she had faced with mothering. The theme of mother and being mothered may have been influential as a factor in the source domain in terms of the image making process and Cheryl makes two references to ‘black’ (07:05, 08:09) as something that she cannot ‘shift’ (09:42, 11:52) from. It is unclear if this also a reference to being ‘black’ in a predominantly white society in relation to her own cultural heritage.

To summarise, possible background influences on the formation of the metaphor are:

- Previous experience of art psychotherapy (3 sessions)
- The physical presence of the video camera
- Admission for assessing parenting capability
- The experience of mothering and being mothered
- Sexual abuse
- Race

5.30 STEP 4: Using the Image Making Process to Identify

Source Domains

Cheryl was eager to use the chalks and chose them quite carefully, referring to the pastels as 'clean' (03:31). Cheryl made the image for a large part of the session (3:43-11:52) whilst talking and making reference to the image, often using physical gestures, for example smoothing the chalk in circles with her hand, to describe her experience of 'going round and round and round' (07:32).

The image is positioned fairly centrally. The inner space begins with a deep yellow and was smudged in circular motions to produce a graduated effect. Small slow circles of her hand produced a gentle change in the colour and intensity. Surrounding this three to four lines were loosely circling the centre which again were smudged in much wider strokes. The overall impression of the image creates a sense of an inner space and outer space where the yellow is nested within the black. The harder edge of the black gives the yellow a lighter, less substantial form more akin to air than the black which has some solidity. The black covers a much wider area and the colours appear well proportioned in relation to each other offering scope for associations such as looking through a hole into daylight, an eye, nest or opening with something being born, for example an egg.

From near the beginning of the session the visual image made by Cheryl is referred to by Cheryl as having several emergent metaphor themes. The image of a circle 'going around and around' is initially used to describe her 'life' (Fig 29.). The

image is of a black wide circle that almost fills the page with a yellow circle in the middle. The surface is smooth and the image did not appear to be a representation of anything in particular.

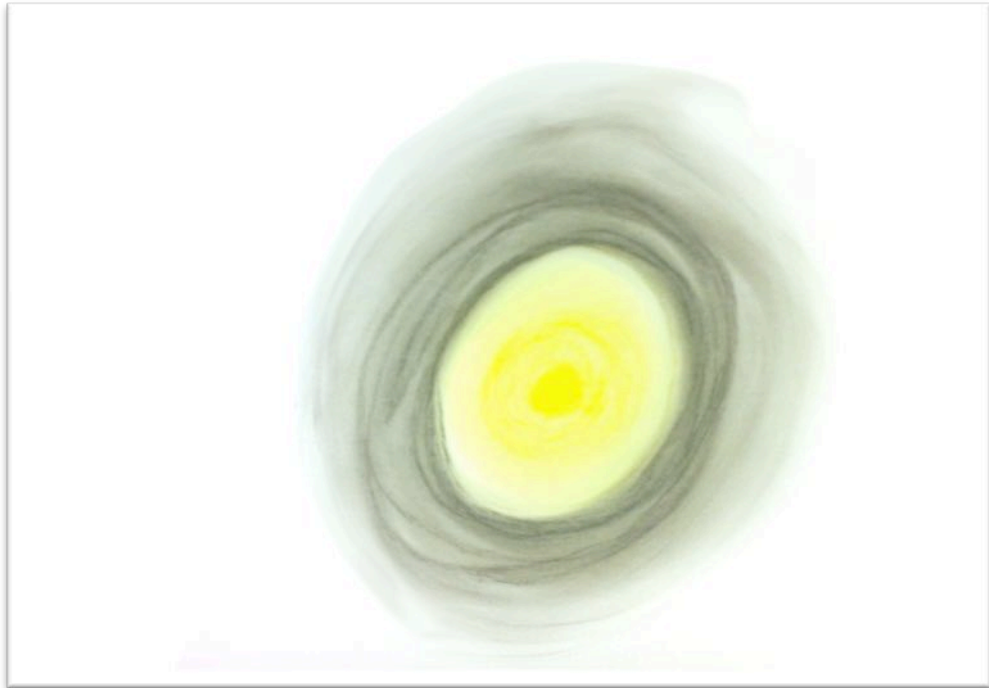


Figure 29 – Cheryl's chalk drawing of 'going around and around'

The suggestion that Cheryl makes about going 'around and around' is in relation both to the motion of making the image, of circular movements and also of the visual image itself. The conventional metaphor of 'going around in circles' is the basis of a spatial metaphor that Cheryl develops into a something that has a circular path that can 'shift'. This elaboration of the source domain suggests an extension of the spatiality in relation to the 'yellow bit in the middle'. The image is frequently referred to in the course of the session, however this means that the metaphor target domain is implied but not clear to the therapist. It is only later when the therapist makes reference to the target domain as the 'abuse' that Cheryl had talked about in

the first session makes it clear that this is what is causing her difficulty and that this is what is preventing her from 'shifting'. Therefore the image was instrumental in forming the basis of the following source domains:

1. Circular motion

P. 07:25.6 it's just that life

P. 07:30.6 my whole life

P. 07:32.5 It goes, it just goes **round and round and round** [caressing chalks in circular motion]

P. 07:43.5 Yeah **round and round and round** [caressing chalks in circular motion]

P. 07:45.1 You know [makes eye contact] I'm sitting here, I'm drawing yellow...

T. 07:52.4 Yeah

2. The relationship of black to yellow

P. 07:45.1 You know I'm sitting here, **I'm drawing yellow...**

T. 07:52.4 Yeah

P. 07:55.5 **Trying to get to the black**

P. 07:56.8 **Drawing a bit of yellow you know**

P. 07:59.7 You're going to be young

P. 08:03.1 **But real yellow and not black**

P. 08:09.6 **With black**

3. The relationship of being inside or outside

T. 08:22.1 That felt quite like there was a **longing for something that is good there..**

P. 08:31.1 Yeah

P. 08:31.7 And yet here **I am going around the outside**

P. 08:40.4 **Around here**

T. 08:46.6 **So you feel that you are going around and around.**

The therapist described in the process notes a desire to keep something simple that felt messy and abnormal. Alongside this he experienced using play dough as a ‘warm’ experience. The therapist writes,

“I moulded some play-dough in my hands, which felt warmer and tangible in this context where there was a feeling of hostility veiled by the patients pleasant, smiling facial expression. I found myself stumbling through the dialogue trying to draw on what normal practice is and thinking about how this could be adapted to the situation. However, it felt like I was trying to cover something up, faltering as if being messy where she had asked for something quite simple and clear.” (PN Line 3)

The therapist’s experience in the countertransference suggests that the therapist and Cheryl are using the art materials to avoid an uncomfortable experience,

but also to recover something that they feel familiar and close to. The image in this sense appeared to describe a source domain at the cost of a target domain, which was reflected in an experience of feeling detached from what ‘going around and around’ meant in the Cheryl’s life.

“The monotony of life being self-similar, repetitive and appearing to relive the same scenario may well have been her experience, however her actions in relation to the image illustrated an experience of touching or being touched.”
(PN Line 8)

Again, the therapist experienced the sense that something was being circumnavigated rather than addressed. The therapist was aware that the initial metaphor of ‘going round and round and round’ appeared to contrast with the way that she physically engaged with the image making, appearing to be sensitively smudging the chalk in circles that the therapist related to a relationship to an infant,

“From the beginning I felt that I was being pulled into a close situation, perhaps like mother and baby, born or in utero.” (PN Line 9)

This experience of the therapist was based more on the nonverbal gestures of making the image rather than this first metaphor of ‘going around and around’. There is a sense that her experience of mothering and being mothered formed part of the creation of the image and that a good coupling was being avoided because of memories about being raped.

The relationship of black to yellow is also referred to throughout the first part of the session. Cheryl doesn't make a direct reference to the target domain when she describes these emergent features of something metaphorical. She appears to be alluding to a target but this remains ambiguous. The therapist felt that this might relate to feeling dirty as a result of the rape as she had described the pastels as 'clean' (03:31) when she first picked them up but proceeded to make smudged black circles (Fig.29). The therapist wrote (PN Line 11),

"I did not know what was dirty for her or what it meant, but the image produced felt like the smoothness of the materials, especially the yellow in the middle contrasted with a 'dirty' experience. I wondered if this experience that was being described through the art making was some kind of a reparation of a sexual abuse experience, caressing, washing and close."

The therapist also refers to the black outer layer as potentially a reference to race, the therapist writes (PN Line 8),

"I wondered whether this was actually a perception of me as a white person being included in a social context and whether she as a black person felt excluded."

Lastly, Cheryl's reference to being on the outside was also referred to by the therapist as a problem with intimacy (PN Line 10),

“I had a sense that the patient was unable to really be in touch with the intimacy that she evoked in the making of the image and this remained at a distance.”

This feeling echoed earlier experiences of the Cheryl using the image to avoid an event or memory that was believed to be disturbing or threatening.

5.31 STEP 5: Identifying the Source Domains and Their Relationship to Target Domains

The definition of the creative relationship metaphor is formed over time from several reference points in the dialogue. The target domain was only alluded to in the first part of the session, meaning that much of the material was in the form of emergent features. The key components that finally make up the CRM are:

TIME/ Person	TARGET DOMAIN	SOURCE DOMAIN
07:30	P. My life...my whole life....it	P. just goes round and round and round
07:43		P. Aound and around
08:31		P. And yet I'm going around the outside.
09:49		P. I just want to shift.
09:51		P. I have to remember them to deal with them, so I put them in that box
10:04	T. These are the memories about the abuse?	
10:51	T. I guess that you brought up a few times that you were worried that if you told your husband about the abuse that in those close moments he would just see that person who was unlovable...	
11:59		P. This is the experience this is what I've got to face. You know I can try and hide from it'
12:49		P. It's been creeping into my life

Table 23 - Mapping Source and Target Domains for Cheryl's CRM

Cheryl was in agreement that the subject that she is attempting to avoid is in relation to disclosing being raped in her adolescence. A secondary communication appears to be about mothering and being mothered, which is described through more implicit gestures in the way that the image is made. Therefore the intended communication related to the CRM appears to be about the rapist. The metaphor seems to be about her circumnavigating authentic intimacy from fear of being violated. The 'circle and centre' provided a source image that was used in a way that met all of the criteria for the CRM.

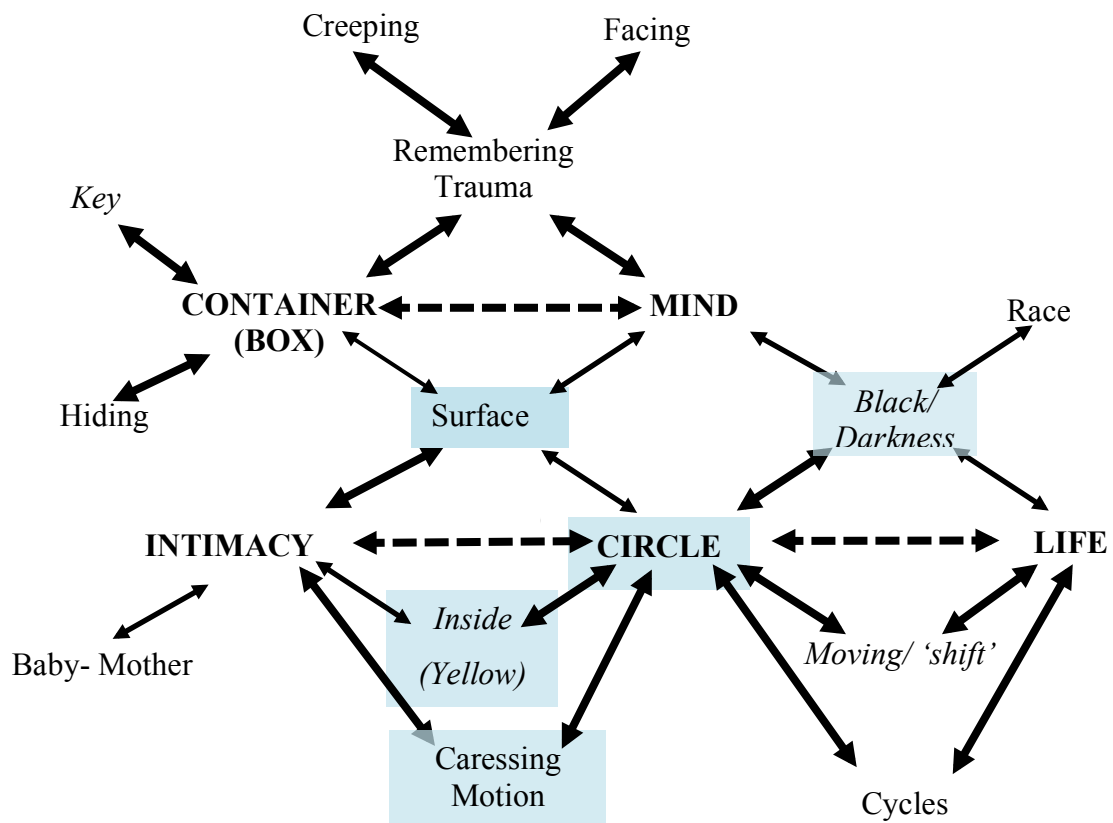
	The Creative Relationship Metaphor (CRM) Criteria	TRUE/ FALSE
1	Non-literal (figurative) content The circle as repetition in life and being on the outside.	TRUE
2	Target and source domains There are essentially three types of target that use the same source: Source = An image with a black outer circle and a yellow centre Target = A generalised experience of life/ intimacy with her partner/ being raped/ mothering	TRUE
3	Mentalised communication to another The communication often feels removed, in <i>pretend mode</i> , where the affect and thoughts do not seem clearly related to real events. However, there is a sense that Cheryl is communicating her problem with being authentic which she relates to being sexually abused, therefore bringing to the forefront a real issue (target domain) that the source domain relates to.	TRUE
4	Affective image The image becomes increasingly related to her relational anxieties and appears to be connected to her affective state of fear of violation that is present from the beginning of the session.	TRUE
5	Context contingent Cheryl uses the metaphor appropriately within the therapeutic context, that is to communicate to another a serious issue that concerns her. The metaphor makes sense within the context of interpersonal disturbance.	TRUE
6	The subject is about an interpersonal relationship The subject is about her problems of intimacy and being raped.	TRUE
7.	The metaphor is novel in the context Although the initial metaphors used appear to be based on conventional metaphors, such as Life = Circles the source domain of a journey or place of a particular colour is used to construct novel metaphors such as the Yellow centre = intimacy, and the black circle = being safe from violation.	TRUE

Table 24 - True/ false table for Cheryl's CRM

5.32 STEP 6: Visual Map of the CRM, Emergent Features and Conventional Metaphors

Diagram 1.


Psycholinguistic Metaphors Mapping for Cheryl
 (Adapted from Veale et al., 1994)




KEY

Creative Relationship Metaphor (CRM)/ Conventional Metaphor (CM)

Associational Relation

 A thicker line indicates *salience to the transcript*, whereas a thin line indicates that other data was used to reinforce the *probable relation*; the image making, the process notes or both.

 Image source directly associated with picture

Fascinated Italics designate emergent features in the transcript

Figure 30 - Visual CRM Map for Cheryl

5.33 STEP 7: Comparing Non-Metaphoric Sections of Transcript

Cheryl often uses source images to describe her feelings and experiences without reference to real events. However, conversely, there are sections in the text where she elaborated on some of the detail about her family without using emergent metaphor source domains.

5.33.1 THEME 1: Intimacy

T. 10:04.7 These are the memories about the abuse?

P. 10:07.3 Yeah

P. 10:10.9 Yeah. You know I've got a wonderful family, I've got a husband and the school has been so supportive. I've got so much you know and...

P. 10:31.2 You know I can't just be... happy in myself. I'm happy with what I've got. But I can't just be happy ... I guess that's why I'm here because I need to love myself, find myself, you know.

<p>Criterion for Non - CRM: Theme 1</p> <p>(There must be one true statement to be non-metaphorical)</p>	<p>TRUE/ FALSE</p>
<p>Literal Content</p> <p>Most of the text is literal in content describing her relationship to her family, however there are some emergent features of metaphor such as ‘supportive’, ‘got so much’, ‘in myself’ suggesting a psychological relation to the other that has an emergent metaphoric quality. For example, supportive suggests that her concerns are figurative things that can be supported, ‘got so much’ implies that there is a sense of ownership over abstract entities such as a ‘supportive family’ and ‘school’. Lastly, Cheryl refers to ‘in myself’ suggesting that her self is compared with something that has interiority.</p>	<p>TRUE</p>
<p>Only a target or source domain</p> <p>The above examples are target domains with emergent source domains. For example, the subject of her communication is herself that is ‘supported’ ‘has so much’ and has interiority, ‘in me’. It is unclear what the image source is for the type of support, ownership or the appearance of her interiority and therefore the image source is implied and the metaphor remains incomplete.</p>	<p>TRUE</p>
<p>Non-mentalised communication</p> <p>In this sequence it feels to the therapist that Cheryl is engaging with the issue of authenticity as a subject, now that the therapist has brought the personal events more into focus. The dialogue that relates to her awareness of the problem of her authenticity feels to the therapist to be more true to her affect.</p>	<p>FALSE</p>
<p>No affect associated with source</p> <p>There are emergent features, and here the emotional content is more real than has been previously expressed, but the affect also helps to make sense of the metaphor that occurred prior to this non-metaphorical sequence.</p>	<p>FALSE</p>
<p>The description does not relate to the context</p> <p>The description does appear to relate to the context, in that she is describing something in therapy that is about the problems that she has in relationships. Whilst the material is often quite generalised and therefore non-specific the therapist makes sense of the material within the context.</p>	<p>FALSE</p>

Table 25 - True/ false table for Cheryl’s non-metaphor (1)

5.33.2 THEME 2. Beginning Therapy

P. It's been long....I'm 41, I've got 41 years of therapy.

T. There's a sink just over...There's a lot of ground to cover...Well to my mind you seem quite clear about what's going to be useful to you

P. Yeah

T. So that makes life much easier in terms of what is needed

P. Oh right ok...

T. Because it seems that you are not faced with profound uncertainty, you actually seem quite clear...

P. Once I did this. Once I did three sessions on the unit then yeah

T. Yeah

P. It's what I'd like to do

<p>Criterion for Non-CRM: Theme 2</p> <p>(There must be one true statement to be non-metaphorical)</p>	<p>TRUE/ FALSE</p>
<p>Literal Content</p> <p>Cheryl describes the length of her life as how long she will need for her therapy. This is said with humour to suggest that her entire life has been problematic and requiring an equal amount of undoing. The description that she gives is literal.</p>	<p>TRUE</p>
<p>Only a target or source domain (not both)</p> <p>There are clear target domains, her age, length of therapy, a reference to previous therapy and her decision to begin therapy. These are not talked about in metaphorical terms.</p>	<p>TRUE</p>
<p>Non-mentalised communication</p> <p>This communication does not show explicit signs of non-mentalising. There is a sense that she is idealising therapy in terms of it's capacity to cure through her version of a source –image based intervention, however this is not explicit in this part of the session.</p>	<p>FALSE</p>
<p>No affect associated with source</p> <p>There is not a source domain that is referred to directly, however her playful tone is suggestive of a link to the idealised experience of the therapy 'shifting' her pattern of relating.</p>	<p>TRUE</p>
<p>The description does not relate to the context</p> <p>The description relates to the context of the therapy, that is, beginning therapy and the description that she describes makes sense in the context of how she understands her difficulties.</p>	<p>FALSE</p>

Table 26 - True/ false table for Cheryl's non-metaphor (2)

5.34 STEP 8: Examining What The CRM Means In The Dynamic Interpersonal Context

Cheryl presents some important factors in relation to how she formulates her CRM as informed by dynamic relationships. In the first part of the session it was evident that Cheryl was anxious about being watched. The therapist felt put on the spot and gave a long explanation about the role of the therapist. From this first encounter the avoided relationship appeared to be in relation to the other who is going to be intrusive or abusive.

In terms of how she sees the other in relation to her difficulty this arises very early on in the session when there was a sense that she feels intruded upon by another. Later Cheryl refers to a sexual violation,

- P. 09:51.6 I just want to be happy. I don't want to remember these things, but I know I have to remember them to deal with them
- P. 09:59.4 so I put them in that box.
- T. 10:04.7 These are the memories about the abuse?

The idea of the trauma caused by the other is distanced, which is also referred to in her description of where she is in relation to her drawing,

- P. 08:31.7 And yet here I am going around the outside

The therapist felt that intimacy and abuse had become undifferentiated. In his process notes the therapist states,

“I felt that the patient would not be able to make sense of this type of exploration of the intimate content, which may have become distorted due to a traumatic close event, such as sexual abuse.” (PN, Line 11)

5.34.1 Self and Other

Cheryl talks about herself in relation to the abuser/ intimate other as unhappy and unloved. She refers to her ‘life’ and herself as going ‘around and around’ unable to reach the ‘middle bit’. There is a sense that when she describes her sense of self in relation to the other there is something that is not being talked about, which is herself as mother and her experience of being mothered. The therapist wrote,

“On the one hand I felt that there was a quality of regressive re-enactment suggesting that there was a revisiting of an experience, which differed from her description of the metaphor as life going around in circles.” (PN, line 12)

From this it seemed that her sense of self and the intimacy that the therapist felt was central to her issues might have been more accurately placed with problems of feeling unmothered.

5.34.2 Affect

Cheryl is very animated but often appears to be out of touch with the content that she describes, such as the containing experience or the abusive experience. The therapist talks about this as, ‘I felt that there was something lost that she was attempting to get in touch with through the image making process’. (Line 16. PN). The therapist also refers to a sense of sadness that he has about the loss. ‘But there’s something quite sad about this going around in circles...’ (09:33). To which Cheryl responds, confirming the therapist’s experience, ‘And you know, I just want to shift.’ (09:49)

Overall there is a sense that for Cheryl there is a sense of profound loss about a maternal other, but also that she is angry about being raped and the effect that this has on her relationships. Based on this session content where Cheryl struggled to relate to the therapist and vice versa the *required relationship* can be formulated as:

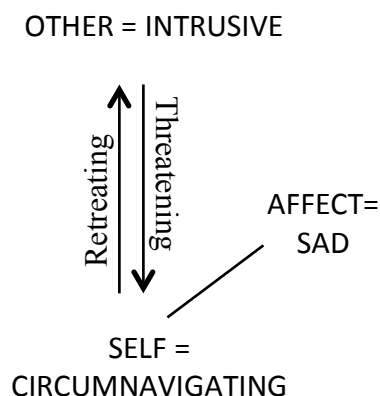


Figure 31 – Visual dynamic Formulation for Cheryl’s required relationship

In this context, the therapist initially was seen to act out a superficial relation to Cheryl, and was perceived as being intrusively ‘watching’ Cheryl. At times the therapist felt that Cheryl was in ‘pretend mode’ and felt himself to be cut-off from Cheryl. The avoided element of her presentation appeared to be her aggressive, punitive tone that was present at the beginning of the session. Also, the sense that she was in pretend mode at times came across as an aggressive refutation of her feelings and the impact of her behaviours on her baby and others during her psychotic depression.

5.35 STEP 9: Investigating the Therapist Interventions in the Context of the Dynamic Formation of the CRM

Clarity about the CRM occurred at (11:59.7) where the therapist links her fears to an experience of being sexually violated. The event at (11:59.7) is not a CRM in itself, but bridges the target domain with the source domain meaning that the relevance and specificity of the emergent features now changes. In this instance the CRM is described as happening at this point because it is with reference to the conventional metaphor of putting memories in a ‘box’ (10:00) and wanting to ‘shift’ (09:51) in relationship to being on the ‘outside’ (08:31). The target domain that she states is,

- P. 11:59.7 This is the experience this is what I’ve got to face. You know I can try and hide for it, you know that’s what I need help with, that it doesn’t effect me so much

when I think about it. Having counselling and therapy sitting there, it takes me to one place, but when I do the art I think this is where the most happened.

The following summary illustrates the therapist's interventions before the CRM clarifying event. Within the two minutes prior to the occurrence, the main types of intervention used were based on moving from focusing on the implicit source domain to making the target domain more explicit in terms of what her affect referred to. The therapist validated the Cheryl's experience of the rape and explicitly linked this with the context of 'being on the outside'.

5.36 Summary

From the narrative account it is possible to see that there are several factors that appear to play a key role in the formation of the CRM. These factors are discernable in the therapist's actions and attitude.

1. The therapist initially felt disturbed by Cheryl's questions and responded in a poorly articulated manner.
2. The therapist clarified the problem that was being identified by Cheryl in the source image according to a specific event.
3. There was silence and then the therapist was curious before Cheryl confirmed the target domain.
4. The dynamic shift from the therapist being seen as someone imposing, 'watching' to someone that could be useful was introduced through the dialogue becoming more attuned to Cheryl's affective experience.

5. The image was repeatedly referred to by the therapist, which elaborated on the features of the source domain for the CRM.
6. The therapist identified the target domain from the countertransference and material from the previous session.

5.37 PATIENT D: Talia

(See Appendix 5-12 for the transcript and the therapist's process notes.)

5.38.1 DSMIV Code: 296.24

Major depressive disorder, single episode, severe with psychotic features

PHQ-9 Score= 21 (severe depression)

5.38 STEP 1: A Description of Relevant Background Information and an Overall Summary of the Session

Talia was referred to art psychotherapy following an acute psychotic episode and hospitalisation. She had been living back in the community for several weeks when she arrived for her art psychotherapy assessment. She was 26 years old, of Muslim background and was born in Sudan but lived in the UK from the age of 7. It was unclear why Talia had a sudden psychotic episode and her family continued to report unusual behaviour such as mood swings and becoming socially isolated. Her parents reported that Talia had described herself as 'hopeless and unlovable'. In the first session she described feeling neglected as a child, feeling that she was often left to 'fend for herself'. She also said that she did not remember her psychotic episode stating that 'it was all a blur'. Talia was well dressed, articulate and quietly spoken and appeared thoughtful and was smiling through the first session.

5.38.2 Summary Of The Session

Time	Process
-00:07:00- 00:00:00	Talia entered the room smiled and said that she was fine.
00:00:00 – 00:01:28	Talia had some expectations about being more free to ‘scribble’ in the session. She became stuck very early on. The therapist responded by asking her some questions about whether it was helpful for the therapist to make something too.
00:01:28- 00:08:49	Talia picked up a felt-tipped pen and drew in silence for about seven minutes. Talia has an association that she relates to the image.
00:08:49- 00:10:50	The therapist is curious, interested and engaged but confused by her drawing. He asks questions to clarify what she has drawn.
00:10:50- 00:11:08	Talia describes a ‘dog’ in the wild and free, when she was arrested and imprisoned for carrying someone else’s baggage. During this time in the session Talia describes the image of a dog that is free. It is unclear where the dog is in the image and sometimes it sounds to the therapist like Talia might be talking about the present.
00:11:08- 00:18:47	During the session, the therapist feels that they are developing a rapport and warms to Talia. Talia tells a story about being imprisoned in Italy and betrayed by her friend.
00:18:47- 00:32:12	Talia makes sense of the dog running wild in relation to her emotions and her emotional relation to other people, with particular reference to ‘carrying other people’s baggage’
00:32:12- 00:38:49	Final arrangements are made in terms of what kind of therapeutic treatment might be best for her.

Table 27 - Summary of the second assessment session for Talia

5.39 STEP 2: The First Reading: Classifying the CRM, Emergent Features and Conventional Metaphors in the Transcript

The following table identifies the different types of metaphor in the transcript.

Time	Emergent
09:02	<p>T. What um what did you...end up drawing? What did you....</p> <p>P. Umm, you going to laugh now. It's a picture actually of when I... a couple of years ago... um I remember I was standing outside this window and there umm and there was a dog outside. And I remember then, I was actually just scribbling around I had no clue but when the kind picture came straight away that was the first thing I could remember it was a time that was very difficult in my life. But er this was I could see was this dog freely running through the grass, there were lots of trees there and I couldn't be there and I just wished if I could... I was that dog.</p> <p>T. And where is the dog?</p>
	Conventional
14:07	<p>P. I've never been to Italy before that was the first time that I went looking forward to it umm that happened so I never got to see outside. they put me into prison straight away. it was a hole... it was the worst time in my life.'</p>
	CRM
14:48	<p>. I had two lawyers were trying to prove my innocence which seemed to be really really impossible and apparently I was in real bad luck things were not going. and by that time I kind of came to terms that I would just have to rot in prison. and I was 19 at that time. I remember I was standing outside this window, this cell window loads of trees outside and this dog was barking from afar running out in the wild free and I wish I was yeah</p>
	Conventional
18:15	<p>'...for whatever reason I carry other people's baggage, I don't know why though. I don't know why I feel responsible I haven't done anything it's not my fault, it's not...'</p>
25:55	<p>'I'm reading a book that has nothing to do anything with me, but it says emotion and before I know it, I just start welling up'</p>
28:16	<p>it's just so difficult to be [emotionally] up and down</p>
34:22	<p>'It just feels like I don't want to expose myself when I'm in my most vulnerable and literally the shield has come down and I don't want for others to take advantage.'</p>

Table 28 - Identifying metaphors from Talia's transcript

Talia is articulate in her use of language and often used conventional metaphors to convey a meaning. For example she described her prison as a ‘hole’, inferred that she ‘*carried people’s [emotional] baggage*’, that she can easily ‘*well up*’, that she emotionally ‘*exposes*’ herself and that this happens when her ‘*shield has come down*’. The CRM is where she describes herself as wanting to be as free as a dog. The themes of freedom and imprisonment are also relevant to her experience of crying.

5.40 STEP 3: Identifying Extra-Contextual Influences on the Production of Metaphor

Talia had been referred to art psychotherapy by her care coordinator. She had been told that art psychotherapy might help her to be more open about how she felt. In the first session Talia said that she had found it difficult being treated differently by her family and particularly her uncles as she came second place to men in her family. The therapist initially felt that part of her relationship to the therapist was based on the expectation of male authority and leadership. The therapist wrote in his process notes,

“I wondered if this was a general problem with communicating with men, whether she struggled to express herself more freely.... it had felt that she had been quite careful with what she was saying. (PN, Line 16)

When she said ‘I just wished if I could... I was that dog.’ it seemed that she was also referring to a freedom in a relationship where she had felt restricted and imprisoned. Her psychotic episode was discussed in the first session and she described feeling disorientated about the admission, not really understanding what had happened. Apart from cultural expectations, it was not clear what other background factors could have been influencing her metaphor process.

5.41 STEP 4: Using Visual Image Analysis to Identify Source Domains

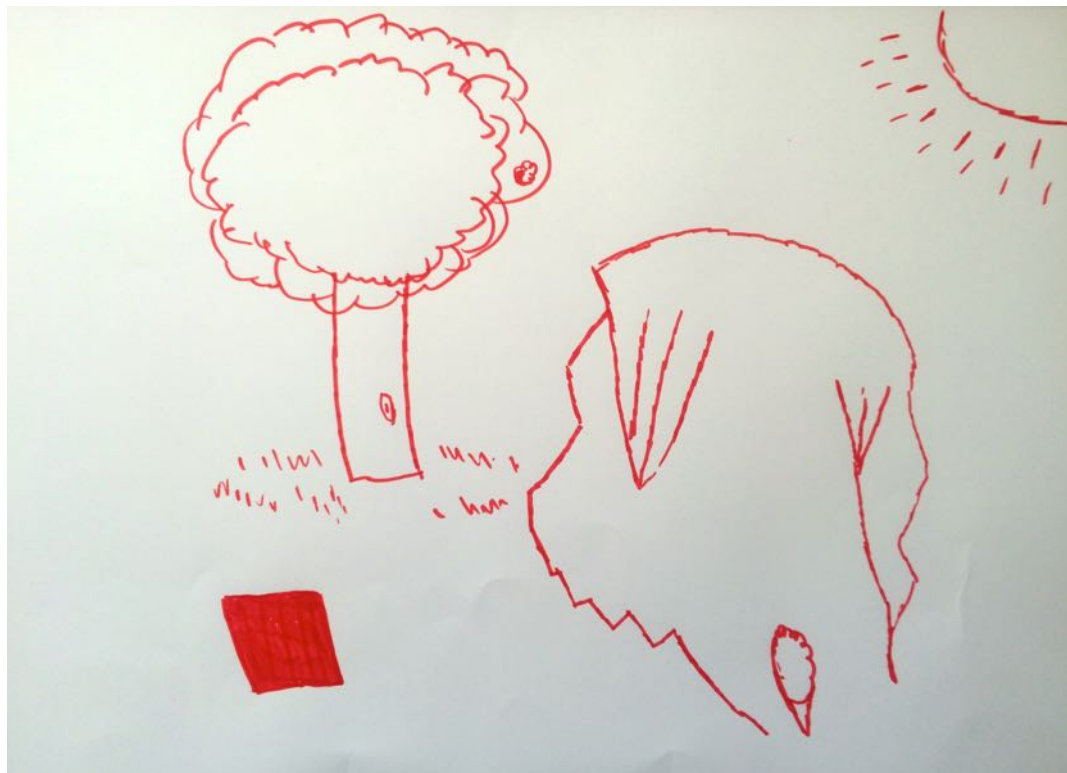


Figure 32 – Talia’s felt-tipped drawing of a ‘dog running free’

The image was drawn carefully in felt-tipped pen (Fig. 32) and there was no other material or colour considered during the making of the image. This might have been reminiscent of the free association that she describes early in the session,

‘...like when I’m just sitting or thinking or even talking to someone, and I’ve got a piece of paper and a pen I always draw something...’ (01:07)

The ‘something’ that Talia describes is non-specific and perhaps relates to doodles, similar to free associating visually. Talia goes on to describe,

‘I was actually just scribbling around I had no clue but when the kind of picture came straight away... that was the first thing I could remember.’

(09:02)

Usually people conduct doodles in mono-colour and her image is also in mono-colour. This may suggest that the image was not intended as a communication to another, but becomes a communication through reflecting with the therapist. The therapist wondered if there was something aggressive about the features of the image that might relate to her psychotic episode,

“In other words I wondered if there was something that was difficult for the patient to engage with that was displaced into the form of a dog that might be more threatening or chaotic. This was indicated to me by the downward points, jagged edge and the form the bottom of the page that appeared to me to be both an orifice and an eye.” (PN, Line 27). (See also Figures 33-35)

The image as a whole is made up of four elements. The therapist describes them in the process notes,

“There appeared to be four elements to the drawing. In clockwise rotation: a tree, sun, undefined object and a red square. I did not know what the image was about, as the elements did not seem to be especially expressive or have any particular narrative that could be easily identified. However, the composition of the image appeared to be four distinct areas that could be seen separately as having different narratives that may not be visually connected. In other words I experienced each object as relatively isolated on the page as if they could have been individual images. For me, the separate elements and composition was initially experienced as making the image difficult to engage with. The patient described the image as *‘just scribbling around’* which was also how I initially experienced the image as both being a random collection of images and as not holding any emotional intensity.” (Line 20 PN)

The dog is in the foreground rather than being ‘afar’, and is in relationship to the sun and the tree. The order of the elements being drawn were: a tree, dog, sun and then the red box. The box was drawn as a barred square initially (Fig.33) before the spaces were filled in. The theme of freedom and imprisonment seemed to have been represented by the image of the dog and the barred, prison like square.

