In one of the hundreds of e-mails that went back and forth between myself and contributors in the course of editing this book, Carol Hicks-Lankton made a comment that I thought was important enough not to lose in a piece of personal correspondence. As we were discussing our favorite metaphor books, she said, “Life is the big book of metaphors—a new story every day.”

Therapeutic stories are there in our day-to-day living. They can be found everywhere, as will be discussed further in Chapter 1. We might observe them in everyday experiences, such as seeing a young child develop a new set of skills or watching the interaction between people in a shopping center. They may be present in a book you read, a movie you watch, or the way a client learns to cope with a challenging set of circumstances. They may, as in this story, be a conversation that speaks of one person’s experience in a way that could help another.

At a national conference, I met up with an interstate colleague I had known over the years yet not seen for some time—and was surprised by her appearance. It was not surprising that she now had her head shaven and wore the maroon and yellow robes of a Buddhist nun, for I had known that she was studying Buddhism and had been planning to take the vows of a monastic order. What did surprise me was the very dark, swollen bruising of a black eye that she wore on the left side of her face, as if she had not long stepped out of a barroom brawl.

Curiously, I asked, “What’s happened to you?”

“Well,” she replied, “it is sort of funny and sort of embarrassing and sort of profound.”

Now I was even more curious.

She went on to explain, “I was following my guru along the street, absentmindedly watching his tan shoes moving below his robes, distractedly preoccupied in my own thoughts, not being very present in the moment, when suddenly he stepped aside. By the time I realized what he had done and looked up, I walked straight into the lamppost he had avoided. Hence the black eye.”

Then she looked at me, as if she had been embarrassed in recounting her tale, and added with a twinkle in the one eye that was not bloodshot and partially closed, “But I guess there is a lesson in the story: Don’t blindly follow in your guru’s footsteps.”
"Metaphors work,” claims Stephen Lankton, “because the mind is metaphoric” (Lankton, 2002, p. xiii). He explains, “There is something about stories and metaphors that has a profound effect on listeners: they teach, inspire, guide, communicate, are remembered, and, most of all, are everywhere” (p. v). In fact, I continue to be amazed by the ways in which clients find metaphors everywhere to describe and resolve their problems. Vanessa, a 33-year-old single mother of three young children subjected to horrific and unprovoked violence, revealed very clearly how metaphors might be discovered in the most unlikely places. The background to her story was that one day when out shopping she had been seen and followed home by a young male, who then lurked around her house until after dark. When her children had gone to bed, and as she sat up studying, he entered the house and attacked her, beating her into semiconsciousness with a baseball bat before violently raping her. Sixteen days later, when I first met her, her physical injuries were still visible: a bandaged, fractured nose; bloodshot eyes; a bruised and lacerated face. The emotional scars were not initially so apparent. In seeking therapy, she positively said her goals were to be free of the feelings of panic that were overwhelming her, to cease being scared, and to lose her intense feelings of self-doubt.

During our second session, Vanessa expressed a need to “get away,” spend some time meditating in a peaceful environment, and “become centered again”—a desire I encouraged. With her parents looking after the children, she booked herself into a coastal farm retreat for five days. This provided an opportunity to set up an experiential metaphor. Before she departed, I suggested she take a walk in an area that was safe and pleasant, simply experiencing what there was to experience. I relayed a couple of outcome-oriented metaphors about how other clients had benefited from such experiences, and asked her, in a very general way, to observe what might be helpful to her.

When she returned for her third therapeutic session a week later, there was a marked improvement not only in her physical healing but also in her emotional and mental state. She told me how she had spent time walking along the beach, beside the banks of the river, and through neighboring woodlands. Two experiences in particular stood out.

While taking a walk along a riverbank one day, she paused to sit and look at the reflections in the
still water. She started to contemplate how one image was real and one was an illusion. She thought about how reality and illusion could look so alike that, at times, they could be hard to differentiate. She wondered whether, if you took a photograph, you could tell which was the illusion and which was the reality. Picking up a stone, she threw it in the water, and watched the illusion shatter. Tears filled her eyes as she later told me, using metaphor, that her “past blocks” were shattered with the illusion in the river. She began to experience a sense of peacefulness, as at that moment things again “came together.”

