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**The Therapeutic Functions of Mental Imagery in
Psychotherapy: Constructing a Theoretical Model**

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Middlesex University and Metanoia Institute

Doctorate in Psychotherapy by Professional Studies

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Abstract

There is widespread implicit agreement within the field of psychotherapy about the therapeutic potential of mental imagery. A review of the literature indicates, however, a paucity of general theory. The literature on mental imagery is mainly concerned with its application i.e. procedures and techniques. Theorising, where it occurs, is usually informed by the specific psychological model espoused by the particular psychotherapeutic modality. In order to advance the utilisation of mental imagery as a therapeutic intervention, more attention needs to be paid to developing broader transtheoretical frameworks.

In order to address this theory gap, research is required to identify common factors operating across all therapeutic schools with regard to the application of mental imagery. To this end a study was undertaken to inquire into potential category bases for developing generic typologies in mental imagery. A scoping exercise was undertaken of case studies of mental imagery in clinical practice published in academic journals in order to map out the field. A sample of suitable case vignettes drawn from a wide range of therapeutic approaches was selected. The imagery-related clinical material was abstracted and used as the data for a grounded theory style analysis. This analytic process disclosed one overarching category i.e. the therapeutic function of mental imagery and two core categories: 1. conveying information from the subconscious/wider mind-body system to the conscious mind, and 2. delivering directions from the conscious mind to the subconscious/wider mind-body system. These two categories were further differentiated into the following six specific functions: diagnostic; monitoring; processing; reparative; process management; and framing. It is proposed that this emerging functional typology of mental imagery has the potential to be the base of a coherent unifying transtheoretical model.

These findings are discussed and critiqued in the light of the original unabridged data, and the researcher's own clinical practice with mental imagery. The relevance and implications of these findings are considered with regard to the wider field of psychotherapeutic practice. Recommendations are made regarding the further testing out and refinement of this potential model of the therapeutic functionality of mental imagery.

This study is accompanied (and its subject matter further illuminated) by an account of the researcher's own heuristic inquiry into the subjective and tacit dimensions of her research journey disclosed through symbolising this process as a mental image and monitoring its changes over time.

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- V. *Copy of Thomas, V. (2010). 'Interior spectating: Viewing inner imagery in psychotherapy' in A.Oddey & C. Wright (Eds) Modes of Spectating. Chicago: University of Chicago Press*
- VI. *Outline of Article Intended for Publication: 'Towards a Multifunctional Model of the Therapeutic Application of Mental Imagery.'*
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1: INTRODUCTION, BACKGROUND & OVERVIEW

1.1 Introduction

This Final Project (FP) represents one discrete phase in a professional and personal journey bound up in a deep interest in the therapeutic power of mental imagery. The preceding Recognition of Accredited Prior Learning (RAL 5) has documented some of the earlier stages where the professional foundations of this work were laid down. Although the main thrust of the research presented here is an attempt to develop theory in the field, it is important to emphasise the deeply reflexive nature of my research process. Using mental imagery to illuminate and clarify tacit dimensions of experience has characterised not only my professional work but also the strategies I have used to advance my personal development. In other words this research inquiry is a natural development of a practice that is deeply integrated in all aspects of my life. Therefore I will introduce this FP by setting it within a personal context.

Through this I intend to shed some light on how I am entering the field and also to show how this project represents one stage in an unfolding process operating over most of my life – a process I could never have predicted and one that I have learnt to co-operate with rather than attempt to control.

Before I do this I will start by clarifying the aims and objectives of the research I have undertaken. At the end of this chapter I will also make some general comments about how I have chosen to represent the narrative of the research.

1.2 The Aim of the Research

This research project was designed to make a contribution to the development of some generic or unifying theory regarding the therapeutic application of mental imagery in psychotherapy. Although there is a great deal of literature concerning the procedures and techniques of using mental imagery, the subject is undertheorised. Within the psychotherapeutic field, any theoretical speculation regarding its operation and therapeutic efficacy is generally informed by other disciplines such as neuroscience and psychology. Contributions to understanding the nature of mental imagery from within the discipline of psychotherapy have been structured by the paradigm specific to particular therapeutic approaches e.g. Freud and screen images

(Jacobs 1999); Jung and archetypal symbols (1954). The aim was to identify any common factors operating in the therapeutic application of mental imagery that could contribute to the development of a more unified theoretical framework.

A quest to identify common factors would suggest categorisation as a potential general organising principle. If mental images used in psychotherapy fall into distinct categories these in turn could be further classified into typologies. A generic typology thus arising could inform a transtheoretical framework for the therapeutic application of mental imagery

1.2.1 The Objectives

The overarching research objective was, therefore, to gather data on mental imagery produced by clients in order to identify potentially useful bases for building typologies that could inform therapeutic theory and practice. This broad objective was further operationalised into the following series of interlinked tasks:

- i. Identify the nature and characteristics of mental imagery in the main psychotherapeutic modalities through an extensive review of the relevant literature.
- ii. Examine allied practices, in particular the therapeutic application of metaphor and the use of clients' drawings and paintings in art therapy, to see what light these modalities can shed on the topic of categorization and classifications.
- iii. Identify generic characteristics and possible categories or types of mental images (used in psychotherapeutic practice) themselves.
- iv. Investigate the potential for evolving a typology of mental imagery in psychotherapy.

1.3 Personal and Professional Background

My research project has arisen out of almost four decades of a fascination with mental imagery that originally focussed on symbols as a vehicle for psycho-spiritual development and later broadened out into investigating the power of imagination to influence psychological health. Over the intervening years, my interest has turned

more and more to mental imagery as a primary means of facilitating therapeutic process. I can recall one of the key moments when I became conscious, as it were, of the power of symbols. As this experience relates to a dream I had in my early 20s, it seems appropriate that this auspicious event, which now in retrospect appears predictive of the path I would subsequently follow, should open this section.

One day in the course of my studies, I chanced upon a book by Carl Jung, i.e. 'Man and His Symbols' (Jung & Franz 1964). On first opening it, I knew I had discovered something very important for myself. Later that same day I fell asleep and dreamed that I was staring up at the constellations in the night sky; each constellation had a sign hanging beneath it bearing its name. I was filled with awe and wonder, and I turned to the other people standing around me, but to my surprise although they could see the stars they could not read the signs. When I woke up the book was still lying face down on my chest. This was, I believe, one of the 'big' dreams in my life announcing the importance for me in making the connection between imagery and psychology.

Of course, I can see how the origins of this fascination with images and symbols can be traced back to my own ancestry and formative experiences in early childhood. An Anglo-Welsh heritage exposed me to a treasure trove of the imaginal repertoire of Celtic culture. I recall many experiences as a young child sitting in the little formal parlours of Welsh mining village houses entranced by the vivid story telling of my aunts and uncles. Later on, through a transient and unsettled childhood (my father was an RAF lieutenant so the family moved from base to base), I found refuge in the world of my imagination.

As an adult, my more conscious engagement with imagery and symbols – triggered by the dream – developed into an ongoing practice of using these as imaginal strategies for personal and spiritual development. Alongside this, my professional life began to change course. Having started off as a professional archaeologist specialising in prehistory, it was becoming apparent to me that my interests and talents lay elsewhere. After a long period until my mid-thirties without any clear direction, apart from my own project of deepening my self-understanding, I felt an inner prompting to look for work in the social services sector. In 1990 I started work in a voluntary capacity at an inner city crisis intervention centre for substance misusers. It was here

that I began to understand how to apply my understanding and knowledge of mental imagery to help people manage difficult psychological and physical conditions. This marked the beginning of my professional journey as a therapist and this stage is detailed in RAL 5 (specifically Appendix 2).

In summary, it was this thirteen years that I spent working in a range of substance misuse agencies that laid the foundations for my specialism of using mental imagery as the primary means of facilitating therapeutic processes. There were no existent guidebooks for this particular application with substance misusers so my knowledge and practice developed through experience and experimentation. This culminated in my decision to attempt to formulate my clinical knowledge and produce a textbook which other practitioners could use in the field (appended to RAL 5). It also prompted my professional training as counsellor to integrate these techniques and procedures more fully within an orthodox professional practice and latterly as a counselling educator in HE where I am able to further refine and pass on my understanding (see RAL 5 Appendix 9 for HE Level 3 module on therapeutic imagery which I designed and regularly deliver at Anglia Ruskin University).

1.4 The Genesis of My Research Question

Alongside this self-imposed task of clarifying the procedures of using mental imagery with substance misusers, I found myself beginning to consider some wider more theoretical questions regarding this practice.

The first question that arose concerned the ontology of mental imagery and this was triggered by a big change in the pattern of substance misuse presented by the clients using the voluntary and statutory services during the 1990s. A new illegal drug i.e. crack cocaine arrived in London and this extremely addictive substance soon established itself alongside heroin as the main drug of choice for increasing numbers of people. I started to realise that there was a consistent difference in the mental imagery produced by crack cocaine users to the opiate users. One of the standard procedures I used was to help clients represent their internal psychological structure in the form of a building; this gave very helpful and immediate insights into their current condition. I had become accustomed to opiate users reporting common themes of buildings, often no longer inhabited, on a continuum from early stages of dereliction

at one end through to complete ruination at the other. I initially regarded these as indisputable expressions of the general negative impact of chronic substance misuse on the self. However, there was a very specific feature of the building image that was consistently related to crack cocaine use i.e. significant damage to the roof or top of the building. This posed a big question about the source of the imagery. I could see that this tallied with a Jungian perspective where the house is seen as an archetypal symbol of the self with the attic and roof representing the mind. This made sense when I considered the clients' metaphorical expressions for the impact of crack cocaine e.g. 'it blew my head off' was a common expression. However, the theory of the collective unconscious did not fully explain why ingesting a particular substance would result in this universal representational feature. I turned to the newly-emerging narrative therapies (White & Epston 1990) to see if the postmodern non-psychological conceptualisation of the self could provide an alternative answer. The idea that the self is constructed out of an available repertoire of narratives could explain similarities in the building image. However, it could not explain a universal theme regarding the self that did not exist in the public repertoire (as far as I was aware there were no general cultural ideas regarding this particular pattern related to crack cocaine use).

The second puzzle was the scarcity of the literature in terms of more generic theory. From my literature review for my MA dissertation (Thomas 2002), I discovered that not only was there very little work published on this specialist application of mental imagery, there were also no references that I could find of other clinicians discovering similar patterns that had emerged in my own practice. It became clear that although the therapeutic use of mental imagery was common to nearly all the different therapeutic modalities, there was little unifying theory; mental imagery was viewed from the paradigm specific to each approach. The closest parallel to my own findings, as indicated above, were to be found within the Jungian school of analytical psychology. I was puzzled – why did mental imagery go through cycles of the rediscovery of the potency of its therapeutic potential without this resulting in a developed body of generic theory? Considering the current thrust towards identifying common factors implicated in positive therapeutic change, it seemed very strange to me that so little interest was displayed in theorising the way in which these imaginal processes operate across all therapeutic approaches.

These questions have been the genesis of this FP and have informed the aims and objectives of my research. I decided to focus my study on an attempt to identify a generic typology because firstly, categorization is a basic general organising principle (Lakoff 1987), and secondly, typologies had begun to emerge in my previous clinical work e.g. based on the level of complexity exhibited by the client's mental image (Thomas 2006). I was supported in my belief that this would be of value to the wider therapeutic field by the comment made by McGregor (2007:46) in her favourable review of my guide to practice (see full text in RAL 5 Appendix 5); 'I find Thomas' imagery typology particularly invaluable.'

1.5 The Structure and Presentation of the Text

I think it is important to make some comments regarding the decisions I took in structuring and presenting this FP as these decisions have a bearing on how the research is received and perceived by the reader. Furthermore, by being explicit about this, I hope to make the reading of this research process more accessible and to eliminate some of the recursions that would further complicate an already complex narrative.

Before I begin, I want to emphasise that I am in wholehearted agreement with Steinke's (2004) positioning of transparency as the core criterion for assessing the quality of qualitative research and that, from start to finish, I will be documenting as clearly as possible the process whereby I reached my conclusions. By making my research process as transparent as possible, I believe that the reader will be in a better position to assess the trustworthiness of this research.

Initially, the main tension arose between providing an account of the experience of an unfolding creative process and the demands of presenting a research project which demonstrated intellectual rigour and made claims for validity and reliability. I considered it to be important to give the reader some insight into the challenges the research project threw up and how participating fully in this process prompted significant personal and professional development. However, if the balance swung too much on the personal experiential side, then there was a danger that this could undermine the case I intended to make for the research making a contribution above and beyond generalisations stemming from heuristic processes. This is not intended to

downplay the important contributions arising from the heuristic research tradition but this was not the main methodological thrust in this FP.

My solution to this dilemma was to retain as much as possible a linear narrative structure from start to finish. I believed this would allow the reader to follow the research journey through its various stages including: an overly laborious data collection process; the crisis of an unproductive first analysis of the data; the ‘eureka’ moment of a successful second data analysis; and the final emergence of a potential unifying model of mental imagery. In order not to interrupt the narrative flow, I put the chapter giving an account of my accompanying heuristic study of my research at the end of this sequence. This chapter gives the reader insight into the subjective and imaginal processes that were operating during the early stages of data collection. Throughout the text, I attempted to balance this linear story telling by embedding within it a substantial ongoing critical commentary on my reflexive engagement with the research process. I have chosen to express the former in a first-person voice and the latter in both first and third person voices to represent the ongoing internal dialogue between personal engagement and detached critical observation.

I have chosen to represent my research using the accepted and established conventions in qualitative research (Silverman 2010) as these appear suited to the requirements of a grounded theory style approach i.e. my main research methodology. I resisted the temptation to employ novel and creative means of conveying the research particularly through using visual illustrations and including a wider range of literary styles and forms. This is because I believe that the research itself expresses originality and creativity and my intention in this text is to convey this as precisely and accurately as possible. The subject of the research is the imaginal process. I suspected that novelty and explicit imagery in the representation itself would not add anything useful and might even be detrimental to the aim of analytical clarity.

I have used a numbered system of headings, subheadings, and sub-sub heading throughout the text in order to help structure the material and to signpost the reader. This system gives a clear architecture to the whole text and this architecture can be viewed in summary on the contents page. However, I have been judicious in the use of this system by restricting the use of sub headings particularly sub-sub headings to clear demarcations of subject matter. This is because an over-enthusiastic application

of this system could lead to a fracturing of the text and an interruption to the narrative flow.

2. LITERATURE REVIEW

2.1 Introduction

In this literature review I will start by situating my research project through presenting an overview of the therapeutic use of imagery in the field of psychotherapy. By doing so, I will be supporting my basic premise that each school has viewed the application of imagery through its own theoretical lens and that this has led to both a theoretically diverse understanding of mental imagery and also an emphasis on application rather than the development of generic theory. I will also briefly consider postmodern developments in the form of narrative therapy and its objections to the structuralism implied in the identification and construction of typologies.

I will then consider the scope of a literature review that by its nature straddles several disciplines. Here, the most pertinent questions are identified as a means of focussing the review in a clear and productive way. These questions involve a significant discussion of the contribution of both the important new discipline of cognitive linguistics with particular reference to conceptual metaphor and also the more general therapeutic use of metaphor to our understanding of general characteristics of mental imagery. I will also include an examination of the therapeutic use of clients' paintings and drawings in art therapy and particularly how these art productions have been used as assessment tools. The latter is particularly relevant to my research inquiry as the development of these tools is based on processes of categorisation and classification. I will then consider the psychotherapeutic field from a transtheoretical perspective by focussing on a detailed review of the existing literature on the identification of classes and types of mental images and the development of any generic typologies of mental imagery.

In terms of my existing knowledge, I started from a well-established base having conducted a previous literature review for my MA (Thomas 2002) of the use of mental imagery to treat substance misusers. Since then, my knowledge of the field has been continuously updated through the preparation required for recent publications (Thomas, 2006, 2007, 2009, 2010) as well as designing and delivering a Level 3 HE module on using therapeutic imagery in counselling (see RAL 5 Appendix 9).

2.2 Overview of the Use of Mental Imagery in Psychotherapy

Mental images as a significant resource for therapeutic purposes have a long history (McMahon & Sheikh 2002). Shamanism, which Achterberg (2002) conceptualises as the medicine of the imagination, is ubiquitous across the world throughout time (Eliade 1989, Grof 2001, Noll 1985). Psychotherapy, since its inception, has exploited the association between image and emotion and each modality has theorised and utilised mental imagery to a greater or lesser extent. It could be argued that the history of mental imagery in psychotherapy is essentially a narrative of the rediscovery of its potential as a powerful agent of communication between the conscious cognitive mind and the wider mindbody system; or stated more succinctly and explicitly by Fromm (1951) as the rediscovery of a forgotten language. Each therapeutic modality has theorised the psychological operation and functions of mental imagery in various ways, classic examples being; Freud's (1953, Noy 1969) hypothesis that the client's imagery is related to primary processes i.e. unconscious patterns formed in early childhood; Jung's (1954, 1960) understanding of the archetypal structure of the psyche which communicates itself through dreams and symbols; and Perls' (1969) belief that spontaneous imagery expresses repressed or neglected aspects of the psyche. The following reason given by Stigler and Pokorny (2001:415) for the increasing integration of imagery techniques into a range of therapeutic approaches is a current reformulation of this general perception of the therapeutic potential of imagery;

‘Dreams and imagery mobilise resources by activating and combining schemas, memories and emotions not otherwise accessible to conscious cognitive processing.’

Based on this almost unanimous acknowledgement of the therapeutic potency of mental imagery, each school has developed specific approaches to the use of this resource within their particular theoretical paradigm. I review these contributions briefly below. At the end of this section I consider the current developments in the field including the challenge of postmodernism

2.2.1 Psychoanalytic and Psychodynamic Approaches

When Freud originally began his therapeutic work, he stimulated imagery in his patients by touching their heads and then interpreting the arising images and fantasies

(Hall et al. 2006). Later on, Freud (1953) ceased to encourage this active generation of imagery and restricted himself instead to interpreting his patients' dreams and spontaneous fantasies. He believed that the unconscious both disclosed information through dream images and fantasies but also used them to ward-off repressed material. The manifest image is viewed as the product of processes of symbolization, condensation, and displacement, and interpretative strategies, such as free association, are needed to explore its multiple latent meanings (Suler 1989). A more active engagement with the patients' imagery re-emerged during the 1970s which was prompted by both a renewed interest in mental imagery in psychology and also the revisions of the psychoanalytic school, particularly object relations and self-structure approaches that were less concerned with drive theory (Suler *ibid*). A good example of this active approach is Silverman's (1987) 'imploding psychodynamic themes' technique where the patient is actively encouraged by the analyst to conjure up affect-laden imagery. Silverman makes the case that this active technique is more likely to facilitate the patient's process of working through inner conflict than the traditional approach of interpreting spontaneous fantasies.

2.2.2 Jung's Contribution

Jung remains one of the most influential figures in terms of our understanding of imagery and symbolism in therapeutic process (Hall et al. 2006). Similarly to Freud, he viewed imagination and symbols as the language of communication between the conscious mind and the unconscious. However, he departed from Freud by differentiating the unconscious source into two strata i.e. an individual personal unconscious that emerged out of a deeper collective unconscious structured by archetypal patterns. His argument for the unconscious archetypal aspects of the self rests upon the consistent characteristics of symbols displayed across many cultures e.g. the mandala expressing themes of wholeness (Henderson 1964). A basic premise of analytical psychology is that archetypes are understood to be innate *a priori* psychic structures which have the capacity to direct psychological life. However, more recently, neuroscience research findings have called into question the basis of archetype theory. Merchant (2009:341) and others propose that archetypes are emergent properties of the mind rather than being innate;

‘Image schemas are understood to be foundational mind/brain structures which are developmentally produced during human pre-verbal experience.’

Jung’s influence has been equally important in terms of therapeutic practice. A particularly important contribution was his procedure of accessing the unconscious through ‘active imagination’ (Sawyer 2002, Samuels 1985). A particular feature of Jungian theory is the idea that the unconscious has both a transcendent and also a balancing function and that its expression through images allows this to function. Although tied into a particular view of the psyche there is less emphasis on interpretation by the therapist, instead the client is encouraged to allow imagery to unfold and deliver up its meaning. Jung’s belief that the person who produced the image was the best interpreter of the image was a radical departure from the Freudian psychoanalytical tradition.

2.2.3 Humanistic Approaches

Humanistic therapies, in general, draw upon a wide repertoire of imagery procedures and techniques, many of which were originally developed during the 1960/70s. Similarly to the Jungian school, these approaches hold a belief that it is the client, and not the therapist, who makes best sense of the image; the imagery is viewed as a creative expression of the unfolding of human potential. Although Rogers’ (1976) person-centred approach decried the use of any kind of technique, later followers believed that that it was legitimate to actively help clients get in touch with parts of the organismic self denied to awareness; this is evident in Gendlin’s (1981) focussing technique where he draws on images to help the client begin to identify the contents and meaning of vague undifferentiated bodily sensations (Tynion 2002). One of the most influential contributors to the use of imagery in this school was Perls (1969) who made significant use of client imagery that arose spontaneously during the session (Hall et al. 2006). Clients were encouraged to express the image creatively using all the senses in order to allow its meaning to be grasped. Another significant contributor to the use of imagery as a means of communication between neglected or repressed aspects of the self and the conscious mind was Assagioli (1965), the founder of the humanistic-transpersonal model of psychosynthesis. He noted that imagery is particularly beneficial because of its capacity to tap into many aspects of the total personality and integrate different levels of sensation, emotion, cognition and intuition

(Moleski et al. 2002). A particularly influential member of the psychosynthesis school was Ferrucci (1982) whose seminal text i.e. 'What we may be.' helped to propagate the use of mental imagery in the wider humanistic field.

2.2.4 Cognitive Behavioural Therapy

Beck advocated using mental imagery from early on in the development of cognitive behavioural therapy (Wills & Sanders 1997). He (1970) believed that this would allow therapists to gain an understanding of the meanings clients attributed to their dreams (Beck's original psychoanalytical training is evident here.) However, despite this original interest in elucidating the meanings of dream imagery, the main focus in this school quickly turned to developing procedures which involved the manipulation of mental images to impact on emotions (Holmes & Mathews 2010). More recently cognitive behavioural therapists have recognised the usefulness of working with imagery more generally within a cognitive framework (Wells & Hackmann 1993). These strategies, as might be expected, are mainly directive and emphasise cognitive restructuring (Edwards 1989). A wide range of applications have been developed, examples being: reducing traumatic grief reactions by visualising less aversive images (Fidaleo et al. 1999); changing negative behaviour through visualising the inner critic (White 1988); inducing relaxation in anxious clients (Overholser 1991); modifying psychotic delusions (Serruya & Grant 2009); and rescripting in eating disorders (Ohanion 2002).

However, there is also a growing recognition of and empirical support (Holmes et al. 2006, Holmes & Mathew *ibid*) for the capacity of mental imagery to access nonconscious processes, particularly clients' early implicit or procedural memory. This is particularly helpful in expanding the therapeutic range of CBT interventions as the early procedural self forms during the preverbal cognitive stage (Stigler & Pokorny 2001). The primary patterns or schemata laid down during this formative period can be exposed through imagery procedures which have been developed to help the client identify underlying assumptions (Wills & Sanders 1997, Padesky & Greenberger 1995). Teasdale and Bernard (1993) have developed a model of interacting cognitive subsystems: one of these subsystems is expressed straightforwardly in propositional code, the other one is implicate and is expressed in more inchoate bodily sensations and metaphoric communications.

Additionally, recent neuroscience research (Wilkinson 2006) has stimulated a surge of interest within this school to find more effective ways of using mental imagery to modify negative emotional conditions (Holmes & Mathews *ibid.*) This has resulted in developments such as imagery rescripting techniques (Holmes et al. *ibid.*, Arntz & Smucker 2007)) where imagery has become the main therapeutic tool. These developments have been also influenced by an emerging view that suggests emotion is more than just a product of cognition but sometimes a source of meaning and a type of information processing (Whelton 2004). Currently, in terms of the therapeutic application of mental imagery, CBT and its recent variants are proving to be at the forefront of developments in the field, and are, somewhat ironically, reprising and remodelling imagery techniques – that were originally developed and used by humanistic pioneers such as Perls (1969) – along more instrumental lines.