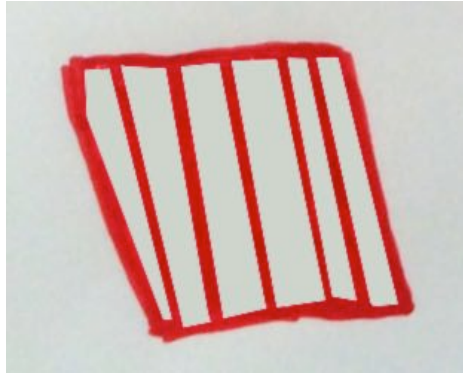


Figure 33 – Talia’s drawing of a barred square



Figure 34 – A picture of the barred square after being coloured in

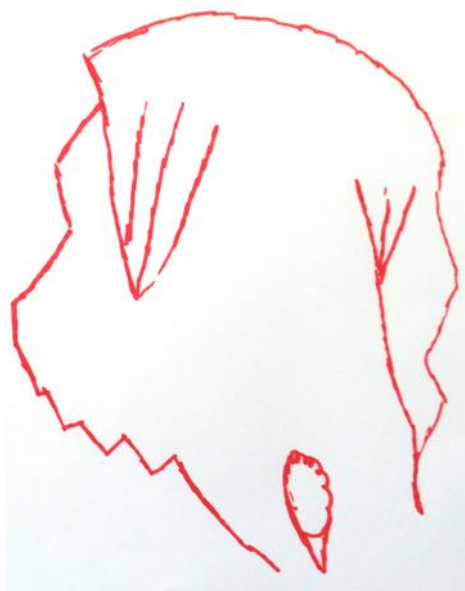


Figure 35 – Talia makes reference to this section of the drawing (above) as a ‘dog’

The way in which the square is drawn suggests that something was being concealed, hidden or ‘filled in’ to make the definition less clear.

Talia paused for a while and appeared to require encouragement to use the art materials. She stated that she could often be quite spontaneous in other contexts.

T. 01:05.0 It's tough isn't it?

P. 01:06.1 It is.

P. 01:07.5 Lots more than I thought it was. Because you know normally like when I'm just sitting or thinking or even talking to someone, and I've got a piece of paper and a pen I always draw something I was quite intrigued to know... like and nothing comes to mind. It's strange.

In the text Talia describes her usual activity of drawing, but she also states that she was 'intrigued to know...' before she pauses. It seemed that she had some idea about what therapy would be like, perhaps based on an expectation given to her by her care coordinator. However, for Talia '...nothing comes to mind'. The therapist suggests that she simply draws:

T. 01:28.7 I mean sometimes just putting pen to paper and just you know

P. 01:35.6 Instead of just thinking about it.

Talia's response suggested to the therapist that her thinking was preventing her from using the arts materials. Talia then draws silently for about seven minutes whilst the therapist also draws in felt tipped pen. She shows the therapist the image whilst tapping her pen on her lap.

- P. 08:53.2 Umm, you going to laugh now. It's a picture actually... [repeatedly tapping pen on her lap]
- P. 09:02.6 Of when I... a couple of years ago... um I remember I was standing outside this window and there umm and there was a dog outside. And I remember then, I was actually just scribbling around I had no clue but when the kind picture came straight away that was the first thing I could remember.
- P. 09:34.1 and I couldn't be there and I just wished if I could... I was that dog.
- T. 10:02.8 And where is the dog?
- P. 10:05.2 It's supposed to be here [pointing to the image]

Talia points to a form on the paper and the therapist felt that the patient was acknowledging that the image of the dog might be unclear to him. He wrote,

“I felt that the patient was acknowledging that I may not be able to see the dog and this felt reassuring that there was a sense of mind-mindedness, however, the link to the image seemed tenuous to me” (Line 16 PN)

The therapist could see the image as being like a dog's head (Fig. 36) or a whole dog body (Fig 37.) or possibly a human body (Fig. 38).

The therapist went on to describe in his process notes,

“To my mind the illusion is stretched into something that is too far removed from a representation and yet it is placed within an ordinary context, next to a tree, the sun and a red square. I wasn't sure if I was colluding with a psychotic

representation of a dog, or whether it was simply a doodle that had produced an association of a dog.”

The therapist noted two possibilities for the form of a dog like representation, the first image paying emphasis to the profile line on the far left and the second image paying emphasis to the eye like form at the bottom of the image:



Figure 36 – The therapist’s view of the dog as a profile



Figure 37 - The therapist’s view of the dog as lying down



Figure 38 - The therapist's view of the dog as a person

The therapist was anxious that her recent psychotic episode was evident in the strange representation of her experience of being imprisoned. The image as source domain felt to the therapist to be incomplete or obscured, however there is a clear reference to the form of a dog and the idea that the dog is 'running out in the wild free' (00:13:22) and yet either the representation is of the head or a dog lying down. The lack of figuration may also indicate that she was avoiding painful content relating to her associations to the dog, for example, when asked about why she was in prison she states,

P. 11:58.1 um ...you want to open that door? I have to... I can't just blurt it out of my mouth. ummm I can, I think ..but then more explanation needs, and I haven't got time for that so...

Therefore the image appears to represent a key element to the narrative about being free or open and is embodied in the idea of a dog in the wild.

5.42 STEP 5: Identifying the Source Domains and Their Relationship to Target Domains

Talia develops the narrative of being imprisoned and seeing a dog wild and free to describing the relationship with the friend who had deceived her into taking her bag containing illegal drugs. This exploration emphasised the relational aspect of the narrative. The metaphors developed in the session with Talia meet the criteria for being a CRM type.

Time	Target Domain	Source Domain
09:24	it was a time that was very difficult in my life. But [er] this was...	I could see was this dog freely running through the grass, there were lots of trees there..
09:29		I just wished if I could... I was that dog
09:34	I just wished if I could... I was	that dog.
11:51		um ...you want to open that door? I have to... I can't just blurt it out of my mouth. ummm I can, I think ..but then more explanation needs, and I haven't got time for that so...
12:41	[umm] well I [um].. I was actually imprisoned. At the time.	
13:22	I remember I was standing outside this window, this cell window It was...	...a hole
14:47		...loads of trees outside and this dog was barking from afar running out in the wild free and I wish I was him
18:51	...maybe it's a lack of something for me, maybe that's what happened to me, where maybe I feel sorry for myself in a way...	...for whatever reason I carry other people's baggage...
21:22	I don't trust people.	
22:45	this is like very personal stuff, quite close, my thoughts and I don't normally share them with anyone	
25:36	you just smile and pretend it's all ok, but it's just it's not though.	
26:23	I don't know how to be this emotional person	
31:12	I thought I was in control	
34:00	I'm in my most vulnerable and literally and I don't want for others to take advantage.	the shield has come down

Table 29 - Mapping the Source and Target Domains for Talia's CRMs

The CRM is developed through the dialogue rather than occurring at a single point. The initial source image was mapped onto an experience of being imprisoned, which seemed also to be to do with how Talia relates to others. For example, she describes being anxious about ‘opening that door’ being ‘vulnerable’ and letting her ‘shield down’ as well as the experience of ‘carrying other people’s baggage’. Talia’s experience of imprisonment also appears to relate to her experience of unregulated emotions. The second element of the source domain is to do with being a ‘dog freely running’.

P. 11:58.1 [um ...] you want to open that door? I have to... I can’t just blurt it out of my mouth. [ummm] I can, I think ..but then more explanation needs, and I haven’t got time for that so...

T. 12:20.8 so there’s a kind of story about how you ended up in Italy that on the surface it seems quite bizarre and you think that I might see it as being bit odd. but if I can understand all of the things that led to you being there then I might just see [...]

The metaphors developed in the session with Talia meet the criteria for being a CRM type. Although, The metaphor does not appear to be about relationships in the first part of the text, there is an important development where Talia responds to the therapist’s use of the metaphor.

T. 28:30.5 so you restrain yourself by being rationale but you find yourself flooded by emotions that feel uncontrollable

P. 28:39.8 exactly I become more and more in a state and I try not to, you know, go out then...

The therapist continues with the theme of imprisonment as a problem with mentalising through using the metaphor of the prison as a place where she is also safe

T. 29:56.6 And [ummm] I guess the question for you is about how safe is it to be outside of that prison how safe is it for you to be outside of that restraint, so when you ventured out, when you went to Italy for the first time for example, you ended up being deceived

P. 30:53.3 that was a shock

P. 30:57.8 It was kinda shocking

The therapist felt that Talia was confirming the therapist's experience that Talia related to others as 'open [free as a dog]' Or 'Closed [emotional constraint as a prison]' which could lead to being deceived. Talia goes on to describe being more emotionally closed in the past and feeling more exposed in the present.

P. 31:12.5 I would rather not even shake hands, with physical contact that's what I feel comfortable with sooo then I was completely... I thought I was in control and it's so strange to have this and I don't know how to go back, I don't even know if it's right to go back I don't know if it was healthy how I was because it doesn't sound like it

Again this is a confirmation of the therapist's interpretation that the source domain identified as an experience of imprisonment described by Talia is in fact part of a larger schema that affects her relationships.

	Creative Relationship Metaphor (CRM) Criteria	TRUE/ FALSE
1	Non-literal (figurative) content The dog and prison	TRUE
2	Target and source domains There are two types of source domains mapped onto target domains Emotional concealment (Target) = Prison (source) Emotional Freedom (Target) = Dog (Source)	TRUE
3	Mentalised communication to another The communication became increasingly mentalised where Talia was able to be more explorative with the therapist about her internal states.	TRUE
4	Affective image Talia began to become tearful around halfway through the session as the focus of the discussion was more about her relationships and how she related.	TRUE
5	Context contingent Talia used the metaphor as means of communicating her relational difficulties and made the metaphors sense in terms of the events that she described.	TRUE
6	The subject is about an interpersonal relationship The subject appeared to be located around a problem that she had with trusting others and regulating her emotions.	TRUE
7.	The metaphor is novel in the context Both of the metaphor types used are not conventional metaphors.	TRUE

Table 30 – True/ false table for Talia's CRM criteria

The source and target can be seen in the following CRMs:

Emotional dysregulation (Target) = **imprisoned** (Source)

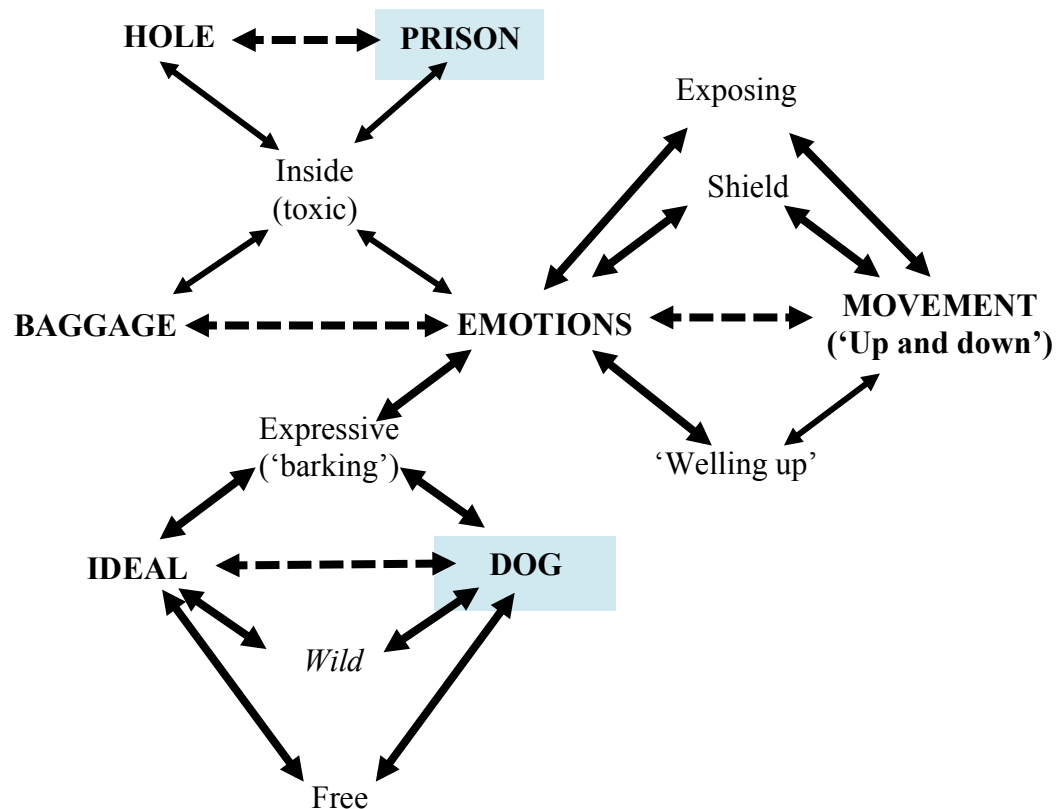
Emotional regulation (Target) = **free as a dog** (Source)

5.43 STEP 6. Visual Map of the CRM, Emergent Features and Conventional Metaphors Comparing Non-Metaphoric Sections of Transcript

The CRM used by Talia suggested that she was anxious about being vulnerable and that being emotionally available can be painful and lead to being betrayed. However, through the use of metaphor Talia recognises that she has a dilemma about avoiding her emotions and relationships but feeling isolated and disconnected from people

Figure 1.

Psycholinguistic Metaphors Mapping for Cheryl
(Adapted from Veale et al., 1994)



- 1
- ←-----→ *Creative Relationship Metaphor (CRM)/ Conventional Metaphor (CM)*
- ←====→ *Associational Relation*
- ←====→ A thicker line indicates *salience to the transcript*, whereas a thin line indicates that other data was used to reinforce the *probable relation*; the image making, the process notes or both.
- Image source directly associated with picture
- Fascinated* Italics designate emergent features in the transcript

Figure 39 – Talia’s Visual Map of her CRM

5.44 STEP 7. Identify Non-Metaphoric Sections Of Transcript

Talia often used a range of metaphors that developed into a narrative about her emotional experience. The following extract contains no metaphors.

5.44.1 THEME 1: Being Deceived

P. 15:00.1 she um... I don't know um... she blamed me.. because they put us in separate rooms and then she said it was mine and obviously I was saying the same thing. but they did prove towards the end, it took them about a year.. and three months and then by that time they sort of proved that I wasn't involved umm but drugs or no drugs I don't know it got complicated and I think that with my one it took another two years then we had to take appeal but eventually I had my innocence and I didn't have any sort of [umm] of record. But it obviously it was a year and three months of my life. [um]

T. 15:54.3 which is a long time when you are nineteen

P. 15:56.8 yeah

T. 15:57.9 you, but I was also thinking about this friend that you trusted her

P. 16:05.3 I don't know I actually thought that she was a friend. Because... I think it was my own fault in a way. I always, I've always I've got this tendency, when I see someone that is in trouble or when life has been tough for them I feel like nurturing them and looking after them.

CRITERION FOR NON-METAPHOR: THEME 1 (There must be one true statement to be non-metaphorical)	TRUE/ FALSE
<p>Literal Content</p> <p>Talia describes a sequence of events and her experience of a betrayal.</p> <p>The events are described in non-figurative language.</p>	TRUE
<p>Only a target or source domain</p> <p>She only has target domains and does not make reference to any source domain throughout the dialogue</p>	TRUE
<p>Non-mentalised communication in Relation to the Therapist</p> <p>There is a sense that the communication breaks down where the therapist continues to explore the red square that she had drawn which may have seemed out of context for Talia and she finally says ‘sometimes I think I’m crazy’ which seemed to be a transgression in response to the therapist’s lack of attunement. However, overall, there is a sense that the patient and therapist are holding each other in mind during the dialogue.</p>	FALSE
<p>No affect communicated explicitly in relation to the source</p> <p>Talia sounds very sad when she describes the event of being betrayed, however this was not in relation to a source domain.</p>	TRUE
<p>The patient responses does not relate to a real context of therapy and personal narrative</p> <p>The responses seem to describe content that relates to the context of using therapy and are relevant to her life experience.</p>	FALSE

Table 31 - True/ false table for Talia’s non-metaphor (1)

5.44.2 THEME 2: Being an Emotional Person

- P. 26:24.0 I never used to be like this if anything I was completely the opposite all my life.
and that was easier in that way like I don't know how to be this emotional
person it's very strange I don't know how to
- T. 26:44.6 so it sounds like your emotions are coming to the surface, are they...?
- T. 26:53.9 but it's also that you have some quite vivid memories that are triggered by
things that don't seem particularly related to you. So for example this seems
quite abstract the dog, umm and it brought this memory of the dog being free,
umm and there's a tree and a red square and the sun is out, and I suppose this is
quite a nice scene isn't it? It's somewhere good. it's a good place.
- P. 27:51.9 that's it
- T. 27:57.5 I mean I wasn't sure what the red square... that's where you ended up with the
red square .. I wasn't sure what was happening there
- P. 28:16.7 sometimes I think I'm crazy, I sometimes it just emotions make me go crazy,
it's just so difficult to be up and down
- T. 28:29.2 [mmm]

In this instance the content is not formulated in a metaphoric form. There are emergent source features and a target domain, but there is not an explicit metaphoric form.

Criterion for Non-Metaphor: Theme 2 (There must be one true statement to be non-metaphorical)	TRUE/ FALSE
<p>Literal Content</p> <p>The dialogue from the patient uses language which is non-figurative. Although at one point she confirms the therapist's use of metaphor regarding the freedom of the dog, stating, 'that's it' (27:51). However, Talia does not take up the use of metaphor.</p>	TRUE
<p>Only a target or source domain</p> <p>Talia only uses target domains, as generalised or specific events and experiences in her life.</p>	TRUE
<p>Non-mentalised communication</p> <p>There is a sense that the communication breaks down where the therapist continues to explore the red square that she had drawn which may have seemed out of context for Talia and she finally says 'sometimes I think I'm crazy' which seemed to be a transgression. Overall, there is a sense that the patient and therapist are holding each other in mind during the dialogue.</p>	FALSE
<p>No affect communicated in relation to the source</p> <p>Talia is crying and quite stirred up, however there is not a source (only a target) to associate the emotions with.</p>	TRUE
<p>The patient responses does not relate to the context</p> <p>Talia continues the themes that have been discussed throughout the session. The responses seem to describe content that relates to the context of using therapy and are relevant to her life experience.</p>	FALSE

Table 32 - True/ false table for Talia's non-metaphor (2)

5.45 STEP 8: Psychoanalytically Informed Analysis – Examining What the CRM Means in the Context of a Relationship

Talia presents some important factors in relation to how she formulates her CRM as informed by dynamic relationships.

5.45.1 Other

In relation to her difficulties regulating her emotions, she described the other as also having emotional difficulties, ‘suffering from problems but she was actually bringing me down really’ (16:05). Talia also felt the therapist was making her worse ‘you are making me cry’ (24:54). When the other wasn’t upsetting her she was carrying their problems, ‘...other people’s baggage’ (18:15). Talia also felt that this created difficulties for her that other ‘people get emotional around me’ (31:12) In the context of the CRM the other was seen as burdensome with their own unmanageable emotional concerns that Talia felt responsible for.

5.45.2 Self

In this context where Talia felt that she could easily be mistreated she felt that she could not depend on others, stating, ‘I don’t trust people’ (20:27). She felt that her own inclination was towards looking after others ‘nurturing them’ (16:05) but

ultimately she was left carrying ‘other people’s baggage’ (18:15). Finally she stated that ‘emotions make me go crazy’ (28:16) leaving her socially cut off and feeling ‘imprisoned’ (12:41). The therapist wrote in the process notes,

“I felt that it was very difficult to engage with the patient’s understanding of herself and it momentarily felt like she was not important or special in any way.” (Line 21 PN)

This countertransferential response seemed to suggest that her self-value was diminished in the context of an other who dominated her world with their own emotional needs.

5.45.3 Affect

Throughout the session Talia cried and often seemed to trying to avoid feeling guilty for what had happened, for example, she stated, ‘I don’t know why I feel responsible I haven’t done anything it’s not my fault.’ (18:15). But Talia also felt like a victim of the situation stating that ‘maybe that’s what happened for me...I feel sorry for myself in a way’ (18:41).

5.45.4 Required Relationship

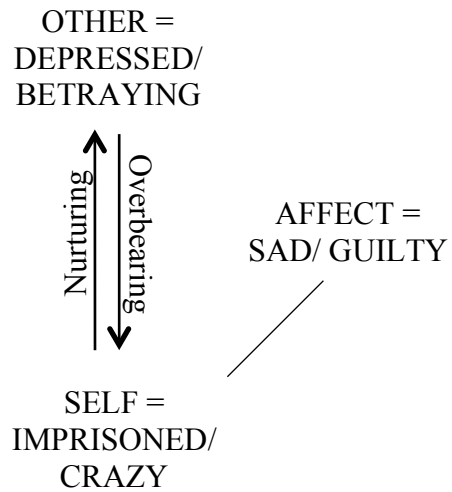


Figure 40 – The dynamic formulation for Talia’s ‘required relationship’

Talia described ‘carrying other people’s baggage’, however there was also a sense that she felt a burden to others and that this meant that she found it difficult to take responsibility for her own feelings. For example stating to the therapist that ‘you are making me cry’.

5.46 Step 9. Investigating the Therapist Interventions in the Context of the Dynamic Formation of the CRM

Talia's production of a CRM was based on the source image of the dog being free. It is significant that the depicted dog was not clearly representational of a dog. As the session progressed the dog was associated with a 'dog was barking from afar running out in the wild free'. This became linked with her problems with affect regulation, particularly anger and crying, which she felt overwhelmed her very easily. The therapist initially began drawing to assist her in beginning to make an image. The therapist mirrored her difficulty with drawing something and encouraged her, offering some guidance to 'see what happened' if she put pen to paper. Talia described a range of conventional metaphors and emergent features, however the central CRM evolved throughout the session.

4.46.1 Summary

From the narrative there were several important interventions that the therapist employed:

1. Validation of Talia's experience when she struggled to make an image.
2. The therapist making an image alongside Talia
3. The therapist encouraging a narrative about the source domain.
4. The source domain being re-contextualised according to more current concerns.
5. Linking the metaphor source image with affect regulation (target domain).

CHAPTER 6: First Analysis Results

6.1 First Analysis Results

6.2 Prediction

I began the first analysis with the prediction that the way an art psychotherapist facilitates the use of the image making process in collaboration with the patient produces a CRM in an assessment context. The population of patients was a sample of four people that were being referred to art psychotherapy in a community setting for the first time. They all had had psychotic experiences and now suffered with moderate to severe depressive symptoms. There were three women and one man of ages between 26 and 54.

Angela was reported to have experienced delusions about her ex-girlfriend. Angela believed that they were married and had spent much longer together than they actually had. After returning home to her mother's address she became withdrawn, felt hopeless and felt unable to be in contact with anyone.

Bernard had experienced symptoms of schizophrenia for over 20 years. The psychotic symptoms were now being managed, however Bernard felt worthless, unmotivated and had become socially isolated.

Cheryl had experienced a psychotic depression after giving birth to her second child and following discharge from a mother and baby unit returned home to family. She felt unhappy and unmotivated.

Talia had experienced a brief admission into hospital when she experienced hallucinations. Six months after her admission she now felt upset and distracted and had become socially isolated.

The results confirmed the prediction, however not in the way that was predicted. In every session there were CRMs produced, which was not expected. It was anticipated that in some sessions this would be the case, but not all.

With regards the hypothesis that the image was used to facilitate CRM comprehension, this was also true to each session. By referring to the visual image that they made as an initial exploration, the patient generated a source domain that was collaboratively linked to a significant relationship.

6.3 Evidence for the Production of the CRM

Three patients produced conventional metaphors and at least one CRM occurred in the context. The types of metaphor that were being identified were:

1. Conventional metaphor
2. Emergent Features
3. Creative Relationship Metaphor

The following table shows how many of each type of metaphor occurred within the sessions.

	Conventional Metaphor	Emergent Metaphor Features	CRM
Angela	2	10	1
Bernard	0	4	1
Cheryl	2	13	1
Talia	3	7	1
TOTAL	7	34	4

Table 33 - Tally for types of the metaphor produced

The table suggests that a CRM is almost half as likely to occur as a conventional metaphor and that the emergent features were of a much higher quantity. The CRM occurred in every case.

6.4 The Image

From consolidating the results from step four of the method it is evident that in most cases there was anxiety about making an image at the beginning of the session.

1. Angela began painting without any hesitation.
2. Bernard initially wanted to leave the room.
3. Cheryl was anxious about being watched
4. Talia couldn't think of what to do which surprised her.

However, in all situations the patient spontaneously made an image which became the source domain for their CRM. The therapist usually directed the patients attention towards the image, for example by saying something like 'does it make sense?' and then helped to develop a source domain or target domain or both. As the patient continued to refer to the image, more sense was made of how the image could be used to facilitate another perspective on relational target domains. The main stimulus for the novel perspective and the source domain began with the image as can be seen in all examples.

The results of step five show that in all cases the CRM occurred through an association based on a visual element of the image, rather than using the image as a way of figuratively depicting the source domain.

Although each patient used the image to produce a source domain, the way in which the mental image as a source domain was stimulated by the visual image for

each of the patients was very different. A novel perspective developed over time so that the original meaning associated with the image changed.

Angela appeared to make the image as if her focus was on the immediacy of making a line. This meant that the final image was spontaneous and unprepared, but she already had a strong sense of the content of the image, what it referred to, not what it looked like. The therapist described some tangible elements of the image to make links between her internal representation and the real image, which appeared to help facilitate associations based on the linking process in relation to her mother and former lover. Therefore the sea as ‘alive’ became the sea as her mother and her former lover.

Bernard responded to his image in very concrete ways. The therapist elaborated on Bernard’s image of a dog under his instruction so that the ‘stick dog’ became more realistic. The initial image of the dog drawn by Bernard was visually elaborated on and returned to before Bernard could think of the image as having a name or projected quality of mind. This was the only image where Bernard made a symbolic reference to the activity of the dog in a relational context. Bernard briefly developed a narrative about a dog that wanted to come to art psychotherapy to learn how to draw.

Cheryl was very engaged in her image making from the beginning and seemed very clear about the emotional and physical experience of going around in circles but this became stilted by a predominant pretend mode. The

image became central as the therapist helped the patient to look at the image in the context of her relationships. Cheryl's image was originally considered to be about going around in circles, but became about being on the outside of intimacy with her partner.

Talia appeared to be drawing as if doodling and so was surprised by her associations to the image. Although most of the image was figurative, the main feature that she referred to was less clear. This association of a dog running free was central to her experience of unregulated emotions. Talia's image was originally about the experience of being in prison but became about an experience of describing unregulated affect.

In all scenarios, the therapist made sense of the metaphor in the present, either in co-elaboration with the therapist, or current relationships. The CRM was always produced in relation to the visual image and the visual image was always spontaneously produced. The features of the metaphor often appeared before the CRM, as emergent content that did not relate to a target domain.

In step four, the image was described according to colour, form, movement and depth based on the analysis of visual cues. On the following table the different visual elements are demarcated according to if the patient used any formal techniques to develop a visual language in their image making.

	Colour	Form	Movement	Depth
Angela	Yes	Yes	Yes	No
Bernard	No	No	No	No
Cheryl	Yes	Yes	Yes	No
Talia	No	Yes	Yes	No
Total (Yes)	2	3	3	0

Table 34 - Tally of the formal visual features of the visual images produced in the second session

From the analysis of the formal characteristics the most notable similarity across all patients is the lack of depth associated with the image. This is a detail that may have some psychological significance.

Depth is described by Sturken and Cartwright (2001, p. 151) as ‘... the size and detail of objects depicted corresponds to their relative distance from the imagined position of the observer’. It is interesting to note that there was no sense of linear perspective with any of the images made by the patients. This may also relate to the ‘subjective perspective’ of the experience that is described. For example, Talia’s image of the dog being ‘afar’ is drawn close up, because the associations to do with the dog are major emotional concern for her. Therefore, the associated representation is based on the immediacy of the emotional impact.

It is also arguable that there is not a sense of perspective because this would require some technical competence to create an illusion of perspective. However, Lowenfeld and Brittain (1987) propose that this competency develops in early

childhood in relation to the child having a *growing awareness of others* in line with the desire to communicate. Lowenfeld and Brittain (1987) write on the development of pictorial representation,

“We can say, therefore, that the child at this stage is emotionally involved in his spatial relationships. The size of objects and the subject matter he selects from his environment, and the way in which these are placed in this early stage, are to a large degree conditioned by value judgments. We can see that the way in which a child portrays space is intimately tied up with his whole thinking process.” (Lowenfeld and Brittain, 1987)

Lowenfeld and Brittain suggest that in early development, the spatial representation, including the portrayal of distance, is more likely to be based on value judgements. For example, if somebody is portrayed as being small, this may be relevant to the infant’s thought that they feel small or that the person is less relevant, feels distant and so forth, rather than indicating the visual distance between the observer and the subject. Similarly, Baillargeon (1994) describes in studies with infants, that the *concept of size* is not evident at the age of six months, but is evident at the age of 12 months. The relationship of the size of one thing to another is very relevant to the conceptual structure of metaphor, that one object can be seen in relationship to another, as sharing a similar property, rather than being undifferentiated. From this point of view the images and the anxieties expressed early in the sessions may relate to a less differentiated awareness of self and other.

However, in the course of the session the image becomes cognised as objects in relation to one another, which parallels the therapeutic relationship as having a quality of differentiated perspective.

6.5 Non-Metaphor

There are specific criteria that were required for the co-creation of a CRM or non-CRM. The criteria were marked as true or false in the analysis (Step 5). The following tabulation shows the nature of the true/ false elements of the criteria. The total represents the number of criteria. For example, literal content as one criterion of a non-metaphor should be true. A false result would indicate that in the selection of transcript there was figurative language used.

	Literal	No Target/ Source	Non- Mentalised	No Affect	Not contextual
Angela	True	True	False	True	False
Bernard	True	True	True	True	True
Cheryl	True	True	False	False	False
Talia	True	True	False	True	False
TOTAL	4	4	1	3	1

Table 35 - Tally of the non-metaphor criteria

The final results suggest that the fundamental elements of non-figurative language being used are true to all patients in non-CRM as well as there being no

linkage between target and source domains. The patient's non-mentalising was not consistent in the non-CRM dialogue and there was a sense that the patient was reflecting on self and other's experiences at times when using non-metaphoric language. This suggests that non-mentalising is not a prerequisite for non-metaphoric language but that mentalising is a requirement of the CRM. It was also false that the patient was consistently unaware of the therapeutic context and the relevance of the material to other contexts. Therefore from the analysis, it appears that the key factors that change in the course of CRM development are:

1. Using language in a non-literal way
2. Developing a source and a target
3. Communication of affect in two cases changed during the development of the CRM

6.6 Summary

1. All of the patients produced CRMs which can be verified in terms of the key criteria of the CRM compared against non-metaphoric extracts from the transcript.
2. The relational dynamic was also evident as forming a key element to the content of the image.
3. The image in art psychotherapy appears to play an important role in the development of a CRM, firstly because the image is used to generate associations about relationships and secondly because the act of making the image involves a bodily articulation.

Whilst the results suggest that the production of CRM is possible with all patients diagnosed with severe depression and a history of psychoses, there are important factors about the role of the therapist that require further explication. The next analysis will examine these issues in more detail.

CHAPTER 7- Second Analysis: A Preliminary Study:

'Co-creating the CRM'

“An ounce of practice is generally worth a ton of theory”

(Schumacher, 2011)

7.1 Co-creation and Metaphor Formation

The codes used for the identification of the metaphor factors are drawn from the metaphor criteria. The coding is based on the items described in the first phase of the analysis and the influence on mapping the source and target domains. The sequences of codes are based on Tronick’s model of ‘co-creation’. (Described in the methodology section 3.19).

7.2 Step 1. Sequential Coding

Tronick’s (2003) method of observational research is usually at the micro-relational level, such as timing related to the changes of facial expression, gesture, tone of voice on a second-by-second basis. In this study, important features about the nonverbal presentation of the patient are taken into account using the therapist’s process notes. However, the methodology of sequential analysis relies closely on the interactional exchanges in the transcript to define moments of change. The interactions in the previous examples in *analysis one* describe ‘the idiosyncratic interactional patterns that unfold between the patient and the therapist’ (Charman, 2003). These can be further broken down into ‘syntactic units’ (Gottschalk, 2012 p. 271) of dialogue which can be named according to the categories of ‘apprehending or elaboration’. (See methodology section 4.8).

Examining immediate influences of the therapist interventions on patient experience is supported by process research conducted by Elliott et al. (1985) and Kazdin (2007). This methodology resembles the method designed by Gonçalves et al (2011). This involves the following key steps:

1. Codes clearly define syntactic units that are relevant to the significant event (the formation of the CRM).
2. The codes are applied to the transcript by the clinician-researcher.
3. Two judges familiarise themselves with the session and then code specific extracts on the basis of the coding definitions.
4. The coded extracts are analysed independently of the judges.⁴⁸

There has been good inter-judge reliability and validity for the ‘innovative moments coding system’ (Gonçalves et al 2011). However, there are no studies for the adapted form of coding applied to this study, because there have not been any studies conducted focusing on coding formative features of the CRM or creative metaphors. Therefore, the results of the method will be considered subsidiary on the grounds of the sample size, reliability and validity of the methodology. However, as a preliminary study, the results should be indicative of whether there are any patterns of data relative to therapist and patient interactions and the formation of the CRM. The first analysis suggested that there were important features relating to the therapeutic context of the production of the CRM. In particular, type of intervention, length of intervention and relationship of that intervention to the production of the CRM.

⁴⁸ The judges were unaware of clinical outcomes and their judging was on an independent basis comparing their own notes with those of the authors. Feedback was given back to the author. Both judges agreed with the author’s clinical coding. The method employed did not precisely follow Gonçalves et al 2011, and therefore would require further statistical analysis of the judge’s views to determine the reliability and validity of the judges observations.

Therefore, the length and sequence of syntactic utterances will be visually depicted according to coding relating to the formation of the CRM. The following codes are drawn from the key concept of co-creation, with the exception of ‘image making’, which is quantified as an observable action of using the art materials and making an image in two-dimensions or three-dimensions. The following tables (Tables 36 and 37) define in simple terms, what the codes are and what they mean in the observed therapeutic context:

THERAPIST INTERACTIONAL UNIT	CODE	DESCRIPTION
Enactment	TH-ENACT (MISAPPREHEND)	The enactment of the therapist is characteristic of the avoided / required relationship and the therapist's countertransference response. This can be seen in behaviours that are unhelpful to supporting mentalising, the therapeutic alliance and the process of metaphorisation and are therefore disruptive to the continuity or aims of the therapy.
Apprehending the patient's state of mind (mentalising)	TH-APPREHEND	The therapist can be observed to adapt to the patient's cognitive and mentalising capacity. This may include a range of alterations to verbal language, intonation or body language. The code refers to the syntactic unit at which there is a marked change.
Elaborating on the source domain	TH-ELAB. SD	The therapist may demonstrate being unclear about the source domain and ask questions, mirror the patient or be generally explorative about the source domain.
Elaborates on the Metaphoric function of language	TH-ELABORATE LANG	This can be observed when the therapist uses a representation or allusion to a representation to communicate meaningfully to the patient.
Elaborating on the link between source and target domain	TH-ELABORATE SD/ TD	The therapist can be observed to describe material that reflects the affect and pattern of relating that has emerged in the content or enactment during the sessions. The therapist clarifies the source and target domains.