The second metaphorlic experience occurred while Vanessa was walking through 500 acres of woods. Absorbed in her thoughts, she became lost. It was late in the day, she was fearful of being out in the woods alone at night, and she felt panicky about being in an unplanned and unexpected situation. As she described the situation, she noted that the feelings it evoked paralleled those she had felt as a result of her assault. Thinking about what she needed to do, she reached the conclusion that she had to rely on her own intuition and trust her sense of direction to make the right choices. She found her way back to the farmhouse just as the last rays of sunlight were disappearing below the horizon. The metaphorlic parallel she saw between this experience and her previous trauma helped her to reestablish a sense of self-confidence and trust that had been “lost” following the assault. Vanessa carried something across from one experience (watching reflections in the water) to another (freeing past blocks). She transferred a meaning from finding her way out of being lost in the woods to regaining confidence after trauma.

**WHAT IS METAPHOR?**

In the original Greek, the term *metaphor* meant “to carry something across” or “to transfer.” In communication it refers to carrying one image or concept across to another, just as Vanessa did. Most dictionaries or textbooks define *metaphor* as a comparison between two things, based on resemblance or similarity. For Aristotle it meant the act of giving a thing a name that belongs to something else, such as by saying, “His vulture eyes followed their every move.” *Vulture* is imaginative and thus not literal if we are talking about another human being, but it does imply characteristics, images, and meaning not present if one had simply stated, “His eyes followed their every move.” For this reason, Diomedes described metaphor as the transferring of things and words from their proper signification to an improper similitude—something that was and is done in language and literature for the sake of beauty, necessity, polish, or emphasis.

Metaphor is thus a form of language, a means of communication, that is expressive, creative, perhaps challenging, and powerful. As therapy is a language-based process of healing, heavily reliant on the effectiveness of communication between client and therapist, it behooves the therapist to be familiar with language structures, such as metaphor, that best facilitate the client’s process of change.

**WHY USE METAPHORS IN THERAPY?**

In Chapter 10 of this volume, Christine Perry draws our attention to a study that found an average of three metaphors per 100 words in a single hour of therapy (Ferrara, 1994). Metaphors are so common that they *fall* into our everyday conversations. They *enliven* ordinary language. They *add color* to our communication. They *open our eyes* to new ideas and possibilities. As the italicized words
in the previous sentences show, metaphors slip into our language with such commonality that they frequently go unnoticed. If our clients are using such frequent figurative language to express their experience then it seems only appropriate, logical, and practical that the therapist join that language, meet the client in his or her mode of communication, and facilitate both figurative and pragmatic processes of change. There are several ways metaphor can facilitate that.

**Metaphors Are Interactive**

Unlike other forms of communication, such as a lecture, where the presenter is active and the listener may be so distracted, passive, or uninvolved as to not even be listening, metaphor requires an active involvement on the listener’s part. If you hear someone say, “It’s hot outside” or “I am feeling tense,” there is nothing more for you to do as a listener. You have heard it and acknowledged it, and that is it. If, however, someone says, “I’m facing an Everest” or “I’m running blind” you are suddenly confronted by a new image. You need to think about it and choose from many possible meanings inherent in the metaphor. The ambiguous links demand attention if meaning is to be found, the listener has to engage with the teller, and a form of interactive communication is established between both teller and listener. As you read the following chapters, it may be interesting to observe how the use of therapeutic metaphors engages the client, to varying degrees, in this interactive process of learning.

**Metaphors Teach by Attraction**

Everyone loves a good story. Look at the way children sit wide-eyed listening to a teacher read from a storybook, or beg for a bedtime tale. Observe how adults flock to movies, devour a novel, or delight over stories shared around the table at a dinner party. Notice what happens as you begin to tell clients a therapeutic metaphor. What changes are there in their indexes of attention? What happens to their eye contact with you, their rate of respiration, and the amount of bodily movement? Metaphors and stories attract, with the result that listeners are drawn to both the tale and the message or learning embedded in the tale.