2.2.5 Imagery-Based Therapeutic Approaches

Another important contribution to the field has been made by individual clinician-theorists who developed their own particular versions of imagery-based psychotherapies. Amongst others, one important school is Oneirotherapy (Much and Sheikh 2002) developed by Fretigny and Virel (1968) who believed that imagery is a special language of the unconscious that communicates symbolically transposed affect. Other notable contemporaneous practitioner-innovators such as Leuner (1984) and Desoille (1966) developed approaches that shared similarities with this school; both were heavily influenced by Jung's (1960) method of 'active imagination'. The features that characterise this school are the use of a specific imaginary starting point, which is deemed to represent a pertinent psychological theme. The structuralist perspective can be detected in the assumption that these imagery themes will have the same basic meaning for everyone, e.g. Leuner (*ibid.*) suggests that asking a client to imagine climbing a mountain will show how that person feels about his/her ability to take control of his/her life. The client is encouraged to allow the imagery to unfold spontaneously and the resulting images and experiences are discussed with the therapist with a view to integration (Hall et al. 2006). Influential proponents of this method have each developed an individual repertoire and system, examples being Leuner's guided affective imagery (*ibid.*), Desoille's guided daydream method (*ibid.*), Krystal's transpersonal guided visualization (1982), Tajima and Naruse's "Tsubo" imagery method (1987) and Stewart's image-based counselling (1996). These

techniques and procedures have been adopted and further developed in the wider humanistic field.

Although their main contribution has taken the form of techniques and procedures, one clinician, in particular, has developed some more generic theory regarding the nature of mental imagery. Ahsen's eidetic psychotherapy (1968) is an unusual hybrid of humanistic and cognitive behavioural approaches; it is a highly systemised approach to working with mental imagery where diagnostic and therapeutic procedures are intertwined. He (1984) developed the influential ISM model (visual Image, Somatic response and Meaning) that proposes a three-dimensional model of imagery. The core is the visual representation and the other two components comprise the somatic aspect and the associated meaning. Not all three are necessarily present at the same time. Although this is a descriptive model with little explanatory power, the ISM model has been widely accepted as a useful framework in the field (Achterberg 2002, Sheikh 2002, Sheikh & Jordan 1983).

2.2.6 The Postmodern Perspective on Mental Imagery

All the previous therapeutic approaches using mental imagery have one thing in common: they share a modernist conception of the self as autonomous and bounded. Change is posited as an intra-psychic process and mental imagery is regarded as something generated from and within the subjective interior of the individual mind (McLeod 1997). Towards the end of the 20th century new therapeutic approaches arrived that were grounded in a radically different concept of the self that privileges intersubjectivity over subjectivity i.e. the postmodern view of the self as socially constructed and the notion of reality as being co-constructed in relationship (McLeod *ibid*). The very nature of self-identity is fluid and socially-constructed, or as Gergen and Kaye (1992) assert a multiplicity of self-accounts – selves are only realised as products of relatedness. Our self-identity is fictive with no ontological basis (Etherington 2004).

From this perspective within the emerging school of narrative therapy (White & Epston 1990) there is no possibility that mental imagery can be a means of accurately diagnosing the source of presenting issues and neither can it be a vehicle for therapeutic change because: firstly, both of these therapeutic aims would be seen as a

modernist endeavour and; secondly, difficulties that the clients bring would be theorised as arising within the intersubjective field of action rather than the individual subjective interior. Another contributing factor to the marginalising of mental imagery within narrative therapies is the emphasis on the linguistically constituted nature of human experience – the ‘linguistic turn’ in late 20th century philosophy (Denzin & Lincoln 2000). Verbal language, i.e. discourse and dialogue, is seen as the primary generator of meaning.

However, some narrative researchers are beginning to view this privileging of language as a limitation. Leitch (2007) points out that imagery has more access than verbal language to latent emotional aspects of the person that may be influencing behaviour and cognition. Richert (2002) proposes that critical constructivism rather than social constructionism allows for a wider more inclusive understanding of self identity because it posits a first order reality that exists prior to the socially constructed one – the corollary being that some meaning is generated intra-individually. This allows the possibility of integrating existential/humanistic understanding into narrative therapy that is of humans having an embodied existence that is first lived and then crystallised into languaged concepts (parallel theoretical constructs in the psychodynamic school can be seen in Stern’s [2000] four senses of the self that form up during the preverbal stage of development). This then makes room for the role of mental imagery as a mediating language between tacit experience and conscious linguistic concepts as Gendlin (1997) asserts in his later theorisation of focussing and experiential process.

2.3 Determining the Scope of the Literature Review

The backdrop to any study of typologies of mental imagery in psychotherapy is both complex and interdisciplinary. I list below some of the main domains that would be involved in an exhaustive study of the subject:

- explanations of its efficacy
- cognitive linguistics and conceptual metaphor
- metaphor applications in psychotherapy
- philosophy of consciousness
- the nature of mental images
- allied therapeutic modalities using expressive arts and art therapy
- dreams

- current neuroscience research findings
- different modality applications
- the interpretation of mental images
- altered states of consciousness
- cognitive development and mental imagery
- transpersonal imagery and symbolism
- healing applications
- emotion and emotional processing

In order to deliver a focussed literature study it is necessary to delimit the field of inquiry. I realised that I would need to be quite ruthless in this regard because of the extent of the literature. Initially I wanted to include a discussion of its efficacy, particularly developments in our understanding gleaned from current neuroscience research, because it would lend itself to a view of imagery not tied to any particular therapeutic school and would thus serve the purposes of developing generic theory. Reluctantly, however, I decided to exclude this on the grounds that my research focussed on the nature and characteristics of mental imagery rather than an inquiry into how it produced its therapeutic effects. Instead, therefore, I chose to focus on another discipline, i.e. cognitive linguistics, because one of its core constructs i.e. conceptual metaphor (Lakoff & Johnson 1980) provides a potential means of viewing mental imagery from a more unifying perspective of embodied activity (Gibbs & Berg 2002) rather than the diverse psychological models of the self espoused by the main psychotherapeutic schools.

I also chose to review the literature on allied therapeutic practices, in particular with regard to metaphor and the use of clients' drawings and paintings in at therapy, to see what light these modalities could shed on the topic of categorization and classifications of mental imagery in psychotherapy.

Consequently, I narrowed the scope of my literature review to the following guiding questions which I believed would be the most pertinent and fruitful for my purposes.

- i. How does cognitive linguistics, in particular conceptual metaphor contribute to our understanding of therapeutic use of metaphor and mental imagery?
- ii. What do studies of the therapeutic use of metaphor reveal in terms of general types and classes of metaphor?

- iii. How have allied therapeutic modalities in particular art therapy approached classification and categorization of clients' art productions?
- iv. What kind of categories, types or typologies of mental images have already been proposed in psychological therapies?

2.4. The Theory of Metaphor and its Therapeutic Application

2.4.1 Theory of Metaphor

During the last century there was a renewed interest in metaphor and with this came a raft of new theories from different disciplinary perspectives e.g. Beardsley's (1962) phenomenological approach, Black's (1962) interaction theory, and Ortony's (1979) nonliteral similarity theory, that challenged the narrow but long held view of figurative speech being merely a surface decoration of language. Other theorists (Searle 1985) focussed on speech act theory as a potential means of resolving the paradox of metaphor. As Ricour observes (2003:112),

‘The dictionary contains no metaphors; they exist only in discourse. For this reason, metaphoric attribution is superior to every other use of language in showing what ‘living speech’ really is; it is an ‘instance of discourse’ *par excellence*.’ (Italics in original text.)

Of particular interest to this study is the development of theories that link metaphor to cognition, particularly with regard to establishing an ontological base for metaphorical thinking. Ricour (ibid) traces the origin of this idea in the work of Richards (1936). It is intriguing to note that at this early stage links were already being made between metaphor and therapy. Richards (ibid) claimed that transference is a synonym for metaphor but without language – we are living out feelings and relationship in terms of a previous parental relationship. Ricour (ibid:96) elaborates further;

‘Thus, the process of interpretation takes place at the level of modes of existing. The example of psychoanalysis, although dealt with briefly, gives us a glimpse of the horizon of the rhetorical problem: if metaphor consists in talking about one thing in terms of another, does it not consist also in perceiving, thinking or sensing one thing in terms of another? ’

2.4.2 Cognitive Linguistics and Conceptual Metaphor

It is not until the 1960s that the real thrust towards a cognitive model began to take shape with Black (1962) who, building on Richards' (1936) ideas, developed a theory of metaphoric models of thought. As Ungerer and Schmidt (1996:119) state; 'This means that metaphors are not just a way of expressing ideas by means of language, but a way of thinking about things.' These ideas were refined and further developed into a more systematic theory of cognitive linguistics by Lakoff and Johnson (1980) who coined the term 'conceptual metaphor'. This theory views language as arising out of our embodied experience of the world and its primary vehicle for expressing this is metaphor. Furthermore, these metaphors function in a fundamental way to structure our thinking and perception. Ungerer and Schmidt (ibid) also emphasise that it is the most familiar unconscious metaphors that are the most basic in terms of this structuring process. Lakoff and Johnson (ibid:3) state; 'Our ordinary conceptual system, in terms of what we both think and act, is fundamentally metaphorical in nature.' They conclude (ibid:158);

'In all aspects of life, not just in politics or love, we define our reality in terms of metaphors and then proceed to act on the basis of the metaphors. We draw inferences, set goals, make commitments, and execute plans, all on the basis of how we in part structure our experience, consciously and unconsciously, by means of metaphor.'

In other words the metaphor precedes language and language is an emergent property of experience and action.

Support for the ontological base of conceptual metaphors has been demonstrated through research revealing similarities in metaphors for basic emotions across a wide range of different cultures (Kovesces 2002b) e.g. no cultural exception has been discovered so far to the metaphorical view of anger expressed as FLUID IN A PRESSURISED CONTAINER (NB capital letters are the convention for conceptual metaphors.) In more recent work, Gallese and Lakoff (2005) have proposed an extension of this ontological base to encompass all abstract thinking. The groundbreaking discovery of mirror neurons (Rizzolatti et al. 1996) i.e. the same neurons fire not only when we perform an action but also when we watch someone else perform the same action, is the basis of their claim that imagining and understanding originate from the same neural substrate. They explicate it thus (ibid: 456);

‘According to our proposal, the concept *grasp*, from which we will start, gets its meaning via our ability to imagine, perform, and perceive *grasping*. Our ability to imagine grasping makes use of the same neural substrate as performing and perceiving *grasping*. According to our proposal, imagining is a form of *simulation*—a mental simulation of action or perception, using many of the same neurons as actually acting or perceiving.’ (italics in the original)

The explanatory power of this model is impacting on a wide range of other disciplines including archaeology e.g. Whitley (2008) argues for a continuity of conceptual metaphor from preliterate times to the present day through evidence presented by rock pictographs; and comparative philosophy e.g. Lu and Chiang (2007) suggest through an analysis of the Heart Sutra that Buddhist philosophy is akin to the cognitive linguistic view of the embodied mind.

Psychotherapists, in particular those informed by analytical psychology, have also begun to engage with its implications for our understanding of how images operate as communications of preverbal processes. Knox (2009:316) believes that Lakoff’s model leads to a radical revisioning of archetypes;

‘I propose that the image schema offers us for the first time a sound developmental model of the archetype, which can therefore be understood as an early developmental conceptual achievement, rather than being an inherited innate psychic component. I suggest that the image schema, or archetype, is the earliest true concept, in that it arises from the activity of secondary pre-motor areas, whose connections to primary motor areas have been inhibited.’

Finally, it is worth pointing out that theorists such as Gibbs and Berg (2002) assert that cognitive linguistics is providing both the theoretical and, more recently, empirical evidence for the argument that mental imagery arises out of embodied experience. This embodied meaningfulness solves the long-debated symbol grounding problem i.e. the attempt to connect symbols to objective referents in the external world – meaningfulness is embedded in human perception and action. The implications of this for therapeutic work with mental images is clear i.e. working with mental imagery (or image schemas) is potentially the most direct means of accessing fundamental patterns of thought, behaviour and meaning making.

2.4.3 Therapeutic Use of Metaphor

As Lakoff and Johnson (1980) remind us, everyday language is full of metaphor and is thus an ever present feature of therapeutic communication (Siegelman 1990). Although it has not been subjected to much systematic research, there have been some studies that provide evidence for the capacity of figurative language to advance therapeutic progress (Stuart 1997). In general, metaphor has had a similar trajectory to mental imagery in psychotherapy i.e. that it has been exploited as a useful resource in various ways dependent on the particular therapeutic school but has not been theorised to any significant degree. An intuitive understanding of the therapeutic potential of metaphor is certainly evident in the work of some of the master clinicians of the last century (Wirtztum et al. 1988) e.g. Erickson (Lankton & Lankton 1983) and Kopp (1971). Some specific strategies have been developed for the therapeutic application of metaphors and one that is pertinent to a study of mental imagery is the technique of transforming clients' metaphoric kernel statements (Wirtzum et al. *ibid*). Here the clinician encourages the client to turn a metaphoric statement, that appears to convey an essential truth about the client's condition, into an image and then to creatively explore it. Towards the end of the last century Lawley and Tomkins (2000) discovered another master clinician Grove's (Grove & Wilson 2005) work on using clean language to facilitate the unfolding of client metaphors. They developed his work and systemised it into a therapeutic approach called symbolic modelling which is securely underpinned by cognitive linguistics theory in particular conceptual metaphor.

The arrival of this new discipline of cognitive linguistics that assigns a fundamental role in cognition to metaphor is beginning to stimulate more rigorous attempts to study and evaluate metaphor in action e.g. metaphor as playing a central role in the therapeutic process (Ingram 1994, Angus 1996). McMullen (1989) has tentatively identified three aspects of metaphor consistent with positive therapeutic outcome namely: the elaboration of major therapy themes via bursts of figurative language or development of a metaphor over time; the existence of a central metaphor(s) as evidenced by the use of several conceptually related figures that fit the metaphor(s); and the expression of some positive personal change in figurative language. She (McMullen 1996) suggests that the next step in the research project would be to identify the key metaphors involved in therapeutic change.

2.4.4 Categories and Typologies of Metaphor

The theory of conceptual metaphor has also increased interest in the field in terms of identifying more general theory, particularly identifying categories and typologies, in relation to metaphor. As Wickman (Wickman et al. 1999:389) notes; ‘Conceptual metaphor provides a potentially powerful counselling framework generalizable across theoretical orientations.’ Some attention has been paid to identifying the functions of figurative speech including metaphors in psychotherapy. An early contribution was made by Lenrow (1966) cited in Ingram (1994:272) who identified a range of therapeutic functions of metaphor;

‘His conclusions may be summarised as follows: Metaphors bring together different realities, serve as a tool for unifying disparate items, and form a bridge between therapist and patient, conscious and unconscious processes, reality and fantasy, and old and new ways of being.’

Later research continued along similar lines such as McMullan’s (1985) study which disclosed three main functions: expressing difficult to verbalise feelings and experience; helping communication between client and therapist by using concrete descriptive metaphors; and thirdly to help problem resolution by restating the issue in a different way. Stuart’s (1997) study identified a different set of three main conceptual categories of therapeutic function informed by psychodynamic theory: articulation of internal experience and interpersonal experience; apparent avoidance of experience; and collaborative reference i.e. client picking up and using therapist’s figurative speech. Finally, Lyddon (Lyddon et al. 2001) suggests that metaphor functions in five ways: relationship building, accessing and symbolising emotions, uncovering and challenging clients’ tacit emotions, working with client resistance and introducing new frames of reference. These variations show that little consensus has been reached regarding a standard typology of therapeutic function. This may well be due to Ingram’s (ibid) contention that research into the therapeutic application of metaphor has not yet demonstrated sufficient methodological adequacy.

Finally, there has been considerable interest in studying a basic distinction observable in metaphoric speech i.e. between frozen or dead metaphors and novel ones. Dead metaphors are defined as stock figurative sayings that no longer have a current referent e.g. ‘getting the wrong end of the stick’ which refers to out-of-date

printing practices, whereas novel metaphors are newly coined. A long-standing hypothesis has been that therapeutic change is more associated with novel figurative speech than clichéd expressions. McMullen's (1989) study did not produce any significant association which led her to dispute the significance of this distinction. However, studies by other researchers (Shell 1986, Ingram *ibid*) have confirmed the importance of novel figures in relation to positive therapeutic shifts. Ingram's study further operationalised the distinction; she found that clichéd figures lay the ground for the therapy, whereas novel figures conceptualised new ideas that advanced the therapy. Wickman et al. (*ibid*) theorise this as a process whereby second order shifts in therapy organise around new metaphors.

As Colman (2009) reminds us, theories themselves are metaphors and it seems apt to leave the last word to Wickman (*ibid*:273) who neatly and metaphorically sums up the line pursued in this part of the literature review;

‘In our view metaphor may be seen as an all-terrain vehicle carrying the therapeutic process off the paved road of prior meaning structures out into uncharted territories where new meanings are yet to be created.’

2.5 Art Therapy

With its focus on nonverbal representations of the client's internal world, specifically in the form of 2D paintings and drawings, art therapy would suggest itself as a potentially fruitful area of inquiry with regard to the question of types of mental images in psychotherapy. There are close parallels between the production of internal mental images and the production of physical art. Interestingly, Levine (1999) identifies imagination as the core unifying concept in the psychotherapeutic practice of expressive arts rather than creativity. Art therapy is similar to the talking therapies in that it encompasses a very wide range of therapeutic approaches both in terms of practice and also in terms of underpinning philosophy (Malchiodi 2005). As can be seen from the following definition given by the American Art Therapy Association (2011), art therapy is characterised by specific techniques in the service of generic therapeutic goals;

‘Art therapy is a mental health profession that uses the creative process of art making to improve and enhance physical, mental and emotional well-being. The creative process involved in artistic self-expression helps people resolve

conflicts and problems, develop interpersonal skills, reduce stress, and increase self-esteem and self-awareness .’

In general, the practice of art therapy is informed by the theoretical orientation of the practitioner, and these orientations are drawn from a range of psychotherapeutic schools e.g. psychoanalytic, object relations, cognitive-behavioural, humanistic, and transpersonal. Thus, the artwork produced by the clients (similarly to clients’ mental imagery in psychotherapy) is viewed through a particular theoretical framework. Consequently, there has been an emphasis on application rather than transtheoretical conceptualisation with regard to the artwork. Although this is beginning to change as the findings of recent neuroscience research appear to support the therapeutic potential of embodied processes and this offers a potentially new focus for a unifying model (Malchiodi *ibid*).

2.5.1 Clients’ Art Productions as Assessment Tools

However, there is one specific practice in the field of art therapy that is different to the talking therapies with regard to imagery i.e. the use of clients’ art productions as psychiatric, behavioural, and developmental assessment tools. As these standard tests rely on systems of classification and categorisation – the bases of typologies – it is important to examine this practice in more detail.

Although the main emphasis in this therapeutic modality has been on helping the client develop insight by exploring their art productions, there has been a tradition within art therapy in North America of using these productions as sources of useful diagnostic information (Betts 2005). There are two main schools of thought with regard to using art for assessment purposes and both of these, although informed by radically different epistemologies, are predicated on the belief that patterns in the components and structure of the individual art production reveal the psychological condition or state of the individual. At one end of the continuum is the medical model and a well-established assessment tool is the Diagnostic Drawing Series devised by Cohen and Lesowitz (Cohen et al. 1994). This was the first art therapy assessment for adults to be systematically correlated with the nomenclature of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The structure of drawing is deemed to correlate with the mental state of the client.

At the other end of the continuum would be the humanistic school in particular the Jungian approach that is informed by a structuralist perspective whereby individual artworks reveal universal symbols and archetypes (Bergeron et al. 2003). An example of this would be the use of a projective imagery standard test such as the Mandala Assessment Research Instrument devised by Joan Kellogg (Cox 2003) which assesses psychological development relating to stages of individuation in adults.

Plotted at various points in-between on the continuum would be an array of assessments that are standard practice in the field. These usually take the form of projective drawing tests based on principles laid down by the Swiss psychoanalyst Rorschach (Groth-Marnot 2009) who believed that the subject's response to ambiguous inkblots provided diagnostic information regarding his or her personality. Each drawing assessment has a particular systemised interpretation; examples would include the following: Person Picking an Apple from a Tree (PPAT) (Lowenfield 1957) which is an attitudinal assessment test often used with children and adolescents; House-Tree-Person (HTP) (Jolles 1971) for measuring self-esteem; the Silver Drawing Test (SDT) and Draw A Story (DAS) (Silver 2005) assess emotional states and cognitive skills in children and adolescents. The spatial arrangement of elements of the picture is considered to be a particularly significant and reliable instrument of assessment in several tests e.g Bach (1960) cited in Bergeron (Bergeron et al. *ibid*) developed and empirically tested a quadratic system in her work with severely ill children whereby each quadrant related to a particular aspect of child's life concerns; and Jolles (1971) cited in Bergeron (Bergeron et al. *ibid*) developed a simpler binary spatial division of pictures, where the picture is most concentrated will reveal a bias i.e. towards the lower half equates with being reality bound and towards the top half with tendencies to living in fantasy.

In general the standard drawing assessment tests in art therapy comprise an ad hoc collection that has developed over the last sixty years. More recently there have been some interest in developing more technical and systemised tests that do not rely on subjective interpretations of pictorial content (Betts *ibid*) , one example of this would be the Formal Elements Art Therapy Scale (FEATS) (Gantt & Tabone 1998). This test is based on analysing variables in picture, such as colour and line. Gantt and

Tabone contend that this type of analysis, which is non-psychological, allows for a more objective identification of patterns emerging in clients' artwork.

A major objection to the use of art productions as assessment tools, which is particularly significant for my research study, is the poor evidence base for their validity (Furth 1988), much of which is based on small scale research (Betts *ibid.*) One quantitative study (Groth-Marnot & Roberts 1998) of the validity of projective drawing tests e.g. House-Tree-Person, concluded that there was no support for its claim to measure self-esteem. In one large scale study carried out by Bergeron (Bergeron *et. al* *ibid*) to test the validity of the quadrant schema, used in analytical Jungian psychology, as a reliable assessment tool, only one association was confirmed i.e. that of unconscious material and the lower left quadrant. They concluded that the claims made for this assessment tool are not proved and need further empirical investigation. In Betts (*ibid*:xi) study, she arrived at a similar conclusion regarding the entire field;

‘Variability of the concurrent validity and inter-rater reliability meta-analyses results indicates that the field of art therapy has not yet produced sufficient research in the area of assessments and rating instruments to determine whether art therapy assessments can provide enough information about clients or measure the process of change that a client may experience in therapy.’

In conclusion, it would seem that, despite the promising area of drawing assessment tests, art therapy has not developed much in the way of generic typologies relating to clients' art productions. The only non-psychologically based assessment test (FEATS) does show some potential for a more inclusive transtheoretical approach. However, I note with interest, that Silver's (the originator of the well-established SDT and DAP tests mentioned earlier) new publication (2010) explores the link between drawing and metaphorical thinking. Once again cognitive linguistics particularly conceptual metaphor is being suggested as a potential base for a more unified theory of art productions – one that is not grounded in a particular psychological model of human development.

2.6 Generic Typologies of Mental Imagery

As we have seen, different modalities have approached mental imagery with their particular bias and focus. The main questions that have been asked concern: how the

imagery is applied; how the images can be usefully interpreted by the client and therapist; and explanations for its efficacy. Apart from the analytical psychology school (as discussed in 2.2.2) surprisingly little attention has been paid to the nature and generic characteristics of the mental images themselves. However, it is worth noting here that mental images as a stand alone subject of inquiry have received significant attention within other disciplines such as psychology (Kosslyn 1981), the philosophy of mind (Thomas 1999) and neuroscience (Pylyshyn 2002).

There have been some clinical studies (Hall 1983, Lyman & Waters 1989) that point to the presence of coherent patterns in mental imagery. In one study of guided fantasy Hall (ibid) concluded that there were broad themes running through the organisation of images. In Lyman and Waters' (ibid:90) study, the authors conclude; 'The data make it clear that there are patterns of image referents, qualities and themes which differentially characterize a variety of emotions.' However, these potentially interesting findings have not been followed up in any significant way. Ahsen (1968), who conducted extensive research to support the development of eidetic psychotherapy, was interested in identifying patterns of imagery production that distinguished particular client groups from the general population. In one such study (Ahsen 1993) of substance misusers he claims that there was a significant difference between a group of inpatients for substance misuse treatment and a group of out-patients in terms of the correlation between parental filters (i.e. holding an image of the parent in mind) and image vividness.