Table 36 - Sequential coding for the therapist's actions

PATIENT INTERACTIONAL UNIT	CODE	DESCRIPTION
Image-making	P-IMAGE	This refers to the time during which the patient is actively engaged in creating a visual image. For example, the patient may use a range of materials including pens, paint, paper and clay.
CRM	P-CRM	The CRM is the point at which the source domain is apprehended by the patient and meets the criteria for being a CRM. The CRM illustrates the first occurrence of the source domain being mapped onto the target domain to produce a novel meaning.
Apprehending the therapist's state of mind (mentalising)	P-APPREHEND	The patient can be observed to apprehend the therapist's mentalising. This may include a range of alterations to verbal language, intonation or body language. The code refers to the point at which there is a marked syntactic change.
Elaborating on the source domain	P-ELABORATE SD	This refers to the patient offering greater definition to the source domain, in terms of naming the form and qualities of the source domain.
Informed use of figurative language	P-INFORMED LANG	This is where the patient uses figurative language that appears to be introduced by the therapist.
Elaborating on link between the source and target domain	P-ELABORATE SD/ TD	Refers to the patient making the link between the source and the target domains or alternatively confirming the therapist's interpretation of a link between source and target domain.

Table 37 - Sequential coding for the patient's actions

7.3 Step 2. Visual Sequential Mapping

The author does not know of any psychotherapy publications that use bubble charts to illustrate sequences of qualitative data. However, in repertory grid studies they have been used to represent quantities of constructs from populations of people over a period of time (Franke *et al.*, 2001; Reimann *et al.*, 2015). As a visual method of illustrating sequences, this is a novel method. In the bubble charts that follow, all of the coded criteria as defined above in the previous chapters quantified in order of sequence. The area of each bubble represents the length of time that the response/intervention lasted within the session. One of the limitations is that many occurrences appear to overlap. This is due to the economical use of space, rather than because they occurred at the same time. The advantage is that the sequences can be easily viewed. The centre of each 'bubble' accurately demarcates the event and whether the occurrence happened before or after any other response or intervention. The bubble chart is produced for convenience of visually seeing the entire session within a small space and with the lengths of times in sequential relation to one another for the purposes of the sequential analysis.

For example, Figure 41 on the next page illustrates the syntactic unit of elaborating on figurative language in the session with Bernard. The representation is topographic in the way that the time duration is represented by the size of the circle. The X-axis is the time and on the Y-axis is the code for the intervention. In this instance, code 7= the Therapist '*elaborating on the Metaphoric function of language*' as can be seen in the legend at the bottom of the chart. Number 14 on the Y-Axis refers to the patient's '*informed use of figurative language*'. The chart tells us that the

therapist briefly ‘*elaborated on the metaphoric function of language*’, at around the three-minute interval, and then used language figuratively between approximately thirteen minutes and twenty minute intervals. The yellow circle ‘14’ describes the patient’s ‘*informed use of figurative language*’. Therefore the chart tells us that the patient briefly used language in a similar way as the therapist at around seventeen minutes into the therapy and that this was in the context of the therapist using language figuratively.

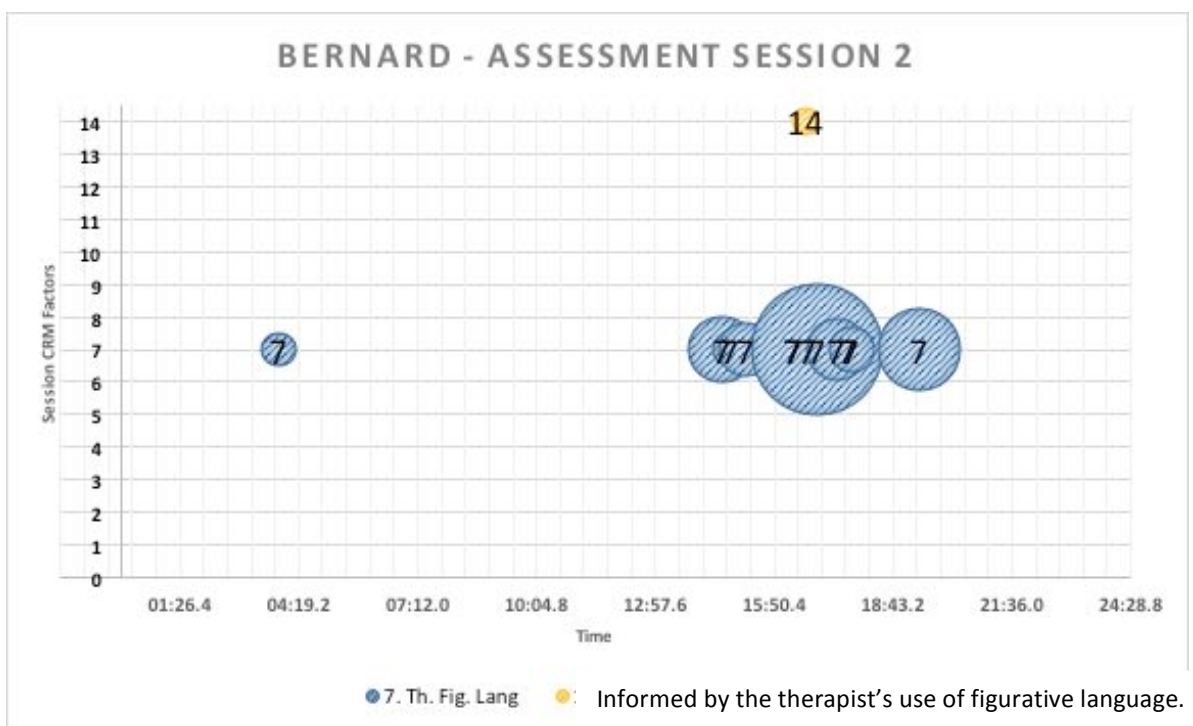


Figure 41 - Example of a bubble chart produced illustrating the relationship of the therapist elaborating on the use of figurative language and Bernard’s informed use of figurative language

Key:

X = Time

P = Patient

Y = Intervention

T = Therapist

The following four sequential charts are a visual summary of the sequences of interactions between the therapist and patient to help determine whether there is any sequential pattern to the types of intervention and the patient developing the CRM.

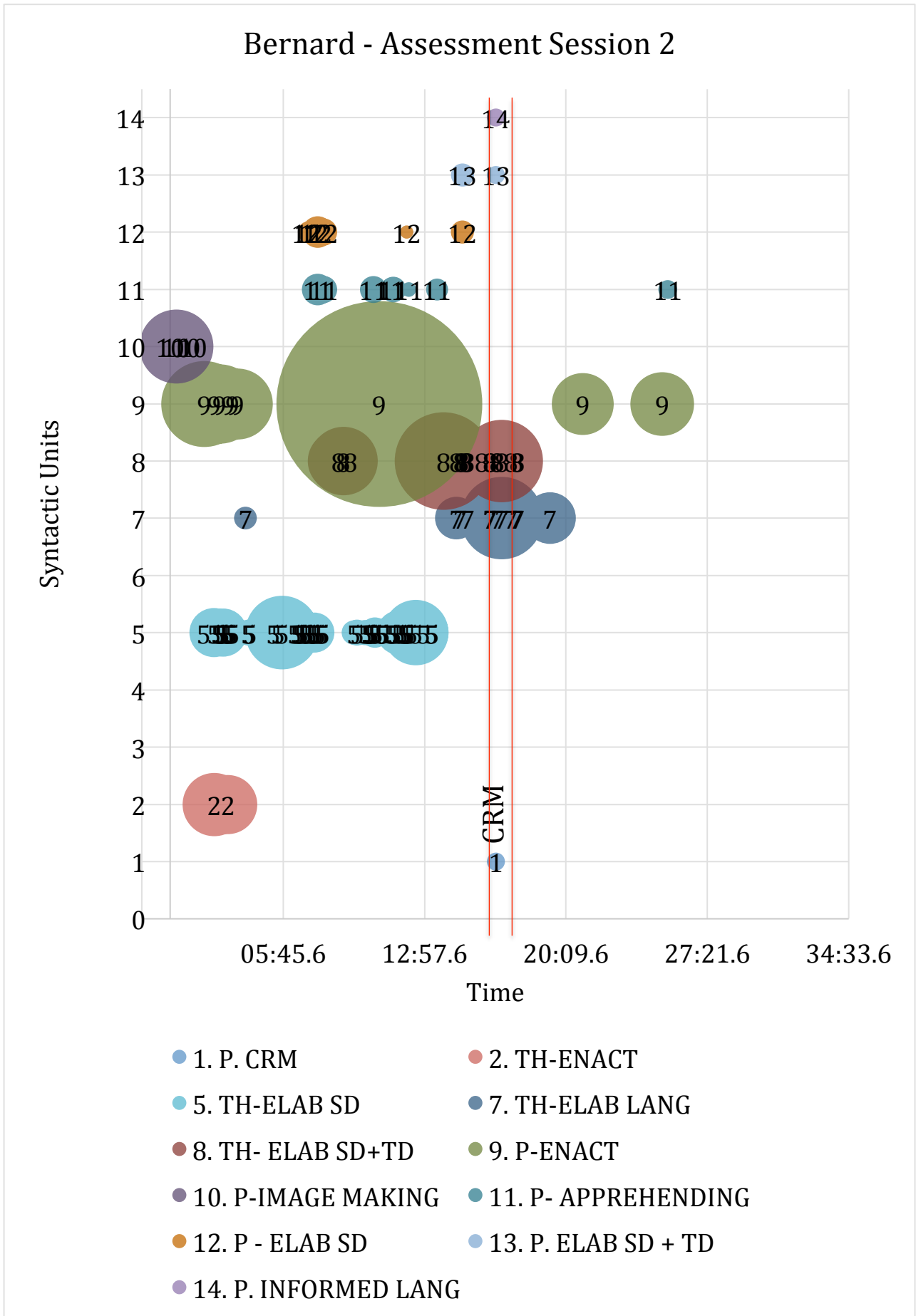


Figure 43 - Sequential Chart for Bernard

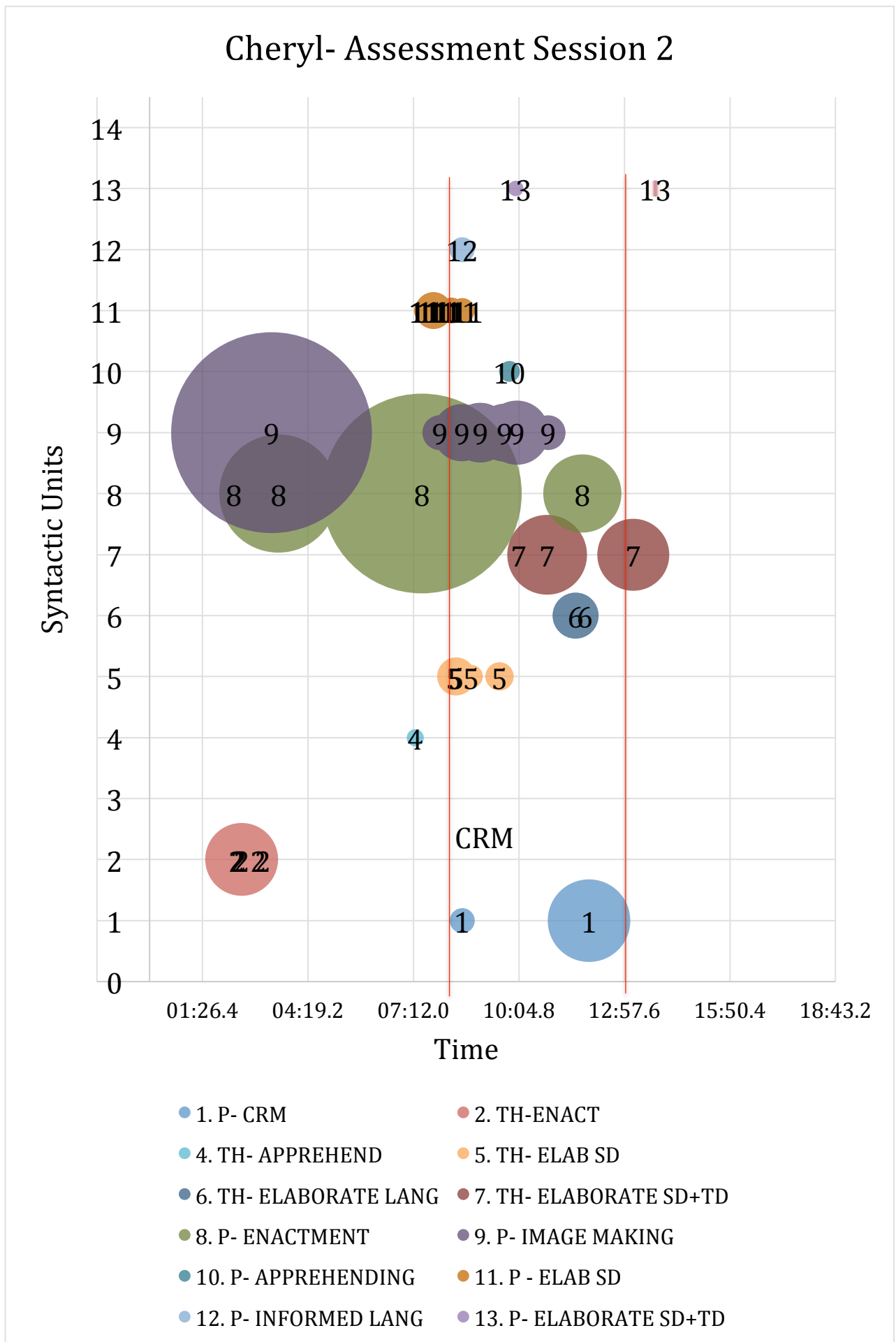
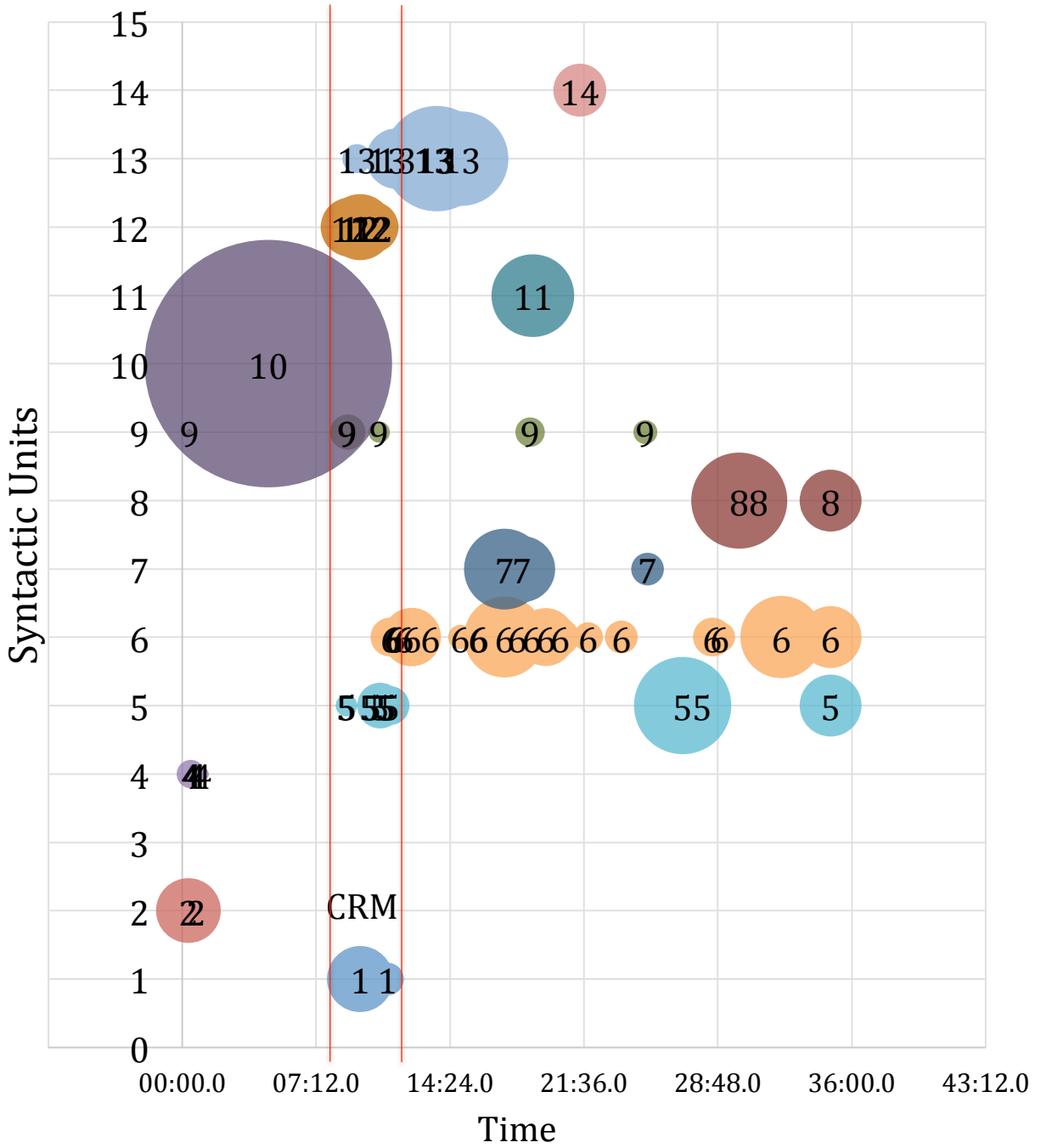


Figure 44 - Sequential Chart for Cheryl

Talia Assessment Session 2



- 1. P- CRM
- 2. TH-ENACTMENT
- 4. TH- APPREHENDING
- 5. TH- ELABORATE SD
- 6. TH- ELABORATE TD
- 7. TH- ELAB FIG LANG
- 8. TH-ELAB SD+TD
- 9. P- ENACTMENT
- 10. P. - IMAGE MAKING
- 11. P- APPREHENDING
- 12. P- ELABORATE SD
- 13. P- ELABORATE SD+TD]
- 14. P.ELABORATE SD+TD

Figure 45 - Sequential Chart for Talia

7.4 Sequential Analysis

From using the criteria based on observations about syntactic units used in the formation of CRMs, the spatial differences between the occurrence of specific constructs suggests that there are patterns of events that take place before the occurrence of the CRM (coded as 1. P. CRM). Further to this, once the CRM has been established there is further enquiry into the source and target domains. Significant sequential factors include enactment, image making and elaboration on the source and target domains. The visual image that was made by the patient, in all cases became the source domain for the CRM. On first examining the sequences, the following sequence appeared to be a common pattern:

1. Enactment
2. Image Making
3. Elaboration on the metaphoric function of language
4. Elaborating on the source domain and target domain and their relationship to each other

The following analysis will be conducted in order of the sequence of interactions as they occur in the coded bubble charts. Therefore the bubble charts act as a way of framing theoretical explorations about the meaning of the therapist responses in context. In the following examples, the concepts that relate to the coding are identified in relation to CRM formation. The data will include process notes and the visual image as data. Following this example, sections of transcript will be analysed according to the sequence of events identified in the coding process.

7.5 Step 3. Identifying Therapist and Patient Syntactic Units that appear to commonly precede the formation of the CRM

7.5.1 A Case Example: Cheryl

In the following clinical example the sequence of interactions appears to highlight the CRM process as a co-created event. This example helps to illustrate the key themes in the analysis of sections of transcript that follow in other case examples and how the different interventions are identified.

The struggle to make sense of the patient experience at the beginning of the session highlighted the required relationship and the avoided relationship. If we take the example of Cheryl, after fifteen minutes of responding to questions about the camera and use of the video recording, she stated that ‘it’s fine for the session to be recorded’. The camera was turned on. Cheryl moved to the table and sat down. She looked at the art materials on the table. Beneath each extract a diagram illustrates in orange where the therapist’s enactments were positioned in relation to other therapist interactions. The following sequence describes the first few minutes of the session:

P. 02:18.1 Are you just going to sit and watch me? [Appeared to glare at the therapist whilst choosing paints]

In the process notes the therapist describes trying to explore his affect associated with the patient's initial responses:

“I wondered if this was to do with the camera in the room and how the material was going to be used. I wondered if the question was about a desire for the therapist to expose himself in a humiliating way or do something rather than reflect. This first contact felt difficult to navigate. On the one hand I was feeling compared with the previous therapist and felt comparatively incompetent and on the other hand it seemed that this might be communicating a significant experience of watching or being watched. Did this relate to mental health services, the camera or a specific trauma? Did she feel judged as a mother that was not involved enough with her baby? Was she concerned about how the video footage would be used? The incisive remark left me feeling offended and I felt that there was something intrusive about the statement.” (PN, Line 1)

- T. 02:22.5 [Um], I can do, unless you would prefer me to do something as well.
- P. 02:27.5 It's nice to know how you work... is that how ...art psychotherapy...
- T. 02:30.7 It depends, [um] sometimes also if I feel there is a contribution that I can make through making something so perhaps for me to understand what's happening for you through making something I might make something but because this is very early days and this may be the only time that we see each other, [um] I probably won't do today.



Prior to this event the patient had appeared to be reflexive and mentalizing the situation with appropriate levels of anxiety. It came as a surprise to the therapist when the patient sat down and suggested that the therapist was '*just* sitting and watching'. The therapist tried to make sense of this statement that appeared to be a teleological demand for the therapist to *do* something. In response the therapist began to try to respond to her question about what is normal in art psychotherapy. He felt that he needed to respond immediately, rather than '*just*' sitting there. His answer was poorly constructed, giving no real indication that he was aware of her underlying anxieties about being watched (enactment).

Cheryl began image making with yellow and black chinks. During the image making Cheryl engaged using the tips of her fingers to smooth chinks in a circular motion onto a piece of paper (*image making*). The process of making the image suggested to the therapist an experience of intimacy and in the process notes the therapist states that he experienced a sense of loss:

"I focused on the feeling of something intimate and tactile that perhaps was lost, rather than something that was described as cyclical. Based on the feelings of fear and sadness, questions came to mind about what she was defending herself against? What happened next? Why was I invited in to this scenario so early on in the therapy? From the beginning I felt that I was being pulled into a close situation, perhaps like mother and baby, born or in utero. Was the initial undertone of anger about father not being available? Was this a

re-enactment of father or another figure being intrusive? The patient had talked about being raped in the first session that she had kept secret from everyone until she recently disclosed this to her previous female art therapist. It also seemed to me that there might be an anxiety about how she was seen in the act of sexual abuse as an object without a mind.” (PN, line 7)

Therefore according to the process notes, an enactment of the avoided relationship suggested an experience of being intimate. The therapist relates this to both the intimacy of the mother and the baby and the experience of sexual violation. In the first session, the patient had referred to the birth of her baby as triggering a severe depression that resulted in her becoming psychotic. She said that the psychosis was about being sexually abused, but did not want to say how or in what way. Therefore, Cheryl had made a link between giving birth to a baby, sexual abuse and her psychosis. ‘Are you just going to sit there and watch me?’ encapsulated a sense of not being attended to and that being attended to without physical action amounted to something that was incompetent. In hindsight the question came to the therapist’s mind, ‘could someone have stopped the sexual abuse?’ After completing her image, Cheryl states,

P. 07:32.5 It goes, it just goes round and round and round [smoothing the chalks in a circular motion]

This first explanation of the image fits with a defensive way of managing her affect that relates to a ‘pretend mode’ of relating, which is disconnected from her affect and relationships.

- T. 09:02.7 So that's quite a different... you're drawing quite a different picture to the one that you described when you first came in.
- T. 09:10.7 which felt quite optimistic and somehow quite excited, that there was a kind of future, and what you just described feels much...
- P. 09:23.5 but that's what I'm good at. I'm good at woohhoo that's what I have to do everything is great, everything is fine
- T. 09:33.2 But there's something quite sad about this going around in circles...

In this section of the transcript the therapist is more attuned, focusing on Cheryl's changes in affective state and being more verbally coherent. The patient then reflects on her pretend mode. This marks reparation in the therapeutic relationship where there is a sense that the patient appears to feel that the therapist is beginning to understand her experience.



Later in the session Cheryl refers to herself in relation to the image as 'being on the outside' of the circular form, which indicated that there was something significant about the internality of the circle. The image was being used differently than to begin with to represent a source domain. The therapist linked her description with the affect of sexual abuse, feeling on the outside of her relationship with her partner (*elaborating on the link between source and target domain*).

P. 09:59.4 So I put them in that box.

T. 10:04.7 These are the memories about the abuse?

P. 10:07.3 Yeah

This formed the basis of the CRM, that the image was now used to represent an experience of relationships where she was afraid to be too close to another and that this is defended against by teleological thinking and pretend mode which keeps her on the ‘outside’.



The brief example suggests a sequence of events. The following sections will be ordered according to:

- 1. Image Making**
- 2. Elaboration on the Image as Source Domain**
- 3. Elaborating on the Metaphoric Function of Language as Informing Source and Target Domain Linkage**

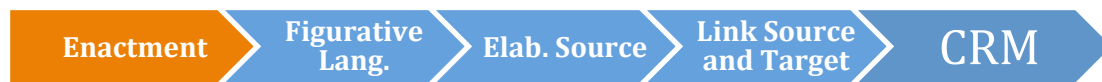
7.6 Enactment and Elaboration

7.6.1 Image Making

As identified in the first analysis, in all clinical examples the visual image was used to make associations that formulated a source domain. The therapist and patient elaborated on the features and meaning of the images, that appeared to be linked with anxieties related to the interpersonal context. These anxieties appeared to be acted out *through* the image making that embodied the affective experience of relational ruptures between the therapist and the patient. As part of the process, the art psychotherapist encourages patients to use art materials from the beginning of the session. All patients engaged in the art making process. In the sessions the method of encouraging engagement in itself is likely to provoke transference-countertransference experiences, however, it is beyond the scope of this thesis to examine further the methods of encouragement and the effect that this has on apprehending or misapprehending mental states. The following examples illustrate the hypothesis that the image is integral to source domain elaboration.

Angela produced an image that was painted immediately on entering the room before any dialogue ensued and she appeared to immerse herself in the activity. The

therapist used play dough whilst the patient painted. The therapist experienced the sense of immersion as a defence against the fear of separation and rejection. In this example the therapist described feeling ‘shut out’ and remained silent whilst the patient painted.



Bernard, on entering the room, immediately wanted to leave without explanation, which seemed to be acted out through the image making. Bernard rapidly made an image illustrating in a child-like way people who do not know each other, a wandering dog, a tidal wall and a large sea. These things were grouped together as being associated with the seaside. However, to Bernard, these things had no relationship to one another. Bernard appeared distant and distracted and the therapist also felt removed and unable to make contact with Bernard.



Cheryl appeared to have a desire to repair something traumatic that had happened but was not talked about in this session. She had been unavailable to her baby and now she presented an image that she caressed, to the therapist’s mind, as if it

was a baby. This was eventually translated meaningfully in relation to a loss of intimacy with her partner, however from the therapist's perspective, Cheryl articulated through her method of making the image closeness and intimacy with another amidst persecutory anxieties.



Talia was also anxious about being in the room with the therapist. There was a long silence while Talia looked at the paper. The therapist encouraged her to ‘just use’ the art materials. She said that her image was like doodling when she was in the company of others. The therapist suggested that he made something as well with the art materials to help her. This seemed like a practical solution that was not consciously attuned to her emotional struggle.



7.6.2 Summary

In each of the four assessment sessions, the therapist initially struggles with a range of uncertainties. There were three ways that the therapist appeared to enact the countertransference; lack of clarity in terms of what he was saying, non-responsive silence, and being overly involved. In each of the scenarios there is a reflection of the patient's constellation of the *avoided* or *required* relationship and how the therapist enacts to a greater or lesser degree the role of someone who is unable to mentalise the patient (*enactment*). This becomes clearer when the dialogue as a whole is taken into account. Often the therapist's response is a teleological response, trying to create a quick solution, or have an impact through a concrete reaction, such as making a picture on behalf of the patient.

Within each scenario, the patient misapprehends the intentions of the therapist. The therapist is affectively involved, partially in accordance with the negative expectations of the patient. The image is then produced by the patient during the time where there appears to be heightened attachment anxieties. The visual images made by the patients were ambiguous and were interpreted in a number of different ways by the patient allowing for the visual image to be used to *avoid* a relationship and also to *represent* a relationship.

7.6.3 Elaboration of the Image as Source Domain

The CRMs were developed over the course of the session, however the themes developed early on in the sessions (Table 38). The following extracts of dialogue are the points at which the CRM criteria first appear, as being a metaphorical way of viewing the image that was later linked with a significant relationship. The bold writing refers to the entrance of themes that develop over the course of the session to become a CRM. Each section describes the therapist's responses immediately prior to the theme.

Patient	The Use of the Visual Image to Produce a Source Domain
Angela	The visual image was chaotic in form but described as 'the sea', which the therapist understood to be experienced by Angela as having a quality of immersion in relation to her mother and by Angela as her lover 'reaching out'.
Bernard	The Visual image of the dog was understood in the context of autonomy and choice, where the dog chose to 'learn how to draw'.
Cheryl	The visual image of going 'around and around' also became a very gestural experience and was understood in the context of the struggle for intimacy and authenticity especially in relation to her partner.
Talia	Visual image of a dog 'running in the wild', but visually unclear, to describe an overwhelming experience of emotions of others and herself.

Table 38 – Description of the image and the relationship to the metaphor source domain

Angela

- T. 19:15.5 **The sea that you have painted is a special kind of sea. You are painting it in**
- T. 19:20.2 **different colours, reds, blues...**
- P. 19:25.3 **Yes. It is alive.**
- T. 19:27.3 **How would you describe it?**
- P. 19:31.0 **It wants to reach out to you. It is a wonderful place.**



In this extract the therapist is using descriptive language about the visual image (*elaborating on the source domain*) before asking a question about how the patient would describe the image. These are the first indications that Angela is mapping different characteristics to the sea about being ‘alive’ and ‘reaching out’ (*elaborating on the source domain*).

Bernard

- T. 16:16.7 **With the dog, what would the dog want? [points to image]**
- T. 16:19.4 **The dog has been referred to art therapy what is the dog going to want to do? [eye contact]**
- P. 16:35.5 **Learn how to draw.**

- T. 16:37.2 *Learn how to draw.*
- P. 16:38.7 yeah
- T. 16:40.3 *So wants to [err] be taught some things?*
- P. 16:45.1 yeah [eye contact]



The therapist is trying to establish aims for the therapy, which are still unclear in terms of how Bernard wanted to use the therapy. The therapist introduces the dog as having human characteristics. Although a brief and simple utterance, Bernard states clearly that the dog would go to therapy to ‘learn how to draw’. This was based on the way that the therapist framed the dog as metaphorically having human desires, beliefs and thoughts in the context of art psychotherapy (*elaborating on linking the source and target domains*).

Cheryl

- P. 08:31.7 **And yet here I am going around the outside [smoothens the chalk in circles]**
- P. 08:40.4 Around here [continues smoothening chalk]
- T. 08:46.6 *So you feel that you are going around and around.*
- P. 08:50.5 Yeah
- T. 09:02.7 *So that’s quite a different... you’re drawing quite a different picture to*

the one that you described when you first came in.

T. 09:10.7 which felt quite optimistic and somehow quite excited, that there was a kind of future, and what you just described feels much...

P. 09:23.5 but that's what I'm good at. I'm good at woohoo that's what I have to do everything is great, everything is fine

T. 09:33.2 **But there's something quite sad about this going around in circles...**

P. 09:49.4 **And you know, I just want to shift. [a sadder tone]**

P. 09:51.6 I just want to be happy. I don't want to remember these things, but I know I have to remember them to deal with them

P. 09:59.4 **So I put them in that box.**

T. 10:04.7 **These are the memories about the abuse?**

P. 10:07.3 **Yeah**



The therapist's interactions that took place over the course of the extract within which the CRM first emerged with Cheryl begins by reflecting the affective state as being different from when she first entered the room appeared smiling and interested in the therapeutic agreement. The therapist then refers to his experience of sadness with the circular motion (*elaborating on the source domain*). Cheryl has referred to being on the outside of circle that she had made with chalks and wanting to 'shift' (*elaborating on the source domain*). The therapist refers to the 'abuse'

(*elaborating on linking the source and target domains*) and Cheryl confirms that this is what is being avoided.

Talia

P. 10:34.9 **I was just scribbling around**

T. 10:37.8 **It has these sorts of points coming down and you've got a jagged bit at the bottom and this sort of fluffy bit here, or maybe it's not fluffy but it's kind of rounded isn't it?**

P. 10:49.8 Yeah

T. 10:50.9 Yeah

T. 10:54.4 **Does it make any sense?**

P. 10:56.2 **Well It does, I mean I just remembered...**

T. 11:00.6 **Yeah the dog**

P. 11:01.0 **That day**

P. 11:01.9 **just wanted to be free like that dog.**



In all cases the therapist helped to elaborate on the target domain so that the original source domain was triangulated with the emotional response, behavior towards the therapist as well as the countertransference and events in the patient's life that had already been disclosed.

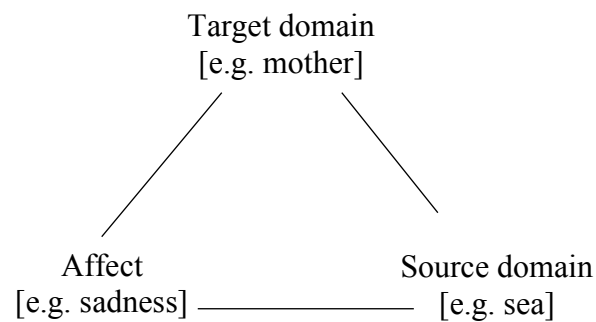


Figure 46 - Triangulation of the target the source and affect

Similarly to how the therapist responded to Angela, the therapist initially uses descriptive language, describing the image as having ‘points coming down’, a ‘jagged bit’ and perhaps a ‘fluffy bit’ (*elaborating on the source domain*). As with Angela, he then asks her a question about how she makes sense of the image. This leads to Talia making an association of a dog that she remembered seeing that was free.

7.6.4 Summary

From these initial descriptions of the first points at which the characteristics of the CRM emerge, they can be looked at in the context of the prior misapprehending responses to the patient. Here the therapist appears to be more apprehending of the patient's states of mind, demonstrating an openness of interpretation, often making observations rather than interpretations. (*Elaborating on the source domain*). Whilst there are different ways of demarcating these types of language, for example, being descriptive or affect focused, the overarching and consistent theme is apprehending the patient's states of mind rather than being misapprehending.

7.5.4 Elaborating on the Metaphoric Function of Language as Informing Source and Target Domain Linkage

In the previous example of Bernard, it is evident that the therapist 'frames' the use of metaphoric language. It was evident that the therapist frequently used metaphoric language prior to the development of the metaphor. Often the language was re-contextualised by the patient. The patient, sometimes immediately, responded using either the same word as the therapist, but applied the word to a different context. In examples one and two, the therapist originally used the words 'alive', and 'draw'. In examples three and four, the source domain was restructured by the therapist to acquire a different meaning. In example three the therapist implies that there is an internal space to the circle that has been drawn and in example four the therapist uses the example of 'baggage' to represent other people's affective states.

This last example, is an association to the CRM of feeling restricted within relationships and wanting to be as ‘free as the dog’ that she saw running around outside of the prison.

Clinical Examples

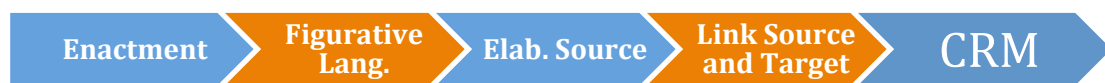
Example 1: Angela

- T. 05:55.1 **Err something became very alive last time, it seemed somehow quite optimistic.**
-
- T. 17:36.1 **I can see that you’ve also painted something that looks [err] ... alive today**
- P. 17:59.3 Yeah, I like the sea. It is alive.