**Metaphors Bypass Resistance**

By the time many clients get to therapy, many well-meaning people have often offered them some sound and helpful advice. That this advice has not been accepted means that any similar approach in therapy is also likely to be met with resistance. Metaphor can be helpful in bypassing this resistance, particularly when the therapeutic metaphors are generated by the client (see Chapters 3 and 10), come from the client’s own story (see Chapters 9 and 11), or are built collaboratively with the client (see Chapters 16 and 18). If the idea, metaphor, analogy, or story comes from the client, there is simply nothing for the client to resist.

**Metaphors Engage and Nurture Imagination**

In Chapter 5, Mikaela Hildebrandt, Lindsay B. Fletcher, and Steven C. Hayes describe metaphor as “a bridge between the world created by language and the experience of the world that transcends
language.” They go on to add, “Metaphors intentionally disorient clients so that they must discover what works and what doesn’t based on their experience rather than literal, linear rules.” Engaging and nurturing processes of imagination and figurative thought, metaphors require a level of processing that tends to bypass the linear, logical, and cognitive ruts in which clients may have become stuck during their struggle to resolve an issue or problem.

**Metaphors Engage a Search Process**

When Zurich psychiatrist Hermann Rorschach devised his famous inkblots, he may not have created an objectively validated test but he did hit on something important: that as a species we are not good at tolerating ambiguity and have a strong desire to search for meaning, even in something as abstract as an inkblot. Like a projective test, metaphors offer the listener a somewhat ambiguous stimulus—even though the teller may have deliberately structured the metaphor with a defined purpose. If a woman in an abusive relationship is told a story of a mountain climber (see Chapter 8), or a person who has lost her voice hears a tale of marching penguins (see Chapter 13), or a child insomniac is engaged in a conversation about Harry Potter and biting sharks (see Chapter 16), there is uncertainty and perhaps even confusion. The listener engages in a search: Why am I being told this? What relevance does this have for me? What purpose does my therapist have in relating this tale?

This search for meaning is the very basis of the therapeutic value of metaphor. For that reason, there is no correct or right way for a client to interpret a metaphorical story. The most meaningful interpretation a client gives to a therapeutic tale is usually the one he or she ascribes to it. Different people are likely to see different meanings in the same story. The art of the good therapist is to be flexible enough to utilize the client’s understanding and build on his or her meaning in a way that will constructively facilitate the client’s move toward the therapeutic goal. An example of this search process is presented in Chapter 2.

**Metaphors Develop Problem-Solving Skills**

We all encounter problems throughout life. Learning how to solve them effectively is one of those essential life skills that prevent us from slipping into debilitating states of anxiety or depression, and contribute to our living a contented, happy existence. A good story usually begins with a problem or challenge faced by the main character, whose task is to find the means to reach an appropriate resolution. Becoming engaged with the character or problem of the tale, the listener also becomes involved in the process of how to resolve the problem or how to develop appropriate problem-solving skills that may not have existed before. Learning the problem-solving skills required by a mountaineer’s solo ascent of the steepest summit on earth may carry over to developing skills for coping with an abusive relationship (see Chapter 8), or discovering how Mr. Pasta coped with the trauma of being cooked may transfer to managing the pain of invasive surgery (see Chapter 17).

**Metaphors Create Outcome Possibilities**

If therapy is about one thing, it is hopefully about creating new possibilities and providing means for those possibilities to be achieved. Often the initiating factor that leads people to seek therapy is
the sense that possibilities are at an end. A metaphoric story has the power to allow the listener to step out of the frame of reference in which he or she has become stuck and, in a different realm of experience, reexamine the possibilities. Examples of this can be found extensively throughout the following chapters, including the discovery of what options there are when you are 61 years old and bogged down with the question of whether to divorce (see Chapter 6), of what possible ways you might reframe your experience when you are 8 years old and dying of an incurable disease (see Chapter 14), or of how you could possibly cope with the personal and peer challenges of your parents’ divorcing and still living together (see Chapter 9).

