

The mighty metaphor: a collection of therapists' favourite metaphors and analogies

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Received 8 May 2016; Accepted 26 October 2016

Abstract. Metaphor is a central tool of the therapist of many therapeutic modalities, and they are a particular feature of CBT. Metaphors can be essential tools in the therapeutic process; providing the therapist with a means of communicating potentially complex psychological concepts and theory to clients, and also being part of the process of change. This paper presents a series of metaphors that some of the most experienced and innovative practitioners in the world of CBT have found to be helpful. Each practitioner describes how to utilize the metaphor skilfully and effectively: providing some tips for facilitating both the presentation of metaphors to, and eliciting of metaphors from the client; and demonstrating how the use of metaphor can facilitate therapeutic change. Overall, the small selection of metaphors presented here demonstrate the great versatility of metaphor to address all kinds of issues in therapy, with a range of client groups and presenting difficulties; and how the shared exploration and collaboration of both client- and therapist-generated metaphors can be an important addition to the therapist's toolbox.

Key words: Analogies, CBT, metaphor, therapy

Introduction

Metaphor is a central tool of the therapist of many therapeutic modalities, and metaphors are a particular feature of CBT. Metaphors for difficulties, solutions, the way the mind works and for therapy itself are commonplace and part of the language of CBT (Stott *et al.* 2010). 'Black-and-white thinking', 'the malevolent parrot on the shoulder' and 'mind-reading' all represent metaphors that help clients learn about their own cognitive processes.

A metaphor can be defined as a figure of speech that denotes a similarity between two unlike entities (Stott *et al.* 2010). However, there are definitional difficulties such that have

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impeded research into the use of metaphor in therapy (Mathieson *et al.* 2016). A metaphor is so much more than just a ‘figure of speech’ and contains much overlap with similes, analogies and, also, clichés; it is a fundamental part of language and cognition. Metaphor is a central way in which we understand the world, and particularly, our own inner experiences. Our inner life of thoughts and feelings are described by relating to physical properties of the world. Many metaphors are so embedded in language that we hardly register them as metaphors at all; we can feel so ‘trapped’, ‘defeated’ or ‘lost’ that we might forget we are using these terms metaphorically.

Lakoff & Johnson (2003) in their seminal work, *Metaphors We Live By*, identified conceptual metaphors: ideas so embedded in language and schema that we become unaware of how these ideas are operating on us. Many of these conceptual metaphors relate to emotion or social constructs, such as ‘anger is a hot liquid’, where there are almost limitless associations between the source of the metaphor (hot liquid) and the target (anger). Expressions such as ‘she’s fuming/about to explode/needs to let off steam’ are just a few examples; the implication here being that pressure is building up that needs to be released. Another example of a conceptual metaphor is ‘happiness is up’, where a physical quality of space (as in up/down) equates to mood: We talk of ‘lifting feelings’; and the expression ‘I’m on top of the world/over the moon’ contrasts with ‘I’m down in the dumps/low’. Other conceptual metaphors include ‘argument is war’, ‘love is a journey’ and ‘affection is warmth’. These metaphors are so embedded in our thinking that they can influence our perceptions, ideas and the decisions we make in ways that might not be readily apparent, including even our political choices (Lakoff, 2014). Thus, Lakoff & Johnson (2003) see metaphor not just as a characteristic of language, but conclude that our whole conceptual system is ‘fundamentally metaphorical in nature’ (p. 3).

The way in which metaphor is so pervasive to our thinking and behaviour may help to explain why the use of metaphor can be so much more effective in explaining new concepts than the use of more abstract reasoning and explanation. As humans evolved the ability to use symbols, metaphor enabled the transfer of entire networks of learning from one area to new unfamiliar or difficult areas (Hayes, 2014). Metaphors help our minds find familiar patterns and build bridges between what is new and what is unknown by absorbing new ideas into already familiar concepts; find new understandings by linking something which is familiar with something that is similar but not identical. An example of this can be seen in the development of language used to describe new developments in the digital world; presenting them using terms and concepts familiar within the non-digital world. Computing became much more accessible when concepts such as ‘windows’ ‘homepage’ or ‘files’ helped us make sense of a very new way of processing information; describing it in terms we already know. Moreover, we are active in making these connections and the more meaning we find in those connections the more likely we are to be influenced by them.