Example 2: Bernard

- T. 14:55.3 Yeah, they just want to find a place to, to sunbath perhaps, to find a place to sit and sunbath but just to relax in art therapy...
- T. 15:05.5 **do some drawing or something like that?**
-
- P. 16:35.5 Learn how to draw.

**Example 3: Cheryl**

- T. 08:18.6 **You've described something about the middle bit...**
- T. 08:22.1 **That felt quite like there was a longing for something that is good there..**
- P. 08:31.1 Yeah
- P. 08:31.7 And yet here I am going around the outside



Example 4: Talia

- T. 17:19.6 so there is.. I mean thinking about what you brought the last time we met and some of your earlier experiences it sounded like you were in some situations which were quite neglectful of you as an infant and **I was thinking about the kind of issue about baggage actually... about whose baggage are you carrying and how does that make you feel and is there something that has made you feel very unwell because you had an admission into hospital with psychotic symptoms.**
- P. 17:59.2 mmm
- T. 18:00.7 So I guess there's something about where you feel you've got to today and what's contributed to that
- P. 18:15.5 I don't know... I mean I kind of understood I.. for whatever reason I carry other people's baggage, I don't know why though. I don't know why I feel responsible I haven't done anything it's not my fault, it's not...[crying] but I don't know, maybe it's a lack of something for me, maybe that's what happened to me.



Angela and Bernard used the therapist's language to elaborate on literal language (*elaborating on the metaphorical function of language*). It is notable that the therapists' use of figurative language aided the linking process between the source and target domain of the CRM.

CHAPTER 8: The Second Analysis: Subsidiary Results

8.1 Summary of the Hypothesis

It is hypothesised that a patient diagnosed with an SMI is likely to produce a CRM in the context of an art psychotherapy assessment. Given that metaphors are made up of a number of converging factors, this study employed a methodology based on a hybrid of psycholinguistic accounts of metaphor mapping and a psychoanalytic intersubjective interpretative method.

This research entailed a detailed investigation into four assessment sessions with patients who were suffering with severe depression who had recently experienced psychotic illnesses. The methods used are qualitative, with clear criteria for identifying the *CRM*. The study set out to test the hypothesis that CRMs occurred with this clinical group due to the enablement of an image making process.

The *major* results of this study are clear; that with more detailed criteria than are usually used for the assessment of metaphor type, it was possible to see that CRM generation occurred, even in conditions where the patient was generally finding it difficult to engage with the therapist. Subsidiary results suggest that under these conditions, the CRM always resulted from a co-creative mapping of a source and target domain through a range of possible associations to produce a novel co-created meaning. Further to this, it was evident that in every CRM that was produced, a spontaneously produced visual image provided the source domain for the creative metaphor.

The results point to the production of CRMs being possible in the art psychotherapy context and that there are a sequence of interactions that may influence the production of the CRM. The aim of this section is to examine the results for each stage of the process to the formation of the CRM. The results are structured according to the findings of both analyses. Although this is not conclusive, the results look promising. The following section will discuss further why these results look promising from a theoretical perspective.

8.2 Summary of the Main Finding

The emphasis on the use of metaphor for the patient appeared to be an economical method of communicating a complex experience, rather than making sense of the experience per se. In other words, the patient for the duration of the metaphor development appeared to be treating the therapist as someone who was interested in hearing what they had to say and used the image as a vehicle for carrying the feelings and narrative about a significant relationship. As with Long and Lepper's (2008) study, it is notable that the patients communicated more clearly to another where feelings and thoughts were being apprehended, demonstrating a capacity to be reflective about interpersonal situations with another.

The development of epistemic trust is a problem commonly encountered with severe mental health disorders (Fonagy and Allison, 2014; Taylor Buck and Havsteen-Franklin, 2013) and in the use of metaphor appeared to be a method of creating a quality of symbolic space whilst also communicating intimate experience. In other words the metaphor appeared to facilitate sufficient distance to make some

areas of disturbance manageable to talk about. In all cases the visual image was produced in a way that appeared to stem from a condition of non-mentalising the other, including distancing the therapist and being very concrete in their associations to the image. For example, when Angela was first asked what her image might be, she stated 'I would leave that the imagination of the person looking at it' which appeared to mean that it was not for her to reflect on what her image might mean.

It is challenging to think that the CRM can be established within a therapeutic context given the problems that the illness presents in terms of metaphor comprehension. All of the creative metaphors produced referred to an interpersonal relationship in some way. The metaphor appeared to enable reflection on interpersonal situations, even if fleeting, instead of being very concrete and fact based responses. In all examples the patient generated a new meaning by using the image as a source domain. This meant that a unique meaning could be co-created using a CRM to re-represent a significant relationship. Bernard had been very resistant to engaging, and in fact had wanted to leave on first entering the room. It emerged that he wanted to use the art psychotherapy as a practical drawing lesson, which was the simplest form of describing his desire to learn from another as being a teacher – student relationship. The communication was made more comprehensive and clear through the use of a dog as a source domain, with all of the associations that he had made previously, such as 'not feeling big', the dog was 'just wandering about' and that the dog had an owner that was not attending to it. Bernard even helped the therapist to draw a dog, which he became very excited about. It seemed to the therapist to represent a sense of self, obedience and mastery in the context of the therapeutic situation.

This was a significant use of his image to communicate to the therapist a type of relationship and he momentarily described his desired experience of the therapy and therapist. This appeared to be a fleeting shift from the concrete responses that he had used to describe his experience prior to this event.

8.3 How the Second Analysis Results are Structured

Understanding the process of the formation of the CRM has been arrived at through the results: 'A co-created mapping of a visual-image source domain to an interpersonal target domain.' The following sections will examine the main elements of the CRM formation:

Section 1: Co-creation (relating to CRM criteria 3 and 5)

Section 2: The Visual Image (relating to CRM criteria 4

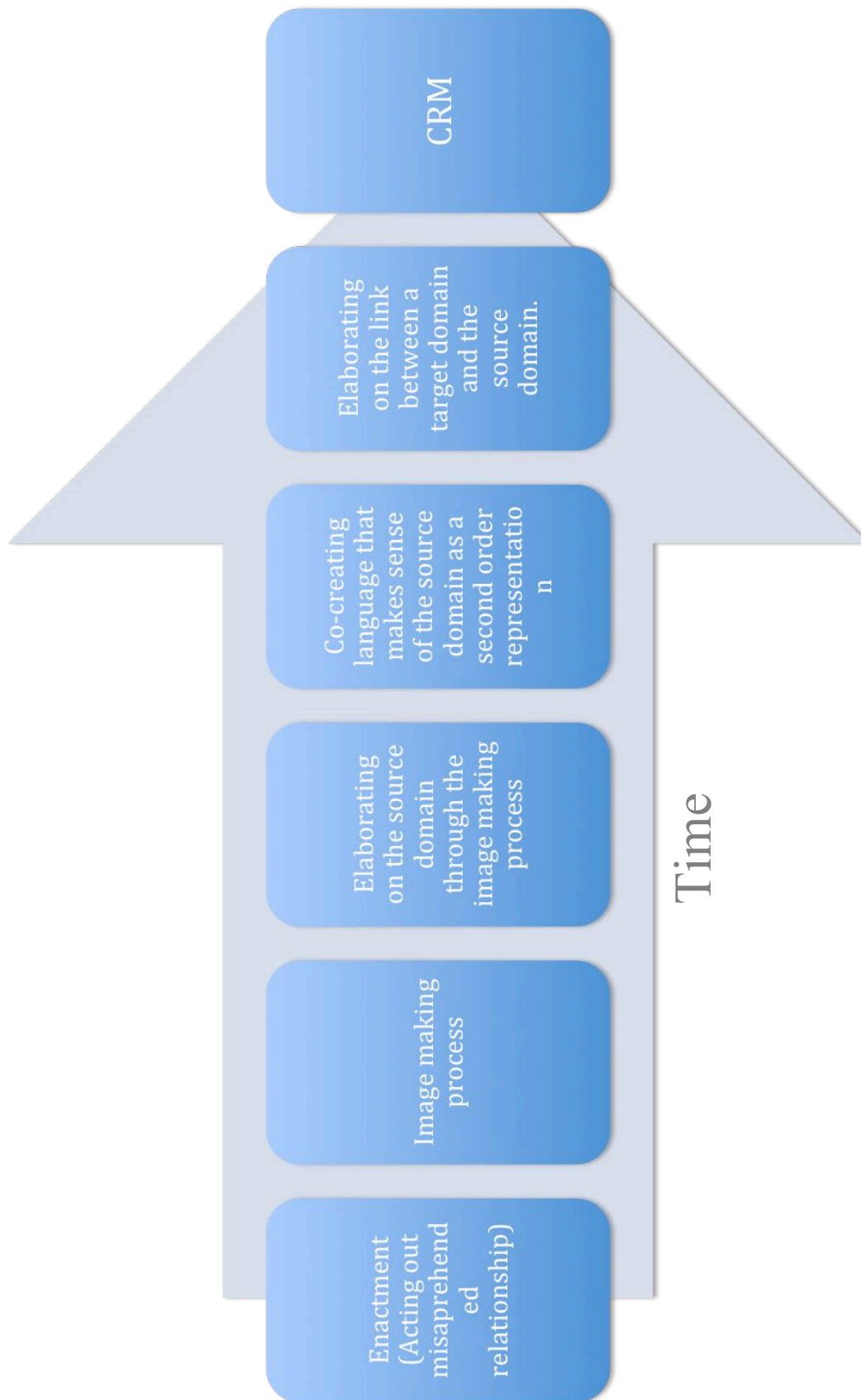
Section 3: Mapping Source Domain to the Interpersonal Target Domain

(relates to CRM criteria 1, 2, 6 and 7.)

The first section of co-creation, examines the conditions for co-creation as a therapeutic alliance, particularly relating to the actions that ensue from misapprehending (enactment) or apprehending states of mind (mentalising). This first stage requires more explanation than subsequent stages due to theoretical grounds that could consider enactment as being counter-productive to metaphor formation. The second section examines the results that suggest that the visual image is integral to the

formation of the source domain and related affect and the third section relates to the process of mapping the source and target domains. This can be visualised in the context of co-creating the CRM through the patient therapist relationships in the following chart:

Figure 47 - A diagram of a provisional model of therapeutic interactions influencing the formation of the CRM



8.4 Co-creation

The analyses of the clinical extracts suggest that there are sequences of events that occur before and during the CRM formation (Fig. 48). The following chart (Fig. 48) is a simplification of the data, illustrating the overlap of constructs that generally occur in sequence. Following this, a theoretical study will examine further if the events prior to the formation of the CRM are relevant to the formation of the CRM. There are four factors that were confirmed as coinciding in the CRM occurrence within these sessions:

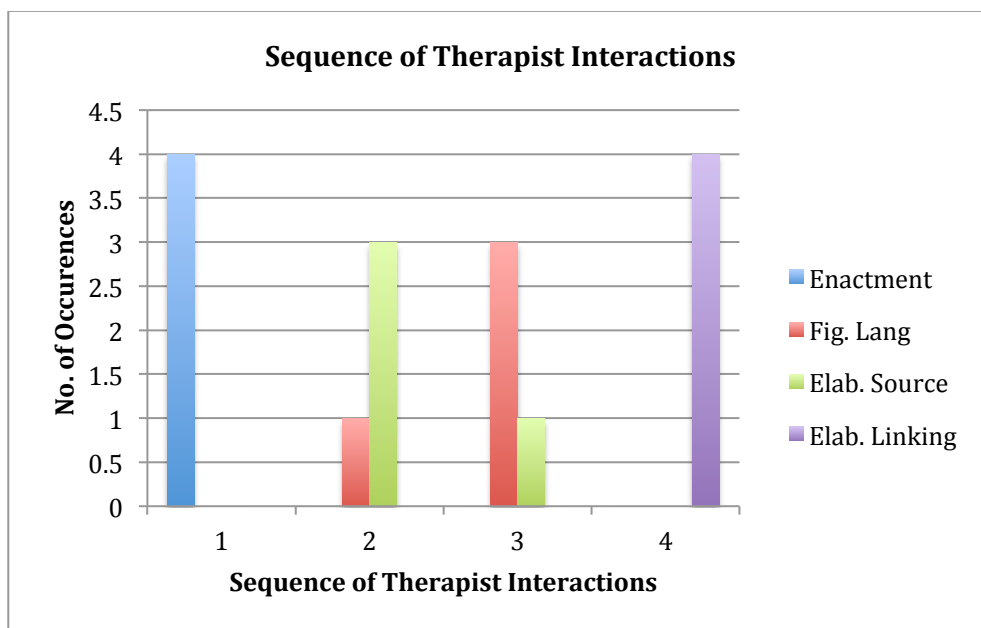


Figure 48 – A bar chart illustrating the sequence of interactions

8.4.1 Enactment (Misapprehending Mental States)

Enactment is based on the experience of the therapist and patient misapprehending mental states. This usually occurred in the first part of the second assessment. After introductions, within the first minutes of each session there was often a sense that the therapist acted out an expected role from the patient's prior experience of relationships, through identifying with and putting the countertransference into action. For example, this happened through the therapist and patient's discordant responses, faltering, being unclear in the communication or offering non-contingent responses. The re-enactment did not appear to be so disruptive that the therapeutic aims could not be recovered.

Exchanges that were misapprehending the situation of the patient can, on the one hand be considered to be a failure of therapeutic competence. Safran and Christopher, (1996, p. 447) write,

“Ruptures often emerge when therapists unwittingly participate in maladaptive interpersonal cycles, that resemble those characteristic of patients' other interactions, thus confirming their patients' dysfunctional interpersonal schemas or generalized representations of self-other interactions.”

From this perspective, the aim of the therapy is to maintain a good therapeutic working alliance (Ackerman and Hilsenroth, 2003; Frieswyk *et al.*, 1986; Henry and Strupp, 1994). The failure to attune and the therapist's enactment has been considered to be counter-effective in art psychotherapy (Case and Dalley, 2014; Rubin, 2009;

Waller, 1992). On these grounds, it is arguable that this initial mishap was an unwanted disruption that impeded on the progress of the therapy. It is however, likely that the therapist and patient begin with mutually different relational anticipations. Easser (1974, p. 569) stated, ‘...at the start of all analyses that the therapeutic relationship will be attended by a mutual anxiety of the encounter.’ Renik (1993) also examined the clinical scenario and concludes that acting out the countertransference is inevitable within the therapeutic situation.

“It seems likely to me that if we could always closely examine the sequence of events by which an analyst becomes aware of his counter transference motivations, we would find that it *invariably* begins with his noting how he has put them, sometimes imperceptibly, into action...” (Renik 1993)

On examination of the data, there are two possibilities why acting out the countertransference might be helpful to the formation of the CRM. Firstly, it creates a reflection of how hostility effects another (Carpy, 1989) , bringing an avoided relationship to life in the therapy for both therapist and patient to reflect upon. The ambiguous quality of metaphor allows for an ambiguous relationship to be embodied in the metaphor formulation. Secondly, the enactment is a modified form of the trauma, where there is a clear intention of the therapist to be contingently responsive but failing, emphasising Hinshelwood’s point that ‘...the analyst is not just a ‘mechanical brain’’ (Hinshelwood, 1999, p.798). In other words, for the metaphor to be mentalised with a real other, there needs to be a sense that the other is real. The patient observes the therapist being human.

As Hinshelwood (1999, p. 814) said about the analyst,

“The role he experiences in the countertransference is not just a matter of professional competence, it is also one of personal identity. It is this personal identity which makes us human, and this is our subjectivity, and it belongs in the treatment relationship.”

Further to the idea that countertransference is an inevitable part of being human in a relationship is the argument that countertransference helps the therapist to understand the experience of trauma. Therefore acting out the countertransference can be seen as the material from which the therapist has a close sense of what the interpersonal difficulty is in this context. Ehrenberg (1992, p. 48) writes on the subject of the analyst acting out, that from reflecting on the experience of acting out the countertransference the analyst should,

“...be able to understand the patient's vulnerability and the patient's ways of destroying or being destructive, and be sensitive to both the vulnerability and the destructiveness without being intimidated by either.”

The art therapist Geoffrey (1999) considers re-enactment as something that can promote a creative outcome, but that is non-adaptive within an interpersonal relationship. For example, when describing work with a sexual abuse survivor, Geoffrey (1999, p. 4) describes that the movement away from re-enactment is integral to the art psychotherapy process to assist the child to gain greater autonomy,

“The role of the therapist is to help the child move from a passive and compulsive reliving of the trauma to an active play reenactment that mobilizes the creative resources of the child.”

Geoffroy highlights the therapeutic process that understands the trauma as limiting the patient to specific non-adaptive behaviours. Geoffroy suggests that moving the patient towards a *playful* way of assuming the self and other positions in maladaptive interpersonal scenarios can promote creative exploration. This is a similar pattern that occurs in the sessions described, that there is an element of a trauma being relived or defended against in the session and then the art materials are used to mobilise the person’s creative ways of viewing the relationship. However, there is also evidence to support these moments as contingent to successful outcomes, if considered as part of a process rather than a general trend. For example, Tronick (2007) describes similar interactions as ‘messy exchanges’ (Tronick, 2007) and as essential to developing an interpersonal context within which people can co-create new meanings. Tronick (2007) states that in early development the child and mother find common ground, a shared interest, often through nonverbal cues, before something can be learned through play. Whilst there is perhaps some inevitability that there will be a struggle with finding a common ground with someone that is severely depressed, it seems that in the sessions the therapist does not continue the ‘messy exchanges’ as he finds a way of understanding and reflecting on the patient’s internal situation and expectations. This appears to be an important part of providing the context within which a CRM can emerge. This is evidenced by the sense that in all situations the patient and therapist developed a good working alliance.

Meissner (2007) describes a psychoanalytic understanding of the therapeutic alliance as ‘the therapeutic framework, authority, responsibility, empathy, trust, autonomy, initiative, freedom, neutrality and abstinence, and certain ethical considerations.’ (p. 223). Bordin (1979) stated that the therapeutic alliance was defined as adhering to the agreement concerning the aims of the therapy and the development of a working relationship.

There were key indicators of a good therapeutic alliance as noted in the therapist’s process notes as changes to perceptions of the patient, for example feeling ‘warm’, ‘engaged’ or ‘having emotional rapport’ with the patient. Also changes in the way that the patient responded suggested an alteration to the therapeutic alliance as trusting the therapist. It appeared that the therapist was used to explore a new perspective on the way that the patient was relating. Also the patient’s responses changed from being simple responses to being more elaborative, or from elaborating to being more disclosing. These types of response appear to occur in the context of a therapist becoming warmer to the patient, becoming more empathically attuned and being more openly curious.

The metaphor is a communication to another and misapprehending the mental states of another is not symbolic, it is a concrete re-enactment of an interpersonal situation where both therapist and patient readily take up a role based on misapprehensions of one another’s communications. As a parallel process, metaphor formation is considered by Landeu et al. (2010) to follow along similar lines, stating that ‘...metaphors structure target concepts using knowledge derived from familiar, concrete domains of experience.’ (Landau et al., 2010, p. 1059). In this sense, I

conclude that enactment may have supported establishing the source domain for further enquiry.

8.5 Affect and the Visual Image

For metaphor formation to occur the patient cannot be overly aroused or under aroused. In a condition of high affect arousal it is known that the capacity to empathise or reflect on the internal state of another person is unregulated (Fonagy *et al.*, 2003), and we also know that metaphor production occurs when there is sufficient affect arousal (Levin, 1980) to warrant the communication of complex internal phenomena to a real other (Rizzuto, 2001). Therefore it seems that an important role of adaption to the mentalising capacity of the patient is also to support a therapeutic alliance within which the patient can feel safe to articulate and reflect on their affect states linked with interpersonal situations. Anxieties for the patient about making the image may be in response to the therapist appearing to want the patient to produce something. Rubin writes about possible transference scenarios,

“In giving someone materials for example, you are a “feeder”, offering supplies that may be experienced as good and plentiful or bad and insufficient... unreasonably demanding or as affirming the persons potency and creative powers” (Rubin, 2012)

The therapist was required to find a way that the patient could use the art materials spontaneously to allow for new ideas to emerge about how the therapy could be used. This is what Edwards (2004, p. 41) referred to as the ability to ‘encourage and support’ the patient engaging in the art making process. Dalley (1984, p. xx) also refers to the art therapist ‘encouraging free association and spontaneous expression’ as part of the process of helping the patient engage with the art materials. The patient was required to produce something spontaneously, which in all cases allowed new ways of seeing a relationship.

Havteen-Franklin (2014, pp. 112-113) describes some of the functions of the therapist using art materials to ‘model...being open and curious about what happens...to regulate the relational proximity’ and to ‘to reduce anxiety and to support the patient’s initial contact with the arts materials’.

For example the circular form drawn by Cheryl was a physical and emotional experience conveyed in colour and motion, enacted through her bodily movement. It was only after first finding a familiar metaphor ‘going around in circles’ that a less conventional metaphor could be found that offered a sense of her experience of ‘being on the outside’ of an intimate relationship. Therefore, the moments of acting out that can be seen early in the sessions articulate the concrete and familiar in terms of the anxieties produced in relation to another from which the metaphor can be formed. Not only does the image that is produced spontaneously reveal the relational anxiety that is triggered by being in the room with an unknown person, but there are contextual influences that shape the transference-countertransference matrix. Rubin states,

“Since there are many kinds of gratifications and non-neutral behaviours inevitable in art psychotherapy, these will of course influence the kind of transference that develops” (Rubin, 2012, p.56).

Therefore, when we consider the therapist, it is plausible that the therapist’s actions and setting have already evoked particular transferences that become manifest in the transference-countertransference matrix as well as in the image. Rubin goes on to say that, ‘The product also take on meaning in relation to the state of the transference’ (Rubin, 2012, p.57).

Placing art materials in a designated therapy context potentially informs the transference-countertransference matrix, because the provision of art materials may allude to art making as resolving problems relating to their mental health issues. Therefore such anxieties and transferences related to providing or withholding might be evoked in this context of encouragement. In fact, in the initial step of the process, the therapist appears to be stirring up the emotional world of the patient within the enactment.

However, the act of arousing emotional responses relating to the transference has been considered a common positive treatment factor in psychotherapy (Ecker *et al.*, 2012; Lane *et al.*, 2014; Welling, 2012). When comparing four types of therapy, including short-term dynamic therapy, Welling (2012) confirms his hypothesis that there is a common principle of emotion activation across those therapies,

“The essence of this principle seems to be to bring about the activation of a negative (problematic) emotional state followed by the activation of a positive (adaptive) emotional state(s).” (p. 123)

Lane et al. (2014) also refer to types of emotion that are activated as relating to relational patterns outside of the awareness of the patient which they call ‘implicit emotion’.

“Indeed, 25 years of research has demonstrated the occurrence of spontaneous affective reactions associated with changes in peripheral physiology and/or behavior that are not associated with conscious emotional experiences.” (Lane *et al.*, 2014)

Ecker et al. (2012) describe learning in the presence of strong emotions results in changes to ‘core beliefs and constructs’ (2012, p. 3). Therefore, the unintentional provocation of these feelings early in the sessions offers an opportunity for reflecting on maladaptive patterns and forming new ways of relating to others. In this sense, Ecker provides a theoretical basis for understanding why the assessment context provokes such emotional reactions and that this can become the foundation of the CRM, even with patients with severe mental health issues.

The patients explicitly stated that they did not create the image with the intention of representing the relational anxiety. Therefore the image presents something new to the conscious awareness of the viewer. The patient appeared to engage as an alternative to being confronted with the anxieties evoked in relation to

being with another.

Affective problems are particularly pronounced in mental health disorders where the interpersonal context causes, exacerbates or sustains problems with mentalising (Fonagy *et al.*, 2003; Jurist, 2005). In the analyses, the affect that was related to the image based form was usually to do with problems relating to an intimate or close relationship. The affect was expressed through the image making process, but was not made sense of until the image was communicated within the structure of the CRM. The emotional quality of the communication represented a shift from being avoidant and emotionally aroused and was marked by interest or warmth towards the therapist during the co-elaboration on the metaphor communication.

8.6 Mapping the Source Domain to the Interpersonal Target Domain

8.6.1 Elaborating on the Use of Figurative Language

The fact that figurative language was being used was surprising. This suggested several factors in relation to the use of language, that language was being constructed as a representational device that could be imaginatively reflected upon.

The therapist introduced language that was figurative at different times during the session and of varying durations. On two occasions the patient used the same words as the therapist but in a different context. Figurative language involves an interpretation of non-literal tropes. The philosopher Foeglin referred to this as,

“...a central feature of a series of tropes...is a mutually recognized intention by the speaker that the respondent not take the speaker’s words at face value but, instead, replace them with the correct judgment. In all of these tropes the speaker is trying to induce in the respondent a (mutually recognized) adjustment or replacement of what the speaker is actually saying.” (Fogelin, 2011, p. 82)

For example, the therapist uses the word ‘alive’ with reference to an image produced in the previous assessment session. Angela used the same word to describe an image that she made of the sea. Angela stated ‘It is alive’, before elaborating on the qualities that are alive in relation to the sea, going on to say that the sea wants to ‘reach out’. The change in context of the figurative use of language and the elaboration of the meaning was communicated as a CRM.

From a Pavlovian (Pavlov and Anrep, 2003) paradigm, it is arguable that the patient is copying the language of the therapist and therefore is mere imitation that bears no real relevance to the patient. However, as opposed to imitation, it is clear that each of the patients re-appropriated the language or method of using figurative language to make sense of a significant interpersonal context.

This process of re-appropriation of verbal language reflects the therapist’s art making response in the session (Havsteen-Franklin, 2014; Havsteen-Franklin and Altamirano, 2015). In a similar way to how the therapist used the art materials and the patient also made something different from similar art media, figurative language

used by the therapist appeared to stimulate a figurative use of language that supported the patient to articulate a novel perspective on an interpersonal situation. This suggests that the patient appeared to learn to apply metaphorical language through being informed by the therapist. Bakhtin (1981) analysed the acquisition of authentic language use as a learning process,

“The word in language is half someone else’s. It becomes “one’s own” only when the speaker populates it with his own intention, his own accent, when he appropriates the word, adapting it to his own semantic and expressive intention Expropriating it, forcing it to submit to one’s own intentions and accents, is a difficult and complicated process.” (pp. 293–294)

In the clinical examples, this act of language re-appropriation appears to be successfully applied to communicate a meaning that is specific to the context of the patient. There are two factors that may have contributed to the patient using the therapist’s language in a new way. Firstly there was noted a change in the quality of the relationship to one that was more trusting and the therapist appeared to be more inquiring and supportive. Secondly, the awareness for the patient to considering how the therapy can be used to communicate complex interpersonal experiences.

8.6.2 Elaborating on the Source Domain

In all cases the therapist did not know what the source domain and its schematic basis were for the patient from viewing the image. In the study the emergence of the source domain was based on the triangulation of three forms of data, the image, the patient's dialogue and the countertransference. Therefore the source domain often only made sense during the mapping process of the source domain with the target domain. However, in the first Step, an important part of the process was making sense of the emergent qualities of the image.

The development of a source domain was arrived at through creating a visual image. In this sense, making an image is a preliminary measure for establishing a source domain. However the image does not become a CRM until it is clearly mapped to a significant interpersonal experience. The source domain encapsulates the fundamental way in which the patient thinks about a subject. As has already been suggested, the making of the image occurs in the context of an interpersonal situation that has raised anxieties about the nature of the therapeutic relationship. Therefore these concerns appear to have been reflected in the interpretation of the image as an underlying belief informed by the patient's affective state. As Ingram states, '...our thinking is governed by the source domain that grounds our understanding' (Ingram, 1996).

The therapist often used techniques of elaboration and curiosity to develop the idea or concept of the source domain based on the visual image produced. The source domain emerged from exploring the image in descriptive terms. For example, the therapist stated '...it appears to have the movement of the sea' where the therapist felt

confused by an image that the patient called ‘the sea’ and the therapist could not find another similarity. The schemas inherent to the source domain in this instance were related to a desired immersion in the other person’s world.

8.6.3 Elaborating on Linking the Source and Target Domains

The novel mapping of the source domain to an interpersonal target domain is the mapping process of the CRM. As Steen et al. (2010) state,

“The use of a conceptual domain as a source to understand and talk about another conceptual domain which functions as a target is the true basis for metaphor in the study of usage. It embodies a form of indirectness in conceptualization which exploits the conceptual structure of one domain to conceive of another domain that is the local or global topic of an utterance or message.”
(Steen *et al.*, 2010, p.11)

The figurative language wasn’t simply an abstraction or simple comparison of objects, but involved a complex mapping process of one visual object (the source domain) onto a significant relationship (the target domain). In a relationship context this means that that patient must be able to have a person or a relational quality in mind that they wish to convey through the use of metaphor during the mapping process. The therapist, through focusing on the affect and linking a relational event or significant person to the image that had been made, often assisted the mapping process through elaboration.

Whilst it is very likely that the therapist would not be in a position to map the source and target domains if there wasn't a prior enactment and if a therapeutic alliance had not been sufficiently formed, the therapeutic apprehending or misapprehension of mental states does not necessarily produce a CRM. The co-creative mapping process is required with the therapist to bring the source domain into focus in terms of the affect and specific interpersonal target domain

When Cheryl spoke about putting her memories in a box and subsequently feeling that she was 'on the outside', the therapist clarified that the memories were of being sexually abused. The mapping process indicated that being on the outside of the circle that she had drawn was a metaphor about her relationship with her partner, and that sexual abuse had led to emotional difficulties about being close to another. The reason why, was not yet understood, however the CRM of feeling on the outside whilst an intimate relationship was inaccessible within a close space became clearer through the image making process and elaboration on the affective meaning.

CHAPTER 9 – Discussion

9.0 Relevance Of The Study

9.1 Summary of the Results

In the art psychotherapy context, metaphors are often experienced as significant therapeutic events that are produced from an interactive therapeutic process (Dalley, 2000; Gorelick, 1989; MacLagan, 2001; Moon, 2007; Rubin, 2001). The metaphoric quality of the image in art psychotherapy is commonly seen as representing something meaningful about the patient and their relationships (Dalley, 1984; Edwards, 2004) and therefore the focus of this study was on examining the occurrence of the ‘creative relationship metaphor’ (CRM).

From examining literature about art psychotherapy, it can be seen that the definition of a metaphor varies depending on the clinical emphasis on verbal or nonverbal processes in the clinical context (Hogan 2009). In art psychotherapy, the relationship between the *visual image making* and the production of the creative metaphor as yet, has not been studied in any detail. This study examined the *act* of visual image making and the use of the image in the context of the art psychotherapy relationship and its relation to metaphor formation. This study examined the poetics of image making and concluded that the process of forming a CRM was both a verbal *and* nonverbal process. Videos of the clinical material were analysed, interpreting the nonverbal interpersonal elements involved in metaphoric communication as important in consideration of the role of the visual image in art psychotherapy.

The relevance of this thesis is not only for conceptual clarity but has a practical aim of examining the method of the art psychotherapy assessment of patients who are finding it difficult to engage in psychological treatment. According to some studies, metaphor comprehension and use is reduced in SMI suggesting that

metaphors are unlikely to occur in any useful form in the early phase of assessment or therapeutic treatment (de Bonis *et al.*, 1997; Happé, 1995; Mayes and Spence, 1994; Mo *et al.*, 2008). To test this hypothesis, the NHS, as part of the QI programme for an arts psychotherapies service, funded this study to examine art psychotherapy assessment processes that utilise metaphor as a mediator of change. The motivation for funding this study was to refine focal areas for practice development that will lead to more effective assessment processes. This study is part of a wider service evaluation programme (“The Horizons Project –Honorary arts psychotherapies clinical research posts - CNWL,” 2013) aiming to develop clinical competencies.

The main focus of this study was examining the formation of metaphor with four patients that were diagnosed with major depression. The patients were selected during April – July of 2011 in Northwest London Arts Psychotherapies Service using a purposive selection method based on the patients meeting the criteria of being diagnosed with having a major depression as well as having experienced psychotic symptoms within the previous 18 months. The purpose for the selection criteria was to allow for a situation where the patient was unlikely to make use of the creative relationship metaphor.

The problem that has been defined in the first chapters was that in an art psychotherapy context it is unclear as to whether patients produce CRMs and how they are relevant to the therapeutic interactional context. Whilst it was predicted that metaphors would occur in the assessment sessions, this was a unique study and therefore there was no known clinical material published that supports the prediction. To ensure a level of validity, the analysis required a method that made sense of data

relevant to the relationship, image and verbal language in relation to the metaphor event.

The methodology employed for this study was based on the philosophical premise that:

“Seen within the context of psychotherapy as a humanistic, dialogical and phenomenological event the role of the interpretation can be conceptualized as the inter-subjective creation or construction of the participants.” (Linesch, 1994)

The epistemological position of inquiry is therefore based on the co-construction of meaning within an interpersonal relationship, moving from the familiar to the unfamiliar. A well known epistemological problem relates to the issue of finding what you expect to find and therefore the importance of re-examining the data for material that could falsify the results was important to the methodology.

The methodology was based on a psychoanalytically informed investigation, using an intersubjective paradigm and the emphasis was on process research in order to understand the metaphor *as a sequence of events*. Second to this was the examination of the metaphor criteria in light of the form of the image and the way that the image was made helped to inform the researcher about the communication.

Lastly, it was understood that metaphors were essentially revealed and communicated through verbal language. Therefore identifying the features of the metaphor were heavily dependent upon a linguistic formulation, which was

understood as meeting some specific criteria; linking an image based source with a target domain that made sense in the given context (see appendix 13).

On this basis a methodology was established that would consider the problem from multiple perspectives and would analyse the text, video, process notes and the visual image to analyse occurrences of a CRM. This was called a ‘hybrid methodology’ as there was not a known methodology that incorporated a range of different methods for analysing the occurrence of metaphor using different forms of data. The psychoanalytic method used was drawn from understanding the dynamic interpersonal relationship in terms of the avoided and required relationship (Ezriel, 1951; Hinshelwood, 1991). Because of the nature of the analysis focusing on specific areas of inquiry that could marginalise other forms of data and communications made during the analysis, a second and third person also examined the text to verify that the researcher-clinician had produced results that were credible. A mapping process drawn from cognitive science was also employed to illustrate the source domain, target domain and emergent features (Veale and Keane, 1992). This helped the researcher to examine the range of metaphoric occurrences in relation to one another (according to emergent features) and to map the salience of the analysis.

The visual image could be identified as being linked with the source domain using the cognitive mapping model, but did not clearly illustrate the content and its relevance to the metaphoric occurrence. An art psychotherapy intersubjective model of interpretation was used based along the same lines as Linesch (1994) and Leclerc (2006) propose. Whilst there is significant interest in art psychotherapy about the aesthetics of the image, there is no systematic methodology used by clinicians to examine the visual properties. A systematic method, visual image analysis (VIA)

originally developed by Lester (2013) was employed for the analysis of cultural artifacts rather than for analysing the image in art psychotherapy. However, the method was used in this study to focus on analysing formal characteristic of the image, which informed an understanding of how the transference issues manifest and how the image is used to facilitate a mapping process between source and target domains. Further to this the definition of the creative relationship was also understood in terms of the attempt to verbally articulate a nonverbal experience in a novel way.