Metaphors Invite Independent Decision Making

Because they offer options or possibilities, metaphors invite the listener to make decisions about those choices. As the old saying goes, if you give a person a fish he will eat for a day, but if you teach him how to fish he can eat for a lifetime. The same holds true for how we do therapy. If you give a person an answer he may cope with the current situation, but if you teach him the skills of using imaginative thinking, developing problem-solving strategies, finding new possibilities, and making independent decisions, he has the means to creatively cope with not just present but also future challenges. The value of metaphors in this therapeutic process again can be found across all chapters, as they invite, for example, a child to make the choices that will free her from separation anxiety (see Chapter 4), a depressed adolescent goth to make decisions about styles of thinking more likely to enhance her happiness (see Chapter 19), and a highly responsible mother to choose to engage in a little self-nurturing (see Chapter 7).

IS METAPHOR THERAPY OR COMMUNICATION OF THERAPY?

It is not just what you say to a client (the therapeutic intervention), but also how you say it (the communication of that therapeutic intervention) that determines whether the therapeutic message is going to be heard, accepted, and acted upon. Let us take the example of two teachers who are teaching their mathematics classes about subtraction. The first teacher writes on the board: \( 4 - 2 = 2 \). The second teacher tells the class a story: Johnny was good at playing marbles; in fact, he was so good that he won four new marbles. Having won the four new marbles he kept playing, and in the next game lost one of the marbles. He played another game and lost another marble. While Johnny began with four marbles, he lost two, meaning that he now had only two marbles left.

The content that each teacher wanted to communicate to the class was exactly the same. When we look at how they communicated it, we see that there is a marked difference. It may be interesting to observe, as you read the preceding paragraph, which approach you felt the greater affinity with. With which did you identify more, and which, if you were still back in elementary school, would have better helped you learn that new concept?

Therapeutically, we have choices similar to those of the two teachers in communicating their message. We can communicate therapy directly or we can communicate it indirectly. Take the example of working with a client who has a phobia of heights. Having chosen the therapeutic model with which we are going to work, we then need to select what strategy or intervention we might
use within that model. Are we going to work with systematic desensitization or exposure therapy for example? Having made that choice the next question becomes: how do we communicate that intervention most effectively for this particular client? Our first alternative could be to take a direct approach that tells our client what to do: learn a relaxation technique and then, having done that, start to gradually climb up a place where you previously felt uneasy, taking time to pause and relax along the way. Second, we could accompany our client in that exercise, doing an in vivo desensitization, coaching and encouraging him as he gradually steps through the previously anxiety-arousing experience. Third, we could also do that in covert imagery, teaching our client an effective strategy for relaxing and then walking him through successive approximations with guided imagery. A fourth alternative might be to tell a story: I once saw another client who experienced similar feelings to yourself who whenever faced with the prospect of ascending a flight of open steps or standing close to a window in a tall building, felt so scared that he avoided doing things that he would dearly have loved to do. The story can then step that client through the stages and processes of systematic desensitization to a satisfactory outcome. In all of these approaches the therapeutic intervention is the same. The difference is in the way that therapeutic intervention is communicated and metaphor is just one way of communicating the contents and processes of an effective therapeutic intervention.

As you read the literature you will find that at times metaphor has been described as therapy, however, as we look at the above examples of learning subtraction or overcoming a phobia, it is perhaps more appropriate and more functional to see metaphor as a form of communication rather than a therapy in itself. In Chapter 6, Michael Yapko makes the point that hypnosis is generally not considered to be an independent therapy (American Psychological Association, 1999). The reasons that he offers for using hypnosis in therapy are equally applicable for metaphor. That is metaphor, like hypnosis, can create a readiness and context for therapeutic learning as well as enhance the delivery of the therapeutic message. With the example of the mathematics teachers wanting to teach their students about subtraction, there are ways of doing it that may get the message across, and ways of doing it that may get the message across more effectively. Metaphor can thus help to describe a psychodynamic understanding, reflect a client’s own story of their situation, offer a strategic intervention, present an evidence-based intervention, explore solution-focused outcomes, or communicate any of the psychotherapeutic modalities with which you work.