In childhood, symbolic play and storytelling are of central importance in child development; providing ‘a way for children to learn about objects, events and relationships and to develop and refine knowledge about the world’ (Fuggle *et al.* 2013, p. 23). In everyday life, children naturally enjoy ‘make believe’, but this process can also serve useful functions; both demonstrating to others how they see the world, and helping them to process their experiences. In addition, for centuries, adults have used stories (either spoken or acted out) to convey messages and teach skills – think of *Aesop’s Fables*, Hilaire Belloc’s *Cautionary Tales*, and a multitude of children’s television dramas where characters experience difficulties

common in the lives of those watching them, and try out different possible ways of dealing with them with varying degrees of success.

In line with this, metaphor – relations, similes, stories and analogies among others – can be essential tools in the therapeutic process; providing the therapist with a means of communicating potentially complex psychological concepts and theory to clients. Indeed, some third-wave therapies such as acceptance and commitment therapy (ACT) and dialectical behaviour therapy (DBT) place metaphor as a central therapeutic technique in helping clients to gain new perspectives. The huge potential in the use of metaphor in psychotherapy, and especially in CBT, has been demonstrated by recent publications in this area (Stott *et al.* 2010; Blenkiron, 2010; Stoddard & Afari, 2014), which have been so helpful to therapists. Fuggle *et al.* (2013) also discuss the use of creative activities, such as play, stories and metaphor, in CBT with children, partly as a way of engaging them and making activities 'fun' where possible; and partly as a means of facilitating the explanation of potentially complex ideas and concepts relevant to therapeutic change.

This paper presents a series of metaphors that some of the most experienced and innovative practitioners in the world of CBT have found to be helpful. The idea came out of an extremely stimulating activity in a workshop on the use of storytelling and metaphor in CBT, facilitated by one of the authors, in which participants were asked to present a metaphor that they had found useful in clinical practice. The examples given were extremely varied, rich and creative, and many of the participants reported having found this process hugely valuable, and having benefited their subsequent CBT practice. Therefore, as an extension of this exercise, the authors approached a number of selected expert practitioners to contribute a short written piece in the same personal style they might have shared verbally at a workshop. The selection of practitioners was not systematic beyond choosing those who we felt had made both a significant contribution to at least one area of CBT and whose metaphors the authors believed would be of interest and use to other CBT clinicians; and to ensure that between them experts worked with a range of clinical populations and presenting difficulties, so that the article would be of use to CBT practitioners working in different fields.

Each practitioner describes how to utilize the metaphor skilfully and effectively: providing some tips for facilitating both the presentation of metaphors to, and eliciting of metaphors from the client; and demonstrating how the use of metaphor can facilitate therapeutic change. The authors also demonstrate how metaphors can work with different problem types and populations. There are several examples of working with children who, as discussed above, can use metaphor as readily as adults if they are well constructed or created collaboratively in a way that meets their developmental needs.

Some metaphors provide ways of explaining potentially complex aspects of cognitive behavioural theory, or about the nature of particular psychological difficulties; thus providing a rationale for treatment. Judith Beck's way of explaining how unhelpful thinking works in depression is an example of this, and she describes how metaphors are returned to and expanded on during the course of therapy. Similarly, Neil Frude likens the burden of stress to straw on a camel's back. This familiar concept makes a potentially abstract concept more concrete and easy to break down and think about; and he also demonstrates how this analogy can be utilized in a variety of ways to facilitate the therapeutic process. Other metaphors are more explicitly an aspect of the therapeutic intervention itself, such as Roz Shafran's 'critical coach' story for use with clinical perfectionism, in which the metaphor is used to help demonstrate in a humorous way how being a harsh self-critic can feed into a client's

problems, and could be adapted to suit both adults and children. Paul Stallard gives the example of ‘traffic lights’, which is a readily understood concept and can be used to stand for many different things including thoughts, feelings or behaviour in children from a young age.