9.3 Summary of the Findings

The main finding that metaphor can be produced in severe conditions of illness is highly relevant to the assessment context for arts psychotherapies and related psychological interventions. Where the patient was able to produce and use a CRM to communicate their experience, it appeared to be indicative about the patients:

1. Capacity to engage in therapy through a process of co-creating meaning
2. Capacity to reflect on significant relational experience
3. Capacity to link affect with cognition

Whilst the results are promising in terms of defining an important area of research, there are some considerations for art psychotherapists in terms of how the visual image is used and interpreted in the course of the assessment and perhaps more generally. This is in terms of Hogan's (2009) proposal that art psychotherapists tend to position themselves on a continuum from privileging the visual image at one end of the spectrum to using the visual image as adjunct to verbal work at the other end of

the spectrum. In light of this, it is important to consider the results of the studies in terms of the image making process. In three of the examples, the image was not immediately metaphorical; the image appeared not to be recognised as ‘meaningful’ immediately after the image made. The image *became* metaphorical when there was a conscious articulation of the mapping process between the source and an associated interpersonal target domain in collaboration with the art psychotherapist. There is a significant body of evidence in psycholinguistic studies that supports the importance of the linkage process of images and words for successful metaphor formation. However *linkage* is also important to art psychotherapists because CRM development is a collaborative process where the therapist is actively engaged in exploring the relationship of the content to interpersonal events. This goes against the grain of some methods of art psychotherapy at one end of the spectrum (Hogan, 2009) that generalise the principles of:

- a) Positioning the image in a privileged position with its own discrete metaphoric language that *cannot be successfully translated into words*
- b) Viewing the metaphoric meaning of the image as pre-existent and emerging through the image without dialogue, where the therapist creates a containing environment that is protective of the process.

Both of these ideas place the therapist in a more passive ‘non-directive’ role within the therapeutic encounter, which moves away from the idea of the image as a potential source domain for metaphorisation that needs to be *co-created*. In other words, the indication that the CRM is a *co-created* event is a crucial factor in the idea that the image can be used to generate metaphors. However, the results do not

disprove that there may be times when the image making process echoes the resultant metaphor.

The exact nature of the interpersonal event has been mapped out in relation to patients with major depression, however this also is not conclusive. Broadly speaking, it is indicative that the therapist took an active role in exploring the content of the image in terms of the interpersonal context and the capacity of the patient to use the image to this effect, limited by diagnosis related interpersonal constraints. The impact of the more exact and specific interventions with this clinical group was not examined with enough patients or in enough detail to warrant generalisability. However, the author considered the subsidiary results to be very promising in terms of the establishing a direction for further research.

9.4 Limitations

The methodology was designed to be detailed and specific about the occurrence of the CRM, which requires that the CRM be clearly identified within the assessment sessions. This means that the question of whether a CRM will occur in an art psychotherapy assessment context is sufficiently answered. However, the question of *why* the CRM occurred and the generalisability of the formative factors resulting in a CRM is much more difficult to answer. The problem of successfully confirming the second hypothesis would be based on a major factor: sample size and homogeneity. Whilst a homogenous sampling strategy was used, there were factors that are not generalisable from the data analysis because there were not enough patients assessed.

9.5 Clinician – Researcher Research Model

The advantages and disadvantages of the clinician - researcher model were discussed in the methodology section. However, for the purposes of reliability further non-biasing factors should be taken in future research that include:

1. The patient's feedback on their experience of the results.
2. A robust method of inter-judge rating that can be statistically evidenced

In this study, there were actions taken to reduce the possibility of bias, such as a preliminary inter-judge reliability. However the process would require further statistical testing to ensure the results were non-biased. Whilst a former service user that had attended art psychotherapy did examine the results and confirmed that they were credible, the service user was not one of the people that were assessed in this study. Following Midgley's (2006) recommendations, the researcher did however develop a methodology that was attentive to several forms of data and kept 'close' to the transcript when interpreting results. This helped to ensure non-bias in the analysis, but still does not establish a generalisable result in terms of *why* the CRM occurred.

9.6 Sample Size

The main task of this thesis could be met through examining a large homogenous sample of patients. The study closely examined four patients due to the detailed methodology employed and time constraints on the analysis. Further to this, selecting a small sample was based on the confidence of the prediction that patients diagnosed with severe depression and who had experienced severe psychotic episodes

would produce a CRM, even in an assessment context, where the patient did not know the therapist.

The prediction was supported by the therapist experiencing over a hundred clinical observations of this occurrence and therefore as a clinician - researcher, it was felt that it was not so much the quantity that was the important factor, but the process of defining the CRM. To date, there has not been a study that looks so specifically at the type of metaphor in this context, and the importance of this type of metaphor.

Although there were some results that were true to all patients, such as the production of a CRM, the sample size is very small and so still warrants exercising caution about the generalisability of the findings. It is conceivable that in assessment contexts, patients with severe depression with prior psychotic presentations can produce CRMs in an assessment context. It is not possible to predict that all patients will produce and comprehend CRMs, even if the same approach and patients with similar presenting issues were selected. This is a major limitation to the study, however the results are indicative that CRM production may be generalisable with this population and therefore the author feels this is an area that warrants further investigation.

9.8 Sample Homogeneity

The patients that were purposively selected for the study were chosen on the basis that they had the following general characteristics:

- a) The patients were being assessed for severe depression
- b) Had experienced psychotic symptoms in the past twelve months

The main reason for choosing this sampling method is for the purposes of finding the optimum time when the patient in theory has a reduced capacity to formulate and comprehend CRMs and also has the potential to develop a capacity to comprehend CRMs through engaging in a standard art psychotherapy assessment process. The theory of psychological functioning required to comprehend metaphors is based on a developmental hypothesis that in early infancy, processes that produce a sense of differentiated self and other enable the comprehension of metaphor. Where there are significant disturbances to this process or where trauma initiates a regressed state of mind, the capacity to use language that requires a capacity to cognitively compare similarities in dissimilar objects within a realistic frame of reference is reduced. This is believed to be on the grounds that the lack of a differentiation of self and other impacts more generally on cognitive functions that enables novel perspectives to be generated from comparative processes. In other words, the selection of the patients was based on symptomatic criteria that were thought to reflect other interpersonal issues related to the capacity to form novel ways of communicating with another based on using language developed from an implicit logic of self and other. When there is not a capacity to differentiate between self and other states it is possible to see conditions of poor self cohesion and paranoid

anxieties about the other as well as feelings of futility and hopelessness often accompanied with tearful or withdrawn emotional responses. These are all characteristic of the symptomatic criteria of major depression, one of the core criteria of the inclusion criteria.

Whilst these criteria were true to all patients and do give more credence to the results, anecdotal descriptions of their illness were significantly different:

Angela was said to have been moderately delusional prior to admittance into prison. On being discharged from prison she said that she did not want to find herself in a position of being rejected again and retreated into isolation in her mother's home.

Bernard had been attending mental health services for over twenty years with psychotic relapses with both auditory and visual hallucinations. Over time he had lost many of his friends and now found himself withdrawn and isolated in supported housing. He scored highly on the depressions scale, but was also still diagnosed with paranoid schizophrenia. There were no clear signs of psychosis during the session, however there were times when he appeared distracted, looking around the room and at one point laughed without any clear reason to laugh.

Cheryl had been admitted into a mother and baby assessment unit following a severe psychotic depression after her baby was born. Whilst she appeared to be functioning well according to her family and friends, she said that she was still feeling very depressed and found it difficult to talk about what was causing her depression.

Talia was the youngest patient and had experienced an acute psychotic episode without any clear explanation, for which she was hospitalised. She was living with her family but was very depressed, trying to function normally in her household but finding that she had ‘unmanageable feelings’.

These presentations find a commonality in their depressed symptoms of feeling withdrawn and hopeless, but the presentation and cause of their depression in each case suggests that there may be different etiological factors and therefore different interventions influencing the formation of CRM. Perhaps more significant to this study is whether the identified CRM formation process is common amongst patients diagnosed with SMI and normal populations and whether there are subsections of populations with SMI that cannot produce CRMs even when using visual image making to assist the process.

In the sample used in this study Bernard had a long-term condition of schizophrenia which was being managed with community support and medication and therefore there were no recent psychotic symptoms noted. However, it was noteworthy that this patient briefly produced a CRM that referred to the qualities of a dog and the patient’s required relationship to art therapy. The metaphor comprehension was limited with Bernard. However, the fact remains, that Bernard did produce and comprehend a CRM, which was not expected. Therefore there are indications of metaphor formation through the use of image making as an important area of further research that may extend beyond the main sample of severe depression.

9.9 Further Research

The findings of the research appeared to be strong in terms of the production of metaphor in conditions of SMI. This in itself is a successful outcome that would warrant replication of the study to confirm the findings. However, there are various aspects of the research that would require further investigation regarding the relevance to areas of clinical practice that will be discussed in the following sections:

- Research Methodology
- Interventions
- Assessment

9.9.1 Research Methodology

Art psychotherapy as a profession is in the early stages of mapping the key elements of the change process (Gilroy, 2006, 2011). This study suggests that one feature that should not be precluded from further investigations is that metaphors occur and are significant in terms of changes to the symptomatology of severe mental health disorders. However, most studies that use metaphor as an indicator of change do not consider the type of metaphor that is being used. This is also very important to further investigations that the type of metaphor and how it is being used is very clearly mapped out in clinical practice. This study has used a tool borrowed from cognitive science to support the mapping process in terms of how the source domain and target domain are linked and their common meaning. However, whilst the

mapping process helped to visualise the emergent features, creative relationship metaphors and conventional metaphors in relation to one another, the method itself was highly reductive and for the purposes of this study required further methods of analysis to make sense of the mapping process. Again, this study suggests that the understanding of metaphor requires not only a cognitive-linguistic of clearly mapping the type of metaphor, but also psychoanalytic methods to inform the relational content of the CRM. Importantly, the role that the countertransference held in understanding events was central to understanding the data in this study. Countertransference as a research tool is still in its early stages of development, however the therapist felt that the countertransference was invaluable to understanding the relational meaning of the CRM. This study used different methods in parallel and in steps, which appeared to bear good results in terms of mapping the process through methods of psychoanalytic investigation. Further to this extracts of the transcripts were taken at regular intervals to analyse non-metaphoric content, which could have potentially falsified the results of the perceived CRM occurrences. The results of this method supported the findings of the analysis that there were discrete events that could be defined as CRMs. Further to this, the same method could be employed as a strategy for analysing a range of other verbal communications, including figurative and concrete language and other types of metaphor. Therefore the methodology employed can be considered a 'prototype' for further development in other areas of research.

From the findings based on the methodology, there are grounds to develop the methodology for further metaphor analysis, particularly in relation to the relevance of an intersubjective account of the countertransference and an initial psycholinguistic structuring of the data.

9.9.2 Interventions

This study assists with considering which interventions might be helpful in the art psychotherapy change process. Importantly, a subsidiary finding was that the therapist engaged in *enactments* predominantly in the first part of the sessions, but recovered and was more therapeutically responsive as the session progressed. It is possible to see that those early misapprehensions may well have been part of enacting the required or avoided relationship that became embodied in the image making process. It can be proposed, albeit tentatively, that there were some characteristics about the therapist's stance that allowed for the CRM occurrence:

1. Being actively engaged from the beginning, including being warm and supportive, even if this initially resulted in an enactment, which promoted a defensive position.
2. Being encouraging of using image making as a method of exploration.
3. Apprehending the patient's capacity to mentalise through simplifying language and ideas and attempting to be real and authentic to the patient, demonstrating a sense of genuine curiosity
4. Co-elaborating the source and target domains by linking the image with interpersonal events that were significant for the patient.
5. The cautious use of figurative language in a way that is relevant to the image making without attempting to encapsulate meaning, but as an ambiguous form of tentative description.

These elements that contribute to the stance and activity of the therapist are by no means unquestionably linked with the production of metaphor, but outline the position that the therapist took in this study and therefore may have contributed to a shift in symptomatology for the patient linked with metaphor comprehension. The general stance may have significant implications for further research in this field. For example, using a sequential model of intervention analysis, there could be scope for quantifying interventions and responses to determine probable in-session outcomes. Further to this, those micro-outcomes could then be mapped onto more general macro-outcomes obtained from outcome measure data.

9.9.3 Assessment Tool

This study lends itself to the notion that a more comprehensive assessment tool could be developed for art psychotherapy and more generally that uses image making to inform the development of the CRM. This could potentially function as a prognostic measure for assessing engagement in psychosocial interventions and mentalising. The findings from this study illustrate various levels of detail and richness to the development of the CRM and it is evident that the measurement of symptomatology according to PHQ-9 was not an indicator of the likelihood of CRM development or engagement in a psychosocial intervention. In other words, there was no relationship between the PHQ-9 scores and the type of CRM that was produced, or whether they would commit to therapy. It is notable that the CRM developed according to specific associations and linkages between interpersonal fields. This can be mapped using a cognitive tool and counted. For example, the following table

illustrates the number of associations made in relationship to conventional metaphors and the CRM. The results suggest that for Bernard the low capacity to form CRMs was reflected in his disengagement from treatment. Conversely Cheryl engaged with treatment but dropped out early on during the course of the treatment (Fig, 49). In terms of associations formed, both Cheryl and Bernard were at the two extremes of the spectrum. This is only indicative and would require development of the method as an assessment tool to examine engagement in treatment.

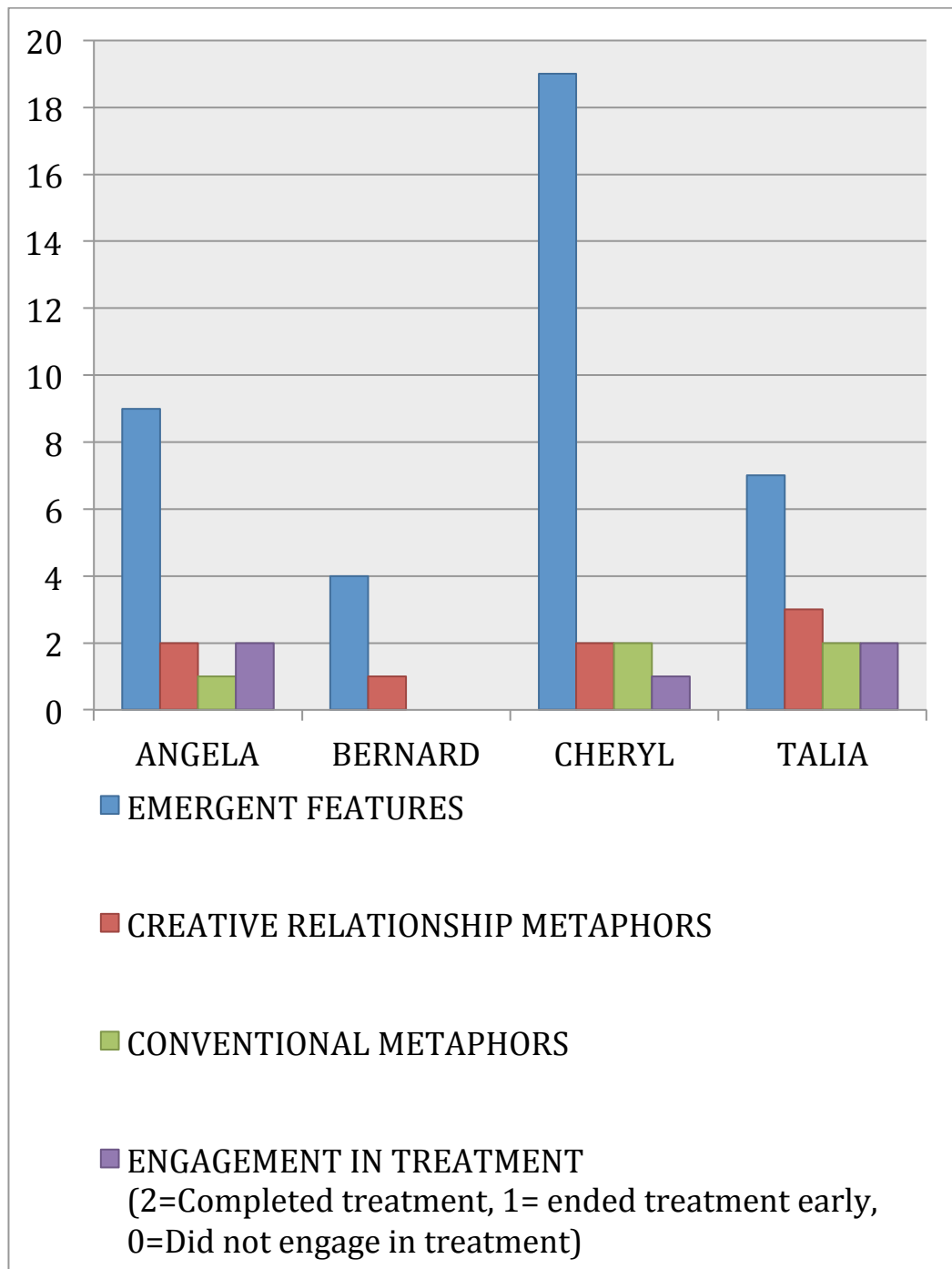


Figure 49 – A Bar Chart illustrating the tally of types of Metaphor in relation to Treatment Completion

9.9.4 Outcomes Research

The use of the research method could also be developed for the purposes of examining not only capacity to engage in treatment, but also prognostication in a range of other areas. Experimental research conducted with a range of populations suggests that changes to metaphor comprehension is linked with the following outcomes:

- **Identifying qualitative experience of another person** (Asch, 1961; Landau et al., 2010)
- **Memory recall** (Bromme and Stahl, 2005; Draaisma, 2000; dez-Duque and Johnson, 1999)
- **Comprehending social symbols and environments** (Landau et al., 2010; Turner, 1975)
- **Reasoning** (Thibodeau and Boroditsky, 2011)
- **Reduced believability of psychotic symptoms** (Gaudio et al., 2010)

Further research in this area therefore would entail more detailed analysis of before and after outcomes relating to specific areas of comprehension to be correlated with an initial and final analysis of the outcomes of CRM analysis. There are also good theoretical grounds for seeing metaphor research as a helpful area of study based on the hypothesis that metaphor processing is a developmental acquisition based on a prototypical model introduced through mirroring and affect regulatory processes in early childhood. Therefore some researchers have argued that metaphor research is

closely related to research in mentalising and developing agency in the therapeutic encounter.

9.10 Conceptual Research

In all of the four examples the patients spontaneously produced an image and in collaboration with the therapist mapped the image to an interpersonal dynamic in relation to their affect. Existing research in psychotherapy does not distinguish between conventional and creative metaphors or the process of development. This suggests that whilst there has been significant interest in the function and development of metaphors in clinical practice, there have not been sufficient conceptual parameters to determine meaningful results. For example, conventional metaphors are comparable with literal language; in as much as they have a predetermined meaning and therefore they function more like a sign. However, with the exception of a few small studies, metaphor research in psychotherapy rarely accounts for different types of metaphor. This is also reflected in clinical papers where there is usually even less discretion about the type and function of the metaphor being described. Once there is a clearer conceptual definition of useful type(s) of metaphor in psychosocial interventions, one of which I am proposing is a CRM, it would be possible to link the function and form of the metaphor with existing concepts that are defined and evidenced in clinical practice.

The hypothesis put forwards is that the CRM often appeared to represent the required relationship rather than the avoided relationship, which fits with the

cognitive notion that the creative metaphor is a conscious mapping process. However, it is still very unclear about when the mapping process takes place. The patient reports that they do not know why they produced an image; following this an association about a relationship occurs. It is not clear why the event came to mind, however it is conceptualised in the study as a transference issue based on the patient's experience of being with the therapist that is co-created through dialogue about the image.

Further conceptual research concerning the nature of converging factors could help to indicate the relationship to other concepts such as mentalising, their development and similarities and differences in context.

CHAPTER 10: Conclusion

10.0 CONCLUSION

Overall this study is significant for several reasons. Firstly the patients included in this study were referred to art psychotherapy because they were considered to be having difficulty in verbalising their experience and therefore were not considered as being appropriate for cognitive behavioural therapy or psychoanalytic psychotherapy. This study showed that the patients were able to be articulate about personal and emotional material that in each case they had not successfully articulated to other people. During the time of producing her image of a colourful sea, Angela said,

‘Sometimes you need to talk about it. What is going on in your head, with someone. If you don’t talk about it with someone you will explode’.

This was something that she felt that she had not been able to achieve in her recent mental health assessment. Cheryl and Talia described similar themes. Bernard described his struggle through depicting and talking about the ‘dog wandering around’ on the beach. It is significant to say that in each example a process of metaphor development ensued which seemed to be a major contributing factor to the patient’s capacity to articulate their interpersonal experience. In this first stage of the assessment the patients were able to give significant, rich and nuanced form and emotional quality to significant interpersonal events in their lives. Their articulation of their interpersonal worlds was generated through the process of spontaneously creating a visual image. The image resembled a significant event in such a way that an association to the image made a strong link to their emotional experience, for

example colourful love, dark shame, feeling small, or feeling affectively overwhelmed. Whilst this was a clinical process that was carefully considered, it was also notable that the therapist was not faultless; he misapprehended and struggled to make sense of their experience. In this sense, the assessor was genuinely a collaborator, co-creating an understanding of the patient experience and negotiating change from the familiar to the unfamiliar.

Whilst further research is required to understand the clinical process of the CRM, in this study the CRM was clearly defined and appeared to occur in the clinical context making a significant contribution to the patient's capacity to articulate their experience, impacting at that time on the sense of isolation and hopelessness that they had previously reported.

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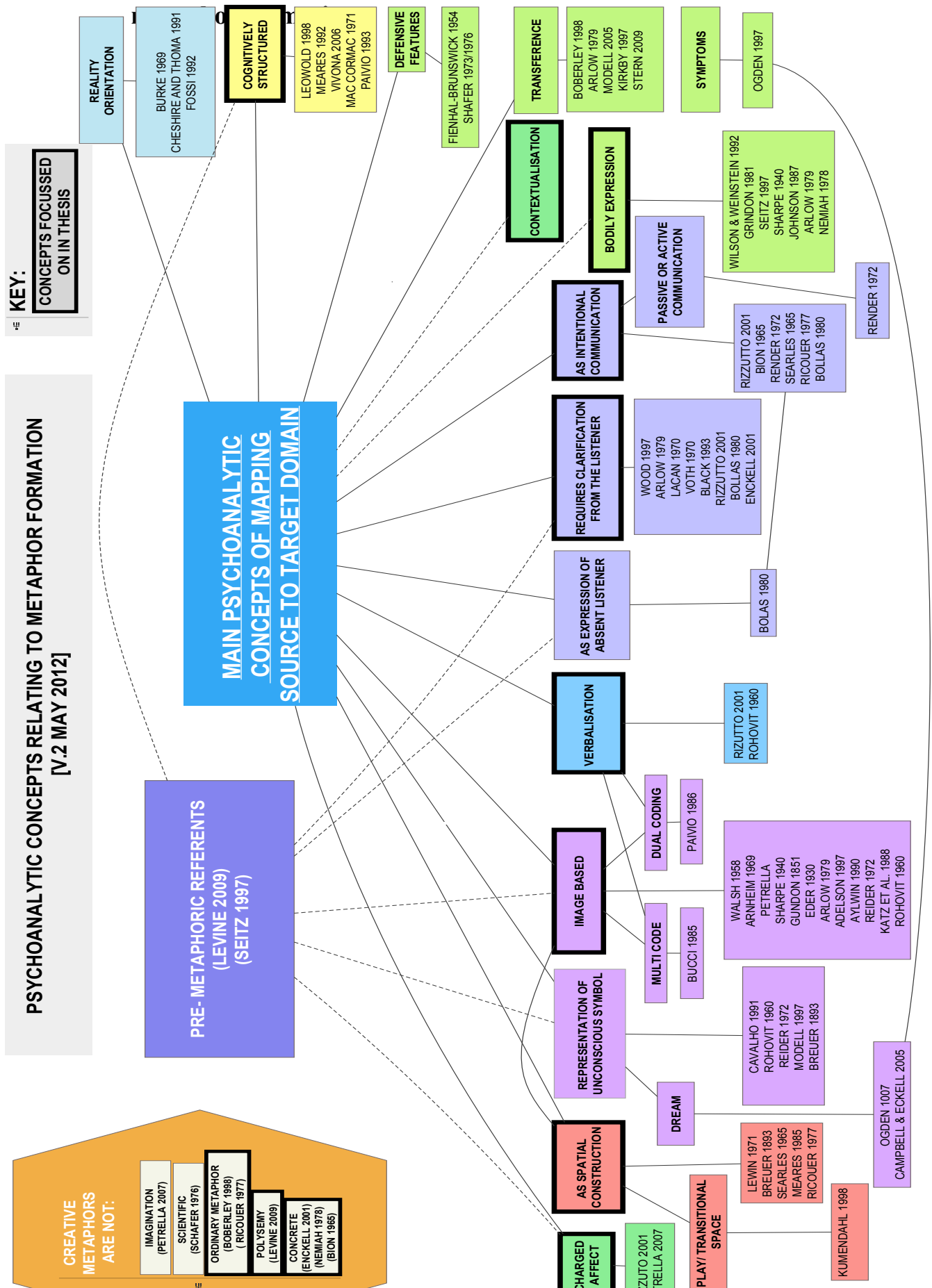
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APPENDIX 1: Map of psychoanalytic references about



Appendix 2: Ethical Requirements for the Protection of

Table 1. Ethical Requirements for the Protection of Human Participants in Quality Improvement Activities*

Requirement	Explanation
Scientific or scientific value	The gains from a QI activity should justify the resources spent and the risks imposed on participants.
Methodological validity	A QI activity should be methodologically sound (i.e., properly structured to achieve its goals).
Participant selection	Participants should be selected to achieve a fair distribution of the burdens and benefits of QI.
Favorable risk–benefit ratio	A QI activity should be designed to limit risks while maximizing potential benefits and to ensure that risks to an individual human participant are balanced by expected benefits to the participant and to society.
Respect for participants	A QI activity should be designed to protect the privacy of participants and the confidentiality of their personal information. Participants in a QI activity should receive information about findings from the activity that are clinically relevant to their own care.
Informed consent	All patients and workers in a care delivery setting should receive basic information about the program of QI activities. The QI results should be freely shared with others in the health care system, but participant confidentiality should be protected by putting results into nonidentifiable form or obtaining specific consent to sharing. Consent to inclusion in minimal-risk QI activities is part of the patient's consent to receive treatment. Patients should be asked for informed consent to be included in a specific QI activity if the activity imposes more than minimal risk. The risk to patients should be measured relative to the risk associated with receiving standard health care. Workers (employees or nonemployee professionals who provide care in an organization) should participate in minimal-risk QI activities as part of their job responsibilities. Workers should be asked for their informed consent to be included in a QI activity that imposes more than minimal risk. The risk to workers should be measured relative to the risk associated with the usual work situation. This does not include any risk to economic security (for example, if a QI activity reveals that the worker is incompetent or that the organization can provide quality care without that worker).
Independent review	Accountability for the ethical conduct of QI should be integrated into practices that ensure accountability for clinical care. Each QI activity should receive the kind of ethical review and supervision that is appropriate to its level of potential risk and project worth.

*The 7 topics are derived from reference 21. QI = quality improvement.

Lynn et al. (2007)

Appendix 3: Arts Therapies Policy on lawful and ethical recording, storage and use of clinical material

1. Summary
2. Context and scope
3. Capturing and storing audio and visual material
4. Using material for non-clinical purposes
5. Consent issues
6. Information security

Appendix 1 – Arts Therapies client consent for the non-clinical use of artistic works

1. Summary

1.1 Our clients have a right to confidentiality and privacy and copyrights too in their artistic works.

1.2 Breaching clients' rights is contrary to this Policy and may be a breach of the law.

1.3 Recordings and photographs should not be made without client consent. Consent need not be documented provided that it is clearly expressed.

1.4 No further consent is needed for the use of material for therapy, clinical supervision or clinical audit.

1.5 Using material for other purposes, including training and presentations, does require written consent though, using the form in appendix 1.

1.6 Digital copies of work should be stored securely on the Trust network. Physical copies should be kept secure too.

1.7 All material should be stored in anonymised form and for a minimum of three years from the end of treatment.

1.8 Taking original, physical products made within arts therapies sessions away from Trust Sites should be avoided and is unacceptable for trainees.

2. Context and scope

2.1 Clients' rights and expectations

2.1.1 Everyone working in the NHS must respect the sensitive nature of client Information as required by the NHS Confidentiality Code of Conduct. Failure to do so is unacceptable.

2.1.2 No one should breach the legitimate rights of Trust clients including their rights of confidentiality, privacy and (where relevant) their copyrights as the creators or co-creators of artistic works.

2.1.3 To knowingly or carelessly breach clients' rights or to allow someone else to do so is contrary to this policy and may additionally be a breach of the law.

2.2 Consent

2.2.1 It is legally and ethically right that clients should play a key role in determining what happens during their treatment. This means properly explaining our intentions and ensuring that clients' consent to our actions. Consent is essential to maintaining trust between practitioners and clients.

2.2.2 The requirement for consent extends over how we create and use clinical records, including Arts Therapies materials.

2.2.3 We must ensure that clients are informed about how we will record information and we should only reuse it outside of the care context with consent.

2.3 This policy

2.3.1 This policy sets out the requirements for arts therapists and trainee arts therapists when creating, using and storing client information, including audio and visual material.

2.3.2 This policy conforms to the professional standards of The Association of Music Therapists, The British Association of Art Therapists, the British Association of Dramatherapy and the Association for Dance Movement Therapy.

2.4 Legal references

2.4.1 Data Protection Act 1998 (DPA)

The DPA sets out the framework for managing personal data lawfully. Personal data is information that relates to a living individual. This covers data in all forms and formats including paper records, digital files and audio and visual material.

Under the terms of the DPA, client data must be used only for legitimate purposes, wherever possible with consent, and must be kept integral and secure.

2.4.2 Common law duty of confidence

Alongside the DPA, healthcare practitioners are bound by a duty of confidence to their clients. Confidentiality means not sharing client information outside the care relationship without consent or an overriding reason (such as public safety).

2.4.3 Copyright, Designs and Patents Act 1988 (CDPA)

The CDPA guarantees the right of the creators of artistic works to control how their material is used by others.

Artworks (in the forms of music, writing, visual art and so on) should not be exploited for gain without the artist's permission.

Practitioners should note that the copyright in works co-created by them in the course of their employment will rest with the Trust and not with the individual.

3. Capturing and storing audio and visual material

3.1 This section deals with audio recordings of music therapy sessions (whether in analogue or digital format and whether recorded to tape or to disc) and with photographs of art therapy images or objects.

3.2 No recordings or photographs of client audio or visual material should be made without the client's knowledge and consent.

3.3 Consent in this context need not be obtained in writing. The Trust Consent Policy assumes that in practical terms, therapeutic activities can't be undertaken without a client's acceptance. A clear expression of agreement is required but this may be in the form of co-operation and assent rather than documented consent.

3.3 No further consent is needed either for the legitimate use of material for clinical purposes i.e. for therapy, clinical supervision and clinical audit. Any other use also requires consent.

3.4 Digital audio recordings and digital photographs should always be stored on a Trust network drive (H:/) to ensure appropriate security and back up. Residual copies stored on the recording device or digital camera should be deleted as soon as possible.

3.5 Digital files should not be stored in a way that would readily identify the client to any third party. Clients' initials rather than their names should be used in the file title.

3.6 Physical records (such as tapes or printouts) should be stored to the standard required for all confidential medical records i.e. in a locked area or secure cabinet.

3.7 Audio and visual material should be kept for a minimum of 3 years after the end of treatment and then disposed of securely.

4. Using material for non-clinical purposes

4.1 Arts therapies training, presentations and publications

4.1.1 Client material may only be used in arts therapies training, presentations and publications with explicit consent.

4.1.2 Consent should be obtained in writing on a form which is readily understandable (see Appendix 1). This form should be retained in the client's care file.

4.1.3 Consent should be sought as early as possible though the form should only be introduced when clinically appropriate. It is understood that different clients will be ready to engage at different points in the therapeutic process.

4.1.4 This applies to Arts Therapies trainees who may present clinical material at their training institutions and to any therapist using material in academic presentations or publications. Trainees would normally seek consent at the start of treatment; professional therapists may often wait until treatment has progressed further.

4.1.5 In the case of an open ward group it is not always practical to obtain written consent. Verbal consent will be sufficient here provided that clients are properly informed about what information is being recorded and why and how it will be used. Clients' rights to object to this must be respected.

4.1.6 Any material presented must be anonymised so that all identifiable client information is removed; this includes both transcripts and recordings.

4.1.7 Music therapists should edit their recordings onsite to remove verbal session content.

4.2 Research

4.2.1 The form in Appendix 1 does not cover the use of client material in any research project. Further documented consent will be required here.

4.2.2 Projects may be subject to Research and Development (R&D) and Ethics Committee approval. The Head of Profession for Arts Therapies and the Associate Director for R&D **must** be contacted concerning any Arts Therapies research proposals in order to ensure proper approval.

5. Consent issues

5.1 This policy is consistent with the terms of the Trust Consent Policy and should be read alongside it.

5.2 Children of 16 or over generally have capacity to consent on their own behalf, though parents or guardians with parental responsibility should be involved in consent decisions in relation to young people wherever possible.

5.3 Consent is not fixed forever and may be withdrawn by a client at any time. If a client decides that their material should not be used for a purpose that they previously consented to they can elect to withdraw later.

6. Information security

6.1 All clinical material (audio, visual or written; digital, analogue or paper) should be kept secure at all times. Material must be stored in a way that ensures that client's are not readily identifiable.

6.2 Never store electronic client identifiable information on unencrypted digital devices including memory sticks and laptop computers. The Trust provides encrypted memory sticks on request and laptops can be encrypted via the IT helpdesk.

6.3 As an alternative to moving data around physically, documents can be transferred securely using NHSmail, which is web accessible from anywhere.

6.4 Physical artworks should be handled particularly carefully as if they are lost, they cannot be replaced. It is unacceptable for Students to take products made in arts therapies sessions away from CNWL premises.

6.5 All therapists should avoid taking physical artworks offsite and should use digital copies as an alternative. If it is essential to remove works then they should be returned to base as soon as possible.

6.6 Any loss of material (whether in physical or electronic form) or breach of confidentiality (i.e. disclosing client information inappropriately) is considered to be a reportable incident under the Trust Incidents and Accidents Policy. A supervisor must be notified at once and an IR1 form must be completed.

Arts Therapies: client consent for the re-use of artistic works

Please tick as appropriate:

1. Re-use

I agree to the use of reproductions of my work and material from sessions for the purposes of my arts therapist's professional development and training

I agree to the use of reproductions of my work and material from sessions for arts therapies promotional, publication or training purposes

I understand that where third parties have access to reproductions of my work it will be anonymised.

2. Signatures

Name of therapist _____

I have explained this form to my client (below) and answered any queries raised

Signature of therapist _____

Date:

Name of client _____

I understand this form and I agree with its terms

Signature of client _____

Date:

Appendix 4: Quality Improvement Project Planning Form

Please complete this form if you are about to undertake any clinical audit or quality improvement project. For further information see the project planning guidance notes or contact the relevant person from the list overleaf.