If a teacher says “Four minus two equals two” and the student grasps that concept, then obviously that is the simplest and perhaps most effective way of communicating for that particular student. If the student has never come across the concept of subtraction, has difficulty understanding it when it is presented, or doesn’t yet have the means to adequately process it, then the teacher may need to look for other means of communicating the premise. Even if the student does understand the concept, the use of story is a richer way of learning, permeates more the processes of thinking and remembering, and empowers the listener to find his or her own conclusions. Herein lies the parallel with therapy. If we can say to compulsive gamblers, “You are ruining your life and the life of your family; go home and stop gambling,” and they do it, that similarly is the simplest and most effective intervention to offer. If we can say to a depressed person, “Get out and socialize more, engage in more physical activity, or look at the positive things that are happening in your life,” and that person does it, again, we have provided the simplest and most effective assistance. A problem often encountered in therapy is that most times when clients arrive at our office they have already been offered the direct approach on many previous occasions from well-meaning family members, friends, physicians, counselors, and
therapists. If the direct approach has not worked, we know something very important: Taking the direct approach again is not likely to work. It is in such situations that metaphor, along with other forms of indirect suggestion, begins to have its place.

**WHAT TYPE OF METAPHOR IS THAT?**

As you read the literature on metaphors, you will encounter a confusing array of descriptive titles, with different authors employing different categories for metaphors that reflect the way they perceive and structure them. You will find goal-oriented metaphors (Lankton & Lankton, 1989) and outcome-oriented metaphors (Burns, 2001, 2005); embedded metaphors (Lankton & Lankton, 1986) and embodied metaphors (Bell-Gadsby & Donaghy, 2004); artistic metaphors (Mills, 2001) and affect metaphors (Lankton & Lankton, 1989); linguistic metaphors (Kopp, 1995) and guided metaphors (Battino, 2002), to name just a few. In fact, some authors have even coined their own words, like metaphorms (Kopp, 1995) and metaphoria (Battino, 2002). As there is no absolute way for categorizing the types of metaphors in therapy, let me review some of those varying labels in an attempt to bring some clarity to this confusion, and propose a classification that will provide a structure for viewing metaphors throughout the remainder of this book.

In broad terms, metaphors tend to be defined by one of two characteristics. The first classification defines them by their function or the purpose they serve. Stephen Lankton and Carol Hicks-Lankton’s writings (Lankton & Lankton, 1983, 1986, 1989), for example, generally refer to types of metaphors defined by their function. In their writing, a matching metaphor serves the purpose of matching the character and problem of the client so as to engage that person in the process of therapy and the attainment of an outcome. A resource metaphor has the function of retrieving therapeutically useful resources and making them available for the resolution of the problem. An embedded metaphor is one whose function is to embed the direct therapeutic work within a story (within a story within a story), on the assumption that such embedded messages are less susceptible to critical analysis and conscious rejection (Lankton & Lankton, 1983). Affect, attitude, and behavior metaphors (Lankton & Lankton, 1989) have the function of offering mechanisms for change within those particular areas.

A large percentage of other therapists writing about metaphors have opted to classify them according to the second characteristic, defining metaphors by their source or origin. Joyce Mills (2001; Mills & Crowley, 1986), who works primarily with children, refers to storytelling metaphors, which, as the name implies, have their source in the tradition of orally presented stories; artistic metaphors, which are sourced from drawing strategies; board games and healing books created by the child; and living metaphors, which are based on out-of-the-office assignments.

Similarly, for Corydon Hammond (1990), there are “three basic styles of metaphors,” each with a different source. The first he refers to are the metaphoric stories therapists tell from their own background of experience, whether they be previous case examples or personal life experiences. The second type is the “truism metaphor,” whose origins lie in such common, universal themes “that the patient cannot deny them,” while his final category is “make up metaphoric stories,” imaginary tales the therapist creates to parallel aspects of the client’s current and desired circumstances. While he acknowledges that there is no research to indicate that one metaphor type is more effective than
another, he expresses a preference for the first two, feeling that the third type may cast doubt on therapist authenticity and appear condescending to some clients. While recognizing the important place of metaphors, he also adds the appropriate precaution that “we must keep a balanced perspective and realize that therapy is more than storytelling” (p. 37).