Equally, little interest has been shown in either identifying or developing typologies of mental imagery. Renewed interest in mental images in later revisions of psychoanalytic theory has prompted a little more theorisation regarding the nature of the image itself (Suler 1989). Suler (ibid) proposed two basic types of images; the first type indicating emotional conflict operating within a stable self-structure (i.e. classic Freudian perception of imagery); and a second type of image that instead sustains and shores up a self structure that is threatened by fragmentation e.g. self-state images. However, this is limited in terms of general applicability due to its inherently psychodynamic view of the self.

In general the literature reveals very little development of generic typologies of mental imagery, the categorisation, where it exists, consists mainly of basic operational or structural distinctions. The main example of this is the commonly accepted categorisation of imagery into receptive, directive and interactive or dialogic types relating to the production and reception of the mental image (Hall et al. 2006)). Other typologies, or, to be more accurate, simple distinctions have been noted, i.e.: preverbal and transpersonal imagery dependent on the perceived source of the image (Achterberg et al. 1994); literal and symbolic (Achterberg et al. *ibid*); and active and dormant state imagery (Thomas 2006). An example of a contribution from another discipline (educational psychology) is Hill and Baker's (1979, 1983) suggestion of arranging different types of images along a continuum based on the degree to which they represent external reality. Although it is not clear that this has a particularly useful application to psychotherapy. Thomas (2006) has proposed a more complex typology based on the structure of the image along two axes of surface/depth and simplicity/complexity. She argues that this structural analysis of the image discloses diagnostic information regarding the different causal factors implicated in the represented presenting issue. This is particularly useful with clients presenting complex conditions and can help to differentiate between pre-existing conditions and short-term temporary states such as commonly experienced when recovering from substance misuse.

2.7 Conclusion

In terms of the original questions posed for this literature review (in 2.3), the following can be concluded:

- That cognitive linguistics, in particular, conceptual metaphor is an important new contribution to developing our understanding of mental imagery in psychotherapy. It has the potential for a new unifying theoretical model of mental imagery as an embodied activity. It appears to support the belief held by early pioneers, e.g Leuner (1984) and Desoille (1966) (based on their clinical observations) that mental imagery is the primary facilitative therapeutic tool. Although its influence has not yet become so apparent in discussions of the application of mental imagery, it has begun to impact on the study of the therapeutic efficacy of metaphor.

- In terms of generic typologies of mental imagery, there is very little published literature and what there is attends to very basic operational distinctions. Earlier promising studies of types of mental images linked to specific emotions have not been developed further. Although, art therapy, would suggest itself as a potential source of associated typologies, through its use of art-based assessments, the evidence base for these is not consistent. The only allied field which is disclosing some generic typologies appears to therapeutic metaphor and this has been stimulated by research into conceptual metaphor. These typologies so far appear to rest on differentiating the therapeutic operations of metaphor.

3. RESEARCH METHODOLOGY

3.1 Selecting the Main Methodology

3.1.1 Methodological Considerations

A study of the use of mental imagery in psychotherapy would indicate a qualitative approach (as discussed in RAL 5:6). However, a study that explicitly inquires into typologies will inevitably suggest a particular perspective on the nature of reality. On one hand a positivist perspective is indicated, because typologies are generally understood to be grounded in empirical observation. On the other hand, the understanding that classifications are constructed rather than inherent would move the philosophical position more towards a view of reality that is socially constructed (Gergen 1999). This is further strengthened by the understanding that the mental images produced by clients in therapy are shaped by personal and social/cultural/historical contexts; in other words, these are locally situated rather than universal. One way of viewing this tension would be to place these views of the nature of reality on a continuum. One end would represent the positivist view of pure un-interpreted data as reliably representing a knowable objective world existing ‘out there’ and the other end of the continuum being a post-constructionist/broadly postmodernist perspective of the text (i.e. research) having no referent in any reality external to itself. I would contend that my research perspective is informed by a position midway between these two pole positions along the lines proposed by Alvesson & Skoldberg (2000:3);

‘.....we stubbornly claim that it is pragmatically fruitful to assume the existence of a reality beyond the researcher’s own egocentricity and the ethnocentricity of the research community (paradigms, consciousness, text, rhetorical manoeuvring), and that we as researchers should be able to say something insightful about this reality. This claim is consistent with a belief that social reality is not external to the consciousness and language of people – members of a society as well as researchers (who, of course, also are members of a society).’

However, due to the specific emphasis on typologies in this inquiry into mental imagery (rather than a study of meaning and application) I believe that this research study leans more towards the objective pole rather than the post-constructionist end, thus I would argue that a research methodology with a broadly post-positivist

philosophical orientation towards the nature of reality would be the best fit as the main method. Having come to that conclusion, grounded theory (Glaser & Strauss 1967) immediately suggested itself as a particularly suitable research methodology.

The only other potential qualitative research methodology that might suggest itself when investigating the nature of mental imagery in psychotherapy would be a phenomenological approach. This would disclose information about how the phenomenon of imagery is experienced by the client which would also be likely to develop descriptions of types of images. However, I rejected this on the grounds that my research question does not concern itself with the client's subjective experience of mental imagery; instead it is primarily concerned with identifying general characteristics of mental images themselves.

3.1.2 Identifying the Most Suitable Methodology

3.1.2.1 Rationale for Grounded Theory

Grounded theory has established itself as a hugely influential and popular qualitative research methodology since its inception by Glaser and Strauss (1967) in the late 1960s – by the late 1990s two thirds of social science research papers cited grounded theory as the main methodology (Bryant & Charmaz 2007). Part of its appeal lies in its focus on the development of theory arising from immersion in the data based on a rigorous set of procedures. As Robson (2002:192) notes; 'It has proved particularly attractive in novel and applied fields where pre-existing theories are hard to come by.' However, there are commentators (West 2001) who are critical of its widespread application as a research methodology in social sciences; these criticisms focus on the limitations of its post-positivist perspective and its failure to take into account researcher reflexivity. However, it is important to note that grounded theory has not been immune to the post-modern turn (Morse et al. 2009); Bryant & Charmaz (ibid:51) are at pains to point out the potential for repositioning grounded theory;

'This GMT builds on the fluid, interactive, and emergent research process of its originators but seeks to recognise partial knowledge, multiple perspectives, diverse positions, uncertainties, and variations in both empirical experience and its theoretical rendering.'

My initial attraction to grounded theory as the most suitable research methodology rested on the specific procedures of coding the data into categories and then placing

these categories into a hierarchical higher-order model. This appeared to me to be an ideal fit with my inquiry into emerging typologies in mental imagery. I believed that I could address the issue of reflexivity by incorporating other supplementary research methodologies into a flexible research design as I discuss at the end of this chapter (see 5.3). Furthermore it appears that Glaser and Strauss's (ibid) original understanding of categories departed from the classical understanding (Dey 2007) and anticipated later developments emerging in cognitive linguistics (Lakoff & Johnson 1980), regarding categorisation processes. Dey (ibid:172) states;

‘In contrast, psychologists now emphasize resemblance to remembered or prototypical cases, motivation and context, knowledge and theory, causal relations as well as properties, inference as well as classification. The emerging picture of categories and categorization is certainly more complex, we now have several different accounts to contend with; these richer accounts are more consistent with the methodological evolution and theoretical ambitions of grounded theory.’

This was particularly relevant to my study due to the emerging importance of cognitive linguistics as a theory with significant potential for grounding mental imagery in an explanatory model.

3.1.2.2 Challenge Posed by Researcher's Prior Knowledge

The first challenge to this choice of methodology arose immediately in relation to the importance placed on the researcher's capacity to allow theory and concepts to emerge from the data. In order to do this, traditional grounded theory (Glaser and Strauss 1967) urges the researcher to approach the research with as few as possible preconceptions regarding the field of inquiry. This includes relegating a literature search to a later stage in the research process. Although, Strauss and Corbin (1998), in their updating of grounded theory, have departed from Glaser's original position and suggest an initial literature review can generate research questions the issue of prior knowledge of the research field is a contentious one. However, there remains strong support for the original position as Lempert (2007:272) demonstrates;

‘Extensive engagement prior to data collection and analysis also runs the risk of thwarting theoretical sensitivity by clouding the researcher's ability to remain open to the emergence of a completely new core category that may not have figured prominently in the literature to date.’

Recent critics (McCallin 2003, Cutliffe 2005) argue on pragmatic grounds that the current research context has changed and now it would be very difficult to arrive at a research area without a prior immersion in the literature due to research careers and grant funding. However, Cutliffe (ibid:423) acknowledges this does raise a fundamental question;

‘A question that needs to be asked is: could a study that starts with more than a ‘general wonderment’ claim to be using a Glaserian GT method, or has it adapted this to the point that it transgresses the methodological boundaries?’

His solution to this is to deal with it by explicitly naming the research approach as ‘modified grounded theory’. My difficulty was that I had done more than engage with a literature review prior to the research study; I had already read extensively in the field and more than that I had identified a potential typology i.e. based on complexity of image structure, arising out of the clinical material from my own practice (Thomas 2006). It would be difficult to argue against the accusation that I already had a clearly developed hypothesis i.e. I have identified a potential typology of mental imagery in psychotherapy and I am testing out this hypothesis by analysing the reports of other clinicians.

3.1.2.3 Epistemological Challenge

A second difficulty emerged in relation to my choice of grounded theory that was predicated on the conceptual models that informed its development. Strauss in particular was influenced by symbolic interactionism and his experience in pragmatic and ethnographic field research. Symbolic interactionism, as articulated by Blumer (1969:2), is based on three key premises;

‘Human beings act toward things based on the meaning that the things have for them; the meaning of such things is derived from the social interaction that the individual has with his fellows; and meanings are handled in, and modified through an interpretive process and by the person dealing with the things that they encounter.’

(Although it is important to point out that there are some scholars, particularly from a later constructivist position such as Charmaz (Morse et al. 2009) who contend that grounded theorists can use other diverse theoretical starting points that are open.)

Both Glaser and Strauss were concerned to develop a rigorous research methodology that had the capacity to generate explanatory theory for individual action and group participation in the social world. Glaser (1978:93) wrote that;

‘The goal of grounded theory is to generate a theory that accounts for a pattern of behaviour which is relevant and problematic for those involved.’

Glaser and Strauss were not interested in developing detailed descriptions of the world; they were interested in illuminating the mechanisms lying underneath the surface phenomenon. Theoretical conceptualization means that grounded theory researchers are interested in patterns of action and interaction among various types of social units or actors. They are less concerned with theory which centers on the individual. Stern (2007:115) notes;

‘One essential quality of grounded theory is that it makes sense; put simply, the reader will have an immediate recognition that this theory, derived from a given social situation, is about real people or objects to which they can relate.’

I viewed this as problematic in relation to the intention of my research as the focus was on the mental image itself rather than the actions and experience of the client. From the perspective of grounded theory I was not in the process of developing theory – I was not seeking to understand social interaction and meanings. I was interested in the categories themselves which in grounded theory would only be the first step in generating theory and not the endpoint. The full significance of the symbolic interactionist influence on grounded theory became apparent later on during the difficulties I experienced in the first unsuccessful analysis of the data (see 9.5.3 & 9.6.1)

3.1.2.4 The Final Selection of a Grounded Theory Style Approach

However, there remained some strong grounds for drawing on the methodology of grounded theory in a more general way. Creativity combined with rigour lies at the heart of the grounded theory enterprise. Atkinson et al. (2003:160) go on to remind us that in Glaser and Strauss’s original vision grounded theory refers to the dialectic between data, ideas and research strategies;

‘The approach is, therefore, intended to be flexible and based on multiple strategies: ideas can be generated from diverse sources, including numerical and literary information.’

This was in accord with my aim of interrogating a sample of published case studies with examples of mental imagery in psychotherapeutic process.

Also the procedures of the grounded theory method, especially with regard to developing categories, still stand as probably the most useful method for illuminating typologies potentially existing in the literature of mental imagery. In other words I would be drawing specifically on the methods with regard to data analysis. Charmaz (Morse et al. 2009:127) notes that this has become an accepted practice in regard to grounded theory; ‘Scholars treat several of its strategies as standard practice in qualitative inquiry and as part of the lexicon of qualitative research.’ Charmaz (ibid) believes that grounded theory has now become an umbrella for a range of different variants, emphases and directions for thinking about data. This goes further than Cutliffe’s (2005) suggestion of making an alteration to the methodology and explicitly naming the approach as modified grounded theory. In this case I would assert that I am applying grounded theory methods in a creative but appropriate way to my research project. I would suggest that this is in more accord with Robson’s (2002:493) description of qualitative data analysis i.e. ‘in the general style of a grounded theory approach.’ I note that another researcher working with similar material i.e. Edgar (2004) in his innovative imagination-based research methods, also chose to use a grounded theory style approach to analyse the data regarding the imagery produced by dreamwork groups.

3.2 Increasing Reflexivity in the Research

However, proposing to use grounded theory style methods does not address the issue of a post-positivism inherent in a research question that seeks to identify purported pre-existing typologies. As McLeod (2001:97) observes;

‘A further critical issue that underpins qualitative research concerns the depth of personal exploration and reflexivity that is undertaken by the researcher.’

This is particularly important for research in the field of counselling and psychotherapy where there is specific focus on the counsellor’s use of the self as the

main instrument of the work (Rowan & Jacobs 2002). For this reason some psychotherapy researchers (West 2001) believe that as grounded theory does not address the notion of critical subjectivity so fundamental to the process of psychotherapy, this makes it suspect as a research approach in this field. Others (Rennie 2000), although mindful of the dangers of it becoming a methodology of choice in psychotherapy, claim that its detailed and well-established procedures allow it to make useful disclosures of hitherto unsuspected patterns and connections. One way of addressing the missing element of reflexivity in my research project would be to adopt a pluralistic approach to research design suggested by research scholars in counselling and psychotherapy (McLeod 2003, West *ibid*). This research design would need to draw on additional research methodologies that can illuminate both the interior subjective processes of the researcher and also the intersubjective context that is shaping the researcher's thinking about the project.

3.2.1 Identifying Suitable Complementary Methodologies

In terms of the former, there are a range of research methodologies that have been employed to investigate the interior experience of the researcher viewing this as a potentially rich and significant resource (McLeod 2001, 2003). The foremost example derived from humanistic psychology is heuristic inquiry devised by Moustakas (1990) wherein a total immersion of the inquirer in his or her personal experience of the research topic brings forth a new experience of the phenomenon. Another type of approach founded in the disciplines of sociology and anthropology, that is growing in popularity in counselling and psychotherapy is autoethnography. This approach uses the well-established methods of participant observation and applies these to the researcher's self. For reasons of parsimony and pragmatism I decided to choose a heuristic methodology because this could be more easily adapted to a small-scale accompanying research exercise. It would allow me to make a study of my own subjective processes using journaling through one discrete phase of the research journey with the aim of illuminating the phenomena being studied. Autoethnography brings more complexity with it in terms of methods and epistemology.

In terms of the latter I needed to consider how I could grasp some of the biases that would be operating that arise out of the intersubjective context and that cannot be disclosed through a purely subjective inquiry. As Alvesson and Skoldberg (2000)

make clear, researchers have pre-structured understandings that are inevitably projected onto each and every stage of the research process. I proposed to draw on their reflexive methodological approach which I would contend is one of the most clearly articulated and operationalised research methodologies that addresses intersubjective processes that has emerged so far in the field of qualitative research methodologies.

3.2.2 Dangers Inherent in Pluralistic Research Designs

It is important to acknowledge at this point that there are dangers inherent in using pluralistic or multi-model research designs (McLeod 2002). These are particularly relevant to any attempt to draw on methodologies with different epistemologies – to give an extreme but unlikely example of a researcher combining a positivist quantitative approach with a post-structuralist auto-ethnographic inquiry – how can such different views of the person come together in any coherent way? I chose, as the best fit for my research purposes, three approaches from the qualitative tradition in order to lessen the danger of epistemological confusion. I have also been very specific about the way in which the two supplementary approaches are being applied to the researcher whilst the main approach is being used for the collecting and analysing the data on mental imagery. I hoped thereby that this combination of methodologies would operate to increase the reflexivity of a grounded theory style approach to the study of typologies in mental imagery. How this translated into a pluralistic research design will be detailed in the next chapter.

4. RESEARCH DESIGN

4.1 Introduction

As I have argued in the preceding chapter, I believed that a pluralistic design approach was the best fit for my research study. In order to identify potentially useful bases for building typologies in mental imagery, I was mainly interested in gathering data on mental imagery produced by clients. The primary research methodology would be a grounded theory style approach in order to identify categories of this data. This would be complemented by a heuristic study where I hoped to show the inter-relationships between exterior and interior processes involved in this particular research project. These methodologies would also indicate that this is a flexible research design (Robson 2002) i.e. a design in which it is anticipated that the design evolves in response to the research process.

In this section I will be laying out the proposed research design, specifying the methods and how they will be implemented, with the proviso that these methods might change. In developing this plan I took McLeod's (2003:29) following statement as my mantra;

‘It is easy to become pre-occupied with the need to come up with the perfect design. However, the hope of finding the perfect research design is best viewed as an irrational belief – all research plans have their weaknesses and limitations.’

4.2 Dealing with the Data

4.2.1 Data Collection Considerations

An obvious source of data on clients' mental images would be my own clinical records. However, as I was already biased towards a particular view of mental imagery and I have already been developing typology bases in this field, I did not believe that this would be a suitable data base. In addition, it would also be difficult to make any case for generalising from such limited data. I considered interviewing clients of other therapists who have used imagery as a therapeutic procedure. However, I discarded this data collecting strategy because this seemed more suited to investigating the therapeutic experience rather than gathering a wide range of particular detailed examples of mental images that this research project required.

Another factor that I needed to take into account was that this was a small scale research project. This meant that resource issues came to the fore and impacted significantly on research design.

For the aforementioned reasons, I chose to draw on an already existing wide data field in the form of the published literature. Consequently, this research inquiry comprised a substantive literature search in order to produce a sample of published clinical work to subject to analysis in the style of grounded theory. I judged that this would allow me to gain the widest access to data within the time and resource constraints operating.

However, it needed to be acknowledged from the outset, that selecting published literature as the data was an inherently risky strategy which was likely to throw up unforeseen problems during the course of the research process. As Morse (2007:223) reminds us;

‘The primary key to excellence in grounded theory, as in all qualitative inquiry, is that both data collection and techniques of analytical conceptualisation must be rigorous.’

I trusted that, even though I was taking a gamble, it was one worth taking and that I would be maintaining rigour throughout this enterprise by making the process as transparent as possible

4.2.1.1 Establishing a Sample

Because I intended to develop a sample from a wide field, this stage required considerable attention in terms of operationalisation. It was important that this sample should be arrived at through carefully considered procedures and well-judged inclusion and exclusion criteria. I believed that this would then allow me to make a stronger case for generalising any potentially useful findings. Three main stages suggested themselves and I describe these below.

Imagery, itself, is a vast field. Therefore the first stage was to delimit the field prior to surveying the literature. At this point the field was defined as the use of mental imagery within talking therapies. It excluded working therapeutically with images expressed in a concrete form such as art therapy practices. It excluded the use of

mental imagery for the purposes of allied practices such as coaching e.g. improving sports performance, and individual self-development. It also excluded the practice of working with metaphoric language. However, it was envisaged that further refinements would be made to this initial delimitation before I began to examine the literature.

I expected that within these set parameters there would be a considerable amount of published material that deals with mental imagery in psychological therapies. Dealing with such a volume would likely to be problematic as Morse (2007:233) states;

‘Excessive data is an impediment to analysis, and the investigator will be swamped, scanning, rather than cognitively processing, the vast number of transcripts, unable to see the forest for the trees, or even the trees for the forest, for that matter.’

Her solution (Morse *ibid*) from within the grounded theory tradition, would be to conduct an initial ‘convenience scoping’ of the phenomenon before moving into a purposive sampling. I adapted this strategy by proposing to undertake a scoping exercise in order to begin to ‘map’ out the literature.

I expected that through this process it would be possible to identify potentially productive arenas or ranges for sampling which could form the basis for a set of inclusive/non-inclusion criteria. In order to do this I would be following a modified version of the five stage scoping framework developed by Arksey and O’Malley (2005) (these are explicated in detail later on in **5.2** where they are used to structure the chapter on data collection) In keeping with the practitioner researcher ethos, they state (*ibid*:24) that;

‘The process is not linear but iterative, requiring researchers to engage with each stage in a reflexive way and, where necessary, repeat steps to ensure that the literature is covered in a comprehensive way.’

Arksey and O’Malley (*ibid*) also make it clear that inclusion/exclusion criteria are devised ad hoc based on increasing familiarity with the literature. Thus it would be premature at this stage to predict the outcome. However, just for the purposes of illustrating this method more concretely, the literature scoping might indicate a particularly fruitful area to use for a sample such as a particular therapeutic approach, or client group.

Based on the literature scoping, a set of inclusion and non-inclusion criteria would need to be developed in order to produce a wide enough yet manageable sample for the purposes of this study. In addition the criteria would also take into account any potential bias that could weight the sample as it was intended that this study should generate results that could be applicable to the wider field.

Due to the challenging nature of this task, I am in agreement with the emphasis that Arksey and O'Malley (ibid) place on the importance of the researcher drawing on the perspectives, knowledge and skills available in the wider knowledge community. Thus, for example, I would be following their recommendations for collaborating with library information specialists to devise suitable keyword data base searches. I would also envisage drawing on critical friends at the final stage when I am at the point of clarifying the inclusion/exclusion criteria for the sample (the employment of critical friends for reflexive research strategies is described in more detail in the following subsection.)

4.2.2 Qualitative Data Analysis

When the sample has been established it would then be subjected to analysis in the general style of a grounded theory approach (Robson 2002). McLeod (2003) identifies the generic principles underpinning qualitative data analysis as immersion, categorisation, phenomenological reduction, triangulation and interpretation. These principles translate into five stages of the data analysis process and each stage can be operationalised in a range of different ways. I chose this simple generic descriptive model as a means of structuring the data analysis process in the following way:

- Immersion. I would dedicate a period of time for an intensive process of familiarising myself with the data by rereading the selected case reports and internalising it as much as possible.
- Categorisation. I would work through the data systematically employing grounded theory type strategies of coding and categorisation. I would employ the strategy of axial coding to identify relationships operating between categories that are suggestive of potential emerging typologies.

- Phenomenological reduction. I would interrogate any identified potential typology with regard to other potential explanations for the perceived pattern.
- Triangulation. I would employ critical friends to view the construction of categories and test out other perspectives.
- Interpretation. This refers to placing the findings within a larger set of meanings. Whatever findings I arrived at, I intended to make a logical argument that traced my interpretations back to the data and adequately accounted for any theory or model that I might be proposing as a result of this study.

4.3 Ensuring Rigour and Validity

Although there is a current school of postmodern thought (Denzin & Lincoln 2000) that takes a nonfoundationalist stance, arguing against any criteria for validity, the more moderate consensus in the field of qualitative research asserts the need for some accepted means of justifying research findings (Robson 2002, Atkinson et al. 2003). Lincoln and Guba (1985) developed the useful notion of ‘trustworthiness’ as a more user-friendly way of thinking about the issues of validity within the qualitative research tradition. Although reconceptualising it thus has not simplified the complex issues as Robson (ibid:168) reminds us; ‘The trustworthiness or otherwise of findings from flexible, qualitative research is the subject of much debate.’