Project Title:	' Arts Therapies Service Evaluation (Phase 1: Art Psychotherapy Assessment)			
Project Lead:	Dominik Havsteen-Franklin	Job Title:	Interim Head of Arts Psychotherapies	
Email:	dominik.havsteen-franklin@nhs.net	Tel No:	07773332496	
Service Line:	Trustwide	Team:	Roundwood Resource Centre Art Psychotherapies	
Project Type: What type of quality improvement project are you intending to carry out?				
Project Team / Persons Consulted: Please list details of everyone who will be involved in this audit and provide details of key stakeholders who have been consulted.				
Name	Job Title	Team	Role within project	Agreed to project?
Dominik-Havsteen Franklin	Interim Head of Art Psychotherapies	Roundwood Resource Centre Art Psychotherapies	Lead Researcher	<input checked="" type="checkbox"/>
Maria Patsou	Honorary Researcher	Roundwood Resource Centre Art Psychotherapies	Researcher	<input checked="" type="checkbox"/>
Mario Eugster	Music Therapist	Roundwood Resource Centre Art Psychotherapies	Examining Data for Credibility	<input checked="" type="checkbox"/>

Jorge Camarena	Art Psychotherapist	Roundwood Resource Centre Art Psychotherapists	Examining Data for Credibility	<input checked="" type="checkbox"/>	
Background information / Project Rationale Why have you chosen this topic?					
Service evaluations form part of how the NHS develops care pathways to ensure that the patient is receiving the best possible treatment available to them. The arts psychotherapies' department are currently examining their assessment protocol, specifically in relation to the contribution that the assessment procedure can make to other contexts. This project's rationale is to ensure that helpful and unique elements of the assessment process are demarcated from general aspects of treatment (as outlined by HCPC).					
Is this a re-audit or repeat project?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes, please give the date of the last project:		
Aims & Objectives Specify the main aims and objectives in undertaking this project. What will the project tell us?					
The purpose of the study is to test whether a generally believed hypothesis about change utilising metaphor as a mediator of change is relevant and valid in the assessment context. We will use the findings from the study to inform service development and to improve accessibility and treatment outcomes in line with current changes in service provision.					
Which Care Quality Commission outcomes does this project link to: See www.cqc.org.uk for more information					
1: Respecting and involving people who use services		<input checked="" type="checkbox"/>	2: Consent to care and treatment		<input type="checkbox"/>
4: Care and Welfare of People who use services		<input checked="" type="checkbox"/>	5: Meeting Nutritional Needs		<input type="checkbox"/>
6: Cooperating with other providers		<input type="checkbox"/>	7: Safeguarding vulnerable people		<input type="checkbox"/>
8: Cleanliness and infection control		<input type="checkbox"/>	9: Management of Medicines		<input type="checkbox"/>
10: Safety and suitability of premises		<input type="checkbox"/>	11: Safety, availability and suitability of		<input type="checkbox"/>
12: Requirements relating to workers		<input type="checkbox"/>	13: Staffing		<input checked="" type="checkbox"/>
14: Supporting workers		<input checked="" type="checkbox"/>	16: Assessing and monitoring the quality of service provision		<input checked="" type="checkbox"/>
17: Complaints		<input type="checkbox"/>	21: Records		<input type="checkbox"/>
Criteria and Standards (for clinical audit projects only)					
Criterion What will be measured specifically?	Standard What % of cases should meet the criterion? (i.e. compliance target)	Exceptions cases which will be exempt from the standard? e.g. contraindications to a particular drug	Source (CNWL policy, NICE guidance etc.)		
The following measures will be used to measure symptoms and mood change: GAF CORE	According to the guidelines, all art psychotherapists should be encouraging the use of metaphor as a part of an assessment process.	Where symptoms are not related to the interpersonal context or where other factors are predominant (i.e. psychotic symptoms, alcohol or drug dependence, violent behaviour).	Art Psychotherapy guidelines (Brooker <i>et al.</i> , 2006; Johns and Karterud, 2004)		

Correlation between guidelines on assessment processes and the therapist's clinical interventions	100%	None	Art Psychotherapy guidelines (Brooker <i>et al.</i> , 2006; Johns and Karterud, 2004)
Service User Involvement How are service users or carers involved in this project? Tick all that apply			
None <input type="checkbox"/> Identification of project topic <input checked="" type="checkbox"/> Project design <input type="checkbox"/> Data Collection <input type="checkbox"/> Patient/carer survey <input type="checkbox"/> Results to be shared with service users <input type="checkbox"/> Other (please give details) <input type="checkbox"/> Not suitable for service user involvement <input type="checkbox"/>			
Data Source & Methods			
Case notes review <input type="checkbox"/> Prospective data collection <input type="checkbox"/> Questionnaire <input checked="" type="checkbox"/> Data from existing database <input type="checkbox"/> Observations <input checked="" type="checkbox"/> Focus Group <input type="checkbox"/> Other (please specify)-Semi-Structured Interviews <input checked="" type="checkbox"/> Systemone, ACCT documentation, Incident reports.			
Describe the sample and timeframe you intend to use to select cases to be reviewed e.g. all cases seen within the last 2 week period or all patients meeting a specific inclusion criterion seen over the next 6 months.			
Patients are selected according to their diagnosis and inclusion with the psycho-education programme. This is not compulsory or part of their treatment.			
Timeframe	3 years	Proposed sample size:	pat ien ts
Do you intend to carry out a pilot? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Please give details including any reasons for not doing a pilot			
Project Timescales	Start Date	End Date	Notes
Planning	01/04/2012	06/06/2012	
Developing theory underpinning investigation	23/06/2012	08/09/2013	Theory about clinical change, metaphor identification and the assessment process.
Input & Analysis	23/06/2013	15/11/2014	Data will be analysed shortly after collection. That means that as initial data analysis will only start after 23/06 and further data analysis will start shortly after the first week of September.

Final Report and Presentation	15/11/2014	15/12/2015	Service evaluation report made available to local managers and Ops board as well as service users who participated.
Developing Action Plan	15/12/2015	23/01/2016	The evaluation will feed into the service redesign for patients with SMI being assessed in community settings.
Are there any other deadlines you need to take into consideration?			
If there is a chance you will be leaving the trust before the project is completed please provide details of handover arrangements			
CNWL service redesign projects (fully implemented January 2016).			
What Support do you need? Tick all that apply			
Project design <input type="checkbox"/> Data collection tool design <input type="checkbox"/> Data analysis <input type="checkbox"/> Report writing <input type="checkbox"/> Other (Please State) <input type="checkbox"/>			

Project Lead: I agree to adhere to the Data Protection Act and Caldicot principles during all stages of clinical audit/quality improvement project and to ensure that data from the audit is anonymous			
Name:	Dominik Havsteen-Franklin	Date:	08/06/2012
Service Audit/Quality Lead: I approve the above described project and confirm that it has been appropriately reviewed for methodological quality, resource implications and importance to the Trust. I also agree to ensure the dissemination of audit results and lead on the implementation of action plan, if necessary, in order to obtain improvements in the quality of care provided.			
Name:	Jacent Tracey	Date:	08/06/2012

CONTACTS AND WHO TO SEND THIS FORM TO

	Division	Contact details
Jacent Tracey	Goodall Division	jtracey@nhs.net kirk house

APPENDIX 5. Transcript of assessment session 2 ‘Angela’

ASSESSMENT SESSION: No.2

DATE: 12.5.2012

THERAPIST: Dominik Havsteen-Franklin (T)

The patient arrived 15 minutes late. Angela was asked for a second time to confirm her consent for having the session recorded. The video recorder was switched on and the session began with

- 00:00.0 [pause]
- T. 00:10.8 So, this is the second time we've met. [Appeared warm, open]
- P. 00:12.8 Yeah
- T. 00:13.6 Yeah
- T. 00:14.9 [Pause]
- T. 00:24.1 How has it been in the last week?
- P. 00:26.5 It's been alright. I've been out. Walking. Exercising a bit. [no eye contact]
- T. 00:36.0 Pause
- P. 00:43.6 Mother's day it has come
- P. 00:51.5 My daughter forgot it's mother's day [small laugh]
- T. 01:04.6 Your daughter forgot it was mother's day. How did you feel about that? [sounds concerned]
- P. 01:13.3 A little bit sad.. But I understand
- T. 01:17.4 (pause)
- T. 01:25.4 Mother's day has come...
- T. 01:26.6 Last time we talked about her changing relationship to you... She's now a teenager
- P. 01:34.7 Yeah. She's been missing school. [Err] because she's been sick.
- T. 01:45.3 Oh. [sounds surprised]
- P. 01:49.3 Feeling a little bit of fever. And someone punched her last time at school.
- T. 02:06.3 Why did someone punch her? [openly curious tone]
- P. 02:08.7 Because someone look at her only for looking
- T. 02:17.8 What did you make of that, what was your ...response? [openly curious tone]
- T. 02:25.4 [hmmhmm]
- P. 02:25.9 She came upset for me in the house, she saying she's tired to defend herself by
- P. 02:44.7 And I told everyone defends by herself when alone. I done. I was called when I was young names.

- P. 02:56.5 And I fight. It's natural. [persuasive]
- P. 03:01.0 It's natural
- T. 03:07.3 It's natural...? [openly curious tone]
- P. 03:12.2 To stand up for yourself.
- T. 03:24.4 So this is what your daughter did?
- P. 03:26.9 Yeah.
- T. 03:32.3 Did she hit back?
- P. 03:40.3 Yeah. If you don't stand up by yourself by a bully, they won't do the same and the same and the same again
- P. 03:54.5 If you don't show that you're stronger than them, they won't stop.
- T. 04:14.2 So something about not being too vulnerable
- P. 04:18.2 Exactly
- T. 04:29.2 I was thinking about, that you had been quite vulnerable [Err] in a way what brought you here was that you were feeling that you needed some kind of space and some help and perhaps somebody to share something with, offer you some help
- P. 05:07.6 Sometimes you need to talk about it. What is going on in your head, with someone. [Lowers tone, looks at paper]
- P. 05:17.4 If you don't talk about it with someone you will explode
- T. 05:30.3 It's... It's blocked did you say? [therapist seemed distracted]
- P. 05:32.0 Yeah
- T. 05:36.1 ...and was it helpful coming here last time?
- P. 05:38.4 Yeah it was
- T. 05:41.1 Because you talked about quite a lot actually. But also I realised that there was something about making pictures that you very easily
- T. 05:48.6 [...err] give yourself over to, get involved quite readily.
- T. 05:55.1 [Err] something became very last time, it seemed somehow quite optimistic.
- P. 06:14.3 It was a relief, because some things I cannot talk with my mum.
- T. 06:20.6 Yeah
- P. 06:21.5 It's too hurtful
- T. 06:25.7 Too hurtful?
- P. 06:27.2 Yeah
- T. 06:28.5 I noticed that you came on your own today
- P. 06:32.3 Yeah my mum went to see the doctor, so I came by myself
- T. 06:42.9 How was that?
- P. 06:44.6 Yeah it was okay, it was not terrible.
- T. 07:01.0 You're mother's gone to the doctor, is she okay?
- P. 07:07.9 Yeah she's okay [seems to change tone from sad to content]
- T. 07:13.6 It seems important to find a space away from mother where

- you can talk about things and do some art as well
- P. 07:36.8 Here is okay
- T. 07:45.7 So at the end of this session what we will be doing is will be thinking about where the
- T. 07:53.0 best place is for you, so whether it is being with a therapist on your own with them or
- T. 07:57.9 in a group setting. Um But it certainly seems that an art therapy, perhaps, [errr] maybe
- T. 08:02.8 an art therapy group because you said that you don't see so many people around, one
- T. 08:16.6 good friend. But you don't see.. well maybe a group might be a helpful...
- P. 08:22.0 I'll try, [makes eye contact]
- T. 08:23.5 Mmm?
- P. 08:24.3 I'll try. But I've been thinking a group therapy..., I will try, I will not say no.
- T. 08:33.6 So you would try, you think?
- P. 08:36.9 yeah
- T. 08:43.3 You might need to wait for a while, because there is a waiting list, so it might be a few months
- P. 08:44.5 [mmmhhmm]
- T. 08:51.1 Is that okay?
- P. 08:53.5 Yes it's okay
- T. 08:55.3 Long pause
- T. 09:30.6 You said that you have been thinking about it then over the last.....?
- P. 09:32.7 Yeah
- T. 09:33.5 Yeah
- P. 09:33.7 [mhmmm]
- T. 09:35.2 What were you thinking?
- P. 09:36.6 I was thinking that I should try with more people
- T. 09:42.5 Ah yeah... in your life
- P. 09:44.6 Yeah
- T. 09:46.2 Okay, because you've become, [um...] since the difficult experience, [errm....] that you had with the person that you fell in love with, [um...] it's, you've become, you've withdrawn a T. bit and you've been down and I thought that the two might be linked.
- T. 10:07.8
- P. 10:11.2 yeah
- T. 10:21.1 Have you seen anybody recently?
- P. 10:23.4 No
- T. 10:25.5 Apart from your mother?
- P. 10:29.0 Mm no
- P. 10:35.9 I have been out by myself in the gardens.

- T. 10:42.8 What was that like?
- P. 10:45.0 It was quiet, peaceful.
- T. 10:48.6 Did you enjoy it?
- P. 10:50.5 Yeah
- P. 10:51.7 seeing the birds
- T. 11:10.3 What did you find was most helpful last time, when we met?
- P. 11:15.1 The conversation, and the painting was relaxing.
- T. 11:20.5 What was it about the conversation, was there something in particular that we talked about that seemed...?
- T. 11:25.1
- P. 11:29.6 Was that I could talk about from myself I could talk about something profound that happened in my past
- P. 11:41.8
- T. 11:42.2 mm
- P. 11:43.4 and I could talk
- T. 11:47.6 About something profound that had happened...
- P. 11:50.7 Yeah
- T. 11:53.1 Have you talked about that before?
- P. 11:54.6 No
- T. 12:03.3 So quite a big [ummm], so quite quite a big [ummm], quite a big step.
- P. 12:09.2 Yeah
- T. 12:10.4 [Long pause]
- P. 12:55.5 It is difficult to talk, being open about it...
- T. 12:55.6 [Pause]
- T. 13:03.9 About your experience with the woman?
- P. 13:06.1 Yeah... cause it was my first time.
- P. 13:11.9 It was also my first time
- T. 13:26.5 Well I could see that you felt very rejected and you, [erm] there was a big need in you to be with her
- T. 13:33.5
- P. 13:36.7 Yeah
- T. 13:38.8 Pause
- T. 13:52.9 But I guess, I was also thinking about the...how um...quickly you found a place here, and you somehow seem quite comfortable and you have found a good space, you've shared quite T. a lot, I'm just wondering what it was like leaving last time and having a couple of weeks where you didn't see me?
- T. 14:12.2
- T. 14:13.6
- T. 14:25.5
- T. 14:30.4
- P. 14:36.1 I feel, I felt um.. well more, more at peace

- T. 14:48.5 Ah, but was that because you also knew that there was another session coming?
- T. 14:50.7 But was that also because you knew that there was another session coming?
- P. 14:54.1 Yeah
- T. 14:57.3 We won't have a session again...
- P. 14:59.3 mmhmm
- T. 15:00.8 and this will be our last... our last session... in a sense I umm I've got a good knowledge T. of um of your world and what
- T. 15:31.0 need, I'll be able to think about who would be best to T. to um work with you. I was thinking about what that might mean
- T. 15:37.5 you?
- T. 15:50.2 Mmhmm
- P. 15:58.1 Something good.
- T. 16:05.0 That there is something coming that you will be able to have longer term?
- P. 16:11.0 No.
- T. 16:17.4 What did you mean?
- P. 16:33.7 Something good happened... with all of this.
- T. 16:40.3 Yeah
- T. 16:44.0 You mean that even though you've only had two sessions there's a sense that something good happened in them?
- P. 16:50.6 Yeah
- T. 16:51.2 Something worth while...
- P. 16:52.3 Yeah
- T. 16:53.6 In itself
- P. 16:54.7 [Mmhmm]
- T. 16:55.8 Pause
- T. 17:28.0 Perhaps this was partly um expressed in your picture last week?
- P. 17:32.8 Yeah
- T. 17:36.1 I can see that you've also painted something that looks [err] ... alive today
- P. 17:39.7 Yeah. I am going to fill in the spaces.
- T. 17:42.6 What is it a picture of?
- P. 17:45.4 The sea
- T. 17:47.4 And how would you describe the sea?
- P. 17:50.6 I would leave that to the imagination of the person looking at it.
- T. 17:56.0 I can see that it started with the spiral and moved to the right. It seems to have the motion of the sea?
- P. 17:59.3 Yeah, I like the sea. It is alive.

- T. 18:05.9 I don't know why, but I had the sense of a girl talking about the sea
- P. 18:09.3 I used to live by the sea as a child. I would stand by the sea. I was fascinated. Fascinated, looking out to the sea.
- T. 18:21.8 What fascinated you?
- P. 18:26.0 I don't know. The sea.... it is beautiful
- T. 18:29.3 Was anyone else there?
- P. 18:34.7 My mother.
- T. 18:37.9 Your mother was there?
- P. 18:40.9 Yeah.
- T. 18:42.5 And your father?
- P. 18:47.6 He was working.
- T. 18:51.4 And when you are a bit older...?
- P. 18:55.2 I leave my school to go and stare at the sea for hours. I bunk off.
- T. 18:58.7 On your own?
- P. 19:01.4 Yeah on my own.
- T. 19:04.5 Did you have friends?
- P. 19:08.1 Yeah, I had friends.
- T. 19:10.9 That you played with?
- P. 19:13.4 Yeah sometimes we played, but mostly went home. People stayed at home.
- T. 19:15.5 The sea that you have painted is a special kind of sea. You are painting it in
- T. 19:20.2 different colours, reds, blues
- P. 19:25.3 Yes. It is alive. [seems assertive, brief eye contact]
- T. 19:27.3 How would you describe it?
- P. 19:31.0 It wants to reach out to you. It is a wonderful place.
- T. 19:34.6 This made me think of the place that you find yourself in and made me wonder whether
- T. 19:38.8 you want someone to reach out to you? To give a special place to you, a live space. A space that you thought you were given by the woman that you fell in love with.
- T. 19:43.7
- P. 19:53.7 Yeah. That's true.
- P. 19:55.6 I loved her. It took me a long time. I don't think about her now. I got over her.
- T. 20:05.2 You got over her?
- P. 20:08.4 Yeah. But I still can't go to the park otherwise the police arrest me.
- T. 20:10.1 So that somewhere you feel that the place, like the sea, and your love for the woman is T. also a place where you could be
- T. 20:15.4 arrested and feel rejected and lonely?
- P. 20:20.3 Yeah
- T. 20:30.8 So it's difficult to visit, and I was thinking that your image

T. 20:38.1 is quite unpredictable T. and spontaneously painted... and
this says something about how you were with this T. lady...

P. 20:43.8 Yeah, it wasn't really me.

T. 20:48.1 It was out of character.

P. 20:50.7 Yeah. My family didn't understand anything.

T. 20:58.0 About you loving a woman?

P. 21:03.6 Yeah. You can't really love a another woman they think. You
love a man only. I don't

P. 21:12.5 talk about it now

T. 21:21.6 So that loving a woman also brings you shame

P. 21:25.6 Yeah, shame that's right

T. 21:31.1 Do you want to have a partner again?

P. 21:36.2 I don't think so. No it is too difficult and I could not be
rejected again. I was too P. painful.

T. 21:47.1 Pause

T. 22:23.8 I am concerned that somehow you will feel rejected after
these sessions.

P. 22:30.8 No. It's alright.

T. 22:33.6 You feel that it will be okay?

P. 22:36.8 Yeah

T. 22:54.3 Okay, well we will need to end shortly. I will give a
summary of what I feel would be the best option for you which

T. 23:27.8 group based and a therapist will write to you to T. arrange
an initial appointment so that you can both meet each other.

T. 23:34.6 there will be T. some time to wait before you begin the
group.

T. 23:52.8 I have enjoyed working with you.

P. 23:56.5 Me too.

T. 24:03.8 Goodbye

APPENDIX 6. Transcript of assessment session 2 ‘Bernard’

ASSESSMENT SESSION: No.2

DATE: 19.5.2012

THERAPIST: Dominik Havsteen-Franklin (T)

When Bernard arrived he disappeared to use the toilet and then when entering the room decided he did not want to be there and asked to leave. The therapist acknowledged his uncertainty and explained what the purpose of the assessment was for. Several times in the course of the first twenty minutes before the recording started Bernard got up to leave. Bernard was asked to confirm his consent again in relation to being recorded. Bernard again said that that ‘was fine’. At the point that the transcript begins, Bernard has taken a seat but does not look like he wants to stay, appearing distracted and anxious.

P. 00:00.0 When it comes to art I’m nothing big
 T. 00:02.0 When it comes to art I’m nothing big?
 P. 00:03.6 Nah. Not too.. Are you good at art yeah?
 T. 00:06.2 I’m alright.
 P. 00:07.8 [mmhmm]
 T. 01:17.8 So you produced that quite quickly. You weren’t sure quite what to do and then you produced that quite suddenly.
 T. 01:37.6 how was it making it?
 P. 01:39.3 Ah It was okay
 T. 01:42.7 Do you want to say anything about the picture?
 P. 01:45.6 When it comes to art I’m not nothing big, I’m not all that...
 T. 01:52.1 Yeah
 T. 01:55.8 But [um]
 T. 01:58.4 yeah.. but um, it’s not about... there’s no expectation on my part for your to be big
 P. 02:04.2 [mmh]
 T. 02:14.3 I mean it’s quite... but you’ve done something which looks... to my mind looks quite interesting
 T. 02:26.3 How does it look to you?
 P. 02:27.7 [Nnn]... I can [ere]
 T. 02:30.9 Are these number 2s at the top?
 P. 02:33.1 No. that’s a beach
 T. 02:36.6 ohh... that's the water.....
 P. 02:36.8 That’s the water
 T. 02:39.1 Oh I see yeah yeah

T. 02:40.0 and the people are lying on the beach
P. 02:41.3 Yeah
T. 02:41.9 beach [um] and we can see there heads first so it looks like...
so that their feet are pointing towards the sea.
P. 02:51.7 Yeah
T. 02:53.2 And there's a dog as well is there?
P. 02:55.1 Yeah
T. 02:55.6 There's a dog there...So there's a dog and four people?
P. 02:57.9 Yeah
T. 02:59.9 And in the corner?
P. 03:02.2 [eeeerr...] It's a wall. It's just a wall next to the beach
T. 03:05.6 Oh yeah..
P. 03:06.3 A wall yeah
T. 03:07.5 okay
T. 03:08.7 So you've got four people lying down
P. 03:10.7 Yeah
T. 03:11.1 with a dog next to this big sea that covers almost half of the
page doesn't it?
P. 03:15.6 umm
T. 03:24.5 How did it so who/ do you know who the four people
could be?
P. 03:28.9 [hmmhm]
P. 03:30.2 [mmmm]
T. 03:30.7 No?
P. 03:30.9 No [laughs to himself]
T. 03:32.8 But you laughed a little bit, like it was a question that was
kind of amusing.
P. 03:33.9 [mm]
T. 03:34.3 like it was a question that was..
P. 03:39.1 [mmhh]
T. 03:42.1 amuse...it was kind of amusing.
P. 03:44.4 [mmm] yeah
T. 03:50.5 But, um Do you know anybody with a dog?
P. 03:54.2 We had two dogs when I was a young
T. 03:56.3 Oh did you..
P. 03:56.9 Alsatian and a Labrador
T. 03:58.6 Ah ok And did you go to the beach
P. 04:02.5 Not with the dogs no
T. 04:03.4 Not with the dogs no,
T. 04:04.3 but you went to the beach sometimes
P. 04:05.9 Yeah
T. 04:07.9 You and your two sisters and a brother
P. 04:12.7 I've got seven sisters and one brother
T. 04:14.4 seven sisters and one brother, wow.. that a big family eh?

T. 04:18.6 seven sisters and one brother

T. 04:22.7 And where do you come n terms of your seven sisters and one brother?

P. 04:25.2 I'm the youngest in the family

T. 04:26.8 You were the youngest

P. 04:27.7 Yeah

T. 04:30.0 What was that like having all these siblings around?

P. 04:32.8 hmm

T. 05:15.6 But you put a wall there as well

P. 05:18.3 Yeah, Sometimes there's a wall next to the beach.

P. 05:23.2 Brighton's got a wall

T. 05:25.1 Yeah

P. 05:25.3 Is it brighton?

P. 05:26.7 Yeah

T. 05:27.2 Yeah

P. 05:27.5 Bo.. wall yeah

T. 05:29.7 What's the wall there for?

P. 05:31.4 I don't know

P. 05:33.5 [mmhh]

T. 05:42.3 I was thinking maybe, this is a link I'm making it may not be accurate. When you picked up the piece of paper, you said I want to go now, there was a sudden wall that appeared.

T. 06:14.3 The wall isn't the most dominant thing in the picture.

T. 06:17.5 It's not the biggest thing in the picture is it?

P. 06:19.6 no

T. 06:20.4 What stands out for you?

P. 06:24.3 [uuuum] water

P. 06:27.8 Yeah

T. 06:28.6 That's what looks the biggest, if fills the space and

P. 06:32.0 yeah

P. 06:32.8 yeah

T. 06:33.8 Is the tide going out or going in or..?

P. 06:38.1 in coming in

T. 06:39.0 coming in

P. 06:40.1 yeah

T. 06:41.2 yeah

T. 06:42.8 So they haven't got long by the looks of things, before the sea comes up

P. 06:46.1 no

T. 06:49.4 And it's been err

T. 06:51.8 do they know each other?

P. 06:54.2 Do they know each other?

P. 06:55.2 no.. no

T. 06:56.2 no..just completely separate people yeah.

P. 06:58.7 yeah

T. 06:59.3 And the dog, does the dog belong to one of them?

P. 07:02.7 Yeah It belongs to someone yeah

T. 07:04.6 One of them yeah

P. 07:05.6 yeah

T. 07:08.2 So you've got these four strangers really lying on the beach with the sea coming in. is it coming in quickly or slowly?

P. 07:10.6 Yeah

P. 07:14.9 Slowly

T. 07:15.8 Slowly coming in

P. 07:17.7 yeah

T. 07:18.1 And it's the morning or the afternoon or..?

P. 07:19.9 Afternnon

T. 07:20.8 Afternnon, so you've got these four strangers lying as the sea slowly comes in

P. 07:27.5 [mmmh]

T. 07:28.2 What are they going to do when the sea comes higher?

P. 07:30.9 [Wwww] well it won't com..... It'll come in and then it'll go out

T. 07:35.1 So it won't come near them

P. 07:36.7 No

T. 07:37.6 No

T. 07:42.7 So they'll stay where they are in fact

P. 07:44.6 Yeah

T. 07:46.8 And the dog?

P. 07:49.1 nah it just walks about, it just walks about

P. 07:58.6 What are they, pebbles?

T. 08:02.8 Yeah could be yeah

T. 08:05.4 Yeah

T. 08:09.0 What do you think about that?

P. 08:11.1 Yeah, quite nice... [seems interested]

T. 08:19.8 Pebbles

P. 08:21.0 [mmh] [appears to lose interest and become distracted]

T. 08:28.9 So these four people,

T. 08:34.1 So these four people, it makes me think that you were referred to us because your support worker felt that you weren't getting out you weren't seeing people you were cut off in a way. your friends as you said were long gone . You no longer...

T. 08:49.2 your friends as you said were long gone . You no longer have contact with them And your mother originally made the referral to mental health services because she felt that you were staying in too much...

T. 09:11.0 But these people on the beach, do you think that they want

to know any body else?

P. 09:15.9 [hmm]

P. 09:18.7 Just relaxing

T. 09:21.0 Yeah

T. 09:21.5 Yeah, they've found their places

P. 09:24.2 [mmhh]

T. 09:27.0 taking it easy.

P. 09:28.3 [mmm]

T. 09:31.7 But the dog is a bit different, the dog is wandering around.

P. 09:34.5 Yeah

T. 09:56.4 So ..so how do you describe the dog?

P. 10:00.8 It's any dog. I don't know any prescription, any dog.

T. 10:05.3 It's any dog.

P. 10:06.9 [uhuh]

P. 10:08.6 [mmm]

T. 10:09.1 It's any dog.

T. 10:11.0 It doesn't have a name?

P. 10:12.5 no

T. 10:13.4 It doesn't have a colour.

P. 10:14.8 no

T. 10:17.8 Not a particular colour

P. 10:20.9 If you draw a dog does it have a col.. name?

T. 10:25.5 um Yeah sometimes, if I give it a name.

P. 10:29.3 oh

T. 10:30.1 shall I make a dog?

P. 10:31.7 Yeah Did you say you want to make a dog?

T. 10:37.5 You want me to do it on your piece of paper?

P. 10:39.3 Alright, anything

T. 10:42.1 oh

T. 10:42.8 On here?

P. 10:43.7 Yeah

T. 10:44.8 Well what should it look like?

P. 10:47.4 [Err] Any dog [err] [said eagerly]

T. 10:49.4 It has four legs?

P. 10:50.6 yeah

T. 10:51.3 [Un] so...Front leg

T. 10:55.3 [Umm]

T. 11:10.8 Like this?

P. 11:12.0 Yeah

P. 11:13.2 [Err] what's that? [looks confused]

T. 11:15.2 Is that not a dog? [laughs] Not sure if it is a dog.

P. 11:19.5 I don't know its name [reengaged]

T. 11:20.7 You don't know its name?

P. 11:21.8 No ...give me a clue

- T. 11:25.3 Well I'm not sure exactly.
- P. 11:25.9 Terrier? [said quickly]
- T. 11:26.7 Terrier, could be a terrier yeah.
- T. 11:28.5 Maybe with a smaller head.
- P. 11:32.7 Yeah
- T. 11:34.4 um
- T. 11:35.7 This is about right
- T. 11:38.4 So this is a bit like the dog that you've done in a way. It's a terrier, does it have a name like fred or...?
- T. 11:46.5 Spotty or..?
- T. 11:50.4 no?
- P. 11:51.4 [mmm] I don't think s...
- T. 11:54.3 No. Not a name like that,
- T. 11:55.0 it doesn't have a sort of a given name
- T. 11:58.4 Is it a tame dog or a wild dog?
- P. 12:00.8 don't know
- P. 12:02.5 tame dog
- T. 12:03.2 Tame dog yeah
- T. 12:04.3 So It has a collar on then.
- P. 12:06.0 yeah
- T. 12:06.8 put a collar on him shall I?
- P. 12:09.7 So what dog is that then?
- T. 12:11.3 A terrier I think
- P. 12:12.0 A terrier yeah
- T. 12:13.1 yeah
- P. 12:13.5 oh
- T. 12:14.5 Yeah
- T. 12:16.2 Do you like terriers or?
- P. 12:18.4 I don't know
- P. 12:20.9 [Big sigh]
- T. 12:25.2 Is this quite hard work?
- P. 12:27.0 shakes head
- T. 12:27.5 no
- T. 12:28.9 It was just the sigh that you gave,
- T. 12:31.0 I thought maybe that was you were sighing because of something. But anyway you were focusing on the dog. And this is a bigger dog, but this is a similar sort of dog to this one over here I think.
- P. 12:48.6 mmh
- T. 12:54.4 It seems to be, the sea goes in and out and ddd, the people stay in the same place the whole time but the dog is the one thing that is moving about and doing something different.
- P. 13:04.7 mmm
- T. 13:18.2 A terrier is quite a fast little dog too isn't it?