Richard Kopp identifies what he calls “two broad categories” of metaphors, namely client-generated metaphors and therapist-generated metaphors (1995, p. xvi). In the case of the former, the therapist listens for the metaphors used by the client to describe his or her situation: “I feel like I’m stuck in a maze and can’t find my way out,” or “I can’t see a light at the end of the tunnel,” or “I’m a rudderless ship.” The therapeutic task, for which Kopp provides a step-by-step process, is then to join clients in their metaphor and invite them to start exploring possible resolutions (see Chapter 3 in this volume). Conversely, with the latter type of metaphor it is the therapist who is the source of the story, who creates the character and tale to match the client’s problem, processes for resolution, and desired outcome. Within the area of client-generated metaphors, Kopp includes subgroups that he refers to as “early memory metaphors” and “linguistic metaphors.”

Of course, there are many other possibilities. We could think of metaphors in terms of the source by which they are communicated: oral metaphors, book-sourced metaphors, drama metaphors, video or DVD metaphors, toy-based metaphors, humorous metaphors, or playful metaphors (Burns, 2005). We could categorize them in terms of the therapeutic basis on which they are built or constructed: evidence-based metaphors, strategic metaphors, psychodynamic metaphors, solution-focused metaphors, and so on. Or we could classify them as client case metaphors, everyday experience metaphors, cross-cultural metaphors, and life experience metaphors (Burns, 2001, 2005).

It is important to remember that all such classifications are simply a useful way of thinking about metaphors rather than an absolute. One of the first questions for a therapist to ask him- or herself, if deciding on using metaphor as a means to communicate the therapeutic directive, is “What will be helpful for the metaphor to provide for my client? Is its purpose to allow him to identify with the story and feel that his problem is heard and understood, as in a matching metaphor? Is the function to access and utilize existing or new resources and skills that are necessary to achieve the therapeutic goal, as in a resource metaphor? Is it to provide her with hope, to open up the possibility for change and attainment of a realistic goal?”

Having decided on the function of the metaphor, the therapist may then find it helpful to ask about its source: “From where am I going to acquire an appropriate metaphor? Has my client come up with a workable metaphor to describe his situation, and can that metaphor be utilized to reach an appropriate outcome? Is it more desirable for me as the therapist to generate a metaphor that can introduce means and strategies of which the client may not yet be aware? Will it be better for my client and me to work on the story collaboratively, or can I set up an experiential activity that may have metaphoric meaning?” These questions form a convenient and useful structure in which to think about the best way to work with metaphors for a particular client.

For convenience, I have used four source-based categories throughout this book, which you will commonly find mentioned in the preview of each chapter, simply to give some common ground to how we view and discuss them. I have sought to give a definition of each, an idea of their advantages, and some ways in which they are used, but would caution that they are not mutually exclusive and the boundaries may be more merged than defined. Different contributors may describe their metaphors in different ways . . . or want to avoid any classification at all.
**Group 1: Client-Generated Metaphors**

Client-generated metaphors are by definition those that come from the client. The more the therapist begins to listen for these, the more he or she is likely to hear metaphors such as “I’m stuck in a hole,” “I’ve reached the end of my tether,” “My life is at a crossroads.”

When working with client-generated metaphors the therapist usually identifies the main metaphor that describes the client’s problem, begins to explore the meaning or experiences the client associates with it, and helps the client start to shape that metaphor toward a more satisfactory outcome. Some, like Richard Kopp (Chapter 3) and Rubin Battino (Chapter 8), follow a prescribed protocol or guidelines for working with client-generated metaphors, while others, like Christine Perry (Chapter 10), take a less prescribed approach.