I intended to take a pragmatic perspective towards the complex issue of trustworthiness by using strategies to reduce researcher bias and increase the transparency of the research process. One of the biggest threats to validity and credibility lies in the unexamined bias of the researcher (Robson ibid, McLeod 2003). My conscious biases arose from ideas that I had already begun to generate regarding typologies emerging in my own clinical work (Thomas 2006, 2007, 2010). Although I predicted that these biases would be difficult to bracket off, a bigger difficulty lies with unconscious bias. Alvesson and Skoldberg (ibid) assert that most research findings derive directly from the researcher’s prestructured thinking. Originally I had intended to use the formal reflexive strategies they recommend in order to reduce the impact of unconscious bias. However, it became apparent to me that this would

impose too much of a burden in terms of the resources available to conduct a small FP. Instead, I decided to attend to this issue through more informal means i.e. by drawing upon a range of advisors to operate as critical friends accompanying me through the research process. These would include my academic advisor and academic consultant from within the Metanoia Doctoral Programme, and also my professional colleagues within The Faculty of Health & Social Care at Anglia Ruskin University.

Increasing the transparency of the research process is viewed as one of the main keys to ensuring the trustworthiness of the research findings (Robson *ibid*, McLeod *ibid*, Silverman 2006). A commitment to transparency is in accordance with Lincoln and Guba's (*ibid*) criterion of dependability – this being their replacement for the more conventional idea of reliability in their proposed set of criteria of adequacy for qualitative research. Therefore, as I emphasised in the opening chapter (see **1.4**) it was my intention to give as clear as possible an account of the research process at every stage, including both the procedural processes as well as the theoretical rationale for design choices. I aimed to give an audit trail that would allow the audience to fully understand how I arrived at particular findings from the data I collected.

4.4 Bringing the Self into the Research Process

I would be keeping a journal reflecting on the interior processes of research. Within this I expected to be identifying particular stages of the research journey and reflecting upon the relationships between self and practice, self and research, and self and theory. During the process of undertaking this heuristic study I would also be revisiting the knowledge that I had as a clinician. It is important to acknowledge the expertise I have developed over many years' work with mental imagery and the nature of the biases that have arisen during my professional development in this specialist field.

I would also be including extracts from my ongoing practice of using mental imagery as a means of promoting my research process. Examples of this would be my interior dialogues with my 'researcher subpersonality' (Assagioli 1965). I expected to be engaging with themes that were emerging in my subjective world that were related to the research project. An example of this is the theme of how research could be viewed

as a process of alchemical transformation (Rowan 2005) – alchemical symbols of crucibles and chemical processes had already been rising in my mental imagery practice. I intended to track these themes and make links with parallel external developments in my research journey. The main intention here was to allow my authentic personal voice to speak and, hopefully by doing this, to illuminate the processes whereby a contribution to developing theory has come into being.

4.5 Ethical Issues

This research proposal would be drawing on data from secondary sources. However, although this clearly reduced the potential for ethical abuses, there is still a requirement to include measures that maximise ethical research practice. The use of secondary sources can unintentionally serve to perpetuate ethical abuses operating in the primary context e.g. published case studies where clients have not been sufficiently anonymised. Initially I believed this could be addressed through setting an ethical exclusion criterion in the criteria set used to establish a sample of literature along the following lines:

- Published client material where the client's rights to confidentiality have not been explicitly addressed and protected.

However, it became clear that by doing this I might be excluding a large swathe of published material particularly earlier psychoanalytical case studies where client consent was not generally requested.

In order to resolve this dilemma I applied an ethical restriction to the products generated from my study of secondary texts. I would not include in my own published work any verbatim extracts explicitly referring to client material from sources where I believe the client has not been sufficiently anonymised.

5. COLLECTING THE DATA

5.1 Introduction

As discussed in the previous chapter, it became clear to me that trying to identify a sample of case studies from the literature could not be realistically achieved in one step and that this needed to be broken down into stages. At the end of the first stage I believed that the scoping exercise would produce a significant volume of case studies of mental imagery and that within this large pool there might be potential sources where I could focus my sample such as: the humanistic therapies due to their emphasis on non-verbal creative processes; particular client groups; or particular client presenting issues such as depression. Thus the first stage would be a scoping exercise and the second stage would be clarifying the inclusion/exclusion data for the final selection of the set of case studies that I would be using for a grounded theory analysis. Although the unfolding of this process did not go as planned – the data collection took the form of a continuum, I have retained the notion of two separate stages to give some structure to the narrative in this chapter. In the third part of this chapter I critically reflect on the data collection process and discuss some of the implications for later stages in the research process.

I experienced the scoping exercise as more challenging than I had originally envisaged. In fact, it was this stage of the research project that brought to the surface a fundamental problem that stalled me for about six months. This took the form of a creative block that, once worked through, allowed me to think about my research in a much more integrated and fruitful way. Because this was such a critical turning point in my research journey, I used it as the focus of a heuristic study of my research process (see Chapter 7). Read together with the following narrative account and the concluding critical commentary on the data collection stage, the reader is given access to both the exterior and interior processes operating at that time

5.2 The Scoping Exercise

5.2.1 The Selected Methodological Framework

My initial search of the literature on scoping studies confirmed Arksey and O'Malley's (ibid:20) assertion;

‘The ‘scoping’ study comprises a further type of literature review, yet until recently much less emphasis has been placed on the scoping study as a technique to ‘map’ relevant literature in the field of interest.’

Arksey and O’Malley appear to be amongst the first to have developed a detailed methodological framework for scoping the literature – one which I believed was applicable to my own study as shown below.

From their review of qualitative research literature, they have identified four common types of scoping studies. My proposed scoping exercise matched their description (ibid:21) of one of the common reasons for this undertaking;

‘To examine the extent, range and nature of research activity: this type of rapid review might not describe research findings in any detail but is a useful way of mapping fields of study where it is difficult to visualize the range of material that might be available.’

They then go on to provide a detailed methodological framework for conducting one of these four types of scoping studies i.e. to identify research gaps in the existing literature. Although the kind of scoping exercise that I embarked upon is a different type there is enough common ground to apply a modified version of their five stage scoping framework as can be seen from the following statement (ibid:20);

‘The method adopted for identifying literature in a scoping study needs to achieve in-depth and broad results. Rather than being guided by a highly focussed research question that lends itself to searching for particular study designs (as might be the case in a systematic review), the scoping study method is guided by a requirement to identify all relevant literature regardless of study design. It is likely that as familiarity with the literature is increased, researchers will want to redefine search terms and undertake more sensitive searches of the literature. To this end, the researcher may not wish to place strict limitations on search terms, identification of relevant studies, or study selection at the outset. The process is not linear but iterative, requiring researchers to engage with each stage in a reflexive way and, where necessary, repeat steps to ensure that the literature is covered in a comprehensive way’

The five stages that Arksey and O’Malley propose are listed below and in the following section I will be using these to structure my account of the scoping exercise. The first three stages were generally applicable to my type of scoping exercise although I have slightly adapted the focus of the first stage; the fourth stage

had some relevance and the fifth stage, which concerns the publication of the results, did not apply.

- i. Identifying the research question. As I did not have a research question as such I have changed the wording to; ‘Clarifying the scoping task’.
- ii. Identifying relevant studies.
- iii. Study selection.
- iv. Charting the data.
- v. Collating, summarising and reporting the results.

5.2.1.1 Clarifying the Scoping Task

Arksey and O’Malley (ibid:23) emphasise the need to clarify how the scoping task begins;

‘Defining these kinds of parameters, and considering the implications of adopting particular positions, is important at the outset of a scoping study.’

They recommend a wide approach at the onset which can be narrowed down as the process begins to shed some light on the volume in the field. However, they also remind the researcher to bear in mind that there will also be pragmatic resource implications.

I began with a reasonably clear research task rather than question i.e. to select a suitable set of mental imagery case studies from the published literature for my grounded theory study. The scoping exercise was intended to map out the literature in order to identify any potential aspects of the field that could deliver such a set.

Although I did not want to narrow my inquiry and possibly distort the overall map of the field, I was also aware that any generic search for ‘imagery’ in therapy was likely to bring up a vast amount of results which would be equally problematic. I attempted to resolve this tension by applying some initial parameters to my search. As my scoping exercise proceeded and my grasp of the field became more sure these initial parameters became refined into a clearer more precise delimitation as predicted by Arksey and O’Malley. The initial parameters were set as follows:

- i. Only case studies or vignettes appearing in journal articles. I believed that this would allow the possibility of some standardisation of the size and length of

the selected case studies. In other words it would give the case studies more equal weighting for the purpose of the analysis.

- ii. Only English language studies. This is mainly due to the resource implications of translation costs. My proficiency in the two other main European languages used in the published psychotherapy field i.e. French and German is limited.
- iii. Only case studies of the therapeutic application of mental imagery. Other applications of imagery lie outside the stated area of inquiry and have their own specific procedures and theories.
- iv. Only case studies from one to one counselling, psychological therapies or psychotherapy. I excluded examples from group psychotherapy on the grounds that the intersubjective and interpersonal processes operating within group settings might influence or bias the process of clients articulating and interpreting their inner imagery processes. In other words this could well add another level of complexity to the data.
- v. No case studies that were specifically identified as hypnotherapy in orientation. This is because hypnotherapy is a specific approach to the therapeutic application of mental imagery with a range of well-established procedures and a particular means of understanding mental imagery in operation. As my study focuses on developing typologies of mental imagery in psychotherapy this requires a generic sample of mental imagery to analyse. I believed that including illustrations of hypnotherapy had the potential to over-determine the results.

The only decision I made at the onset of the search was to limit the literature sources so that it was more likely to produce generic mental imagery case material rather than volumes of the specific types listed below. However, these could not be set as parameters at the beginning of the search because this might also exclude some potentially useful case study material. I believed that this issue would be resolved later on in the scoping process when I would be in a position to look at the arising case studies in more detail and make decisions based on their suitability. These problematic issues were the following:

- I was concerned about a very specific type of mental imagery having the potential to weight the sample in an unhelpful way i.e. dream imagery. Right

from the outset clients' dreams have been regarded as very useful material communicating aspects of the self, e.g. hidden conflicts, currently denied to the awareness of the conscious self (variously theorised by different schools as arising from the unconscious, subconscious, or organismic self). Each particular therapeutic school has its own approach to the understanding of dreams and a set of associated procedures. My inquiry focused on mental imagery produced whilst the client is in a conscious state as a spontaneous or requested response to generate an imaginal representation of a presenting issue or inquiry/exploration. It would be unrealistic at this early stage to propose to exclude dream imagery from the search; working with dreams is far too interwoven into therapeutic work to be able to do so. Also there might well be some suitable case studies that include some elements of working with dream imagery.

- Secondly, a similar issue arose concerning the client population. Although not stated explicitly in my research question, there is an implicit assumption that by psychotherapy I am referring to generic adult psychotherapy. This inquiry into the language of mental imagery requires case studies where the client has the level of cognitive development to be able to make links between the mental image and external or internal states. Similarly, to the issue of dream imagery, it would be counterproductive to try and set this as a strict parameter right from the beginning as this might exclude some suitable case studies with young adolescents.
- Thirdly, my study of the typology of mental imagery focuses on the client's images and not the therapist's. I believed that a difficulty would arise when searching the psychodynamic and particularly the psycho-analytic sources due to the significance assigned to the therapist's spontaneous imagery and fantasies arising in relation to the client. It would be impossible to eliminate this at the start because it was quite likely that both client and therapist imagery would arise in accounts of clinical work.

5.2.1.2 Identifying Relevant Studies

Arksey and O'Malley (2005) emphasise the importance of being as comprehensive as possible. In order to do this they identify a range of different sources and search strategies ranging from identifying suitable electronic databases through to hand searching key journals.

As I had set a parameter for my scoping exercise based on case studies published in scholarly journals, the first step was to begin to establish the range of key potential counselling and psychotherapy related journal sources. Initially I used three main sources to do this:

- My own university's, (i.e. Anglia Ruskin University) digital library. This digital library is particularly well-resourced with reference to applied social sciences due to the resource needs of a very large Faculty of Health & Social Care. I was confident that its access to a wide range of databases would supply me with the titles of the key North American, U.K. and European (published in English) scholarly psychotherapy and counselling journal titles.
- I cross checked this with the journal listings held in the University of London, Birkbeck College's list of resources for counselling subject specialism. This is because Birkbeck has a very well established research-focussed department of counselling. With its psychodynamic and recent CBT focus it had the potential to identify a wider range of specialist publications.
- I cross checked these with Psychwatch, an authoritative and well-established internet resource in order to disclose any other more obscure or international journals lying outside the range of UK based digital resources.

From this initial search I identified forty-eight scholarly English language counselling and psychotherapy related journals (see Appendix 1 for list). I did not believe this was an exhaustive list and I expected to discover other journal sources as I moved through the scoping process. I was also aware that I might well find suitable case material published in journals specialising in related professions such as nursing and clinical psychology. However, I believed that this initial set would be a good starting point in order to begin to establish the contours of the field

Apart from counselling and psychotherapy related journals, I was already familiar with the main specialist journal for my research study i.e. The Journal of Mental Imagery (later titled The Journal of Imagination, Cognition & Personality). I searched both the British Library and Anglia Ruskin's digital databases for any other relevant imagery-related journals. This search did not produce any other likely potential source for case material.

Due to its critical importance I decided to apply a different strategy to this resource from the outset by searching the indexes. Arksey and O'Malley (ibid:24) advise;

‘It is important that key journals are hand-searched to identify articles that have been missed in database and reference list searches. This can occur because electronic databases may be incomplete, not up to date or because abstracting services can vary in coverage, indexing and depth of information.’

Having established both the initial parameters and the resources I could then begin to apply keyword searches to the literature.

5.2.1.3 Relevant Studies Selection

Arksey and O'Malley (ibid:25) suggest that at this stage it is likely that a large number of irrelevant studies will have been included in the results of the search;

‘We needed a mechanism to help us eliminate studies that did not address our central research question. Systematic review methods develop inclusion and exclusion criteria, based on a specific research question, at the outset of the project to ensure consistency in decision-making. Our scoping study adopted similar methods, although criteria were devised *post hoc* based on increasing familiarity with the literature, that we could then apply to all the citations to determine their relevance.’

I subsequently went through a lengthy procedure that divided into three stages. In the first stage I searched the selected journals using ‘imagery’ as a keyword. During the second stage I narrowed the search down by using the specific groupings of keywords ‘mental imagery case material’ and this resulted in a pool of 145 potential case studies. In the final stage I acquired full text versions of all 145 articles and through an initial speed reading I rejected all the articles with minimal clinical material. The resulting set of articles was whittled down to a final pool of 73 articles. A detailed account of the whole of this procedure is provided in Appendix II.

5.2.1.4 Charting the Data

Arksey and O'Malley designate this fourth stage as a thematic review of the findings of the scoping exercise: (ibid:26) 'The next stage of the work involved 'charting' key items of information obtained from the primary research reports being reviewed.'

Here they are proposing a form of narrative review in which they collate standardised information drawn from the selected studies to present to the reader.

Although Arksey and O'Malley are working with a particular type of scoping that is designed to expose gaps in the research literature this fourth stage applies to all scoping studies i.e. how to articulate the contours of the field. My original aim with the scoping exercise was to map the counselling and psychotherapy field in relation to mental imagery and identify any potentially fruitful areas for selecting a sample of case studies. However, one of the surprising findings from this exercise was that my final pool of potential case studies was much smaller than I had originally expected. Although there were a large number of references to imagery in the field, these had not translated into that many studies of its clinical application. It looked to me that this set of 73 articles represented the available pool for the final selection.

However, before I did this, I thought it would be a useful exercise to undertake a basic thematic review along the lines proposed by Arksey and O'Malley. Therefore I sorted this pool of journal articles in terms of theoretical orientation. I believed this would allow me to make some more statements about the field and, also, if there was one approach that was producing the majority of the case studies I might consider using that as the sample base. The journal articles grouped as follows ranked in descending order of size:

- 18. Therapeutic approaches that used mental imagery as the primary intervention e.g. eidetic psychotherapy:
- 14. CBT
- 13. Psychodynamic/psychoanalytic
- 9. Integrative

- 8. Other: e.g. narrative approaches/using guided imagery processes as part of psychological therapies in specialised contexts such as pain relief management
- 1. Humanistic

These confirmed the rather surprising trends that I had begun to see emerge on the first keyword search of the literature. Although I had a good idea why there was a predominance of psychodynamic and CBT approaches I was at a loss, at this stage, to explain the minimal humanistic presence.

However, it was clear from this elementary profiling that no particular therapeutic approach stood out in terms of producing the overwhelming majority of the case studies. Thus I decided to use the pool of journal articles for the final selection process that is addressed in the next part of this chapter.

5.3 Selecting the Final Data Sample

5.3.1 Introduction

My original research design had set out two quite distinct stages in gathering the data. I had envisaged that there would be a shorter preliminary stage of scoping the literature and then a second more lengthy and detailed stage of identifying inclusion/exclusion criteria in order to select a suitable sample of the literature to subject to grounded theory style analysis. In the end it was a more continuous process with much more weight on the first stage of the scoping than I had anticipated. To recap, at the end of the scoping exercise I found myself in the rather surprising position of having far fewer potential case studies of mental imagery than I had anticipated. Thus this brought the original plan of applying a further set of inclusion/exclusion criteria into question.

5.3.2 Theoretical Sampling

A second, and more fundamental, change had also occurred to my original understanding of this stage of the research process. By the end of the scoping exercise I had become more conscious of a conflict between a conscious reflexive research approach and a hidden positivist agenda that had been operating during the early

stages of engaging with this research project (as illuminated in my heuristic study of this stage of the research process in Chapter 7.) By this stage the idea of identifying a further set of inclusion/exclusion criteria no longer appeared to ‘fit’ with my emerging understanding of research being a co-construction arising between researcher and field (Etherington 2004).

I decided that the best way to tackle this problem was to take a more organic approach by reading through the 73 articles and discarding ones that did not suit my research purposes. During the first iteration I realised that a significant number of articles (23 in total), that had appeared promising on my initial speed reading, either did not contain enough specific imagery material or were focussed on other aspects of the therapeutic process triggered by mental imagery. My research focus on identifying imagery typology needed data about the image itself.

However, at the end of this first iteration, I also realised that I was in danger of moving from a clearly articulated step-by-step data selection procedure that was transparent and explicit to an organic process grounded in tacit knowing (Polyani 1983). I believed that I could argue that the first iteration was a pragmatic step of removing irrelevant case studies but before I continued I needed to articulate the theoretical guidelines informing the final stage of the data selection.

In order to do this I reconsidered the original intention of the entire data selection process. As previously stated, this was an inductive exercise and thus data collection is not constrained by positivist based research approaches that would require random sampling. In general, qualitative research employs purposive sampling which requires the researcher to think critically about the parameters of the field. A particular type of purposive sampling i.e. theoretical sampling appeared to be the best fit. Mason (cited in Silverman 2010:144) defines it thus;

‘Theoretical sampling means selecting groups or categories to study on the basis of their relevance to your research questions, your theoretical position...and most importantly the explanation or account which you are developing. Theoretical sampling is concerned with constructing a sample.....which is meaningful theoretically, because it builds in certain characteristics or criteria which help to develop and test your theory and explanation.’

This allowed me to return to the final stage of the sampling process with one clear statement of my selection criteria for choosing case vignettes as follows:

- Detailed examples of mental imagery produced by clients as representations of presenting issues and/or internal psychological/emotional/mental/physical states.

The original 73 articles produced a group of 30 case vignettes which met the above criteria and that I believed would be suitable data for my analysis (see Appendix III for a list of the chosen vignettes with source journal.) I believed that this sample was large enough to generate some findings regarding my inquiry into imagery typologies.

5.3.3 The Final Selection

As can be seen from the list of vignettes, the final selection comprised a wide range of theoretical modalities ranging from clinical psychology and cognitive behavioural approaches through psychoanalytic to image-based therapies. The types of articles also demonstrate an equivalent range in that some are case reports, some are research studies and others are more theoretical papers. I believed that this wide range supported my research aim which was to draw some conclusions regarding imagery typology that could be generalisable to the wider field.

However, this wide range of sources and types of reports also created a potential difficulty in terms of analysing the data. I set a journal only source as an initial parameter because I had hoped that might result in a wider range of similarly sized case vignettes rather than drawing on more lengthy ones from books and thus weighting the sample too much in favour of a few specialists in mental imagery (e.g. Hall et al. 2006, Ahsen 1968, Mahrer 1995, Brigham 1996, etc.). In the event I did not obtain this hoped-for ideal set of data. After I had abstracted the relevant imagery material, the thirty vignettes varied widely in terms of amounts of useful data ranging from a paragraph right through to several pages of detailed description. I examine this difficulty in more detail in the following chapter on analysing the data.

5.4 Discussion

As discussed earlier in this chapter, the data collection stage was a particularly challenging process at many levels and in this section I want to reflect on both the

advantages and limitations of taking my chosen approach and the implications for the research itself.

In retrospect, I can see that this starting point was too broad and was driven by an unexamined neo-positivist research agenda – there was some objective truth that was waiting to be uncovered – that required an exhaustive search and a concomitant anxiety that I might be missing crucial data. And, of course, Arksey and O’Malley’s (2005) scoping study methodology was informed by a similar epistemology. By the time I reached the end of the scoping exercise my accompanying heuristic study of my research process had helped me develop and integrate a more reflexive comprehension of research as a co-constructed process. This became more evident in the second part of the data collection process, i.e. the selection of the case studies.

The scoping exercise required a deep immersion in the published journal literature in the field of the application of mental imagery in psychotherapy. This conferred very significant advantages in that it has given me a much deeper and wider grasp of the field - confirming and disconfirming some of my preconceptions. It shattered some long held assumptions that I had regarding its application e.g. my unquestioned assumption that humanistic therapies would be at the forefront of producing case reports. It certainly revealed the shifts in emphasis and fashion relating to the therapeutic application of mental imagery during the last forty years. I was surprised to find very few similar examples of the particular generic technical approach to mental imagery that I had been developing with clients over the last twenty years (Thomas 2006, 2007). On the other hand it did confirm my belief that, in general, clinicians and theorists are much more focussed on the therapeutic application of imagery i.e. imagery procedures, making sense of the images, and to a lesser extent explaining its therapeutic efficacy, rather than investigating the language of imagery itself. In fact, if there was one theme that stands out for me through the scoping exercise and finalising the data set, it is the, to me, astonishing lack of attention paid to the mental image itself. This appears to operate at two levels: the first being the lack of detail in reporting client’s imagery and very little analysis of how the image is constructed; and the second being a naïve unexamined view of mental imagery as a mode of communication similar to the realist representational view of verbal language held prior to the investigation into language starting in the late 19th century. I have

discussed the implications of this for therapeutic work elsewhere (Thomas 2010, see Appendix 5).

Additionally, this lack of interest shown in the mental image itself resulted in a significant problem in relation to my proposed research study i.e. a small pool of potential case studies. In retrospect, the initial setting of a journal only parameter for the scoping exercise and sample selection can now be viewed as a problematic limitation of the field. This decision was based on three things: firstly my unquestioned assumption that journals would produce large quantities of material; secondly my attempt to impose some kind of standardisation in terms of the length of the case reports and the audience for whom these were written; and thirdly, my theoretically informed attempt to draw from as wide as possible a range of therapeutic approaches and types of articles. I stand by this decision and I believe that it was clearly supported in terms of theoretical position, research methodology and resources implications. However, this parameter has impacted on the nature and quality of the collected data. I realise now that books contain longer more detailed case illustrations of mental imagery than those usually obtained in journal reports. These case reports would have delivered richer data. My concerns at the beginning of the scoping exercise were focussed on standardisation, breadth and range, whereas now I can see that these initial parameters militated against depth and detail. I chose not to return to the field to recover more data in the form of case studies in books because I believe it would have distorted my sample too much. I decided to proceed with the sample chosen from the journal articles and trust that I would be able to make something from the data analysis.

5.5 Conclusion

The data collection stage of my research journey was particularly complex and illuminating. The parameters set at the onset of the scoping exercise inevitably influenced the production of the final pool of case vignettes. Although I had concerns about the lack of detail in the data sample, I was inspired by the richness and complexity of the data collection process itself. I hoped and trusted that what initially looked on the surface to be less than inspiring data might, when analysed, reveal interesting, useful and valid findings with regard to the typologies of mental imagery in psychotherapy.

6. DATA ANALYSIS AND FINDINGS

6.1 Introduction

In this section I am giving an account of complex process that involved two attempts at analysing the data. I include some reflection on the challenges the choice of methodology presented along the way. However, a more in-depth critical examination of this process will be delivered in the following chapters (8 & 9) where I discuss the process and findings of my research project. I am including the initial false trail in order to show the thinking and reasoning that took place in the analytic process.