- P. 13:21.0 huh?
- T. 13:21.2 A terrier it's quite a fast little dog?
- P. 13:23.9 yeah
- T. 13:26.8 Do you like dogs?
- P. 13:31.3 yeah
- P. 13:35.0 Do you have a dog?
- T. 13:37.3 I haven't got a dog
- T. 13:39.6 I have had dogs.
- P. 13:41.2 yeah
- T. 13:55.6 So I suppose if we were to think about these different things as people then, so we've got the people on the beach. They are kind of staying aren't they, they will stay there all day. It doesn't matter what the sea does they will stay just there. We've got the sea, the sea will keep moving in and out in and out all of the time. We've got the dog that is kind of wandering around. Now I'm going to ask you a question that may be difficult to answer but I can help you with it. Now with the people if they were to come to art therapy what would they want?
- T. 14:34.4 Now with the people if they were to come to art therapy what would they want?
- P. 14:44.1 If people were to come to art therapy what would they want?
- T. 14:46.9 Yeah what would these people here want? Why would they come?
- P. 14:49.0 what would they want?
- T. 14:52.1 Why would they come?
- P. 14:53.1 Just to relax. [Nnn] yeah
- T. 14:55.3 Yeah, they just want to find a place to , to sunbath perhaps, to find a place to sit and sunbath
- T. 15:02.4 but just to relax in art therapy
- P. 15:02.4
- P. 15:05.2 mmm
- T. 15:05.5 do some drawing or something like that?
- T. 15:09.6 The sea. If the sea was to come to art therapy what would the sea want?
- T. 15:30.9 any ideas?
- T. 15:31.8 No, it's a tough one that, because of course the sea isn't a person. I was thinking if the sea was a person if mr. sea was to walk in what would mr. sea want?
- T. 15:52.4 for coming to art therapy?
- T. 16:05.3 it's a difficult kind of question
- T. 16:10.0 Shall we move onto the dog?
- P. 16:11.8 mmm

- T. 16:16.7 With the dog, what would the dog want?
- T. 16:19.4 The dog has been referred to art therapy what is the dog going to want to do?
- P. 16:35.5 Learn how to draw.
- T. 16:37.2 Learn how to draw.
- P. 16:38.7 yeah
- T. 16:40.3 So wants to [err] be taught some things?
- P. 16:45.1 yeah
- T. 16:45.9 yeah
- T. 16:53.5 I'm still struck by this big sea. So we've got the people who if they want to come to art therapy, if they are going to come to art therapy they want to relax do something that helps them sit back and relax. We've got the dog who wants to learn how to draw, I don't do big art I want to learn how to do big art, learn how to do something a bit bigger .
- T. 17:21.2 But we've still got the sea, why is the sea going to come in here? It's the biggest thing on the page.
- P. 17:28.9 Sigh
- T. 17:38.0 Maybe the sea doesn't want to come to art therapy,
- P. 17:40.1 no
- T. 17:42.6 quite happy doing its thing going backwards and forwards
- T. 17:47.5 Maybe I'm talking complete nonsense
- T. 17:50.7 maybe it just doesn't make sense the sea coming to therapy. What do you think?
- P. 18:02.4 I don't know that question.
- T. 18:03.9 you don't know that question.
- T. 18:04.9 So it doesn't quite make sense perhaps?
- T. 18:10.8 But you could make sense out of the dog coming
- P. 18:14.0 [hmm]
- T. 18:15.4 Anyway, it probably is a question that doesn't make any sense. I just thought I'd try it as a question.
- T. 18:58.9 What do you make of the room?
- P. 19:00.7 Yeah it's nice yeah.
- T. 19:04.5 I just noticed that you were looking around and I wasn't sure what was happening for you.
- T. 19:20.9 I think you've done really well today. You've worked really hard. You got over that initial hurdle where you wanted to run out of the room.
- T. 19:33.8 You drew something which was very descriptive
- T. 19:42.1 I can tell it's sort of... the way that you talked about it
- T. 19:48.1 Relaxing..the dog running around
- T. 19:54.2 So you had to kind of push yourself
- T. 20:04.7 So well done for that
- T. 20:50.5 We've just got a few more minutes now

- T. 20:58.4 Was there anything useful from today?
- P. 21:01.0 err it was okay
- T. 21:03.8 Can you think of anything in particular that was useful?
- P. 21:09.6 It was okay in general. In general it was okay
- T. 21:12.1 In general, there was nothin' in particular
- P. 21:14.3 No
- T. 21:30.2 You see my thoughts are
- T. 21:39.4 I thought that there was something that was more about teaching
- T. 21:45.2 or taught might be of interest
- T. 21:52.8 Like art, more like art classes
- T. 21:55.8 Rather than art therapy
- T. 22:00.0 What do you think?
- P. 22:01.1 Which one do I want? Art therapy or art?
- T. 22:04.5 Or art classes - so either going to be taught how to paint
- P. 22:08.9 Place to see art
- T. 22:11.8 Or something that is more about being with people
- T. 22:16.6 Because it's a bit like these people...what would happen if they started talking to one another?
- T. 22:22.4 It might be a very different picture
- T. 22:29.5 I guess something like you...
- T. 22:31.1 And what would be useful for you?
- T. 22:36.2 Overcoming some of that wall
- T. 22:40.2 With people
- T. 22:45.3 Which would be quite therapeutic
- T. 22:49.3 Whether you need a theapist to be able to do that...
- T. 22:51.6 If you made sthe same as today...some art
- T. 22:57.4 Or whether you would like to learn how to make art
- T. 23:03.1 Because they are tow different things
- T. 23:05.3 One is about the people that you will be in the room with
- T. 23:09.1 And the therapist
- T. 23:12.1 And the other one will be more about teaching you how to make art
- T. 23:22.0 What do you think?
- P. 23:23.3 mmm
- T. 23:24.1 What are your thoughts?
- T. 23:25.7 Well yeah what about art?
- T. 23:29.6 You feel err
- P. 23:30.5 Art doing art in general
- T. 23:33.6 Yeah sort of being taught being taught art
- P. 23:36.1 yeah
- T. 23:38.0 Maybe an art group of some sort
- P. 23:39.7 Yeah
- T. 23:40.1 So maybe arts in health in fact

- T. 23:43.6 What I mean by that is that we have an arts in health project
- P. 23:46.9 Yeah
- T. 23:47.4 Which is about making art for hospitals
- P. 23:53.1 mmm
- T. 23:55.6 And they have gallery visits and things like that
- T. 24:01.8 I think that would probably be a more suitable option
- P. 24:06.3 [mmmm]
- T. 24:23.5 I mean... we can make a decision now
- T. 24:32.0 Unless you think it would be useful to meet again?
- T. 24:35.6 If you're not sure
- T. 24:38.2 If you'd like to think about seeing a therapist
- P. 24:48.8 Say again?
- T. 24:50.1 Well either we can make a decision now and you can attend an art group
- T. 24:55.5 Where you can visit galleries, make art
- P. 25:04.4 See ahem [ahem] they told me
- P. 25:10.0 See how it goes yeah...
- P. 25:13.7 You want to do football or art
- P. 25:17.4 Tell me if you want to do football or art
- T. 25:19.7 I see yeah
- P. 25:20.5 yeah
- T. 25:20.7 yeah
- P. 25:21.1 yeah did they say that?
- T. 25:22.6 no
- P. 25:23.4 oh
- P. 25:23.8 You see they said do you like football or art? But I think I choose, I've gotta choose yeah
- T. 25:29.1 Yeah I see
- P. 25:29.8 I choose and I contact and tell you yeah
- T. 25:32.8 Yeah but what would you prefer would you prefer football or art?
- P. 25:35.7 Football
- T. 25:36.4 Yeah ok
- P. 25:37.9 Yeah
- T. 25:39.4 Yeah
- T. 25:39.9 Because you used to do a lot of sport didn't you?
- P. 25:42.0 yeah
- T. 25:43.6 That would make sense
- P. 25:44.4 yeah
- T. 25:44.8 Wouldn't it?
- P. 25:45.5 yeah
- T. 25:46.1 It's kind of what you've probably
- P. 25:48.1 They told me to got to an appointment and you can choose

between football and art yeah

T. 25:54.5 yeah

P. 25:55.0 yeah

T. 25:55.5 yeah

T. 25:57.3 So therapy isn't really what you wanted

P. 25:59.3 no

T. 25:59.4 in the first place

P. 25:59.9 no no

T. 26:00.7 So they referred you to see an art therapist but it wasn't really what you were looking for

P. 26:04.7 no no

T. 26:05.9 You were looking at maybe doing some art but really that has never been your big interest

P. 26:12.2 no

T. 26:13.1 your big interest has been sport

P. 26:14.2 yeah

T. 26:15.7 football

P. 26:16.2 yeah

T. 26:16.9 that's what you used to do

P. 26:17.9 yeah

T. 26:21.0 I think that sounds like that's the answer then isn't it?

P. 26:26.4 yeah

T. 26:28.1 and can you do that?

P. 26:29.1 what football?

T. 26:29.8 [mmm]

P. 26:30.3 yeah

T. 26:30.8 is there somewhere that you can do it?

P. 26:31.9 yeah

P. 26:33.6 I was doing that, I stopped

P. 26:35.8 I was doing that recently but I stopped so I'm going to go back now

T. 26:40.9 Why did it stop?

P. 26:42.5 They weren't there a few times

P. 26:47.6 and I didn't come back for a little while

T. 26:49.3 ahh ok

P. 26:50.1 yeah

T. 26:50.5 So it's difficult top go and reengage with that

P. 26:53.3 yeah

P. 26:54.9 yeah

T. 26:56.4 yeah

T. 27:00.3 okay

P. 27:00.8 Is that okay?

T. 27:01.5 yeah

T. 27:01.8 Yeah of course, so it was good to meet you Bernard

P. 27:04.9 Alright
T. 27:05.6 I enjoyed I enjoyed our brief work together
P. 27:08.3 yeah
T. 27:09.7 and umm
T. 27:11.4 [errr]
P. 27:15.6 Yeah, so if I want to see you I'll contact you yeah
T. 27:17.8 yeah of course yeah yeah

APPENDIX 7. Transcript of assessment session 2 ‘Cheryl’

ASSESSMENT SESSION: No.2

DATE: 26.5.2012

THERAPIST: Dominik Havsteen-Franklin (T)

When Cheryl arrived for her session she looked around the room quite nervously. Cheryl had wanted to have some time to read the conditions relating to the consent for the quality improvement programme. When she returned she wanted confirmation that the material would be anonymised and on this condition she would sign the consent form. This took place before the recording equipment was turned on.

- P. 00:37.7 I'm not going to use my key
- P. 00:40.0 [laughs]
- P. 00:40.8 my key is my...
- P. 02:18.1 Are you just going to sit and watch me? [Appeared to glare at the therapist whilst choosing paints]
- T. 02:22.5 [Um], I can do, unless you would prefer me to do something as well.
- T. 02:25.6 I mean I can do...
- P. 02:27.5 It's nice to know how you work... is that how ...art psychotherapy...
- T. 02:30.7 It depends, um sometimes also if I feel there is a contribution that I can make through making something so perhaps for me to understand what's happening for you through making something I might make something but because this is very early days and this may be the only time that we see each other, um I probably won't do today.
- T. 02:58.0 You may find that your group therapist may do something if something comes to mind.
- T. 03:05.6 I might take some play dough though...just to...
- P. 03:12.9 I've come [inaudible] that
- P. 03:31.7 the pastels clean now
- P. 03:38.8 I don't really know
- T. 07:15.1 What are your thoughts?
- P. 07:25.6 it's just that life
- P. 07:30.6 my whole life
- P. 07:32.5 It goes, it just goes round and round and round
- P. 07:43.5 Yeah round and round and round
- P. 07:45.1 You know I'm sitting here, I'm drawing yellow...
- T. 07:52.4 Yeah
- P. 07:55.5 Trying to get to the blood
- P. 07:56.8 Drawing a bit of yellow you know
- P. 07:59.7 You're going to be young
- P. 08:03.1 But real yellow and not black
- P. 08:09.6 With black

- T. 08:13.4 It does feel
- P. 08:14.3 It's not just yellow
- T. 08:18.6 You've described something about the middle bit...
- T. 08:22.1 That felt quite like there was a longing for something that is good there..
- P. 08:31.1 Yeah
- P. 08:31.7 And yet here I am going around the outside
- P. 08:40.4 Around here
- T. 08:46.6 So you feel that you are going around and around.
- P. 08:50.5 Yeah
- T. 09:02.7 So that's quite a different... you're drawing quite a different picture to the one that you described when you first came in.
- T. 09:10.7 which felt quite optimistic and somehow quite excited, that there was a kind of future, and what you just described feels much...
- P. 09:23.5 but that's what I'm good at. I'm good at woohhoo that's what I have to do everything is great, everything is fine
- T. 09:33.2 But there's something quite sad about this going around in circles...
- P. 09:49.4 And you know, I just want to shift.
- P. 09:51.6 I just want to be happy. I don't want to remember these things, but I know I have to remember them to deal with them
- P. 09:59.4 so I put them in that box.
- T. 10:04.7 These are the memories about the abuse?
- P. 10:07.3 yeah
- P. 10:10.9 Yeah. You know I've got a wonderful family, I've got a husband and the school has been so supportive. I've got so much you know and...
- P. 10:31.2 You know I can't just be... happy in myself. I'm happy with what I've got. But I can't just be happy ... I guess that's why I'm here because I need to love myself, find myself, you know.
- T. 10:51.3 I guess that you brought up a few times that if you were worried that if you told your husband about the abuse that in those close moments he would just see that person who was unlovable, but you are also talking about yourself. That it's very difficult to accept the person you are as being special, having a place, having a mind of your own.
- T. 11:37.7 So there's quite difference to the experience of when you started using the art materials. It seems to put you in touch with something.
- P. 11:48.7 I'm different compared to last time
- T. 11:52.6 I don't know what happened there but something seemed to shift.
- P. 11:59.7 This is the experience this is what I've got to face. You know I can try and hide for it, you know that's what I need help with, that it doesn't effect me so much when I think about it. Having counselling and therapy sitting there, it takes me to one place, but when I do the art I think this is where the most happened.
- T. 12:24.5 yeah
- T. 12:26.8 Yeah
- T. 12:28.7 Yeah

- T. 12:34.8 [mmh]
- T. 12:39.0 yeah
- P. 12:39.3 I can't fake a drawing, I can fake a conversation.
- P. 12:44.1 I can't fake the drawing
- T. 12:45.5 So you feel that you are being more honest here
- P. 12:49.2 [Umm..] No because I want to get better and I want deal with it, I'm 41, it's been creeping into my life. All throughout my life it's affected my relationships, the things I do and how I feel about myself. I just want to be done with it now. I just want to be done with it all.
- T. 12:51.0 I mean is...
- T. 12:53.2 [mmm]
- T. 12:54.5 [Mm]
- T. 12:57.1 yeah
- T. 13:07.5 [mm]
- T. 13:09.9 Yeah
- T. 13:12.3 I think an important part of the work will be looking at your relationships, looking at what's happening with your life. The ways that you feel in your life feeling of going around in circles being on in this dark place on the periphery of something good it affects your current relationships, it affects your relationship with your husband in particular but maybe colleagues, and your children.
- P. 13:48.1 Your right yeah
- T. 13:51.3 yeah
- P. 13:51.7 It's been long....I'm 41, I've got 41 years of therapy.
- T. 14:10.8 There's a sink just over...
- T. 14:18.2 There's a lot of ground to cover...Well to my mind you seem quite clear about what's going to be useful to you
- P. 14:24.6 Yeah
- T. 14:25.0 So that makes life much easier in terms of what is needed
- P. 14:31.5 Oh right ok...
- T. 14:32.2 Because it seems that you are not faced with profound uncertainty, you actually seem quite clear...
- P. 14:39.3 Once i did this. Once I did three sessions on the unit then yeah
- T. 14:43.9 yeah
- P. 14:44.5 It's what I'd like to do
- T. 14:45.8 You've kind of already had a taster
- T. 14:48.3 Yeah...you felt that something quite important happened there
- P. 14:51.9 yeah
- T. 14:52.8 [Ummm]
- T. 14:55.6 So, I don't think it would be useful for you too

APPENDIX 8. Transcript of assessment session 2 ‘Talia’

ASSESSMENT SESSION: No.2

DATE: 19.5.2012

THERAPIST: Dominik Havsteen-Franklin (T)

Talia entered the room and gave consent for the session to be recorded. She entered the room smiling and appeared to be slightly nervous. When the therapist asked how she was on seeing her feeling nervous, she responded ‘fine’. At this point the recorder was turned on/

- T. 00:21.7 T. Would it help if I do something?
P. 00:23.7 What
T. 00:24.0 Would it help if I do something?
P. 00:25.5 Yeah
T. 00:26.0 Yeah
T. 00:27.3 [Ummm,] well I could...What kind of thing could I do?
T. 00:33.8 What kind of thing could I do?
T. 00:38.0 Do you want to pass me the pens?
T. 00:47.6 I’ll just start something.
P. 00:49.5 Okay
T. 01:05.0 It’s tough isn’t it?
P. 01:06.1 It is.
P. 01:07.5 Lots more than I thought it was. Because you know normally like when I’m just sitting or thinking or even talking to someone, and I’ve got a piece of paper and a pen I always draw something I was quite intrigued to know like and nothing comes to min. It’s strange.
T. 01:28.7 I mean sometimes just putting pen to paper and just you know
P. 01:35.6 P. Instead of just thinking about it.
T. 01:37.4 Yeah
T. 01:38.5 yeah
T. 08:49.0 What um what did you...end up drawing?
P. 08:51.9 Hmm?
T. 08:52.3 What did you...?
P. 08:53.2 [Umm], you going to laugh now. It’s a picture actually [repeatedly tapping pen on her lap]
P. 09:02.6 of when I... a couple of years ago... um I remember I was standing outside this window and there umm and there was a dog outside. And I remember then, I was actually just scribbling around I had no clue but when the kind picture came straight away that was the first thing I could remember...
P. 09:24.0 it was a time that was very difficult in my life. But [er] this was

- P. 09:29.1 I could see was this dog freely running through the grass, there were lots of trees there..
- P. 09:34.1 and I couldn't be there and I just wished if I could... I was that dog.
- T. 10:02.8 And where is the dog?
- P. 10:05.2 It's supposed to be here
- T. 10:08.6 I see
- T. 10:11.8 Could you say a bit more about the dog?
- P. 10:15.7 I guess it was just err sort of err...sort of err It's weird really because it doesn't look anything like a dog but that was the just first thing that came to mind.
- P. 10:33.4 But um
- T. 10:34.4 So..
- P. 10:34.9 I was just scribbling around
- T. 10:37.8 It has these sorts of points coming down and you've got a jagged bit at the bottom and this sort of fluffy bit here, or maybe it's not fluffy but it's kind of rounded isn't it?
- P. 10:49.8 Yeah
- T. 10:50.9 Yeah
- T. 10:54.4 Does it make any sense?
- P. 10:56.2 well It does, I mean I just remembered
- T. 11:00.6 Yeah the dog
- P. 11:01.0 That day
- P. 11:01.9 just wanted to be free like that dog.
- T. 11:08.7 Yeah
- T. 11:10.7 yeah, so you were looking out of the window, at the trees and there was this dog running but you didn't feel free, you felt quite trapped
- T. 11:21.0 trapped in something within the home
- T. 11:26.0 was this at home?
- P. 11:27.2 mmm?
- T. 11:28.3 Was this, was this memory of when you were at home?
- P. 11:31.8 this was not when I was at home no.i was actually involved um I was in Italy. it was a strange time in my life, bu um
- T. 11:54.3 you were in Italy?
- T. 11:56.6 what were you doing in Italy?
- P. 11:58.1 [um ...]you want to open that door? I have to... I can't just blurt it out of my mouth. [ummm] I can, I think ..but then more explanation needs, and I haven't got time for that so...
- T. 12:20.8 so there's a kind of story about how you ended up in Italy that on the surface it seems quite bizarre and you think that I might see it as being bit odd. but if I can understand all of the things that led to you being there then I might just see...
- P. 12:41.7 umm well I um.. I was actually imprisoned. At the time. I was err I was supposed to be on holiday and I went with a friend or a person that I thought was a friend and I decided to take a bag for one of them and there was something in there, that was not supposed to be in there. [ummm]

- T. 13:20.9 which was?
- P. 13:22.4 it was a substance called khat which is like leaves. um eastern Africans sort of chew it [umm] but it's a class a type of drug. I suppose. [ummm] yeah so that happened. and my holiday. I've never been to Italy before that was the first time that I went looking forward to it umm that happened so I never got to see outside. they put me into prison straight away.
- P. 13:31.2 it was a hole... it was the worst time in my life the worst absolute worst.
- P. 13:40.0 but I remember because like I could not do anything and I was sentenced. was I? yeah I was sentenced by that time. I had two lawyers were trying to prove my innocence which seemed to be really really impossible and apparently I was in real bad luck things were not going. and by that time I kind of came to terms that I would just have to rot in prison. and I was 19 at that time.
- P. 14:47.3 I remember I was standing outside this window, this cell window loads of trees outside and this dog was barking from afar running out in the wild free and I wish I was yeah
- T. 14:56.2 so what happened with your friend?
- P. 15:00.1 she [um...] I don't know [um...] she blamed me.. because they put us in separate rooms and then she said it was mine and obviously I was saying the same thing. but they did prove towards the end, it took them about a year.. and three months and then by that time they sort of proved that I wasn't involved umm but drugs or no drugs I don't know it got my complicated and I think that with my one it took another two years then we had to take appeal but eventually I had my innocence and I didn't have any sort of umm of record. But it obviously it was a year and three months of my life. [um]
- T. 15:54.3 which is a long tome when you are 19
- P. 15:56.8 yeah
- T. 15:57.9 you, but I was also thinking about this friend that you trusted her
- P. 16:05.3 I don't know I actually thought that she was a friend. Because... I think it was my own fault in a way. I always, I've always I've got this tendency, when I see someone that is in trouble or when life has been tough for them I feel like nurturing them and looking after them. Um and that was what I was doing her mother died when she was really young and she was still having suffering from problems but she was actually bringing me down really. Because she introduced me to other people. and I never thought that she would do such a thing ever. like in ever it was even like the conversation like we were just going to go on holiday it was like oh shoot I've got too many bags do you mind taking one off me and I was like sure, no problem. You know and that was it.
- T. 17:11.9 [mmm]
- P. 17:13.3 but I haven't seen her since. I haven't spoken to her
- T. 17:19.6 so there is.. I mean thinking about what you brought the last time we met and some of your earlier experiences it sounded like you were in some situations which were quite neglectful of you as an infant and I was thinking about the kind of issue about baggage actually... about whose baggage are you carrying

and how does that make you feel and is there something that has made you feel very unwell because you had an admission into hospital with psychotic symptoms.

- P. 17:59.2 [mmm]
- T. 18:00.7 So I guess there's something about where you feel you've got to today and what's contributed to that
- P. 18:15.5 I don't know... I mean I kind of understood I.. for whatever reason I carry other people's baggage, I don't know why though. I don't know why I feel responsible I haven't done anything it's not my fault, it's not.... but I don't know, maybe it's a lack of something for me, maybe that's what happened to me
- P. 18:42.0 where maybe I feel sorry for myself in a way, I know what was done for me therefore I should do this for the world
- T. 18:47.5 you've had to look after yourself quite a lot
- P. 18:51.6 Oh yeah...it's never seemed to be a problem, it's only when I ended up in hospital, and it was hard umm it's weird because everything that's happened there's three things or instances of what happened which are ...really sort of kind of stick out, and then if I try to analyse them they just go back to my childhood and early experiences, and ...I don't know, really, I don't know.
- T. 19:33.1 but I was also thinking about here, umm and wondering about what this idea of beginning therapy was like and whether there was a bit of uncertainty and whether I was or your therapist was going to be like this person who deceived you?
- P. 19:53.3 [mmm]
- P. 20:11.8 I don't know
- T. 20:18.7 Well just a thought, it may not be...it may not fit... I can see why there might be some uncertainty
- P. 20:27.6 Oh yeah, it is always difficult to um, like I said I've like I said, I don't trust people, I mean I've got my reasons to, [ummm] but then we have...
- P. 21:22.5 yeah. there's a problem, there's becoming a problem in my life. I don't trust people and even with the doctors there's the same thing
- T. 21:49.7 so what happens with the doctors for example, how does it cause a problem?
- P. 22:04.2 i don't know
- P. 22:32.5 It's just um
- P. 22:45.6 I don't know [tearful] [harder, faster, tapping] it's just [ummm] [long pause]
- T. 23:36.8 because obviously this is quite personal and this is like very personal stuff, quite close, my thoughts and I don't normally share them with anyone if you are, or I am, It's just, [mmm..] it feels like you are putting yourself in quite a vulnerable place
- P. 24:54.1 I'm getting a little bit upset with you because you are making me cry.
- T. 25:00.9 well I was thinking that you are taking quite a big step and it's a significant one
- P. 25:07.5 It is
- T. 25:08.3 I mean when you first came in you said you know things haven't been that great

- and you kind of smiled and actually it sounds like things have been really difficult
- P. 25:36.5 that's what I've always done, there's always that going on, you just smile and pretend it's all ok, but it's just it's not though. and now it's like the worst thing is that I can just see words and that can just trigger something, and that's it like I'm reading a book that has nothing to do anything with me, but it says emotion
- P. 26:08.6 and before I know it I just start welling up I don't know, I see myself like I'm not function properly
- T. 26:15.6 in what kind of way, I mean I can see that you are very, very sensitive and emotional and things can get easily triggered
- P. 26:24.0 I never used to be like this if anything I was completely the opposite all my life. and that was easier in that way like I don't know how to be this emotional person it's very strange I don't know how to
- T. 26:44.6 so it sounds like your emotions are coming to the surface, are they...?
- T. 26:53.9 but it's also that you have some quite vivid memories that are triggered by things that don't seem particularly related to you. So for example this seems quite abstract the dog, umm and it brought this memory of the dog being free, umm and there's a tree and a red square and the sun is out, and I suppose this is quite a nice scene isn't it? It's somewhere good. it's a good place.
- P. 27:51.9 that's it
- T. 27:57.5 I mean I wasn't sure what the red square... that's where you ended up with the red square .. I wasn't sure what was happening there
- P. 28:16.7 sometimes I think I'm crazy, I sometimes it just emotions make me go crazy, it's just so difficult to be up and down
- T. 28:29.2 [mmm]
- T. 28:30.5 so you restrain yourself by being rationale but you find yourself flooded by emotions that feel uncontrollable
- P. 28:39.8 exactly I become more and more in a state and I try not to, you know, go out then
- T. 28:53.8 is it always that you find yourself crying, that you are in tears?
- P. 29:01.7 I mean sometimes it could lead to anger, but I think in the past anger . It's just tears all of the time and it's so annoying because you should be able to have control of especially and this has only been happening in the past in the past year and before that I can't remember the last time I cried. maybe when I was 14
- T. 29:33.7 but I think what you want to hear is something about that it's ok
- P. 29:55.5 mmm laughs ...is it?
- T. 29:56.6 well just in the sense that you've kind of described this place where the dog running around and the tree and the sun is out and you went back up in this red box which I thought was a bit like the kind of prison place, that was to my mind because you seemed very enclosed in there somehow, whereas when you drew the rest of it you seemed more open. And [ummm] I guess the question for you is about how safe is it to be outside of that prison how safe is it for you to be outside of that restraint, so when you ventured out, when you went to Italy for

- the first time for example, you ended up being deceived
- P. 30:53.3 that was a shock
- P. 30:57.8 It was kinda shocking
- T. 30:59.7 but I was also thinking there's some freedom for you in being emotional
- P. 31:10.1 I'm not sure
- T. 31:11.4 well maybe not
- P. 31:12.5 if anything it's just made my life difficult, I don't know how to respond to emotions, I don't know how to. even when people get emotional around me I find it really awkward when people get emotional around me I'll be like oh god I don't know what to do I find it really strange to do. I would rather not even shake hands, with physical contact that 's what I feel comfortable with sooo then I was completely I thought I was in control and it's so strange to have this and I don't know how to go back, I don't even know if it's right to go back I don't know if it was healthy how I was because it doesn't sound like it
- T. 32:12.8 the question is about how you for example how you managed for example to get into this situation where you ended up going to prison, because that in a way was about a relationship that went wrong umm and so I think is the area of work needs to happen umm and at the moment of course you are very vulnerable and sensitive and emotional because you not quite sure how to go about it
- T. 33:10.0 we're going to need to stop in a minute, [ummm] and it seems to me that there is a very clear umm struggle that you are having as you describe it that is effecting your relationships, it effects your functioning and there is an element of depression there
- P. 33:47.4 ok
- T. 33:48.1 by that I mean that in some way you feel isolated and you are often in tears and quite sad and there's something that's quite sad...
- P. 34:00.0 I'm not trying to be...when I'm alone I don't just sit somewhere in a corner crying, no no I do something constructive I try not to dwell into anything I don't want to be depressive. I've been depressed before. I mean it's my choice. I don't know.it's not in that way it doesn't feel like depressed. It just feels like I don't want to expose myself when I'm in my most vulnerable and
- P. 34:28.5 literally the shield has come down and I don't want for others to take advantage. I wouldn't know how to explain, I wouldn't know how to explain perhaps. Until I deal with this, perhaps I don't want to be around people to often because I don't know how I'm going to be treated next
- T. 34:51.4 ok so it's more to do with, from what you were saying, there being a high sensitivity to early experiences and just what impact they are having on you now... that you are carrying around that kind of baggage rather than depression.
- P. 35:18.0 I think maybe
- T. 35:19.3 It's not clinical depression, it's not that you are... but it did make me wonder about you withdrawing from the world when you are in that state of mind
- T. 35:35.4 so clearly you need some, I think that you need some umm place to work with

this, what is happening at the moment. what you described, so I'll let the therapy department know. Umm and it sounds like individual therapy would be your preference, would you consider a women's group?

P. 36:10.5 no not really

T. 36:11.8 no, ok...alright, what I'll do is refer you to individual therapy then and what you can do is at the review point with your individual therapist you can then begin think about whether a group would be a good option or not because it may be that at some point in the future that would be...

P. 36:36.5 so it's another person that I'm going to have to start talking to again with then.

T. 36:41.6 I know that's difficult when you've already started talking to one person...

T. 36:53.7 But I think [ummm] I guess that's one of the things that feels perhaps for you 'is it worth it?' because you back on your own again

T. 37:12.9 is that the way it's going to carry on?

T. 37:40.1 But it's mostly, as an explanation, I know this doesn't solve the problem, but we weren't sure what you needed and so we couldn't give you a therapist straight away because we wanted to be sure that we get the right thing for you.

P. 38:09.6 ok

T. 38:10.9 ok

T. 38:11.9 so this is our last meeting today, what I'll do...do you know who to contact if things become unmanageable for you, have you got the crisis number?

P. 38:25.9 Yeah I do

T. 38:49.7 we need to end there

APPENDIX 9. Process Notes: Patient A – ‘Angela’

(Notes typed from hand written notes, written to reflect on the memories about the experience of the session written within a few days of the session and whilst listening to the recording of the session.)

Line 114: T. I can see that you’ve also painted something that looks err... alive today (fig.1).

I had a sense that there is something empty and lacking in the patient’s life, the sense of an absent object. This was partly due to the quality of the silences and movements by the patient being slow and measured, however there were no clear observable reasons why I had this experience.

Since the previous session I also wondered about the broken sky and ground in the image produce in the previous week (Fig 2) reflecting the kind of anxious preoccupied other that was unsettling and that this represented her experience of poor object constancy.

The lack of a clear representational system for self-other objects was also experienced in the countertransference in the way that there were distractions , a sense of taking flight and feeling removed in such a way that thinking and comprehension about the patient felt sometimes obscured and detached.

Line 115: P. Yeah. I am going to fill in the spaces.

Instead of taking up the link between both images appearing to be ‘alive’, she responded by saying that she was, ‘going to fill in the spaces’. I was irritated at what felt like an impasse where a potential exploration of her emotional experience could occur. As the patient began to colour in the spaces, I wondered if the counter-

transferential feelings of being shut out were to do with her filling in her internal space where an object was lacking and thereby being self-sufficient and dismissive of the help being offered. My association of the sea as a mass of water was depicted as a colourful display of movement on the right hand side of the paper, created from right to left, towards I, but leaving the left side of the page empty. It felt to I like a gap between herself and a real other. The therapist felt that the image was suggestive of a figure rather than landscape. I felt that her concentrated focus did not appear to see beyond the immediate mark. She also appeared to I to paint with a constant pressure and little variation in line thickness, which seemed to suggest a continuity of her experience without hesitancy. It seemed to I that the immediacy of her image making was like the baby, born short-sighted discovering the other through the immediacy of contact. This condition of lacking form or completeness of a whole body is notable as the image is painted in sections where the boundary becomes undifferentiated.

The completed image can be seen in three parts:

The boundary between what is internal and external to the image was unclear to I where the loop interiors are less 'filled in' than the rest of the interior of the form which I felt remained organic rather than architectonic with several protrusions, which appeared to echo a form of fingers, limbs or genitals.

The second part (fig.4) includes a range of shapes including a jagged edge. I related this to something more like vampires teeth, but at the same time pointed breasts, instead of offering milk become imposing and engulfing caverns of the body, particularly the upper dark red forms.

In Fig. 5, part 3 in the chronological making of the image, the last part of the sequence of the painting uses an elaborate spiral motif as has been used to a lesser degree in the previous sections. I felt disorientated by the image, associating a reconstruction of the image as parts of the body, which I associated with psychotic defences. I felt that the image illustrated a lack of a containing function for the patient.

I also felt something dynamic and alive about the image as if there was an attempt by the patient to relocate her own sense of being 'alive'. This is where I also felt that there was something that was being blocked out in the image. In other words the way that the image began as something that was empty so that the internal and external spaces were less discernible became identified as having it's own form by being 'filled in'. By occupying the space between the lines with colour I felt that this might be a concretisation of an internal space to give a sense of belonging within an object that was not hers.

In this instance I felt that the good fit illustrated in the image was something more akin to the other either being entirely removed or else a kind of infatuation, it was felt that there was not one object that feeds another but I experienced an undifferentiated absorption like that of being immersed in the sea.

my experience was both the sea to be absorbed in making sense of the image like a great feed that goes on too long. This experience informed an understanding of the image as producing an absorbing engagement and it's lack of form.

Line 116. T. What is it a picture of?

I was uncertain about what the patient was communicating or what the image represented.

I felt that if there was an association or link offered by I about the picture and that this might lead to an uncertainty for the patient about whom the association belonged to.

Line 117. P. The sea (Fig.1)

The way that the image was composed suggested to I something like a montage of bodily parts that was surprisingly now being described as 'the sea'. I felt that this surprise was also brought about by the discrepancy of the patient's bodily presentation as being slouched and non-responsive whilst she made an association in a

direct and assertive tone, apparently clear about what the image was representing. It was difficult to make sense of the image as being 'the sea'. However, associations such as a cove or view of a coastline from above came to mind.

I felt 'at sea' with her response, as it was difficult to make a response that felt like it would take root and the image itself did not look like the sea to I. The patient's association of the form with the sea meant that I felt excluded, how could I make sense of the description and what I saw? I did not know whether she was producing a representational verbal answer as a way of defending against the chaotic elements of the image that had assumed a symbolically equated configuration.

Here I wondered if there was a fear of indifference that had stimulated the making of the image as she had started almost immediately without direction from I.

Line 118. T. And how would you describe the sea?

In other words, the question was to encourage her to describe what we could see rather than the content. I did not ask what it meant or anything that might be drawn from my associations, but rather trying to work with what the image looks like. I persisted in trying to engage with the form in a way that might help him to make sense of the image from the conscious standpoint of the patient in the hope that there would be some kind of indication about why the image was composed in this kind of way.

Line 119. P. I would leave that to the imagination of the person looking at it.

I is struck by a sense of personal indifference and feels like I is being invited to occupy the space that is threatening and potentially psychotic. Was the patient disowning her image in an attempt to normalise herself in a world that might feel unsafe? Again the boundary between what belongs to whom was highlighted, the observers perceptions are prioritised above her own perceptions. It seemed that in this moment she appeared to invite the other in to be part of her world where she might

feel absent. I wondered if she could feel that she existed and that she was the author of her image.

However, the idea that the other can imagine the image is paradoxical, as she has a sense of what the other's mind is capable of having a separate perspective and being able to construct the image in their own way. I felt that this could have been an idealisation of the other, which felt like positioning I as being able to save her from the internal disorganisation. The dynamic of I feeling excluded from her world could have related to the patient sense of being excluded from a caring relationship.

Line 120. T. I can see that it started with the spiral and moved to the right. It seems to have the motion of the sea?

In an attempt to meet the patient where she was, on quite a concrete level of functioning, I described the image in visual aesthetic terms, focusing on the movement of the image and the form rather than the content or associations that had come to mind, (such as bodily elements). At the cost of avoiding focusing on what was felt to be causal of her difficulty and potentially psychotic elements of the personality as represented by the composition of the image, I instead focussed on aspects that might make sense in terms of a sea form.

This contrasted with my experience of the montage and suggested to I some level of coherence to her internal world despite my feelings of being rejected, empty or confused.

Line 121. P. Yeah, I like the sea. It is alive.

I felt that the image and its relation to something alive suggested a quality to the boundary distortion that was neither fragmented nor permeable but had something of the quality of the loops that appeared in her drawing, indicating a sense of discrete inclusion of the other as herself. The image of the sea being 'alive' therefore has a sense of illusion that bears a relation to the metaphor. The illusory qualities could be indicated by the descriptive factors such as movement and shapes emulating

something of the qualities of wave formations. At this level the sea begins to take on a more metaphoric form that may link with the patient's internal experience of the other.

Was the patient grasping at straws indicating a tentative and possibly fabricated relation to I to mask indifferent or adherent reactions? For the first time I felt that the patient is describing an emotional experience that seems to be an important disclosure by her tone of voice becoming more open and turning her head towards me. Her feeling that the sea is alive was linked by I as an aliveness that I had tried to bring back into the session from the previous week when making a link with her previous image as being alive.

At this stage in the process the patient appears to use my language as if it was her own and applies the language in a poetic way similar to the way I had originally used the metaphoric formation in saying that both of the images appeared to be alive. From my perspective the sea was treated as alive, more than an inanimate object thereby the emergent sense of a metaphor explicitly occurred at this point where one object was transferred onto another. In this change of relationship that appears in relation to the image, I felt that the patient created a space that can be shared with potential for meaning and exploration with another.

This again relates to the way that the boundary between self and other in this part of the session was established as very flexible, however the use of I through repeating the term 'alive' gave a sense of how the other can be used in a rudimentary way. However, it struck I that this kind of discovery of her work through the eyes of I could potentially lead to a more symbolic narrative. I was aware that this kind of incorporation and repetition of I language also felt to him to be like a hyper-vigilant girl speaking attempting to find the ideal fit between herself and the other.

Line 122. T. I don't know why, but I had the sense of a girl talking about the sea.

In this moment there is a feeling of being lost in the drama of the painting that she has revealed as being the sea. The image of a girl sitting at the table in front of the image come to mind and this is given to the patient as a tentative association, not entirely sure of where it belongs. The early stage of symbol formation can be considered as critical at times of separation and in this statement, I is wondering, almost to himself whether this emergent metaphor also relates to an early time in her life where there was an opportunity to separate from another. I uses the terms 'sense' rather than feeling or thinking because this indicated that it related to what I observed in the image and from the patient rather than it being entirely my own conjecture.