The advantages are that these metaphors are the clients’ own stories of their experience, such as those presented at the beginning of the chapter in Vanessa’s image of a shattered illusion and a feeling of being lost. The therapist can join clients in using their imagery, there is nothing for the client to resist, there is no need for the therapist to generate some creative story, and change comes about within the client’s model of the world.

**Group 2: Therapist-Generated Metaphors**

Most of the literature tends to deal with therapist-generated metaphors, those created by the therapist to match the client’s circumstances and desired outcome.

These are commonly told as a tale or tales in therapy, presenting a problem with which the client is likely to identify, building the resources, skills, and means to resolve that problem before reaching an appropriate outcome.

Times to use therapist-generated metaphors may be when clients are stuck for ways to resolve their problems and the therapist’s professional training has made available strategies, techniques, or methods from which the clients may benefit. Examples of therapist-generated metaphors can be found in Chapters 6, 8, 13, 19, and 20.

**Group 3: Collaborative Metaphors**

By “collaborative metaphors,” I refer to those that do not originate predominantly from either the client or the therapist but are constructed and utilized by both client and therapist actively working together on the story.

They combine the advantages of the two previous categories in that they actively work with clients’ stories and allow for input by the therapist. By nature they are less protocol based than some client-generated approaches, yet they put fewer demands on the therapist to produce a story. The client is a more active participant in the creation of the story, the resolution of the problem, and the attainment of the outcome than in therapist-generated metaphors. Chapters 9, 10, 11, 15, 16, and 17 all give examples of working collaboratively with metaphors.
**Group 4: Experiential Metaphors**

Metaphors need not exist only in the *telling* of a tale but may also lie in the *doing* of an experiential assignment with metaphoric intent. One important way of helping clients grow in skills, competence, and confidence is to create and facilitate the opportunities for them to have a broader range of novel experiences from which meaning or understanding may “carry over” to help them reach their therapeutic goal.

By their nature, experiential metaphors invite a client to discover something in one realm of experience (such as watching reflections in a stream, as Vanessa did at the beginning of this chapter) that may be applicable to another (such as dealing with a traumatic attack). They create the opportunity for self-discovery and the learning of essential life skills, and thus provide a sense of empowerment. Such metaphors ground or anchor the therapeutic message in an actual experience.

Experiential metaphors may be created by utilizing a journey a client is undertaking (see Chapter 2), having a client care for a pet parrot (see Chapter 14), or presenting a challenging visual task (see Chapter 20).

**ARE THERE TIMES NOT TO USE METAPHOR?**

The answer to that question is simply yes. All of us who have contributed to this book have done so in the hope that it will help build your skills as a therapist and, ultimately, benefit the clients you work with. I invite you to work and experiment with the approaches we have offered, but also caution that having a new tool in the therapeutic tool kit does not mean it will work for every client in every situation. While stories have a universal appeal and have long formed a basis for human interactions and learning, metaphor is not necessarily for everyone. First, as mentioned, if you can directly communicate to a person what to do in such a way that he or she will do it, there is no point in wasting your time or that person’s by constructing elaborate, indirect forms of communication, such as metaphors. Second, there are clients who may see storytelling as condescending or evasive, in which case it is inappropriate and possibly even demeaning to use them. Third, because using metaphors in therapy is an ambiguous, indirect approach to treatment it may not be appropriate for clients who have more concrete cognitive styles. Fourth, there may be times when someone is so depressed that he or she has difficulty engaging in the active and interactive processes required by metaphors. And, finally, as the brief therapy school has taught us, if something is not working, there is no point in persisting. Give up and try something different.

Just having a well-honed tool—no matter how good it is—does not mean that it is the most appropriate or relevant for every job you encounter. With every single case, we need to assess which tool is best for which task. Hopefully, from the array of approaches presented here, metaphor will be *one* of the tools in your well-equipped therapeutic toolbox, but bear in mind, too, that there is nothing biblical about how any one therapist views metaphors as compared to another. My motivation in creating this book has been to allow you to see some of the diversity with which metaphor practitioners perceive and practice their therapeutic art of storytelling, and to assess which of those approaches may be most helpful for you and the clients with whom you work.
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