6.2 Initial Steps in Managing the Data

Robson (2002) cites the work of Miles and Huberman (1994) as giving an invaluable general template for conceptualising the process of analysing qualitative data that is grounded in the realist approach to qualitative research. Although realism looks for causal mechanisms it still fits with the post positivist philosophical base of grounded theory in that it accepts that phenomena including social phenomena both exist in the mind and also exist in the objective world. A starting point in their framework is the necessity of employing data reduction strategies. Robson (ibid:476) summarises this as follows;

‘Qualitative data can easily become overwhelming, even in small projects. Hence you need to find ways of keeping the data manageable. This process starts before any data are collected, when you focus the study and make sampling decisions about the people to interview, places to visit etc. During and after data collection, you have to reduce the data mountain through the production of summaries and abstracts, coding, writing memos, etc. Miles and Huberman emphasize that this is part of the analysis and not a separate activity. Decisions about what to select and to summarise, and how this is then to be organised, are analytic choices.’

My original data took the form of journal articles with mental imagery case material and included a wide range of therapeutic approaches and types of clinical reports (see Appendix III for full list). This range comprised the following:

- Single case reports e.g. Bamber’s (2004) study of schema mode therapy.
- Research study of a series of cases e.g. Mayhew & Gilbert (2008) study of compassionate mind training with people who hear malevolent voices

- Clinical material to illustrate a thesis e.g. Silverman's (1987) thesis that imagery can help working through unconscious conflicts.
- Clinical material illustrating randomised controlled study e.g. Guthrie's (1991) study of patients with refractory irritable bowel syndrome
- Clinical material to illustrate a therapeutic method e.g. Melges and DeMaso's (1980) method of resolving grief
- Separate collection of case vignettes to illustrate a method e.g. Hochman's (2007) case studies to illustrate brief eidetic therapy

This range also applied to how the clinical material was presented in the text. In some cases the clinical material with regard to imagery was woven throughout the text, in other cases there were separate illustrative case vignettes included within the main body of the article. In some articles the main focus was an examination of the therapeutic application of imagery, in others the focus was elsewhere e.g. research study of therapeutic outcomes. Initially I needed to find a way to reduce the data and to standardise it. I made some initial decisions regarding standardisation with the proviso that I could review this during the course of the analytic process.

In order to do this I designed a standard template for each episode of clinical material that I had deemed suitable for analysis (see Appendix IX for example of template on first page).

In order to create this standardisation I selected basic information and I give my rationale for each choice as follows:

- Source i.e. Journal article reference. Some of the clinical material vignettes came from the same source and this needed to be noted in the data. The journal title would suggest a particular audience.
- Basic therapist information. I wasn't sure how important this might be but I noted the country and institutional affiliation where possible.
- Therapeutic approach. I believed that this was a crucial piece of information because of the differing ways that each therapeutic approach applies imagery procedures.
- Imagery-related clinical material. I extracted the relevant clinical material concerning mental imagery from the journal article. In some cases this meant

just taking out the already constructed illustrative vignette. In other cases I had to make a judgement as to which material was relevant and which was extraneous to my study. I endeavoured to keep the focus as much as possible on the mental imagery produced by the client. However, I realised that these initial editing decisions were not final and could be revised at a later date.

By the end of this data reduction procedure I had thirty case reports in standard template form and the data ranged from a brief clinical vignette of half a page through to detailed accounts of the therapeutic process of up to four pages long (see Appendix IX for examples of range).

6.3 Initial Engagement with the Data

On rereading the thirty case reports, it became apparent to me that not all of them were suitable for the purposes of my research inquiry. I removed eight on the grounds that seven case studies showed the use of mental imagery to rescript memories without any introduction of client produced imaginal material and one case study explored a range of metaphors without a visualised component. This left me with twenty two case studies that appeared suitable for analysis (see Appendix IX for this list and complete data set).

This reduced sample brought to the fore significant concerns regarding the suitability of my data regarding its fitness for my research purposes. I was hoping to illuminate some potential typologies in mental imagery and I did not think that this sample size would produce any results that could be generalisable. The structuralist thrust of my inquiry needed to show a simple underlying structure repeated in different ways beneath the appearance of massive detail and complexity (Mace 1999).

I resolved this initial concern by shifting my perspective from a quest to find the perfect set of data towards a more pragmatic view. As was indicated in the previous chapter, the original collection of the data was a laborious and time-consuming process. There were significant resource and time implications if I aborted the research at this point and returned to collect a whole new set of data. I decided therefore to continue with the data in hand to see where it led. I was also aware that I could add to the data at a later stage, as Robson (2002:192) notes;

‘Procedurally, the researcher is expected to make several visits to the field to collect data. The data are then analysed between visits.’

6.4 Immersion Strategies

Having produced the standardised case reports I attended to McLeod’s (2003:85) advice;

‘It is normal practice to read through field notes or interview transcripts, or listen to tapes, several times before beginning to do analytic work on them.’

I began to acquaint myself with the case study material through a range of initial immersion strategies before I began open coding.

In this process I was guided by Hamersley and Atkinson’s (2007:158) who state; ‘Data are materials to think with.’ This simple statement liberated me by allowing me to try out a range of strategies in the process of getting to know my material. I started by looking at ways in which the case material could be further compressed. I believed that this might begin to allow me to gain more of an overview of the data. Initially I designed a case study template which I hoped would give me some schematic representation of the material (see Appendix IV for example of template).

I chose to include basic relevant information to contextualise the production of the mental image e.g. basic client information and therapy type etc. In the main section I foregrounded the detail given in the clinical material concerning the mental image because this was the focus of my inquiry. I added how the therapist worked with the client to generate this image as I believed this would be significant concerning the type of imagery produced. I left a section for notes on ideas that occurred to me on writing up the clinical material in this form. The resulting schematised cases varied in length depending on the original clinical material and how detailed it was. Some were just minimal statements regarding the image e.g. Case Vignette 5 which just refers to an electric chair, whereas others were quite lengthy e.g. Case Vignette 20 which details a complex therapeutic process involving a sequence of mental images that finally integrate into one figure (see Appendix IV for these two schematised case studies). I did this in hard copies only in order to get to grips with the material. This I hoped would allow me to begin to get some purchase on the data. When I returned to review the notes I had made on each case I noticed that I had begun to list simple

basic types of images occurring in the material such as figures, objects, boundaries and containers. Hammersley and Atkinson (ibid:162) state that;

‘The initial task in analysing qualitative data is to find some concepts that help to make sense of what is going on in the case or cases documented by the data.’

It seemed to be indicating to me that in the early stages of open coding I would be looking at simple descriptive categories of mental imagery.

Therefore, I decided to experiment further by compressing all of the data from all of the case vignettes into one tabular form. I retained the basic data fields giving context for the image but this time I focussed on listing and beginning to categorise the mental images in simple concrete descriptive terms. I also noted if this was a directive imagery instruction or a spontaneous image. See the resulting tabulation in Fig. 2 below.

Fig 2. Schematic Rendering of Entire Data Set

No	Client Gender	Therapy approach	Presenting Issue/s	Mental Image type	Notes
1	M	CBT Schema Therapy	Chronic agoraphobia	Imaginary Figures: black knight/ / harpies/hydra Real figures: /Charles Darwin/Sean Connery Known figures: self as newborn baby	Response to therapist's imagery instruction
2	M	Compassionate Mind Training	Hearing malevolent voices	Imaginary Figures: terrestrial being/ Known Figures:his previous psychiatrist	Response to therapist's imagery instruction
3	M	Compassionate Mind Training	Hearing malevolent voices	Plant form: tree with human features Figures: fat bald bullying man	Response to therapist's imagery instruction
4	M	Compassionate Mind Training	Hearing malevolent voices	Known figures: female mental health worker/female neighbour who looked angry and dwarf-like	Response to therapist's imagery instruction
5	F	Psychoanalytic	Emotionally 'dead' in session	Object: electric chair	Spontaneous imagery
6	M	Psychoanalytic	Catastrophe fantasy	Object: tank chases him and runs him over	Spontaneous imagery
7	F	Interpersonal therapy drawing on attachment theory	Sexual abuse interfering with feeling safe in relationship	Imaginary Figure: Wonder Woman	Response to therapist's imagery instruction
8	M	Psychodynamic	Schizoid personality with difficulty recalling early memories of father	Body part: giant hand pinning him to the wall	Direct translation of state into imagery
9	F	Psychoanalytic	Interpersonal difficulties. Specifically a barrier arising with therapist	Object: wall Delimitation of space: wall Known figure: therapist	Direct translation of state into imagery
10	M	Psychoanalytic	Chronic anxiety and	Place: inside dark shut-off room	Spontaneous imagery

			depression	Container: room	
11	F	Experiential movement psychotherapy	Tension in intestines	Object: large oozy blob Body part: tightly closed fist	Direct translation of state into imagery
12	F	Experiential movement psychotherapy	Felt scattered	Place: hallway with two rooms Container: room Known Figure: grandmother	Direct translation of state into imagery
13	F	CBT	Not able to complete college assignments	Imaginary figures: nag/witch/child	Response to therapist's imagery instruction
14	M	Imagery therapy based on experiential distance	Insomnia/delusions of persecution	Body parts: armbone/skeleton Container: tsubo Place: tsubos arranged at mouth of cave	Response to therapist's imagery instruction
15	F	Imagery therapy based on experiential distance	Delusion that she had killed mother-in-law	Imaginary figure/object: devil or black object Known figure: woman who brought her up Container: tsubo	Response to therapist's imagery instruction
16	M	Imagery therapy based on experiential distance	Schizophrenic. Guilt, insomnia, gloominess	Container: 3 tsubos	Response to therapist's imagery instruction
17	M	Humanistic (influenced by Perls)	Conflict	Objects (Food imagery): white bread sandwich/steak on board served with sour cream	Direct translation of state into imagery
18	F	Humanistic (influenced by Perls)	Self-hatred	Creature: canary/cat Object: cage Container: cage Place: room	Guided imagery template
19	M	Transpersonal but oriented to in-depth psychodynamic	Conflict between love for wife and lust for other women	Imaginary figure: beautiful sensual Goddess/warrior Figures; man and woman Object (vehicle): open wagon	Direct translation of state into mythic imagery

				Creature: horses Place: open plain	
20	F	Brief image therapy based on Ahsen's eidetic imagery	Severe depression, headaches, fear of going crazy	Known figure: herself at 3 years old Imaginary figures: 8 yr. old tomboy/party dress girl/crazy looking girl/self-harming girl/ finally merge into one integrated figure	Response to therapist's imagery instruction
21	F	CBT	Major depression with intrusive memories of 3 rd termination	Imaginary figure: Angel with orange light in background	Spontaneous imagery at end of following therapist's rescripting imagery instructions
22	F	CBT	History of depression with strong intrusive memories of sexual abuse	Energy: transpersonal ray of healing white light	Spontaneous imagery at end of following therapist's rescripting imagery instructions

Fig 2. Schematic Rendering of Entire Data Set

This strategy was surprisingly informative and produced a wealth of memos and one particularly interesting lead. Hammersley and Atkinson (ibid) contend that in the early stages the aim is to see if any interesting patterns can be identified. Although they also issue a caveat that the sort of pattern the researcher is looking for depends on research focus and theoretical orientation.

I started with simple concrete descriptive categories that I had been noting in the original individual case vignettes such as figures and objects. I then identified more abstract categories such as: images operating as containers or delimiting space and operating as boundary markers. I had also listed the therapeutic approaches and presenting issues but no patterns emerged from this. Then I discovered something intriguing: that I had, quite by chance, an equal division of the sample into therapist directed imagery and spontaneous client produced imagery/or direct translations of presenting state into imagery. I separated out the imagery into two groups and, as might be expected, there was a considerable difference between the two in terms of the range of types of imagery. In the therapist directed imagery there was a preponderance of figures and in the spontaneous imagery there were more objects, places etc. I had no idea if this was going to be a significant analytic lead but it did generate thoughts about the differences between the two. In the former there was an imposition of psychological models on the therapeutic process through the application of directive imagery i.e. how client's issues were conceived e.g. in terms of inner drives, and then how mental imagery was used as a means of personification. Whereas spontaneous imagery appeared to relate more directly to the client's psychological processes and seemed to have more in common with conceptual metaphors (Lakoff & Johnson 1980, Lakoff 1987). I decided to track this through the next stage of open coding and sorting by highlighting all the case vignettes with spontaneous imagery in turquoise to see if any clusters or patterns related to this showed up at a later date.

Emboldened by this beginning I decided to move onto the next stage of open coding i.e. breaking down the data into individual meaning units and allocating them to one or more categories.

6.5 First Attempt at Analysing the Data

6.5.1 Open Coding

I worked my way through all the case vignettes giving each meaning unit an identifying code that gave the case study number plus sequence number (i.e. where it appeared in the text.) In some cases this was a relatively simple process. However, the case vignettes with large blocks of descriptive text and clinical commentaries woven through were more challenging. I managed this by open coding all the data that referred directly to mental imagery which comprised individual phrases and sentences. I coded the rest of the data in larger meaning units and this comprised a range of meaning units from individual sentences to small groupings of two to four sentences. This allowed me to focus more specifically on the data regarding the mental image itself.

6.5.2 Initial Categories

Each meaning unit was assigned to one or more categories. Initially I arrived at forty concrete descriptive categories. It was obvious on reading these through that there was a difficulty with the sheer range. Some of the categories were large and undifferentiated e.g. client emotion. Others contained very few meaning units and were over-differentiated e.g. client response to imagery, effect of image on client, changes in client's response to image.

Finally after conflating some of the smaller categories I arrived at thirty categories. These categories appeared to cluster around four main themes. I list the four themes and the categories below:

- i. Concerning the client. This contained the following categories:
 - Client background
 - Presenting issue for imagery
 - Client response to technique of imagery
 - Client emotions
 - Client response to imagery
 - How client uses or works with image
 - Client decoding imagery information

ii. Concerning the therapist. This contained the following categories:

- Therapist interventions and rationale for using imagery intervention
- Therapist explanation of imagery

iii. Concerning the therapeutic outcome. This contained the following categories:

- Changes in client behaviours linked to imagery
- Therapeutic outcome

iv. Concerning the image itself. This contained the following categories:

- Changes in image
- Images with colours
- Images with sensory descriptions
- Images of imaginary figures
- Images of known people
- Images of clients own self
- Images of objects
- Images of plants
- Images of creatures
- Images of space and territory
- Images of body parts
- Images actively operating
- Images dialoguing
- Containing imagery
- Reparative/healing/imagery
- Somatic rather than visual imagery response
- Image deemed to have particular psychological function
- Actual recalled memories

And finally there was material that did not appear to be useful data which was collected together as:

- Extraneous material e.g. tabulated research findings; client background etc.

Although I had been pursuing the initial line of inquiry of descriptive categories of mental imagery, this category listing did not look very promising. It appeared to me to be unfocussed. However, I decided to take my analysis one stage further.

6.5.3 Unsatisfactory Results from Constant Comparison

McLeod (2001:73) describes the processes of constant comparison and axial coding that follow on from open coding;

‘The file or set of categories is then examined as an entirety, to identify higher order categories (i.e. ideas that allow the clustering together of subsets of the initial categories that were created during the open coding).’

I decided to attempt the process of constant comparison by systematically working through each of the four groupings I had identified and I began with the smallest one i.e. therapeutic outcome that comprised two categories. On reviewing this grouping a clearer operationalisation of the therapeutic outcome of using mental imagery emerged i.e.: improvement in behaviour; improvement in sense of self and emotions; and positive impact on therapeutic process. However, this did not seem to be very useful as it disclosed generic processes and was only tangentially related to mental imagery.

I then attended to the much larger and more relevant grouping of all the categories directly related to the mental image. As I reviewed the data contained within these categories and looked for higher order concepts a significant problem became apparent. I appeared to have listings of various common properties of the mental image that no longer had any therapeutic referent. In other words I might well be able to identify significant clusters of types of figures for example but this would be meaningless divorced from the original psychotherapeutic context. I could well be looking at mental images produced from dreams, reverie, or personal development etc. I had separated off the mental image from the producer of the image i.e. the client and therefore I would not be in any position to see if there were meaningful patterns emerging that related to therapy. McLeod (2001:73) states that this critical process of axial coding is the key to making sense of the data;

‘This method allows the fragmentation of the research text that took place during coding to be reversed; the pieces of the jigsaw are put back together to make a whole picture.’

It was obvious to me at this point that no coherent picture was going to emerge from this attempt at analysing the data.

I felt stymied. I had followed basic grounded theory procedures for data analysis but it seemed to me that my data was fractured in a way that would not allow anything of any use to emerge. I could see that all I would be able to produce from this was purely lists of numbers of examples of for example figures or objects. I might be able to make a link between directive and nondirective imagery and the range of images produced but little more than that, e.g. directive therapeutic approaches tend to use imagery of figures and nondirective approaches tend to have a much wider range that includes objects, places etc. However, I did not think this was a particularly useful insight. I did not know how to proceed. As mentioned earlier (see 5.4) I had doubts regarding the suitability of my data at the onset of the analysis. Now I believed that not only had I collected unsuitable data, I had also chosen the wrong methodology to pursue my line of inquiry into typologies of mental imagery. It seemed to me that my research inquiry had reached a dead end. I decided to abandon my first attempt at analysing the data and return to the literature to see if there was another way through this impasse.

6.6 Resolving the Analytic Impasse

6.6.1 Reviewing My Choice of a Grounded Theory Style Approach

I decided to start by reviewing my choice of a grounded theory style approach as my main methodology. I had envisaged being able to make descriptive typologies e.g. such as relating features of images consistently linked to presenting issues or patterns emerging in imagery. In other words I was engaged in an essentially structuralist study seeking to identify static typologies. Although I had already identified an issue concerning the symbolic interactionist underpinning of grounded theory (see 5.1.2.3) I had not fully realised its implications. An observation made by McLeod (2001:71) helped to clarify my understanding; ‘The aim of grounded theory is to uncover the *basic social processes* that underlie behaviour.’ This confirmed for me that there was a mismatch between my original research aim and my chosen methodology.

I began to question whether there was any other way of approaching the data. Hammersley & Atkinson (2007) emphasise the emergent nature of the research question itself. I was intrigued by their discussion of how the original question often changes in the course of the research process. I suspected that this might be the key to the block I had experienced in the analytic process. I reviewed the data and asked myself if there was another way of approaching its categorisation that prevented the disconnection between mental image and therapeutic context. There had to be a way of explaining all the different expressions of mental imagery in the range of case vignettes that I was examining. In addition, this needed to be formulated as categories of active processes.

It was then that I had my 'eureka' moment. I realised that there was a category base that met these conditions. This was based on the particular therapeutic operation of imagery rather than the nature of the actual image itself. In other words how the mental image was functioning in the therapeutic context. This was not unfamiliar to me as, alongside typologies of levels of image complexity (Thomas 2006) I had also discussed functional aspects of mental imagery (Thomas 2010) e.g. diagnostic and reparative functions in a published discussion of spectating theory i.e. the production and reception of performative arts (see Appendix V for copy of chapter).

However, I was concerned at this point that by returning to the data with a preformed category base in mind, I might be violating the rules of inductive inquiry. However, McLeod (2001) discusses the important role that Pierce's concept of abduction plays in the development of new categories. McLeod suggests that induction is important at the early stages of coding the data where it is important that the researcher withholds preformed conceptualisations and allows the data to speak. However, at later stages of the analysis the researcher needs to draw on abductive processes that allow new hypotheses to emerge that can be tested out. This gave me a justification for returning to the data to test my hunch that therapeutic functions might hold the key to the category base.

6.6.2 Sorting the Data Based on Imagery Function

I returned to my open-coded case vignettes and sorted the data into categories based on how the mental imagery was functioning or operating in the therapeutic context. I

was aware that I needed to focus these categories on specific functions of mental imagery rather than generic therapeutic functions that could pertain to any procedure or intervention or ultimately to the therapeutic experience as a whole. A category linking the use of imagery to positive therapeutic outcome would not be a useful one as all interventions would be seen as promoting such an outcome. Also I was no longer attempting to link presenting issues to imagery in order to disclose related patterns in the image production. Therefore, all descriptive material pertaining to the client's background and therapeutic outcomes, e.g. 'behaviour change' needed to go into a separate extraneous grouping. However, I was also aware that I would need to return to this grouping and review decisions about inclusion of individual meaning units at a later stage to make sure that I was not distorting the categorisation process by removing data that did not fit at a preliminary stage.

This initial sorting appeared to disclose seven potential categories related to functions/operations of imagery plus one grouping of extraneous material. I attempted to frame these categories as active processes as follows:

- 1) Delivering information about the presenting issue**
- 2) Tracking/revealing process of change in the presenting issue**
- 3) Repairing/improving/restructuring dysfunctional psychological conditions**
- 4) Containing/holding problematic material/emotions**
- 5) Processing out repressed material (emotions/somatic states)**
- 6) Operating as tools for specific therapeutic procedures e.g. dialoguing between aspects of the self visualised as figures.**
- 7) Triggering sudden/immediate insight**
- 8) Extraneous i.e. material I judged to be unrelated to therapeutic function of imagery**

This appeared to be a much more successful categorisation process than my previous analytic attempt. I believed I now had a basis for developing clearer categories for the following reasons:

- It brought the image back into a therapeutic context.

- It fitted the underlying intention of a grounded theory style methodology much better due to its focus on action and process.
- It also made sense of the data, particularly such a wide range of data from different therapeutic sources and wide range of material.

6.6.3. Undertaking a Constant Comparison Procedure

Through a process of constant comparison I began to refine these initial categories as follows:

- The category I termed ‘Operating as tools for specific therapeutic procedures’ contained a large number of meaning units. On further examination there appeared to be two distinct groupings with regard to stages in the therapeutic process: one that involved designated starting points for therapeutic work and the second one dealt with the ongoing active management of the process. Once these two categories had been differentiated, it became obvious that the much smaller category of ‘containing’ was a subset of the latter and could be subsumed within it.
- On further reflection the category of ‘triggering sudden insight’ appeared to be a subset of the category ‘processing out of repressed material’. This is based on the nature of sudden insights being linked with the emotional contents of the mental image especially repressed memories.

I ended up with six categories (plus the extraneous material category). During this process I noted the emergence of a more abstract and theoretical formulation. In keeping with the spirit of grounded theory I initially formulated all the categories as much as possible as active processes but I was now able to ascribe clearer titles for each function. (In the following detailed description of each category I use these function titles followed by the original descriptive process title where it existed.) I returned to the extraneous grouping to check if any of the meaning units therein could be re-ascribed to the other six categories. After doing this, I put to one side the category containing all the un-ascribed data related to client background and therapeutic outcomes i.e. all the data which did not seem to have any bearing on the functional categories.

In the following section I describe each category in more detail with illustrations from the data

6.7 The Findings from the Second Data Analysis

6.7.1. Preliminary Comments

Before describing the categories in more detail, it is important to note at this point that one of the significant findings from the data analysis is that mental imagery in psychotherapy is multifunctional (see 9.2.1.1. for further discussion). A significant proportion of the meaning units showed up in more than one functional category. In some cases the same image had up to four therapeutic functions. This is reflected below in examples where the same clinical material is used to illustrate different therapeutic functions.

The illustrations from the data take the form of verbatim meaning units either single ones or sequences run together. They are printed in bold font and are indented within quote marks. I also indicate the total meaning units ascribed to the category. Existing quotation marks and italics within the indented quotes have been retained from the original case reports.

NB In order to disassociate this work from any specific therapeutic school I have used transtheoretical or generic terms throughout unless otherwise indicated; one example of this is the use of the term ‘subconscious/wider mindbody system’ to signify the source of the client’s mental image.

6.7.2 Detailed Descriptions of the Six Functional Categories

I. Diagnostic Function: Delivering information about the presenting issue particularly with regard to causal factors. (71 Meaning Units)

I am using a medical model term as I believe it is the best fit for this particular function. Here the translation of the presenting issue into an image or the use of a specific template or guided imagery instruction to generate an image automatically delivers information relating to the client and the condition that is being investigated or worked with. This information can be used in a diagnostic capacity to gain a better

understanding of the causal factors implicated in the presenting issue. The following is a classic example of the diagnostic function in action.