Line 123. P. I used to live by the sea as a child. I would stand by the sea. I was fascinated. Fascinated, looking out to the sea.

As the patient now ponders on her early experience, a sense of her being both contained and 'out at sea' became apparent as she looked at the image as if out to the sea and yet reflected on her own experience. She identifies the sea with a memory of living by the sea. Her use of the word live also gives a sense that we are seeing a time when she felt alive. This is linked by her describing standing by the sea, fascinated by what was happening. This indicated that she was reflecting on reflecting, but there was a distinct absence of another. Her tone and gestures appear to be soft and engaged warmed by her experience, but she, in Is mind is turned away, back facing him as she looks outwards. What attracts her to this place? How does this relate to other people in her life?

Line 124. T. What fascinated you?

I responds, this time considering the lack of detail that she offers about her experience of the sea, in a similar way to how she responded to her painting. What is it that draws her in, what is the quality of this experience? Her experience at one level seemed reminiscent of what Freud called the 'oceanic feeling of bliss' relating to pre-oedipal states of mind, however here I has a sense that her approach to the sea is more like a contemplation of loss rather than a symbiotic immersion. It is more like that in this condition there is no object to be attached to except an idealised other.

Line 125. P. I don't know. The sea..... it is beautiful

The image representation with the ambiguously formed edges appeared to I to suggest an expanse of mother that from the baby's perspective could be imagined as stretching out like the sea and occupying her world and yet there is an erotic desire, the beauty of the sea that to my mind takes on the form of a woman to be engaged with and yet there is a sense that the sea is out of reach.

I now feels that the sea had a female quality, beautiful, as if she was falling in love, confirming my thoughts about an Oedipal quality. As a lesbian her object choice as represented by the sea appears to be an idealised feminine state where the father is absent. There is a question about what is a pre-oedipal state and what is oedipal, for example we see that mother may be overly involved and by the way that she was escorted to by her mother to her session and that they appeared to be very close, like a small child.

Line 126. T. Was anyone else there?

I expected the patient to say that she was on her own, with this in mind I is trying to get a sense of how this object came into existence, where are we visiting that gave rise to the sea as such an unreachable fascinating, beautiful object? Is this a time before a conflict arose or a time that represented her way of coping with the conflict? My sense was that the conflict had already occurred and that we were seeing a regressive tendency that helped her to resolve the conflict by retreating into a place where there was some constancy but the boundary was fluid, as with her drawing. Self and other overlapped in the same way that the sea and the shore overlap without clear definition. This is not a skin like form that we might expect in normal development, but takes for the patient, takes on a moving mass, being inclusive and excluding.

P. My mother.

I is surprised that her mother was there. At one level I felt that this confirmed the feminine nature of the sea as in some way mother was present, possibly seeing the sea, or being like the sea. The patient had described in a reflective way being a girl and now I felt that there was a reflective quality to this relationship, that she felt she could be seen by mother and that they could see the sea together. The image was silent ; there was no dialogue except with the sea as the main object in the patient's mind.

The problem that the patient had encountered of falling in love with a woman (x) and then being rejected was coped with by increased adherence to x. Her desire to be in the others world, to be loved and to love an ideal object was insurmountable, which she acted upon against x's wishes until eventually the patient was imprisoned. She left prison to find herself in a different kind of prison with her mother at home where she felt attended to, but perhaps because of her cultural rejection of homosexuality as well as the quality of the relationship with mother, she could not explain her actions. The problem of having a valid sense of self was very tied to the other so that being with her became a matter of life and death, indicating the struggle with her own existence, the spaces between the lines to be filled in by the other as that which is to do with *'the imagination of the person looking at it'*.

APPENDIX 10. Process Notes: Patient B – ‘Bernard’

(Notes typed from hand written notes, written to reflect on the memories about the experience of the session written within a few days of the session and whilst listening to the recording of the session.)

Line 131. T. Yes, they just want to find a place to relax, to sunbath perhaps, but just to relax maybe do some drawing or something like that?

For I, the figures drawn upside down seemed to indicate a pointing to the sea, but this also gave the appearance of the figures being suspended in space upside down, each positioned with sufficient distance between them as not to suggest a connection with one another. To I, the figures seemed distant and anonymous which was also how I felt in relation to the patient. With Mr B. I did feel that there was something that was being communicated through the image, however I also wanted the communication to be clearer, to see if there was a shared communication about what was intended. I felt that these small upside down figures may not be perceived as having minds and autonomy despite depicting people and therefore felt that the patient may experience himself as isolated.

The image suggested a sense of equal space between figures and objects and there was a sense of space that could be perceived as relaxing rather than enclosed and tense. The figures were also drawn evenly, each one carefully duplicated rather than sketched with speed. The heads were large and it felt to I that this was also like children hanging upside down ‘out to dry’ again giving I a sense that the people were being left on their own and unconnected within a pre-object state. Here I considers the presentation not to be entirely cut off, but a sense that the patient had become accustomed to a more regressive symbiotic condition where it was expected that I knew as much as he knew about the image without talking about it.

I felt that the patient remained distant and it often was felt by I that he was wasting my time. From my perspective, this feeling of the silence as uncomfortable and that time was being wasted was perhaps the result from a dynamic that was experienced by the patient as a neglectful and poorly attuned other. As not to play into the dynamic I persisted in attempting to make sense of the patient's experience of therapy.

It was very hard to get a sense of the substance of the patient, his internal world, what was happening in the mind of the patient and therefore the feeling of this growing gulf between I and patient was attempted to be bridged but at the risk of offering a lifeline that felt like being more about his desire not to be in a disconnected vacuum rather than being respectful of the patient's defences. After persisting, the patient still showed no real interest in art psychotherapy and answered in avoidant brief statements.

I experienced this communication as a reluctance to engage with a real other and felt a sense of giving up, as the patient appeared to be in a state of limbo that was not engaged with the surroundings, except as a passive recipient. I felt that relaxing on the beach (in the image) was like a regressive avoidant position rather like the baby that does not know how to feed, but does not want to learn either because the idea of a feed has not been remembered and cannot be imagined.

I felt an urgency to motivate him and this also felt like an overbearing father telling him what to do. Trying to negotiate between what felt like a domineering father and finding a way of understanding the patient's world and desires felt a difficult path to tread. At one moment he felt that he was pushing an unwilling participant off the beach and at another he felt that he was making a path to be followed.

Line 132. T. The sea... If the sea was to come to art therapy what would the sea want?

The sea was made up of seven figures in the shape of a '2'. The patient came from a large family and wondered whether the patient perceived each sibling to have a dyadic relation to mother that resulted in an exclusion of the third. In the work with this patient it seemed that at once there was supposed a symbiotic communication that I was with the patient in his story, but also that I was distant from the patient, perhaps like his experience of father.

An arc that divided the page horizontally demarcated the sea. This meant that the usual way of perceiving the sky as being at the top of the page was replaced by the sea. There were multiple perspectives within the image. The sea and people are seen from above whilst the dog is seen from the position of the people in the image. In this sense it is a kind of plan where the observer is high above the scene. The dog could have been drawn from a different perspective to indicate that he wasn't lying down, however the perspective was from the same level. The image of the sea therefore suggests a particular dynamic, that the observer is looking down on others and therefore there is a significant vertical distance between the patient and the image.

However, in this instance, the sea is composed of something like hieroglyphs, changing the known meaning of '2' to wave like forms in the sea. This re-appropriation of common signs in psychotic states is well known and these re-coded signs form the basis of a new language demanding to be understood. It is not clear why there would be a vertical distance, however given that the image is of sunbathers and the sea it could be that this is from a narcissistic ideal position or super-ego state looks down upon the patient's life as fiction and hence as having a sense of unreality.

The sea therefor appears to be saturated with dyadic merged couplings in the figure '2's that reject the third. This magical denial excluded I through the patient's behaviour, but included him through the act of making the image as a method to communicate.

Here I attempts to encourage a personification of the sea in a similar method that he had used regarding the people. I feels that he is on precarious ground, attempting to use a symbolic language that is known to I but perhaps is defended against by the patient. His experience is one of sometimes feeling elevated above the patient in a grandiose position of 'knowing' the content of the image and at the same time feeling absent and removed as if non-existent.

Line 133. P. [Laughs]....hmmm.... [long pause]

Something appeared to be evoked for the patient, but rather than bring him closer to the task at hand of trying to explore a different perspective on what can happen in therapy using the personification of an element of his drawing, he appears to become distracted and preoccupied. The patient laughs as if to a thought, perhaps about what I had said and then momentarily catches himself and keeps himself in check. He then responds with ‘hmmm’ which felt like a pseudo articulation pretending to think about what had been said. I allowed a long pause, in the event that the patient could use the space to say something. However I felt like there was a gulf that was growing where the patient was becoming increasingly distant and that he might leave at any moment.

Line 134. T. Any ideas? ...It’s a tough one that, because of course the sea isn’t a person.... I was thinking if the sea was a person, if Mr. sea was to walk in what would Mr. Sea want from coming to art therapy?

My idea that the upper half of the image was about numbers cordoned off and possibly being something like relational dyads meant that the image described by the patient as a seaside scene was not a shared pictorial language that I knew about. This initial gulf between the comprehension of I and the intention of the patient meant that just as I had to work at understanding the language of the patient, the patient would also be required to take a leap in trying to identify a language being presented that the sea could be seen as a person with a will, interests and motivations. For I, the sea did not have any immediate characteristics of a human however at a rudimentary level there appeared to be the containing form of a stomach or breast with no exit, but extending to the upper side of the paper. Whilst on the one hand the image appeared to I to be an open association of a scene that was distant and removed from the therapy setting, there was also a sense of something being exposed, like the bathers at the foot of the sea. The sea did appear to have a form that was active in contrast to the passive bathers ‘relaxing’. I was attempting to locate a sense of hope based on change,

movement and the scope for imagining new possibilities in a place where the patient appeared disengaged and the image felt like the surface was floating as if timeless. For I each object of potential movement seemed to become replaced with the passivity of an infant that had given up struggling for it's needs a long time ago.

Here I attempts to empathise with the patient's apparent disregard of the question. 'It's a tough one that..' was stated in an attempt to help the patient to see that I also saw the question as difficult. This was urging the patient to share a struggle, with the hypothesis that there was a lack of a shared symbolic language available. I now frames it in what felt humorous as 'Mr. Sea'. However, there is still little response from the patient. Simply looking at the image and occasional glances to I. I feels that he is swimming upstream attempting not to assume that the patient is unable to engage in art psychotherapy.

Line 135. Pause

Line 136. T: No it's a difficult kind of question...

Line 137. T: With the dog, what would the dog want? The dog has been referred to art therapy what is the dog going to want to do?

The dog was small and drawn differently to the rest of the image in that it is rounded and representational different to the technique employed by the patient of making a 'stick people' this is not a stick-dog. Instead there are circles used to represent the head, body and tail. The way of composing connected pieces of a dog rather than an homogenous whole. In a similar way I experienced this rudimentary form of a dog that Mr. B had created to be potato like forms stuck together without a skin. In other words, it was felt that an envelope for the parts of the dog does not yet exist.

There was a sense that content could potentially exist inside, in a way that the stick-people are less accessible. In other words the dog has inside spaces and parts that are joined together rather than being linear extensions. I felt that the dog might

represent the patient's ego caught between the passive others and the sea full of competing and undifferentiated binary relationships.

I attempts to make sense of the non-responsiveness of the patient by assuming that the question is too complex, perhaps given the poor resemblance of the sea to any person that could begin art therapy. The major counter-transference felt like a slow, vacuous disengagement, I felt that there was a significant, but unidentified obstacle to forming connections in the image. The sense that the patient was distracted and distant continued, but the content of the patient's preoccupations or reasons for his apparent resistance remained unclear. I still felt slightly hopeful about the patient being in the room and in someway present.

Line 138. P. *Learn how to draw*

The dog felt unformed, but seemed to have an identity and voice. However, it also looked unstable and helpless as if lost rather than exploring.

I was uncertain as to whether they shared the same language. I was unsure about what the intentional communication was in terms of how 'learning to draw' was being applied to a dog. The associations of obedience and determination came to mind , which are present in the metaphoric terms 'to hound' or 'doggedly'.

Although I felt that there was scope for understanding this statement as a metaphor, he also felt that it was fleeting and surprising. The resistance to the session was felt by I to be associated to both managing and safeguarding against psychotic symptoms that appeared to be present during the session.

Line 139. *Learn how to draw?*

The dog felt know as if it was cut off from it's environment, particularly the sea full of numbers that appeared as waves divided off by the line. I now felt some sadness for the dog that seemed somehow barely standing, disabled amidst the fully formed stick people.

I did feel hopeful that there was an opening for exploration, and that this was the kernel that might provide the foundation for getting a better sense of who the patient was in this context.

Line P. 140. Yeah

For I, the patient's response simply appeared to have the sense of a last utterance. The finality about the simple response often felt to I to be a point of closing down amidst a significant conflict, I wondered if the conflict was of attempting to adapt to the therapy. I felt that the patient offered no grey areas, complexity or uncertainty. I felt that the short lived metaphoric association of the dog-person seems to recede.

Line 141. T. Yeah So... [long pause]

An effort was made by I to encourage the patient to elaborate further but it felt futile. For I it felt like a very restricted place to move within, perhaps like the binary mode that was being used by the patient where there is little uncertainty or complexity. I felt that eh was trying to hold on to something of the metaphor, but equally didn't want to push the point, as it seemed to result in a distancing binary mode of functioning for the patient. The silence seemed to exacerbate a condition of feeling tenuously connected a sense that the patient was becomingly increasingly distant and retreating.

Line 142. T. I'm still struck by this big sea. So we've got the people who if they want to come to art therapy, if they are going to come to art therapy they want to relax do something that helps them to sit back and relax. We've got the dog who wants to learn how to draw - "I don't do big art"... "I want to learn how to do big art, learn how to do something a bit bigger". But we've still got the sea, why is the sea going to come in here? It's the biggest thing on the page.

I wondered whether this was a psychotic sea of mirrored couples from which he felt separate and isolated from, now amongst people that were disconnected. The patient came from a large family and was the second youngest of seven children. Was there a fantasy for the patient that the world was made up disconnected people and that the psychosis mirrored the merged couples in an undifferentiated world. I wondered if the immediate lapse of connection appeared to be a defence against the merging of the couple, signified by the number two, which is both representational of a dyad and omitting the dyad simultaneously.

The patient felt out of reach, which felt like a disorganised or empty state beneath an orderly set of simple responses. The summarisation begins to feel that he is compensating for what felt like a vacuous closure during the silence, in an attempt to build a bridge through verbal language. During this time I feels that regardless of what he is saying there might be an experience of I as attempting to make contact though the nonverbal communication which could feel supportive.

I feels that the tone, gesture and feeling seemed to bring the patient's attention closer to the context. In this context where verbal language cannot be depended upon for clear communication, I feels 'big' as if in the presence of a child, the person who 'can't do big art'

Line 143. P. [Big sigh]

I had the sense that he was taking something in, but that this gesture was again tentative. In this situation I felt that the patient was working hard to digest something of the verbal meaning and that the sigh that followed created some space that felt less restrictive and more personal. But , even the small breathing space as 'sigh' appeared to have undertones of a feeling of hopelessness and rejection, so that whilst perhaps being an experience of digestion, was also an experience of closing down.

Line 144. [Pause]

I feels that the patient is preoccupied, and pauses for about a minute to allow some 'breathing space', which feels like a very long time where I begins to feel anxious that he is not doing anything.

Line 145. T. Maybe the sea doesn't want to come to art therapy, quite happy doing its thing going backwards and forwards..... Maybe I'm talking complete nonsense..... maybe it just doesn't make sense 'the sea coming to therapy'. What do you think?

In an attempt to backtrack, I now tries to assume the position of the patient, where this kind of symbolic exploration may seem like nonsense. My language may have appeared to be nonsense because of the ways in which the patient's own language and linking processes are manifested.

It's notable that I feels that he is 'going backwards and forwards', which could be a re-interpretation of the sea in this context. I reflects on his own experience of the patient in terms of a relational movement in the session, similar to the sea, of being close and distant. The position that I feels is often familiar, neurotic or connected amplifies a sense of misunderstanding in the session for him. I feels that he is using a dyadic type of dialogue exploring a question posed as if from another, before inviting the patient to respond to form a triadic relation. This in itself seems far removed from the patient, as there doesn't appear to be a conception of the functioning family.

Line 146. P. I don't know that question.

My feelings about the patient are confirmed when the patient responds by saying that the question doesn't fall within his domain of 'known questions'. The main question being posed was whether I was talking nonsense by imagining the sea as a person. I felt out of tune, having assumed that they can find a shared language.

APPENDIX 11. Process Notes: Patient C – ‘Cheryl’

(Notes typed from hand written notes, written to reflect on the memories about the experience of the session written within a few days of the session and whilst listening to the recording of the session.)

Her look across at me as the patient pondered on what materials to use was experienced as slightly humiliating, as if I wasn't doing my job properly. She stated

0 Are you just going to sit and watch me? [Appeared to glare at the
 . 2:18.1 therapist whilst choosing paints]

I wondered if this was to do with the camera in the room and how the material was going to be used. I wondered if the question was about a desire for the therapist to expose himself in a humiliating way or do something rather than reflect. This first contact felt difficult to navigate. On the one hand I was feeling compared with the previous therapist and felt comparatively incompetent and on the other hand it seemed that this might be a communication a significant experience of watching or being watched. Did this relate to mental health services, the camera or a specific trauma? Did she feel judged as a mother that was not involved enough with her baby? Was she concerned about how the video footage would be used? The incisive remark left me feeling offended and I felt that there was something intrusive about the statement. Feeling put on the spot, I responded,

0 [Um], I can do, unless you would prefer me to do something as well.
 . 2:22.5
 0 It's nice to know how you work... is that how ...art psychotherapy...
 . 2:27.5
 0 It depends, um sometimes also if I feel there is a contribution that I can
 . 2:30.7 make through making something so perhaps for me to understand what's
 happening for you through making something I might make something but

because this is very early days and this may be the only time that we see each other, um I probably won't do today.

I felt that it was important to produce a non-judgmental response that would support the patient in considering how the therapy could be used however there was also a sense that I felt uncertain about whether I was being requested to overstep a boundary in an intrusive way and therefore I did not want to be part of a re-enactment where the patient felt that I was colluding with previous problematic relationships.

**P. It's nice to know how you work. Is that howart psychotherapy...
line 2**

There was a sense that there was another agenda. It felt like the question wasn't really about how art psychotherapy works but about whether she was safe with I and whether I was going to play a role in her enactment. However, at face value wanting to know about what kind of treatment that she was going to engage in seemed like a reasonable request.

T. It depends, um... sometimes also, if I feel there is a contribution that I can make... through making something... so perhaps for me to understand what's happening for you through making something... I might make something but because this is very early days and this may be the only time that we see each other, um I probably won't do today. You may find that your group therapist may do something if something comes to mind. I might take some play dough though... line 3

I moulded some play-dough in my hands, which felt warmer and tangible in this context where I experienced a feeling of hostility veiled by the patients pleasant, smiling facial expression. I already found himself stumbling through the dialogue trying to draw on what normal practice is and thinking about how this could be adapted to the situation. However, it felt like I was trying to cover something up, faltering as if being messy where she had asked for something quite simple and clear.

P. Ahh yeah....nice and clean line 4

The patient took some chalks. I at first did not hear the patient and had to think about what she had said. He soon forgot it again and yet it seemed such an unusual but integral statement that it confused him because I didn't understand what the statement meant. What is it that she feels is clean? The paper? The chalks? Her hands? She appeared to be looking at the chalks. Was this an Oedipal issue about who else might have used the chalks - someone else present in my life that had been closer to him? Given the struggle to retain this brief sentence it demonstrates some level of incongruence between the appearance and expected response. There didn't at this stage appear to be anything to 'hang' the statement on, especially given that the soft chalk was then immediately used to make a dark smudge forming a circle on the paper.

T. How did you find it? line 5

I here tries to openly refer to the experience of making the art work as the patient used her body and motion of her hand in a way that was similar to washing or caressing another. This experience of the caressed or of caressing seemed like it should be an intimate experience that I was almost immediately exposed to. At this point I assumed that this was due to the transference implications of having been in short term art therapy with another therapist, however the transference import may also have had other implications relating to an early experience of finding her own surface and boundary which seemed to have been overly exposed given the little contact that the patient had had with I.

There was something very amenable and open about the patient's presentation that I warmed to. I felt that they had both overcome a hurdle that was symbolised by the making of an image, but I was also aware of her being emotionally invested in the making of the image that gave a sense that the therapy and therapist could be used.

P. Just that life ... it just goes round and round and round. My whole life it just goes around and round and round.... and yellow is how I feel right now,

I'm sitting here, I'm drawing yellow trying to get to the bright bit of yellow in the middle, but really it's...black. It's not just yellow. Line 6

This is the first instance of a metaphor where she refers to her life as going 'around and round'. She motioned to the paper smoothing around the outside of the circle. There appeared to be a sophisticated interpretation of the image, which was discordant with her actions. The monotony of life being self-similar, repetitive and appearing to relive the same scenario may well have been her experience, however her actions in relation to the image illustrated an experience of touching or being touched. Her description describes circumnavigating something that feels important to her that is considered as being 'black' rather than yellow as it is depicted. This dichotomy of good experience versus bad appeared to suggest that her surface experience dominated her cognitive rationale for the making of the image. However, this immediate interpretation also seemed to be a rationalisation of another quality of nonverbal experience.

I warmed to the patient feeling that she was very convinced by her experience of the image as having an inner and outer layer. I wondered whether this was actually a perception of himself as a white person being included in a social context and whether she as a black person felt excluded. However, the feeling that something intrusive could happen made him feel slightly on edge, perhaps suggesting something about her affective state. Given this type of dynamic, I left the question open about who or what had felt intrusive.

T. You described there's something about belonging to something that's good. Line 7

I focused on the feeling of something intimate and tactile that perhaps was lost, rather than something that was described as cyclical. Based on the feelings of fear and sadness, questions came to mind about what she was defending herself against? What happened next? Why was I invited in to this scenario so early on in the therapy? From the beginning I felt that he was being pulled into a close situation, perhaps like mother and , born or in utero. Was the initial undertone of anger about

father not being available? Was this a re-enactment of father or another figure being intrusive? The patient had talked about being raped in the first session that she had kept secret from everyone until she recently disclosed this to her previous female art therapist. It seemed to me that there might be an anxiety about how she was seen in the sexual abuse as an object without a mind.

P. I'm going around the outside. Line 8

The patient returns to the theme of circumnavigation. It felt to I that although there was agreement with I, the experience of going around the outside also felt like a distance from I and the therapy. I had a sense that the patient was unable to really be in touch with the intimacy that she evoked in the making of the image and this remained at a distance.

The caressing motion of the image making reminded I of something like washing an animal like a horse or dog. I felt that this might be linked with her initial statement that the chinks were 'nice and clean'. I did not know what was dirty for her or what it meant, but the image suggested that the smoothness of the materials, especially the yellow in the middle contrasted with a 'dirty' experience. I wondered if this experience that was being described through the art making was some kind of a re-enactment of a sexual abuse experience, caressing, washing and close.

T. You feel like your going around and around. Line 9

To assist the patient in feeling that I was with her in this 'outside position' I validates her experience of being in this distant place. This was because the attempt to bring the patient closer to the 'middle bit' as something good had not resulted in any further explorations. In fact I felt that the patient would not be able to make sense of this type of exploration of the intimate content, which may have become distorted due to a traumatic close event, such as sexual abuse.

T. So that's quite a different... you're drawing quite a different picture to the one that you described when you first came in. line 10

I felt that there was a different emotional quality to the description of the image than how she had initially presented in the session. It was particularly in relation to her smiling and happy aptitude in the previous session. I tried to draw the contrast to the forefront of the session. His feeling was that it was quite difficult to get into the content of the material but that given the contrast in presentation there could be agreement at a surface level about the change.

[P. laughs]line 11

I felt that this was a sign of an improved rapport, that there was a sense that the patient felt that I was attuned to her underlying feelings

T. ...which felt quite optimistic and somehow quite excited, that there was a kind of future, and what you just described feels much... 12

I attempts to allude to the idea that she might have been avoiding or taking flight from her feelings in the previous session and that this session she is presenting something different about her experience that might be more closely linked with the psychotic depression that she experienced.

P. ...but that's what I'm good at. I'm good at wooh-hoo that's what I have to do everything is great, everything is fine 13

I again felt that this was a confirmation of a growing therapeutic alliance and that she was now talking about how she pretends that everything is fine. However, I is still wondering about how they can move from circumnavigating the problem to understanding what this means in the interpersonal context.

T. But there's something quite sad about this going around in circles...

14

The motion of the image making process felt both intimate but also like attempting to find something. I wondered if there was something about the uncovering process of the 'clean' association that the patient had stated early on in the session. Whether there was something lost that she was attempting to get in touch with through the image making process.

In my experience I was suddenly in touch with and wanted to direct the patient to a felt experience that was more vulnerable and less defended. The sadness of a loss of the other felt substantial, not only of a loved one but of a fundamental trust in the other.

APPENDIX 12. Process Notes: Patient D – ‘Talía’**Patient D: Talía**

(Notes typed from hand written notes, written to reflect on the memories about the experience of the session written within a few days of the session and whilst listening to the recording of the session.)

Line 15. T. It’s tough isn’t it?

The paper was blank and the patient appeared to be concentrating hard examining the page perhaps looking at what could happen there. I felt that this initial response indicated some sense of therapeutic potentiality in that she was working hard to find something that was not pre-conceived, but could happen more spontaneously.

I had suggested trying to use the arts materials as a way of free-associating in response to the patient describing doodling on the telephone in the previous session. I now experienced the patient as young and seemingly naïve. She seemed tentative and slightly nervous. I was also aware of an obstacle to progressing with the image making that seemed like a void that was almost tangible so that I wondered if she would make anything at all.

Line 16. P. It is. Lots more than I thought it was... Because you know, normally like when I’m just sitting or thinking or even talking to someone, and I’ve got a piece of paper and a pen I always draw something... I was quite intrigued to know like... and nothing comes to mind you know.

I appreciated her sense of a struggle and felt that being with I was causing some anticipatory anxiety that prevented her from drawing. I wondered if this was a general problem with communicating with others, whether she struggled to express herself more freely. Until this point it had felt that she had been quite careful with what she was saying.

Line 17. T. I mean sometimes just putting pen to paper and just you know...

I was anxious that nothing would happen and wondered if this was also something that was about the patient's view that there was a futility in progressing with the therapeutic work and if I would be of any help.

Line 18. P. Instead of just thinking about it.

I felt warmed by the experience of the patient reflecting on her more cognitive approach to communicating and now I felt that was agreeing with I that the spontaneous 'action' of image making may be more productive than trying to produce a thought through response.

Line 19. [Pause – drawing]

Line 20. P. I don't know what it is. It's really random. Nothing special.

There appeared to be four elements to the drawing. In clockwise rotation: a tree, sun, undefined object and a red square. I did not know what the image was about, as the elements did not seem to be especially expressive or have any particular narrative that could be easily identified. However, the composition of the image appeared to be four distinct areas that could be seen separately as having different narratives that may not be connected visually. In other words in my experience each object seemed relatively isolated on the page as if they could have been individual images. For I the separate elements and composition was initially experienced as making the image difficult to engage with. The patient described the image as 'random' and 'nothing special' which was also how I initially experienced the image as both being a random collection of images and as not holding any emotional intensity. For I, the uniformity of the image being all in red felt-tip and of a similar line thickness also added to the sense that the image did not have any specific content.

I felt that the patient experienced the image as revealing and was disclosing the image with the assumption that I would have a similar perception of the image to the patient. I felt concerned that the patient would feel the disjunction between my experience and the patients as a rupture in the therapeutic relationship.

Line 21. T. What did you...end up drawing? What did you....

The patient experienced a gap between my perception of the image and her description. His sense was that there was something important about the image that contrasted with being ‘nothing special’.

I felt that it was very difficult to engage with the patient’s understanding of herself and I wondered if this was to do with the patient feeling like she was not important or special in any way.

Line 22. P. Umm, you’re going to laugh now. It’s a picture of when I... a couple of years ago... um I remember I was standing outside this window and there umm and there was a dog outside. And I remember then, I was actually just scribbling around I had no clue but when the kind picture came straight away that was the first thing I could remember it was a time that was very difficult in my life. But er... this was... I could see was this dog freely running through the grass, there were lots of trees there and I couldn’t be there and *I just wished I was that dog.*

I felt that the elements of the image now came together as a whole. The meanings that the patient associated with the image suggested a freedom that was not explicit in the drawing itself. However I also experienced a sense of bewilderment because I could not identify where the dog was. The drawing now felt comparatively constrained like the red box in the corner in contrast with this vivid narrative that formed around a memory of being constrained.

When the patient began talking about her experience in the prison it felt to I like a personal disclosure, a kind of running free like the dog that she described. I also

experiences a sense of being freed in the scope for poetic exploration where she identifies freedom with the dog that she wants to have herself.

Line 23. T. ...and where is the dog?

I was confused by the reference to the dog and where it was depicted in the image. He wondered if it was to do with the angle of the image or perhaps it was the idea of the dog rather than an actual image of the dog.

I now felt there was sufficient therapeutic rapport to be able to make an enquiry without making the patient feel as if she was being left out of my mind. I also wondered if this was something of a psychotic occurrence that hallucinated the dog.

Line 24. P. It's supposed to be here

The part of the image that the patient refers to draws attention to a selection of lines that appear to me to be randomly composed and that bring a selection of objects to mind, with a frightening undertone.

I felt that the patient was acknowledging that I may not be able to see the dog and this felt reassuring that there was a sense of mind-mindedness, however, the link to the image seemed tenuous

Line 25. T. Ah yeah. I see

I could see two possibilities for a dog, both of which seemed to be dramatically distorted (Figs 10 and 11). With one version the eye was at the bottom of the page with the nose extending off of the page (Fig 10) and with the other version the face was in profile with facing to the left of the page (Fig 11). I felt the image looked more like a figure but with poorly defined features. I feel that there is something about the image that I don't understand, but that the investment in the image by the patient and their experience is prioritised above my experience. He felt that there was an implicit acknowledgement by the patient when she said that it was

‘supposed to be there’ as if it wasn’t. To my mind the illusion is stretched into something that is too far removed from a representation and yet it is placed within an ordinary context, next a tree, the sun and a red square. I wasn’t sure if I was colluding with a psychotic representation of a dog, or whether it was simply a doodle that had produced an association of a dog.

I felt that a narrative was forming and that the patient was freer in her emotional investment in the therapeutic work. Whilst I was aware of a visual disturbance in the image, it seemed that over-riding factors of the assessment were the capacity for the patient to be emotionally open and responsive and to work with a narrative that was relevant to her present state of mind.

Line 26. T. Could you say a bit more about the dog?

I held in mind that he might not have really understood how the visual representation of the dog was constructed but that it may make sense if it was explained. Because the patient appeared to be responding in a relational way that appeared to take account of I as a potentially useful other in the therapeutic work I felt that this might mean that the patient could help him to understand how the association was linked with the form of the image. I therefore wondered if this was his lack of awareness about the form.

Line 27. P. I guess it was just err sort of err. It’s weird really because it doesn’t look anything like a dog but that was the first thing that came to mind. But um I was just scribbling around

The patient now explicitly acknowledges that the ‘dog’ was a free association, however the meaning of the drawn elements feels to I like it is also reduced to ‘just scribbling’ where they could be suggestive of various different possible associations. In other words I wondered if there was something that was difficult for the patient to engage with that was displaced into the form of a dog that might be more threatening or chaotic. This was indicated to I by the downward points, jagged edge and the form the bottom of the page that appeared to I to be both an orifice and an eye.

I feels that there is something avoidant about the way that she describes the form of the image. I knew that she had been hospitalised for an acute psychosis and wondered whether this was being hidden in the patient's response or reduced to something that was insignificant.

Line 28. T. It has these sorts of points coming down and you've got a jagged bit at the bottom and this sort of fluffy bit here, or maybe it's not fluffy but rounded

I wanted to be descriptive in my response, because I wanted to elaborate on his experience of the discrepancy between the form and association. Each quality of line is described without indicating my associations and the elements of the form.

I enjoyed pointing out the features, which felt like marking a map or territory that was new to both observers. At this point I experienced the image as removed from the patient as if it was something that was accidental but that required further examination as if foreign to both observers. I felt that such an immediate rapport had been built but that there was also a risk of the patient idealising or becoming compliant with my perspective.

Line 29. P. yeah.

It feels to I that the patient is in genuine agreement, however it also still feels as if there is something not being talked about.

Line 30. T. Does it make any sense?

Again I tries to look at the image from the patient's perspective to see if it 'made sense' when the parts of the image were brought together as a whole.

I did not feel that the patient was engaging with this part of the image and instead I felt that the patient was pondering in a reflective way but was cognitively detached.

Line 31. P. Well It does... I mean I just remembered that day. I just wanted to be free like that dog.

The patient returns to the narrative that was associated with the image rather than the form of the image itself.

There is a sense that the patient is attracted to this memory that takes her away from the visual image and towards the narrative that she has in mind of being trapped. I wondered if this description of being trapped was also relevant to her experience of the therapy where she wishes that she could be outside of the therapeutic endeavour. I wondered what this form of the dog meant that existed outside of a shared language and whether this was a regressive form where the pieces didn't join up possibly like her early experience of the care giver.

Appendix 13: CRM Criteria

CRM CRITERIA	DESCRIPTION		
1. Figurative language	Linguistic tropes include simile and metaphors as figurative types of speech where the properties of similarity help to communicate a quality of the object. For example the simile ‘the moon is like a cheese’ associates properties of roundness and colour to the moon. (Fogelin, 2011; Giora, 2003; Happé, 1995)	C O N V E N T I O N A L	C R E A T I V E
2. Source domain mapped onto a target domain	Metaphors have a source and target domain (‘Raining cats and dogs’ Rain = Target, Cats and Dogs = source) provides a way of seeing rain according to comparison with a similar quality in cats and dogs (Fludernik, 2005; Szwedek, 2011).		
3. Mentalised communication	Mentalised communication: responding to realistic hypotheses about the other’s state of mind (the opposite being concrete, egocentric and reactive)	E M E R G E N T	R E L A T I O N S H I P
4. Affective image	The image must be an expression of the patient’s emotional world in relation to the image. The image ‘the sea is my mother’ is indicated to be relationally important by the affect associated with the image by the patient. (Holme, 2001; Levin, 1980; Modell, 1997a)		
5. Context contingent	‘The sea is my mother’ should make sense in both the context within which it is being stated (art psychotherapy) as a way of making use of therapy to mentalise and the context to which it refers, in this example an experience of being with mother. (Gibbs Jr and Gerrig, 1989; Leezenberg, 2005)		
6. Novel meaning	The metaphor is not in common use e.g. ‘raining cats and dogs’ (Black, 1962; Gibbs and Bogdonovich, 1999; Lakoff and Johnson, 1980)	M E T A P H O R	
7. Interpersonal emphasis	The metaphor is about a relationship, for example, ‘I see my mother as being the sea when I’m with her’. (Eckstein <i>et al.</i> , 1999; Gelo and Mergenthaler, 2012)		