In a case study of using mental imagery combined with movement (Dosamantes-Alperson 1982) the client experienced her ‘problem’ as a form of tension which she localised in her intestines. When asked by the therapist to conjure up an image from these sensations she reported a large oozy blob which became a more focussed image of a tightly closed fist that was lodged into one side of her intestines:

‘She had the word ‘mother’ associated with this. When she talked about this she reported that her intestines would tighten when she related to her mother particularly when she was angry with her.’

Here the client realised that not having expressed her angry feelings provoked by her mother had resulted in this ongoing somatic block.

Sometimes the diagnostic function comes to the fore even when this was not an intentional feature of a particular directive application of imagery as in the following example.

In a study of using Compassionate Mind Training – a variant of CBT Mindfulness Training (Mayhew & Gilbert 2008) the clinician helped clients to visualise a compassionate image which could then be used to regulate an over-aroused physiological system. One client struggled with the concept of self-compassion:

‘The image he chose to develop was one he called the ‘Terrestrial Being’, whom he perceived as wise and strong yet highly superior to him. He described the image as an ‘ugly, repulsive, super-human’ with ‘scaly, cold and slippery green skin’; ‘the size of a bear . . . a hermaphrodite with many arms’. He said he would comply with what he felt this being wanted, as he was afraid it might attack or kill him should he ‘step out of line’ (sexually). He felt ‘repelled’ by it but insisted that the being felt empathy, sympathy and compassion for him, like a ‘mother to a child’. He was resistant to change this image as he found it helpful to report to, to receive advice and feedback on his actions and to prevent him acting upon his sexual fantasies.’

Here the image delivered clear information regarding the client’s difficulties with self-compassion. The therapist was able to draw on this diagnostic information to help

the client understand his block to self-compassion and generate more compassionate imagery.

II. Monitoring Function: Revealing developments in presenting issue through changes in the mental image over time. (30 Meaning Units)

If mental imagery is utilised at the outset of a therapeutic process then returning to that image at a later stage can reveal information regarding the progress of the represented issue. Changes in the original image indicate where and how developments are occurring. This monitoring is very similar to the diagnostic function in that it is predicated on the understanding that imagery is a consistent and reliable source of accurate information issuing from the subconscious/wider bodymind system. I designated this as a separate category because this function is more concerned with tracking the image over time. The case vignettes did not demonstrate any deliberate conscious employment of this monitoring function of imagery, instead re-engagement with the original image usually happened naturally as part of the unfolding therapeutic process. Generally, but not in every case, if there were any changes to the original imagery, this was viewed as significant.

In the following case study changes in the image are tracked through the course of the therapy. Here the therapist (Bamber 2004) has a treatment plan for agoraphobia that is based on a theory of dysfunctional inner dynamics between four aspects of the self. One aspect is the detached protector which the client visualises as a black knight:

‘At the commencement of therapy the black knight was very much in control and was not going to give up his power without a fight.’

Halfway through the course of the therapy the client tries to reengage his defences. He is unsuccessful in this attempt and the imagery shows how his old defence mechanism has become weakened:

‘He tried to get back into detached protector mode because his experiences in ‘Defenceless Jimmy’ mode were ‘too painful’, but he found that the ‘Black Knight’ had now fallen off his horse and was unable to get up.’

By end of the therapy the client had overcome this defence mechanism and was no longer trapped in a dysfunctional internal dynamic. This is represented in the final change to the image of the black knight:

‘Session 25—‘The Death of the Black Knight’ Jimmy reported that his detached protector (the ‘Black Knight’) was ‘dead’.

In the following case study a deep inner integration is indicated by the transformation of the initial imagery at the end of the therapy. Here, the therapist ((Hochman 2007) is using brief image therapy, which is based on Ahsen’s (1968) eidetic work, with a female client who has a fear of going crazy (this somewhat pejorative description is the one used in original case study). Over the course of the therapy the client has been helped to visualise three different aspects of herself in the form of little girls and she was encouraged to interact with them:

‘During subsequent sessions all the figures merged together into one little girl in a frilly dress and who periodically laughed in a somewhat exaggerated fashion.’

Hochman noted that by the end of the therapy the client’s presenting issue had resolved itself – she was no longer depressed or had a fear of going crazy. This suggests that the level of integration indicated by the new image was correct.

Although most of the case vignettes revealed this monitoring function operating during the course of short to medium term therapy, there was one example of returning to the same image after a gap of a year. In this case study (Malamud 1973) the therapist employed a guided imagery script featuring a bird in a cage to illuminate the interior dynamic operating between the introjected parent and the child aspect. During the first experience of using this script, the client produced an image of a hostile cage that wanted to destroy the bird inside it. The client realised from this that she had introjected a hostile mother. One year later the imagery has changed:

‘A year later her progress is mirrored in her response to the second cage fantasy. There is a party going on in the room and the bird wants to fly amongst the guests. The cage said it would be better if she stayed because otherwise she will get trampled. The bird flies out and the cage called out that it missed her and asked her to come back. The bird asked the cage if it would let her out when she wanted to. The cage said yes and the bird said it would return because it loved it.’

Malamud helped the client make links to the changes in the imagery. She realised that the cage was now her husband who does need her and she feels a bit trapped by that.

Finally, one psychoanalytical case vignette (Levine 2006) gave an example of the monitoring function of imagery where the image indicated deterioration in the presenting issue. In this case, a young man sought analysis for long term anxiety and depression. He had had no career since leaving college and now wanted to earn more money because he and his wife wanted to start a family:

‘His central fantasy was being in a dark shut-off room, alone and frightened. Although there was a potential way out, Fred reported he was so familiar with this place that this discouraged him from wanting to leave.’

The analyst interpreted this as a representation of the client’s self-state which revealed a courage-masochism predicament. A little later in the course of the therapy the client revisits his fantasy and reports a change:

‘A few months on he now said that access to potential exit was not clear. He added that he did not want the analyst to disapprove if he, Fred, decided he did not want to leave this place.’

The imagery would suggest here that the client’s potential for finding his way out of his predicament is decreasing. The analyst does not report any further investigation of this in the published case study beyond commenting that his client did not have the courage to leave.

III. Reparative Function: Repairing/improving/restructuring dysfunctional psychological conditions. (88 Meaning Units)

The reparative function is the deliberate and directive use of imagery to promote a specific positive change or improvement in a psychological condition. This means of employing imagery can often be found in cognitive behavioural therapy. A good example of an intensive application of this function can be seen in rescripting techniques where mental imagery is employed to make changes to traumatic memories and thereby help clients manage them more effectively (Arntz & Smucker 2007).

The following example employs a similar memory restructuring technique. In this case study of interpersonal therapy (drawing on attachment theory), the therapist (Thomas 2005) shows how intentional use of imagery can help clients with histories of childhood sexual abuse. This is based on the belief that that a core treatment task is to help abuse survivors develop effective internal images of protection. Here the client has been in psychotherapy for two years but, despite discussing her sexual abuse in detail, she felt it still interfered with her ability to feel safe in intimate relationships. The therapist encouraged her to return to the memory of the abuse and visualise a figure that could protect her. The client imagined the figure of Wonder Woman and the therapist guided her through a process of imagining this figure changing the remembered abuse as follows:

‘Donna described the scene as it unfolded in her imagination. At the point when her uncle approached her sexually, the therapist instructed, “Now Wonder Woman is coming to protect you. She said she would be there if you needed her. See what happens, notice everything about it.” Donna spoke in a 10 year-old voice, with a touch of awe. “There’s a big crash, the window’s breaking, and Wonder Woman is coming in! She’s very strong. I’ve never seen anybody so mad! She’s telling Uncle George to keep his hands off me, if he ever tries it again he’s going to deal with her.” Donna laughed. “He looks like a scared rabbit! He didn’t know a woman could be so strong. He’s mumbling something, like he’s sorry, he won’t do it again.”

In the clinical case study the therapist stated that over the following few weeks, Donna reported a new sense of confidence and strength. She stood up for herself easily and effectively during an incident at work when she felt exploited. She also reported that she felt safer being vulnerable with her partner and their relationship was improving

Another example can be found in Wheatley’s (Wheatley et al. 2007) use of imagery rescripting for intrusive sensory memories in depression. In this case study a thirty year old woman revealed intrusive memories of being bullied as a child both by a group of older girls and also by her father. Here the therapist draws on the client’s pre-existing image and helps her apply it in a reparative way:

‘Different ways in which Kate could imagine standing up for herself were discussed before she spontaneously commented that she held a new-age belief in angels and had often wondered what her own guardian angel would look like. Kate was then easily able to imagine

this guardian angel intervening in both memories to address her father and the bullies and to comfort the young Kate.'

Wheatley notes that by the final sessions the client's belief that she was a worthless, bad person and that she was powerless all dropped to zero.

IV. Processing Function: Providing a conduit for the [often rapid] release of repressed material i.e. emotional/cognitive/ somatic. (82 Meaning Units)

One of the characteristics of mental imagery that has long been recognised and exploited in psychotherapy is the way in which it can operate as a conduit for the (often rapid) release of repressed material from storage in the subconscious/wider mindbody system. The facility with which a mental image can unlock blocked emotional material is generally attributed to its capacity to bypass conscious defence mechanisms. A very common therapeutic function of mental imagery is the accessing of repressed traumatic memories, usually these memories have been completely erased from the conscious mind. These memories rise to the surface as a response to an inquiry into the presenting issue. The following case study (Silverman 1987) of psychoanalytical work with a neurotic client is a classic example of this function in action:

'The patient realised that he had an unconscious phantasy that disaster would follow any success he might achieve. The therapist asked him to allow imagery to arise to concretise these feelings. The patient reported two success scenes which were followed by dread-evoking imagery prominently a tank chasing him and running him over and flattening him. The patient then remembered with a jolt being around four or five years old and touching his father's penis in the shower and saying that his friend's father's penis was bigger than that. His father had reacted by hitting the patient with his fist and knocking him down to the floor (flattening him so to speak.) The patient remembered briefly losing consciousness and his father apologising profusely.'

Both the patient and therapist agreed that the processing out of this repressed memory has shed important light on the patient's catastrophe fantasy

Not all repressed material takes the form of such clear episodic memory. In the following psychoanalytic case study (Suler 1996) of therapeutic work with a young man diagnosed with a schizoid personality structure the release of repressed material took a somatic form:

‘Dan struggled to recall his earliest memories of his father who had died of a brain tumour two years previous to Dan seeking treatment. His mother had told him his father had been arrested on several occasions for exhibitionism.

Dan had only a vague feeling of having been suppressed by his father. The therapist suggested he allow an image to arise to describe relationship with father. Dan turned white and jumped up pacing the room described vivid sensations of choking, defecating and anxiety. He realised something important was there and then in subsequent sessions his dawning suspicion grew that his father had sexually abused him.’

Sometimes the repressed material takes the form of a memory that allows the client to make a link between the current condition and a past event. This realisation is a cognitive shift that allows a blocked state to release as the following case study demonstrates.

In a case study of using imagery in psychoanalytic work with a ‘neurotic’ client (Silverman *ibid*) the client complained in one session that she felt emotionally ‘dead’. After spending the first half of the session unproductively analysing her defences and transference, the analyst asked her to allow an image to come to mind. She reported an electric chair:

‘The client made connection with abortion she had had 5 years previously. She had recently had a miscarriage which she had discussed with the analyst. Now she realised that the miscarriage was unconsciously associated with murder.’

Silverman reported that this understanding allowed his client to move beyond the impasse created by the emotional block.

V. Process Management Function: Actively managing and promoting therapeutic processes. (114 Meaning Units)

It is not surprising that this category should generate the greatest volume of meaning units as therapeutic processes generally comprise the bulk of therapeutic work. Where imagery has been used as the main or one of the main therapeutic tools a significant proportion of the work has engaged with the active promotion of the therapeutic process. In this function imagery is employed in various ways to actively manage the ongoing therapeutic process or to promote a particular desired objective. The data demonstrates a range of examples of the operation of this function.

A classic imagery application that demonstrates this function in operation is the use of imaginary dialogues between aspects of the self symbolised as figures. Using imagery in this way allows an abstract process to be concretised and allows the client to stand back and view inner dynamics in a clearer form. Several of the case vignettes made use of this technique. The following is an example of a client interacting with the visualised aspects of herself and, through this procedure, helping these aspects integrate. This case study (Hochman *ibid*) has already been described earlier when it was used to illustrate the monitoring function. At the beginning of this extract the client has been helped to visualise three different aspects of herself:

‘The client expressed her conviction that all three little girls were part of her and began interacting with all three of them. She told the party dress girl that she was pretty and bright and loveable but had never been told any of these things. She told the crazy looking girl that she liked her because she helped her understand craziness and that she loved and needed her. She then told the knife self-image that she did not want her to hurt herself anymore and that she is not responsible for her parents. She asked for the knife. During subsequent sessions all the figures merged together into one little girl in a frilly dress and who periodically laughed in a somewhat exaggerated fashion. The client is no longer depressed or has a fear of going crazy.’

The following is an example of introducing a predetermined image that is designed to promote the ongoing therapeutic process. This single case study of schema therapy (Bamber *ibid*) was described earlier when it was used to illustrate the monitoring function. The client has been instructed to imagine his four operating modes as figures and to help them interact in a more balanced way. Halfway through this process the vulnerable child mode symbolised as ‘Defenceless Jimmy’ is overpowered by the punitive parent symbolised as the Hydra. At that point a new image is introduced into the scene in order to diminish the power of the punitive parent mode and thereby promote the goal of the therapy:

‘To assist ‘Defenceless Jimmy’ in feeling safer a number of ‘flying harpies’ were introduced into the imagery. These ‘harpies’ swooped down on the multi-headed hydra from different directions and attacked it. This made ‘Defenceless Jimmy’ feel a bit bolder and come out of the corner a little bit.’

VI. Framing Function: Providing generic templates for specific therapeutic purposes/work. (43 Meaning Units)

In this function the imagery is applied in a pre-selected way. This predetermined use of the imagery frames the ensuing therapeutic process in a specific way. These are quite common techniques in the more instrumental cognitive behavioural approaches as well as the less directive humanistic ones. An example would be when the therapist believes the client's internal dynamics could be usefully visualised as antagonistic figures which could then be brought into dialogue. Another expression of this function would take the form of offering the client a pre-selected template in order to acquire more information about the self from the perspective of the subconscious / wider mindbody system, such as a building to represent psychological structure, or a heart to represent emotional health (Thomas 2006, 2007). Here the subconscious/wider mindbody system delivers the information structured in a particular way and as such share common features with conceptual metaphors (Lakoff & Johnson 1980).

The following is an example of a starting point that imposed a specific frame on the therapeutic work taken from a single case study of cognitive behavioural schema therapy (Bamber *ibid*). Here the therapist has a treatment plan for agoraphobia that is predicated on a theory of dysfunctional inner dynamics between four aspects of the self:

'The client was helped to generate images and labels for the four main modes of operating. The first of these modes is the detached protector which the client visualised as *'the Black Knight'*. This was described by Jimmy as a mercenary who had a job to do, and that was to stop any hurt and pain getting through. He was non-feeling, non-thinking, 'emotionally anaesthetized'. The second mode is the vulnerable child. The client named this *'Defenceless Jimmy'* and visualised him as a new born baby still attached by the umbilical cord. The third mode is the punitive parent. Here the client visualised *'The Multi-Headed Hydra'* which was described as very critical and controlling and as an aggressive bully who believed that children should be kept in their place and be 'seen and not heard'. The fourth mode is the healthy adult and the client initially visualised this as *Charles Darwin* and subsequently *Sean Connery*.'

The therapeutic work then employed these images as a means of helping the client understand his inner dynamics and to develop more robustness in dealing with outside world.

An example of the use of imagery starting points in the form of generic templates can be seen in the work of Tajima & Naruse (1987). Here the therapist suggests that the client is able to view problematic repressed emotional material by imagining this stored in tsubos (Japanese storage vessels). Any predetermined image structures the resulting process in specific ways. Here the generic image provides a safe means of examining repressed emotions. However, because it is structured along these lines, it is not able to deliver information about the interrelationship between the repressed contents of the mind. In the following case study the therapist is working with a client who has developed delusions of persecution and insomnia:

‘In the tenth session the client saw many tsubos in a cave placed from the entrance to the bottom. He said that the contents in tsubos near the front of cave were resolved but the ones in the back were unresolved. The therapist suggested something was coming out of the tsubo and the client saw an arm bone and a skeleton. In the next session the therapist suggested he enter the tsubo. Here he experienced less visual imagery and more bodily sensations. In one tsubo he experienced sleeplessness and this dissolved his actual insomnia.’

Finally, the technique of guided imagery scripts would also belong to this framing function category. Here the predetermined image is delivered as a series of imagery instructions with a specific goal or focus in mind. One of its most common psychotherapeutic usages is in guiding a client through a structured journey or experience designed to illuminate particular aspects of the self as exemplified in the work of Leuner and Desoilles (Hall et al. 2006).

An example from the data comes from Malamud’s (ibid) case study of humanistic therapeutic work, described earlier in the monitoring function section. Malamud uses an imagery script in order to confront his client with the way in which she is still being controlled by a negative inner parental voice:

‘This is a directed imagery script of a bird in a cage talking to the cage and then coming out of the cage. Joyce who is self-hating sees her self-hatred in operation through her response to this script.’

The script structures a dialogue between the bird and the cage. The cage expresses itself with increasing hostility until this final damning statement:

‘The cage replied: I don’t want to feed you. You’re a mess. You’re not worth the trouble and I want you dead. Joyce’s eyes filled with tears and she said that she really feels her mother hated her.’

The therapist then helps her recognise that although that may have been the case the problem now resides in the present – the client has to contend with the introjected mother who still lives within her.

6.7.3 Higher Order Themes Emerging in the Categories

In the final stage of the data analysis conducted along grounded theory lines the inductive task is to identify links between the categories and groupings of categories disclosing higher order themes. McLeod (2001:74) sums up this stage;

‘A ‘main’ category emerges, which captures the meaning of the phenomenon of the study taken as a whole. When working with the material, the researcher is seeking not only to describe or ‘map’ the overall set of meanings that are being discovered, but to identify one or more themes that capture the core meaning of the phenomenon being studied. While the majority of lower-level codes and categories tend to employ descriptive terms, main categories should reflect the emergent *conceptualisation* of the data.’

As described in the previous section I had already arrived at the main category through a different route i.e. through a process of abduction. This overall theme or category was a particular typology base i.e. the therapeutic functions of mental imagery in psychotherapy. However, I was able to apply the classic grounded theory procedures of axial coding to identify two main themes operating within this category.

This was disclosed by way of an analytic strategy that I had employed right from the beginning of immersion in the data. As I mentioned at the onset of the analysis (see **6.4**) I had noted that my data was pretty much equally divided between therapist interventions using directive imagery and spontaneous client generated imagery. I had had a hunch early on that this might be significant in the final analysis and therefore I had adopted a simple strategy of highlighting the data in two separate colours. Thus when the data was open coded and allocated to a particular category it would be easy to note if any significant patterns were emerging in relation to directive/nondirective approaches. Although I was also aware that no such simple distinction might arise due to the multi-functionality of imagery i.e. each image could be included in anywhere up to four functional categories.

On an initial viewing of the emphasis in each category towards either therapist directed or spontaneous client generated imagery appeared to show the following: the diagnostic, processing and monitoring functions had a stronger correlation with spontaneous client generated imagery, and the reparative, framing and process management functions were more related to therapist directive interventions. However, initially this was not very satisfactory and remained at a descriptive level; it did not add anything significant to understanding the relationship between the two groupings from a functional perspective. I also felt dissatisfied with a simplistic division between therapist generated and client generated imagery; this seemed far too descriptive and did not do justice to the complexity of the data and the processes the data were drawn from.

Finally, through a process of revisiting the categories and using constant comparison I was able to identify the higher order core themes that initially presented themselves as these two descriptive main categories. I looked at the essential function that imagery was performing in these two categories and I recognised that the fundamental distinction was where the image was being generated from. These two higher order functional categories were:

- 1) Conveying information from the subconscious/wider mindbody system to the conscious mind**
- 2) Delivering directions to the subconscious/wider mindbody system from the conscious mind**

(NB: The term 'information' is generic and refers to all types of processing i.e. cognitive, emotional, and somatic.)

This delivers the further advantage of not being grounded solely in the interchange between therapist and client but instead is a functional mapping with wide applications. These data results are summarised in fig 2 below.

One Overarching Category:

THE THERAPEUTIC FUNCTIONS OF MENTAL IMAGERY IN
PSYCHOTHERAPY

Two Main Function Categories:

- 1) CONVEYING INFORMATION FROM THE SUBCONSCIOUS /WIDER
MINDBODY SYSTEM TO THE CONSCIOUS MIND

This main category contains three subcategories as follows:

- **Diagnostic function**
- **Monitoring function**
- **Processing function**

- 2) DELIVERING DIRECTIONS TO THE SUBCONSCIOUS /WIDER
MINDBODY SYSTEM BY THE CONSCIOUS MIND

This main category contains three subcategories as follows:

- **Reparative function**
- **Process management function**
- **Framing function**

Fig 2 Data Results

On formulating this, it became immediately apparent that this analysis of the data had disclosed an internally coherent and balanced mapping of functional categories. It appeared to me that this was more than an emergent generic typology base; it looked as if this could be the basis of a model of therapeutic functionality. I will be discussing these findings in more depth in Chapter 8.

7. A HEURISTIC STUDY OF THE RESEARCH PROCESS

7.1 Introduction

As indicated in an earlier chapter on the chosen research design, my original intention was to conduct an accompanying study of my own research process in order to increase the reflective depth of my research project. This would be based on Moustakas' (1990) heuristic methodology as I believed that this would be the best means of inquiring into and illuminating subjective processes. I resonated with his stages of inquiry that included notions of immersion and incubation. Furthermore I chose to engage with this heuristic process through the language of imagery. This was a familiar self-development practice to me that I believed could also be applied to the research process. This experimental use of imagery to disclose heuristic processes took this study into unexpected and fruitful territory and, on the way, illuminated some of my unconscious and restrictive beliefs about the nature of research.

In this chapter it is my intention to show how I applied my understanding of heuristic principles to inquiring into my own research process. The following critical commentary concentrates on delivering a detailed narrative of the process itself; the analysis of the data is dealt with in brief outline only. This strategy also has the extra benefit of affording me the opportunity to deliver an extended illustration of the operation of mental imagery in action – an illustration that I hope will illuminate the thesis as a whole. I kept a detailed research diary during the whole of my research project and my heuristic inquiry focuses on the first six months. I chose this period because this involved the emergence and resolution of a creative block – and my journal entries from this period were particularly detailed and rich. I will begin, in the following section, by giving my understanding of heuristic research and my rationale for using imagery as the primary language for expressing this process.

7.2 Heuristic Methodology

It is important at this initial stage to articulate my understanding of heuristic research. Moustakas' (1961) seminal work on loneliness published over fifty years ago established the ground for using subjective processes as a valid means of inquiry in social sciences. It is sometimes difficult to remember how radical his achievement was at a time when research methodologies were founded in empirical traditions of

data collection and analysis. Even in the newly developing qualitative methodologies of that time i.e. Glasser and Strauss's grounded theory (1967) there remained a positivist emphasis on maintaining the objectivity of the researcher. Moustakas' pioneering work developed out of the emerging field of humanistic psychology and he, himself, acknowledged his debt to the original genius of Carl Rogers (1976) and Abraham Maslow (1971).

In essence, Moustakas (ibid:13) laid the ground for this radical vision of research in two main ways: firstly by clearly articulating the fundamental ethos of the heuristic approach – beautifully summed up below;

‘Essentially, in the heuristic process, I am creating a story that portrays the qualities, meanings, and essences of universally unique experiences. Through an unwavering and steady inward gaze and inner freedom to explore *what is*, I am reaching into deeper and deeper regions of a human problem or experience and coming to know and understand its underlying dynamics and constituents more and more fully. The initial “data” is within me; the challenge is to discover and explicate its nature. In the process, I am not only lifting out the essential meanings of an experience, but I am actively awakening and transforming my own self. Self-understanding and self-growth occur simultaneously in heuristic discovery.’

And secondly, he operationalised the research methodology into a series of specific stages of inquiry. It was this latter step that created a means of arguing for validity and reliability in using subjective processes as a viable research methodology. These stages identified as initial engagement, immersion, incubation, illumination, explication and creative synthesis have stood the test of time and are generally accepted as a definitive method of using personal experience as a research tool McLeod (2003).

I consider my study to be a heuristically-informed inquiry rather than a pure heuristic study. I have stayed true to the original ethos but I have adapted it to suit my specific research focus and personal interest. This adaptation is in a similar vein to other developments of heuristic inquiry, such as Braud (1998) & Clements (2004) proposed for transpersonal research methodologies. My adaptation concerns an aspect of the methodology; I have chosen to foreground the use of mental imagery as the means of gathering the data and illuminating the process. I believe that by doing this I have

developed Gendlin's (1981) focussing procedure in a more technical way that Moustakas (ibid:25) explicitly acknowledges as an essential heuristic process;

'The steps of focussing as used in heuristic research include the clearing of an inward space to enable one to tap into thoughts and feelings that are essential to clarifying a question; getting a handle on the question ; elucidating its constituents; making contact with core themes; and explicating the themes.'

My therapeutic work focuses on the process of the conscious self becoming aware of emerging/suppressed aspects of the self through the language of mental imagery. Thus it is particularly concerned with what Gendlin (ibid) terms 'getting a handle on the felt sense' usually in the form of a symbolisation. Using mental imagery as the main means of inquiry, although unusual, does have some support particularly in the field of anthropology. Edgars (2004:2) has developed a particular research methodology for applying imagery (which he calls imagework);

'The hypothesis underpinning my approach is that experiential research methods, such as imagework, can elicit and evoke implicit knowledge and self-identities of respondents in a way that other research methods can not.'

I will not be using the stages of Moustakas' methodology as a means of formally structuring the presentation of my heuristic inquiry – these stages are implicit in the process. Instead I will be showing how I used mental imagery as the means to discover and explicate the unfolding process of my own research journey and the ensuing self-development that is inextricably woven into the fabric of heuristic inquiry.

7.3. Gestation of this Inquiry

When I began my doctoral programme I had little understanding of or interest in heuristic research and would not have seen any place for it in my project. However, I found myself moving in this direction in a spontaneous and organic way and mental imagery played a seminal role in seeding this process. Due to the collaborative nature of the doctoral programme, I was fortunately exposed to other approaches in the Professional Knowledge seminar series at Metanoia. I attended Kate McGuire's seminar at a point where I was casting around to find a way to bring myself back into

my research project that was now taking the form of a grounded theory study of mental imagery typology.

Maguire employed an imagery based procedure in order to illumine an underlying or unconscious aspect of the unfolding research project. Her instruction to select pictures of the outside and interior of a building that best represented our sense of our research project was intriguing – I had spent many years with clients requesting them to translate their sense of self into an inner mental image and I was aware of the potent diagnostic information this disclosed (Thomas 2006, 2007). The postcard I had brought with me depicted the interior of Neolithic house on a remote Orkney island built a thousand years before the Pyramids. This concretised my intuitive sense that I am drawn to investigating the foundations of knowledge. This ancient interior represents the understanding that imagery and symbolisation have been of fundamental importance as far as we can penetrate back into the past. Imagery taps into the bedrock of human experience in a way that verbal language cannot do (Achterberg 2002). Then, as Maguire continued to apply the metaphor of the building in showing us how to construct a final thesis, I had an intuitive insight that this could also be applied directly as a method of inquiry into my own research process. I realised that I could use mental imagery for an accompanying heuristic study of my own research process.

I think that the basic principles of heuristic inquiry are clearly evident in this gestation particularly with regard to the role of tacit knowing and intuition. I had been identified with the focus of this inquiry for over three decades and Moustakas' concept of indwelling matched my own experience of a conscious and deliberate attention paid to the mysterious facilitative power of mental imagery in therapy (Thomas 2006). The experience in the seminar triggered a realisation that if imagery accessed the subconscious then this should also apply to the research process.

7.4 The Heuristic Journey

7.4.1 Introduction

When I began my experiment of translating my research process into a mental image that I hoped would illuminate my unfolding inquiry it is important to note that I was drawing on a very well-established practice. Both my psychotherapeutic practice, as

well as my ongoing personal developmental journey, use a starting point of translating the presenting issue into a mental image and then working in an interactive way with this symbolisation. A distinctive feature of this approach is the emphasis placed on explicitly linking the developing mental image with the parallel external events and experience of the person. The novel feature for me was using this approach explicitly as a means of researching my experience. However, I detected similarities in Edgar's image-based research methodology particularly as he states (ibid:112);

‘The process of association and identification of meaning with the imaginative and metaphorical symbolisation is the crux of dream and imagework.’

I kept an ongoing heuristic diary (Thomas 2010b) of this process and I will be using this as my basic reference and drawing extensively upon it in the form of verbatim extracts to illustrate this heuristic process. I indicate these extracts by using bold font, indenting them and using quote marks; each extract is followed by the date it was written. I will be concentrating on the first seven months of my research journey when I was struggling to engage with the first stage of the data collection i.e. the scoping process. Before I begin the narrative of that stage it is also important to note that the particular meta themes that arose during this work, particularly in relation to Renaissance alchemy and other mythological archetypes e.g. Sophia, Greek Goddess of Wisdom, were already established within me as an imaginal repertoire based on my particular interest in archetypal psychology (Jung 1954).

7.4.2 Collecting the Data

And so, without further ado, I will start at the beginning of this experiment. In March 2009 I had already completed my RAL 5 and although I had a clear research design I was feeling very much in the dark about how to begin the data collection. In retrospect I can now see that I was casting around for a clear set of instructions. I believed that the best way to tackle this using imagery was to allow a representation to arise of this unclear beginning:

‘I don't know where to start but I get a sense of Sophia beckoning me into an old cupboard like room, very dusty, full of old equipment. It has a view over the countryside. It is very high up in the city building. As soon as I get into it, it opens out into a very big empty room with a wide window. It has nothing in it. I feel afraid of

the space. I don't know where to start or what to do. I feel I have to just be in this space of unknowing and allow it to speak to me. This is the room of the doctorate. I don't know what it is going to be and it needs to have time now. There are just some rough notes on paper on the floor.

I feel like I want to rush around and buy books but that is not the answer. I need to stay with the unknowing.. I go back out and see the plaque on the door saying 'Val's Doctoral Project'. (March 2009)

I spent the rest of that month unable to make any start on devising a plan for scoping the literature, all the time uncomfortably aware that an impotent fury was beginning to rise up – a rage that I could not impose my will on this project. I doodled with pastels and an abstract drawing full of red within a grey mass, titled 'Trapped inside the form'. I returned to the image of the doctoral space to see if it would illuminate this for me:

'It is now turning into an enraged Japanese Samurai figure, dancing around the room slashing wildly about with his sword. I find this very difficult to understand and I do not relate to this figure at all. He appears to be still trying to fight his way out of imprisonment. He settles down and the room fills up with shelves lined with books and there is a big desk. He is ferociously engaged. He tells me we have to start now with the scoping exercise.' (March 2009)

I interpreted this as a wilful aspect of my animus and I noticed that his arrival freed me up to begin rearranging my external environment by sorting out my book shelves. However, I was still not able to make any further inroads into the scoping exercise.

The next insight was triggered off by a strong reaction that arose out of a conversation with my academic advisor on the phone when she identified a 'good girl' aspect in my attempt to do the research scoping exercise in a systematic way. I began to suspect that there might be an underdeveloped aspect of myself that was blocking the research process and, sure enough, when I returned to the image of the doctoral space I saw a young girl who had appeared next to the Samurai:

'In doctoral room, I see Sophia, again dressed in Elizabethan finery, she points to the young girl and says that I cannot complete a doctorate with this underdeveloped aspect of myself. This is a young 11 yr old who was not helped or supported in any way to develop her intellectual gifts. My attention needs to be on her. This young girl needs the process to be more fascinating and magical otherwise

she will approach it in a dutiful way as a homework exercise and this will not work. I accept that she needs this and she is delighted with a kind of Harry Potter cloak with symbols on it. I get that over time this becomes my doctoral robes?!. Sophia is quite clear about this. I do not focus on other aspects or try to do the research, when I am stuck I need to return to this part of me and help her develop. I think this space will become a library over time. I also understand that this is the main purpose of the doctorate is to develop me intellectually. This is an Athena aspect I think.' (April 09)

I expected (somewhat unrealistically) this to have an immediate impact on being able to get on with the research but it didn't. I still felt attached to performing a very systematic keyword search for the scoping process and resistant to other suggestions that this could be a far more organic process. The following extract from the next month reveals my continuing struggle:

'After a great deal of resistance I am now in the second edit of journals for case vignettes and I am aware that I feel hopeless, overwhelmed, frightened and confused. It feels far too big. I don't know what I am doing. I am trying to be systematic but it is hopeless. I go to the doctoral room in my building. The young girl is pushing filing cabinets about and the samurai is busy at the computer. I ask what is going on and I get the sense that a big sorting out process is happening or a filing system is being put into place.' (May 2009)

Due to external events in my professional life I am forced to put all of my doctoral work on hold until August when I have arranged to take a month's holiday and it is then that I plan to finally get to grips with the completing the scoping process and finalising the data sample. Needless to say this plan did not manifest in the way I had expected. I did spend the whole of August working on the doctorate but this took the form of an intensification of introspection. I recall I spent a great deal of that month lying on the bed with the curtains drawn. This represents the critical juncture where my research process matured into a more organic and integrated one. This was a frustrating but ultimately deeply rewarding time and the whole month consisted of a battle between my wilful attempt to impose a plan of work and a deeper subconscious refusal to co-operate with this. The month of August took on a familiar daily pattern, one where I would attempt to do some scoping searches and then find myself overwhelmed by inertia. This would then be followed by a period of introspection where I tried to understand the continuation of this emotional block through imaginal work, dialoguing with myself and painting. Finally when I came out of this period,

my relationship with my research project had completely transformed My journal for this month reveals the stages in the inner work as the imaginal representation of the doctoral space changed in unexpected ways. My journal for this month is very lengthy as it details this turning point. I will illustrate the main stages in this through brief extracts (all taken from my journal for August 2009).

At the beginning of August I returned to the image of the doctoral space and, not surprisingly, it looked as if it was frozen in time, covered with spiders' webs, and I believed that all I needed to do was to get down to some work and this would automatically activate this inner process. As soon as I tried to do an edit of the keyword search, I felt bored and dissatisfied and very sleepy:

'I can see that my doctoral room is now a very thick fog and this fog is getting so dense that it seems to be composed of sheets of paper compressed together.

It now looks like a book – the whole of the room is a book and the figures of the Samurai and girl are inside the book. I am finding this difficult to understand. I need to stay with this. The paper is very high quality and the edges of the pages suggest that it has just been cut. I think this book needs to be opened. The book is the final published thesis? It is one long piece of paper and it fits into the walls of the room and becomes the new wallpaper? It has changed the room from a standard looking neutral office interior to something else. The walls are 3D – they are alive in some way. Ancient figures from the past come through to advise me.

It will get clearer, more creative and alive now I think.' (August 09)

However, halfway through the month the block was still operating:

'I am still having difficulty with understanding how to approach this research. I don't know what I am doing. Or more to the point I don't know how to do it. I feel vague and dreamy all the time and focussed inquiry does not make any sense whatsoever.' (August 09)

I return to the representation of the doctorate and I realise that something was happening in the space; the Samurai was setting up some alchemical apparatus on a table. This doctorate was taking the form of an alchemical experiment? I was intrigued by this and I engaged in a spontaneous dialogue with the figure of Sophia as follows:

'Me: How do I proceed in this alchemical process of my research project?

***Sophia:* You must commit to its transformational aspect, you must allow yourself to be transformed by it. You must allow it to guide you and you must follow its process. You must dream about it, you must return to this space often and contemplate its processes. That is all. In alchemy the container becomes transformed through the process. Not the material. Scholarship transforms the scholar not the other way round. Scholarship is a practice. An illumined practice.’ (August 09)**

This insight appeared to lessen my internal struggle about getting on with the scoping process and it was from this point onwards that I began to give myself more willingly to this inner process. The rest of the month was taken up with viewing stages of assembly of the alchemical apparatus and processing the emotional contents and insights triggered during this process as follows:

‘The Samurai is attempting to light the flame that will activate the alchemical process but this is a bit difficult. Once it is lit then I will get going with my research. This needs a lot of concentration. It is in a little lamp and is some kind of perpetual fire (?). It is coming and going at the moment, coming into being and then fading away again. I think this is what is required – a steady state rather than big switches on and off. This process cannot get going until it is assured of a consistent flame – it is not a massive fire because that would be destructive. So it is not periods of wild enthusiasm and then switching off, it is amore a steady small heat.’ (August 09)

This was a commentary on trying to discover what was interfering with my access to a steady stream of focussed energy. I got the sense that I had to investigate how I could rely on a steady commitment to my research:

**‘The flame is steady and has a deeper core colour then an outer core and then a lighter surround. There are times when something happens to the supply? And it flickers and snuffs out because it isn’t being fed properly? And this is what needs to be sorted out. There appears to be a problem with the feeder pipe? The Samurai is trying to fix this.
I can see a base to the flame almost like an old fashioned oil lamp. I am not clear about the fuel but there does seem to be a blockage in the feeder mechanism/pipe that supplies the flame. The Samurai has taken this base out of the apparatus and we now need to look at this more closely.’ (August 09)**

I had reached a critical point in the process where I was about to discover what was interfering with my energy levels:

‘This fuel container is a bit clogged up with stuff. I have got to cleanse/purify the fuel, there is old gunk in it. I suspect this is to do with ego motivations.

I get there is unconscious old stuff interfering with my researches and development in work. The doctorate is a vehicle for my intellectual and professional development.

I am starting to feel very sleepy. The Samurai is shaking the fuel liquid and it looks cloudy – there is sediment in there. Then when it settles it forms a layer at the bottom. Because of this contamination the fuel does not burn a steady pure flame.’ (August 09)

At that point I began to feel nervous again that all of this introspection was just a distraction and it was preventing me from getting on with my research. However, I was also aware that trying to impose my will hadn’t worked so I agreed to continue. I got the feeling that the sediment represented old patterns of heavy emotionality that interfered with my capacity to apply myself. But it was not clear how in the image that this sediment was going to be released:

‘The Samurai is considering a fine mesh but does not think the viscosity of the fluid will then go through the net. Then he initiates a distillation process whereby the fuel is being evaporated off from the sediment and then condensed back into the pure liquid.’ (August 09)

As soon I saw this I felt old emotions beginning to rise up and I realised that I would have to withstand the processing out of this heavy emotionality. In other words I was going to go through a distillation process within myself:

‘I feel engulfed in a familiar hopeless angry blocked state of over eating and sleeping and not doing. This must be this emotional mud that is being distilled out. I feel stuck and blocked, like I will never be released from this. I feel like I am going to be stuck at that bloody university forever doing that crap work.

This emotional shit does not belong to me anymore, it is not mine. I have dealt with it. I have to withstand it processing out.

In the image the Samurai is distilling the last little bit.

I notice that this backs up and contaminates all of my emotional energy. It is of critical importance that this is removed now. I think it is in a transparent box and is being taken away. I think that happened when I was thinking about buying a cake to pacify my emotions and I decided not to.

I think it has been cleared out now. It looks very beautiful and clear and shimmering. It is the most beautiful, totally straight, brilliantly formed, emitting an extraordinary light and heat. There is a mechanism for turning up the flame i.e. for controlling it. Its core is more purple indigo.

The Samurai places a retort onto the flame. There is a very ancient dense chunk of black matter in the retort and the flame is directly underneath heating it up.' (August 09)

By the end of August, the end of these extracts I felt more confident I was going in the right direction. And I understood, from my knowledge of alchemy (Rowan 2002) that the dark matter in the retort was the 'nigredo' stage of the work. This suggested that the scoping process would continue to be a slow and that this was a necessary stage. This did indeed prove to be the case. It wasn't until the following year that I had gathered the necessary data sample from the literature. However, the unhurried process of scoping the literature allowed a clearer understanding of the wider field of mental imagery to emerge out of a vast and complex multi-disciplinary field. And this took my work into a more fruitful direction.

7.4.3 Analysing the Data

I set out to inquire into my own research process and the data that I have presented here in an edited form has comprised my journal notes from that period. Moustakas (ibid:49) identifies the fundamental procedure of heuristic data analysis;

'The task involves timeless immersion inside the data, with intervals or rest and return to the data until intimate knowledge is obtained.'

Of course, in my case, this intimate knowledge was already initially present. I judged that I needed more distance in order to re-engage personally with the material and so I waited until several months had passed before I returned to immerse myself in the data of the journal entries. I reread them over a period of two months and then began the process of taking notes and explicating the main themes. The more that I examined the journal entries the more fascinated I became by the wealth of material contained within in them. I also understood the critical importance of that point in my research journey where my perspective transformed.

All the data appeared to me to cluster around two core themes. My journals, in essence, deliver a narrative of my transition from a position of attempting to control and direct the research to one of being guided by an unfolding organic research process. The block that I encountered was a creative one, that once fully resolved, transformed my research project into a fascinating journey mapping unknown territories. The first theme is that real research will bring to the fore aspects of the self

that require development. Without the commitment to engage with this it is unlikely that the research itself will bear much useful fruit. The concomitant second theme is that real research is an organic creative process. These two themes have now been woven into an explicit guide-rope that has helped me progress the rest of the doctoral research process. I think that I have rediscovered what many others before me have also experienced and articulated. As Moustakas (ibid:15) states;

‘The heuristic process is autobiographic, yet with virtually every question that matters personally there is also a social – and perhaps – universal significance.’

Although this heuristic inquiry does not cover the later stages of the research process, I believe that it had a fundamental impact on how I carried out the rest of the research. It allowed me to fully trust that the data would eventually lead somewhere productive. And, in the end, the data produced findings that exceeded my expectations, fully confirming the decisions I had made at each step of the research process.

7.5 Conclusion

I believe that this experiment of using mental imagery as the primary language for this heuristic inquiry has been a successful one. The capacity of mental images to deliver very detailed, densely coded and accurate information has become more and more evident to me during the course of using it for therapeutic and self-developmental purposes. Applying this to my own research process has been deeply rewarding and allowed me to work through a complex psychological block at the early stages of my project. Understanding research as an alchemical process has transformed my relationship with my project and engaged me in a much more creative way. It has also sparked ideas of developing this as a heuristic methodological tool for other researchers to employ (see **9.4.3** and Appendix VIII for BACP 2011 Research Conference workshop proposal).

8. CRITICAL COMMENTARY

8.1 Introduction

Evaluating qualitative research is the subject of ongoing complex debate (Silverman 2010, Robson 2002, Atkinson et al. 2003, McLeod, 2001). Steinke (2004) identifies three current basic positions. In the first case quantitative criteria, particularly reliability and validity are adapted to qualitative research. In the second position, researchers doubt the transferability of quantitative criteria and, instead, have developed a different set of criteria based on particular theoretical and methodological character of qualitative research; this would include strategies such as triangulation and Lincoln and Guba's (1985) criteria such as authenticity. The third position is the postmodern rejection of all criteria concerned with reliability and validity (Denzin & Lincoln 2000).

The adaptation of primary quantitative criteria of reliability and validity to evaluating qualitative research is more problematic. These criteria are used in evaluating grounded theory, due to its post-positivist epistemology. I agree with Robson (ibid:170) who makes the case that our difficulties with these terms is due to the particular ways they have been used in the positivist research tradition;

‘An answer is to find alternative ways of operationalising them that are appropriate to the conditions and circumstances of flexible, qualitative enquiry.’

And on this basis I will be using these criterion terms throughout this discussion; by validity I mean – do these research findings accurately represent the data?; and by reliability I mean – are my research methods thorough and consistent?

It is important to acknowledge that some of the alternative criteria originally proposed by Lincoln and Guba (ibid), and later proponents of qualitative research design appear to better match the underlying epistemology and aims of qualitative research. A particularly good example of their alternative criteria is the use of the concept of credibility or more latterly ‘trustworthiness’ as a different way of approaching the issue of quality. I propose to employ the concept of trustworthiness as the main criterion for evaluating the quality of my research. Making a case for trustworthiness

is based on the extent to which the research design, methods and procedures attend to possible threats to validity.

Therefore, for the purposes of evaluating the quality of this piece of research, I will be examining the main strategies I have used to deal with potential threats to validity i.e. making the research process transparent; triangulation; and increasing researcher reflexivity. As these strategies derive in the main from the qualitative tradition this would ally myself with the second position identified by Steinke (ibid) and I will be drawing extensively on her formulation of core criterion for qualitative research evaluation in the following discussion. I will begin with an examination of the main strategies I have used to ensure validity and then consider the arguments against its validity and with some reflections on the perceived limitations of this study and its validity from a grounded theory perspective.

8.2 Transparency of the Research Process

Transparency is commonly regarded as one of the most important means of ensuring quality in research both quantitative and qualitative (Robson 2002, Silverman 2010, McLeod 2001). Making the research process as transparent as possible allows the audience to follow the different stages of the journey and understand the thinking that informed decisions regarding procedures along the route. This in turn allows the reader a firmer ground for assessing the trustworthiness of the findings. Steinke (2004) takes the conceptualisation of this key criterion one step further by naming it as inter-subject comprehensibility and holding it to be the central and core criterion for qualitative research. She argues for documentation of the research process as its principle technique. She states (ibid:187);

‘With this an external public is given the opportunity to follow the investigation step-by-step and to evaluate the research process and the results which derive from it.’

I would assert that I have attended to this criterion in depth. I have provided a detailed commentary on the research process that has given both a detailed linear narrative as well as an examination of the accompanying reflective processes involved in decision making at critical stages. In order to help the reader understand the course of the research I have included a description of the initial failed analysis and how this informed the later more successful one particularly with regard to how I have used the

research literature to clarify my thinking and approach. This has also included how I dealt with the complexities arising from a change occurring in the research focus and question. I have appended both the unabridged journal articles (see Appendix X as well as the extracted and abridged clinical material (see Appendix IX) to allow the reader to make an informed judgement regarding the data. I have also given as much detail that is both possible and manageable of the procedures of data collection and analysis. This transparency or inter-subject comprehensibility also encompasses a laying bare of the epistemological challenges I worked through in the course of the research project.

However, I am also aware that my research project does not meet the full range of Steinke's (ibid) requirements for documentation to fulfil inter-subject comprehensibility. She alerts the researcher to the necessity for providing a means for the reader to judge if the research findings are a new discovery or merely the confirmation of prior understanding. This would include documentation of the researcher's prior understanding – which I can claim I have done – and also whether there was some attempt to upset this prior knowledge. The latter is not documented. Neither do I include documentation on verification processes where the researcher returns to test the findings on deviant cases. These gaps will be addressed in the following critique (see 8.6).

Apart from the omissions above, I can make a strong case that this criterion of transparency is met both at the level of procedure as well as that of the underpinning theory.

The issue of to what extent my research findings represent the confirmation of an ex-ante hypothesis is a fundamentally important question and lies at the heart of the main criticism that can be levelled at this research study. I will be discussing this in detail in a later section (see 8.6).

8.3 Using Triangulation as a Strategy

A commonly used strategy in establishing validity is triangulation i.e. observation of the research issue from two different points. One means of triangulation that I employed was by returning to the original unabridged clinical reports of mental imagery to check how the findings mapped onto the wider data set (for a detailed

discussion see 9.2.1.2). I was also interested in checking how the clinicians were conceptualising the therapeutic functions. This allowed me to see if there were points of disagreement with the findings emerging from the analysis of the data focussing on the client's production of imagery. As discussed in the next chapter (see 9.1.2.3), there was a general match in that although the clinicians spoke in more general terms about the purposes of mental imagery as an intervention, the more differentiated functions arising from the findings could be mapped onto the general terms. However, there were some discrepancies, and the possibility that there may be further differentiation of function concerning the use of mental imagery as a means of concretising abstract issues. This did not seem to indicate the research findings were invalid but rather that the system of interrelated categories may well be incomplete. Flick (2004) suggests that this is where the strategy of triangulation may shift from being purely a validation strategy to becoming a route to additional knowledge. She draws attention to Glaser and Strauss's (1967) view that the theory generated from different slices of data on the same category works better than theory from only one kind of data. This accords with my sense that these research findings represent an early stage of a much longer research process that will require several more iterations before this model could be regarded as definitive.

8.4 Is it Valid from the Perspective of Grounded Theory?

It is also helpful to examine the research findings using the very specific criteria of validity within the grounded theory tradition. Dey (2007) discusses the issue of deciding whether categories are 'grounded' or not and makes the point that pattern recognition in the data does not necessarily equate to a grounded category. He asserts (ibid:177);

'We can think of identifying patterns as primarily a theoretical enterprise if we consider patterns not as empirical regularities but as the underlying conceptualizations which can identify and describe in the most economical terms the empirical relationships (and not just superficial regularities) identified within the data.'

From this perspective, my first attempt at data analysis did not produce valid results, whereas the second attempt has produced grounded categories.

8.5 Increasing Reflexivity in the Research Process

Reflexivity is a means of identifying area of potential researcher bias and is therefore an important resource for the qualitative researcher. In my original research design I identified methods for introducing more reflexivity into a grounded theory type study that was focussed on developing theory in the field. In this section I will evaluate the contribution these made to countering researcher bias.

In general I would contend that the introduction of the heuristic study of my own research process was considerably successful. However its success lay more in the way in which it allowed me to draw on a familiar practice of mental imagery to illuminate unconscious or hidden dynamics operating during the research. Due to its epistemological base in phenomenology any heuristic method tends towards illuminating subjective processes rather than revealing prestructured thinking. Thus the bias that was revealed through this heuristic study was rooted in a naïve compartmentalised view of the researcher's quest for a knowable and objective truth. To a certain extent my research project can be read as a developmental process whereby an immature aspect of myself was first identified, then developed and finally more fully integrated into a the mature adult self with its more sophisticated understanding of the nature of reality.

8.6 The Case Against

I believe that the most significant threat to a claim for validity of my research findings consists of the charge that my pre-constructed understanding (Alvesson & Skoldberg 2000) led me to findings that simply confirmed an already existing hypothesis. In particular, that the reliance on abduction as the analytic approach in the second analysis of the data was just a sophisticated ploy to mask the imposition of a pre-selected group of categories upon the clinical material. This charge needs to be considered in some detail.

There is concrete evidence to support this charge. As discussed in RAL 5 I had already been thinking along these lines and had articulated some of these functional categories in previous published work (Thomas 2006, 2007, 2010a) i.e. reparative, diagnostic and monitoring functions. I was also particularly interested in the interactive processes operating between the conscious mind and the

subconscious/wider mindbody system. This relationship has been discussed at length in my book (2006) and, throughout my writings, there is an emphasis on maintaining the right balance between directive and receptive procedures in using mental imagery. Given this background the model emerging from the research findings looks as if it is a direct development of my previous work. The question did cross my mind after the initial eureka moment: did the data produce these findings or have I marshalled the data to confirm a hypothesis?

However, I can offer the following against this charge:

- As discussed earlier (see **8.3**), I have used a strategy of triangulation in the form of returning to test the emerging research findings against the unabridged data and this initial check appears to confirm the categories in general.
- In my account of the gestation of my research study (see **1.5**) I detail how my curiosity had been provoked by observing regularities and patterns in the mental images produced by clients. I had a hypothesis that regularities and patterns in clients' imagery would also be apparent in the work of other clinicians. My first unsuccessful analysis of the data did not confirm this hypothesis but, in fact, led me in a different direction, one that I had not originally sought, i.e. back to a focus on the use of mental imagery in practice. This would indicate that I have displayed a commitment to allowing the data to speak for itself.
- I have used orthodox qualitative data analysis procedures informed by grounded theory and I have shown transparently and in detail how applying these procedures produced the research findings.

I think that although I can offer the points above to counter the charge to a certain degree, it cannot be completely refuted. In the end it was inevitable that I would be highly influenced by my previous understanding and work. However, I have already considered how this was problematic in relation to my choice of a grounded theory style approach (see 3.1.2.2) and I have been transparent with regard to setting my research project in the historical context of my earlier work.

On reflection I would assert that these research findings particularly with regard to the potential multi-functional model of therapeutic imagery represent a development of my previous work. I would agree that the findings appear to confirm an already existing understanding of mental imagery performing particular therapeutic functions. However, the findings have developed these ideas in an unexpected and highly coherent manner. The original understanding consisted of a basic identification of three roughly conceptualised and unrelated functions labelled as diagnostic, reparative and monitoring (Thomas 2006, 2010). The findings have produced a sequence of discrete but inter-related functions that allows for a much more sophisticated conceptualisation of the therapeutic application of mental imagery in psychotherapy. This emerging model now requires further testing in the field to ascertain its validity and refine it further.

8.7 Limitations of the Research

The narrative account of the research process (given in Chapters 5 & 6) has delineated in considerable detail the shift in the research study focus from an inquiry into a typology based on form or characteristics of the image to one based on therapeutic application. I would contend that one of the main limitations to this study relates to the data collection and this limitation applied in different ways at particular stages of the research process.

With hindsight, I can see now that initially there was a fundamental difficulty with the original data collection. I had committed myself at an early stage to a data source that was not fit for purpose. The initial delimitation to clinical material derived from academic journal articles did not deliver the very detailed accounts of mental images produced by clients that I had expected and needed in order to ascertain any patterns of regularity. Fortunately this data was fruitful in terms of delivering a different and ultimately more useful kind of typology – one that is based on therapeutic functionality.

However, this subsequent refocusing of the research question exposed a different limitation related to the data range. Even though serendipity had delivered a wide range in terms of main modalities and practice equally divided between directive and nondirective approaches, I was analysing only 22 case reports. I cannot make a claim

for a generally applicable model based on findings arising from such a limited data source with evident gaps in terms of modalities. The quality of the data was also an issue particularly in the range of case reports.

Finally, there is a significant issue regarding the size of this FP. It is obvious to me now that my original research question was too big in terms of both depth and scope for a small research project. Indeed the research findings themselves have suggested that I have been engaged in an even wider range of inquiry than I originally proposed that has the potential to produce a useful transtheoretical model of practice with mental imagery.

On reflection I think that a helpful way of understanding this limitation is to reframe it. This FP now appears to me to have been a pilot study or scoping study of the field which has identified a more focussed inquiry into the therapeutic functions of mental imagery. I return to examine how this may be developed in the closing section.

9. CONCLUDING REMARKS, DISCUSSION AND RESEARCH OUTCOMES

9.1 Introduction

In this final chapter I will be discussing the research findings particularly in relation to their potential as a model that captures the multi-functionality of mental imagery in therapeutic practice. I will be placing these findings in the context of the overall development of my professional engagement with mental imagery as a psychotherapeutic practice particularly in relation to my RAL 5. Finally I will be outlining the research outcomes and making a case for the relevance of this research to the wider field of psychotherapy with some thoughts on how this work can be developed.

9.2 Discussion

9.2.1 Testing the Model

As described in Chapter 6, my immediate and enthusiastic response to the findings was that it appeared to disclose a coherent model. On first viewing I believed that it operationalised the complex interactive processes that are inherent in working with mental imagery. However, in order to check out the potential for these findings to be a workable model, I realised that it would need a period of testing it on a range of clinical material. At this early stage I have been able to conduct two tests of its workability; firstly, by applying it to an example of my own clinical practice; and secondly by returning to the original data of the unabridged case vignettes to check if there is any aspect of mental imagery contained therein that is not captured by the model. Both of these tests are described in detail in the appended outline article (see Appendix VI). In this section I will be summarising both and discussing how these tests shed further light on the emerging model.

9.2.1.1 Applying the Model to my Clinical Practice

I selected a case vignette of mental imagery from my book (Thomas 2006:209) that appeared to contain enough range to test out the proposed model. I then identified in sequence the therapeutic operations exhibited within the case study. I examined each of these operations in the light of therapeutic function and all of them appeared to be mapped by the model (for a step by step analysis see Appendix VI). The model

appears to capture the whole process of using mental imagery therapeutically as an interactive dialogue between the conscious mind and the subconscious/ wider mindbody system both intra-psychically within the client and also inter-psychically between client and therapist. The identified six functions represent the more differentiated aspects of this interactive communication process. Although, in practice the six functions are often less differentiated, blurring into one another and overlapping.

However, the proposed model appears to also capture and highlight another, less obvious, characteristic of the therapeutic use of mental imagery i.e. its multi-functionality. This had been brought to my attention in the original data analysis (see 6.7.1). The feature that I noticed when analysing the clinical material of other therapists was evident in my own case vignette, i.e. one mental image can demonstrate more than one therapeutic function. This can happen at the same time, for example a mental image that draws on a pre-given template (such as a plant or building) is being used directly as a framing function but at the same time it can also be used diagnostically for the information it conveys regarding the client's current state. This multi-functionality is also exhibited sequentially over time through a range of functions through the course of the therapeutic work. A simple example of this would be the initial use of a mental image as a diagnostic tool and then returning to the same image later on in order to use it to monitor any changes. This is illustrated by the way I have used the plant form in the case vignette. Different functions of the image come to the fore dependent on different therapeutic requirements. Somewhat tangentially, this brings to mind Clarkson's (1995) five relationship framework where the different types of therapeutic relationship also move from background to foreground dependent on the requirements of the therapeutic process. I am only touching very briefly on important issue here. This dimension of multi-functionality illuminated by this emerging model is something that will require further explication and study as I indicate at the end of this chapter (see 9.6).

Finally, it became apparent to me in the course of mapping this model onto a further range of examples of my own clinical work that it clarified and disclosed new aspects of my own practice of employing mental imagery. In other words the model itself appeared to develop my understanding of how I am drawing on different functions of

imagery. I will be returning to discuss this in more depth later in this chapter (see 9.4.1)

9.2.1.2 Reviewing the Data in the Light of the Model

The data that had produced this potential model were drawn from clinical material that had been subjected to several stages of selection and standardisation. All stages of this process would have influenced the findings or biased them in a particular way. However, I was able to address the issue of the final stage of data selection predetermining the model. I decided to do this by testing the applicability of the model to the original unabridged case material. I believed this would determine if the model was capturing all aspects of functionality in the original case material and would also illuminate any issues not apparent in the final data.

When I reviewed all original source journal articles (the full collection can be seen in Appendix X), it appeared to confirm the general applicability of the model but it did raise some issues that needed further consideration and I discuss the main points below (for a more detailed exposition see outline article in Appendix VI).

In general, this transtheoretical model appears to capture the ways in which mental imagery is being used across the range of therapeutic approaches espoused by the clinicians who reported the clinical material used as data. As would be expected the different modalities tended towards employing certain functions more than others and this is predicated on differing approaches to the therapeutic endeavour rather than any intrinsic view of imagery itself.

However, there were some issues in relation to the way in which particular approaches used imagery that are less clear cut and do need further consideration in relation to this model. I discuss three of these below.

9.2.1.3 Some Issues Raised by Different Modalities

One of the specific characteristics of the psychoanalytically/psychodynamically informed therapeutic approach to mental images is the way in which the therapist views the mental image through a particular interpretive lens. An example of this is Silverman's (1987: 61) interpretation of his young male client's initial silence and his report of an image of a red blob;

‘Further queries then elicited that he had seen for the first time that day in school a bloody menstrual pad, an event that had clearly shaken him. It was apparent that his silence served (at least most immediately) as a resistance against dealing with the school experience and the negative affect (most likely castration anxiety) that it aroused.’

Even though it is the clinician who interprets the imagery rather than the client and it is viewed through an interpretative lens that constructs the contents of the unconscious mind as conflict laden and warded off from the conscious mind and thus disguised in its expression, I believe this still belongs to the general diagnostic function category. This is because the therapist is using the images for diagnostic information regarding the origins of the conscious difficulty.

Another issue arose in the one example of an explicitly mythological perspective on clinical practice (Feinstein 1990). Although, this particular clinical material did not pose a difficulty in terms of the functional model, as it concerned a client’s inner exploration of archetypal material, it did raise a general question regarding how the source of transpersonal imagery is conceptualised. This could pose a challenge to the functionality model proposed here in it does not include the possibility of another source for the mental image (see outline article in Appendix VI for further discussion).

9.2.1.4 An Issue Raised by the Therapists’ Perceptions of their Application of Mental Imagery

Finally, reviewing the original clinical reports gave more information on how the clinicians viewed their use of mental imagery (the abridged clinical material focussed on the client’s production of imagery). I noted, with interest, that most of the explanations given for the therapeutic function of imagery were quite general. Initially there appeared to be some potential mismatch between the functional categories contained within the model and the clinicians’ perceptions of the purpose of their imagery based interventions with the client. This concerned the explanations given by clinicians working with CBT variants i.e. Compassionate Mind Training (Mayhew & Gilbert 2008) and Schema Mode Therapy (Bamber 2004). In summary both clinicians identified the purpose of getting their clients to use mental imagery was to help them make their cognitions and emotions more concrete (for a fuller discussion see outline article in Appendix VI). I wondered if this might be another function category

emerging i.e. making something abstract more concrete. However, on further reflection, this sounded more like a descriptive term for the general operation of mental imagery and metaphor, rather than a specialised therapeutic function.

On a final note I think it is important to state that the model itself is at an early stage of development and I would expect it to go through further refinements as it is tested on more clinical material. It may well be that these original six functions do not capture all therapeutic functions and it will need to be expanded. Further research is needed (see **9.6** for further comments).

9.2.2 How do the Findings Relate to the Literature?

I will only be making some brief comment here because, as discussed in the literature review in Chapter 2, there has been so little attention paid to developing categories and typologies of mental imagery in psychotherapy. The ones that have been identified are schematic and are generally basic operational or structural distinctions. Looking elsewhere in allied practices is more fruitful. The findings from this research study do seem to find some parallels in the few published accounts of researching typologies of metaphor used in therapeutic practice (see 2.4.4). Some of these studies have also used therapeutic operations as the category base and have identified a range of differentiated therapeutic functions. As yet, these functions appear not to have been developed into a coherent model.

Although, other applications of mental imagery were situated outside the remit of this research, I would like to draw the reader's attention to a study of mental imagery used by dancers (Hanrahan & Vergeer 2001) that suggested significant similarities to my own work both in terms of process and research findings. Originally the researchers were interested in classifying the imagery used by dancers into imagery types/imagery content. These were partially informed by already existing categories employed within the discipline of dance and sports performance e.g. internal/external perspectives. They ended up with eight higher order categories according to their content and the effects and/or benefits they provided. However, the dancers did not classify their imagery in this way. Hanrahan and Vergeer (ibid:235) go on to describe a process that echoed the data analysis stage of my research;

‘The categories are permeable, fuzzy, and certainly not mutually exclusive. A case in point is the varied use of color in many of the images. Coloring might have been chosen as a category had the images been grouped only according to content. However, because the dancers appeared to be interested in the images mainly as a function of their direct and indirect benefits to performance and lifestyle, purpose became the organizing factor rather than image content.’

They go on to comment on how the dancers appeared to use imagery in many different ways according to the particular requirements of the performance. This is suggestive of the multi-functionality aspect of mental imagery disclosed by the research findings discussed here. This intriguing research study indicates that widening out the remit of further inquiry into typologies of mental imagery would be fruitful.

9.3 How do the Research Findings Relate to my Previous Work?

I was particularly interested in how this potential model might map onto my own clinical practice (and I have already discussed how I looked at one example in detail in 9.2.1.1) particularly as this model arose from findings generated from the clinical work of other therapists from a wide range of modalities. The main result for me has been a deeper conceptualisation process of the functions of imagery. Thus the category identified as ‘active process management’ made much more sense than my partial explanations of introducing for example container images. Because of the limitations of my own practice it is unlikely that I would have developed this understanding through using my own clinical material as data.

I also noted with interest that viewing my own work through the lens provided by this generic model began to disclose to me particular biases in my use of mental imagery. I clearly draw equally on the two main overarching communication functions of imagery in relation to the delivery of information from subconscious/wider mindbody system and directions made by the conscious mind. However, in terms of the differentiated functions, I notice that I use the reparative function the least and I only use the active process management function in a limited and specialised way. I am also aware how much I draw on the framing function and I believe I need to review this as it might be over-determining the therapeutic process.

One of the most significant developments has been the increased internal coherence of my understanding of therapeutic work with mental imagery. The findings appear to tie together two disparate strands in my previous work into one integrated model.

Previously I had adopted a basic descriptive model of imagery commonly accepted in the field (Hall et al. 2006) i.e. directive, receptive and interactive or dialogic imagery, based on the source of the imagery. Separate to this I had also adopted some functional category descriptors mentioned above. The findings have pulled this together into a single cohesive model which retains the very helpful distinction between directive and receptive imagery but also allows for a further differentiation of specific functions.

9.4 Research Outcomes

9.4.1 Impact on my Practice

As would be expected from the preceding discussion, one important research outcome has been the impact on my own professional practice, particularly as an HE counselling trainer, because it has developed and further conceptualised my understanding of using mental imagery in therapeutic practice. This emerging model has synthesised my own understanding drawn mainly from my own clinical practice with other sources of clinical experience with mental imagery. It has begun to dissolve the long existent barrier between a body of work that has been developed independently and a wider pool of knowledge and experience. I can give some anecdotal support and documentary evidence for the impact of a more integrated understanding of imagery in practice. In my HE role I designed and have been delivering an undergraduate module ‘Using Therapeutic Imagery in Counselling’ (see RAL 5 Appendix 9). Three years ago when I first delivered it I introduced my generic typology of image complexity to the students. I was surprised and a little disheartened that they did not find it either useful or applicable to their own practice. Three years later when I delivered this module again I had a different experience. Halfway through teaching the module I completed my data analysis and introduced the students to the emerging model of therapeutic functionality. They found this model to be accessible and immediately applicable to their own practice. It made sense to them in a way that the previous attempt at a typology had not. I include, with permission, one

of the student's assignments for this module (see Appendix VII) where she discusses in considerable detail her application of this model to her own clinical practice.

9.4.2 A Contribution to the Development of Theory in the Therapeutic Application of Mental Imagery

Although this model is provisional, I believe there is enough new material produced by this research study to warrant publication (see 9.5 for the case made for its relevance to the field). As mentioned earlier, I have written an outline article for publication in a peer reviewed journal and this is appended (see Appendix VI) The purpose of 'going public' at this early stage is to expose this embryonic model to wider scrutiny in order to develop and refine it further.

I believe that there are two particular audiences for this work and both of them are international; the first audience would be interested in any developments in the therapeutic application of mental imagery and the second would be interested from the perspective of integration in psychotherapy. Therefore I have selected the following two academic journals to discuss publication of the appended outline article:

- The Journal of Imagination, Cognition & Personality (formally titled The Journal of Mental Imagery) edited by R. Kunzendorf and J. Honeycutt, and published by Baywood Publishing Company. This is the pre-eminent journal for the application of mental imagery in psychotherapy. In this journal a variety of authorities examine the uses of imagery, fantasy and other resources of consciousness in psychotherapy, behaviour modification, hypnosis, medicine, education, and other applied fields.
- The Journal of Psychotherapy Integration edited by J. Gold and published by The Society for the Exploration of Psychotherapy Integration. The journal publishes papers presenting new data, theory, or clinical techniques relevant to psychotherapy integration, as well as papers that review existing work in the area

9.4.3 An Innovative Research Method

Tangentially, the research project produced another innovation, this time in terms of methodology. I have already reflected on the contribution made by my heuristic study to the overall reflexivity of my research project (see **8.5**) as well as the insights it gave me into my own unconscious processes during the research (see 7.4.3). I found this so personally useful that I thought it might also benefit the field in general if researchers could draw on this imaginal resource. This did not seem to me to require further development before offering it to the field as it represented another application somewhat similar to using it therapeutically. Consequently I created an opportunity to share this new practice with other professionals through submitting a proposal that has been accepted to deliver a workshop on using imagery to illuminate unconscious processes in research at the 2011 BACP Research Conference (see Appendix VIII for correspondence and workshop plan).

9.5 Relevance

The utilization of social science research is the subject of much current debate, Kardorff (2004) in his discussion of a purported ‘crisis of utilization’ points to the wide gap between research and practice evident in the field of applied social science. McLeod, (2001), a leading proponent of the practitioner-researcher model in counselling and psychotherapy makes a similar observation regarding counselling and psychotherapy. The professional doctoral programme at Metanoia is based in professional practice and thus, issues such as the usefulness of the project, come to the fore. I have already discussed its impact on my own practice, in this section I want to examine the case for its wider relevance.

9.5.1 Relevance for the Wider Field

At a basic level this model will allow practitioners a means of thinking about how they are using mental imagery in their own practice. This will be of particular use to practitioners who already espouse integrative or eclectic approaches. I noted that the students on my HE module (see discussion of this in 9.4.1) with affiliations to particular modalities especially psychodynamic and CBT were initially reluctant to engage with imagery from an integrative perspective. When I introduced the emerging model to them, they seemed to be able to apply this transtheoretical approach to their

own clinical practice. Again I refer the reader back to the example of the assignment (in Appendix VII). They seemed to be able to use the model to widen out their understanding and use of mental imagery beyond the specific applications of imagery conventional within their chosen approach without violating the basic principles of their therapeutic approach.

I believe that this model represents an original contribution to theory and practice of psychotherapy. In my literature review (see 2.6) I discussed in detail the paucity of current generic models and typologies of mental imagery in therapeutic practice. To sum up, there are two main types either explanatory models such as Ahsen's (1968) ISM model or typologies of basic distinctions such as the generally accepted one of directive, interactive, and receptive imagery (Hall et al. 2006) and Achterberg's (Achterberg et al. 1996) preverbal/transpersonal imagery. The originality of this emerging model is that it provides a transtheoretical and internally coherent system of inter-related categories that retains both the most basic distinctions in imagery type and also a level of further differentiation in terms of functions. This model offers the practitioner a way of using imagery therapeutically and clarifies the seemingly myriad ways it is operationalised across a wide range of therapeutic modalities. It conceptualises the multifunctional nature of mental imagery in psychotherapy in a simple and accessible way, bringing to mind other useful frameworks such as Clarksons's (1995) five modality integrative framework of therapeutic relationships; particularly with regard to the understanding that different functions come to the fore at different points during the therapeutic process. Furthermore it does not privilege either directive or receptive modes of working with imagery but instead supports a more integrated perspective of imagery as a potent communication agent that allows productive and interactive dialogue between the conscious self and the wider subconscious/mindbody system.

9.6 Future Development and Concluding Remarks

I believe that I have made a convincing case that this research study has succeeded in its aim to make a contribution to the development of more inclusive and unifying theory in the therapeutic application of mental imagery in psychotherapy. However, this contribution has taken a different form to the one I originally envisaged. When I started out I believed I would be able to identify a particular typology based on

categories or types of mental images. Instead the research findings disclosed a potential multifunctional model of therapeutic functions. As I indicated at the end of the preceding chapter (see 8.7), it would appear that this research has opened up a larger territory of inquiry and I now view it as a pilot study which has sketched out particular domains that require further investigation. Thus, in terms of further testing out of the potential model (besides publishing the provisional findings and gaining feedback), I believe the following research strategies would be useful:

- A qualitative study of therapists' perceptions of how they are employing mental imagery in their therapeutic work with clients.
- A qualitative study of clients' perception of the therapeutic functions of mental imagery.
- A testing out of the model on a sample of detailed case studies of the use of mental imagery that have been published in books.

I also believe that widening out the remit of inquiry into applications of imagery in other disciplines would help to identify other potentially fruitful approaches to categorisation and typologies (as suggested by the intriguing research study of dancers' imagery discussed in 9.2.2).

This therefore suggests the foundation of a long term research programme which is dedicated to developing a more inclusive and unifying theory of mental imagery in therapeutic practice – a practice that is increasingly informed by wider transtheoretical perspectives.

As a link back to the ancient roots of this quest to understand the therapeutic use of mental imagery, it seems appropriate to return to a premodern text for the final words; the quote below is taken from Normandi Ellis's (1988:216) translation of the funerary and religious texts compiled between 3000 B.C and 300 A.D known as 'The Egyptian Book of the Dead'. It provides a fitting commentary on the experience of this research process;

‘I have ferried myself across the churning waters of emotion. I go with the current; I rock to and fro in the tide. I come to a place I never knew I was bound for. There is a reason for accidents.’

(41,602 words)

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APPENDICES