Some metaphors are more designed to address the *process* of therapy, such as addressing potential pitfalls that can hinder therapeutic progress. Anne Stewart describes using metaphor to explain to young people and families that the process of therapy can be difficult at times, and the importance of persevering with it – a crucial task in building and maintaining motivation in CBT for young people with eating disorders. Polly Waite’s metaphor aims to educate parents about the range of potential factors involved in the development of their child’s anxiety, with the aim of helping them move on from unhelpful ideas of self-blame, and engage in finding solutions to build their child’s confidence.

For metaphors to work they need to ‘fit well’ for the client. James Bennett-Levy describes how a metaphor of growth, the ‘seeds of change’, can help people begin planning and problem solving in their lives by using what they know of tending a garden. Christine Padesky describes how metaphors can be created individually for clients in a way that fits with their own world view, and are thus more meaningful to the client. David Trickey gives an example of how a client can take a therapist-generated metaphor and adapt it to their own frame of reference, thereby increasing its power.

Overall, the small selection of metaphors presented here demonstrate the great versatility of metaphor to address all kinds of issues in therapy, and how the shared exploration and collaboration of both client and therapist generated metaphors can add to problem solving and facilitate therapeutic change.

Understanding psychological process and problems

Blinders and dark glasses – metaphors to educate clients about depression

An important objective of psycho-education in the first CBT session with clients is helping them begin to understand that, due to their illness, their minds automatically process their experiences (both external and internal) in a distorted way. We want them to begin to distance themselves from their inaccurate, depressive thoughts, seeing them as ‘ideas’, not necessarily truths (as a prelude to evaluating their cognitions and/or refocusing their attention elsewhere).

Two metaphors can be particularly useful: ‘black glasses’ and ‘blinders’ (or ‘blinkers’) that are put on a horse to limit its range of vision.

I explain to clients that when people are depressed, it is as if they are wearing glasses whose lenses are covered with black paint. The information they receive from their environment passes through these lenses. So they tend to view their experiences in a very dark, negative way. It is not their fault; in fact, they probably do not even realize that they have glasses on. I then explain, in metaphorical terms, one part of the treatment plan. Together we will evaluate their thinking, scraping off the dark paint on their lenses, so they can see reality more clearly. Doing this helps them feel better. Then I ask them for feedback about this concept.

Later, when clients express unrealistically distorted interpretations about their internal experiences (physiological or mental or emotional sensations), I extend the metaphor. It is as if they have internal black glasses, too, which influence the way they think about feeling tired, sad, lonely, mentally slowed down, apathetic, distant from others, in pain, and so on.

I use another metaphor in the first session as well. Holding my hands up on either side of my eyes, I explain, 'When people are depressed, it's also as if they're wearing blinders, like you might see on a horse that is pulling a carriage. All it can see is what is straight ahead. Depression leads people to see only what is straight ahead of them, too – all of which seems negative and distressing.' I tell them that we will take off the blinders, so they can see all of the information that's out there, all of reality, not just the negative.'

Again, I ask the client for feedback. If these metaphors are meaningful to the client, I will ask him/her to summarize the messages in writing, to refer to throughout the day. One client, for example, drew a rough sketch of dark glasses and blinders and wrote: 'Because I'm depressed, everything looks black. But I'll learn to see reality more clearly, and when I do, I'll feel better.'

JUDITH BECK

The burdened camel – a metaphor for stress

A simple but useful metaphor that I often share with clients involves the idea of a camel with a huge pack of straw on its back. As I describe it, the camel's load really is unbearably heavy and the poor animal is close to breaking down (or breaking its back, or being brought to its knees).

I use this metaphor when it has become clear that there is a lot going on in the person's life and that it is all getting to be too much. In this situation, to use alternative metaphors – 'they have a lot on their plate' and 'it's all getting on top of them'. Using the camel metaphor shows that I have a grasp of this aspect of the client's situation and also that I feel compassion towards 'the camel's predicament'. There is also an acknowledgement that things are critical and that something needs to be done fairly urgently.

It is clear that what is needed is to reduce the load. This does not mean that all of the straw needs to be removed, but it does mean that some straw needs to be removed quickly in order for the load to be bearable and for the threat of collapse to be removed.

This suggests that there may be many alternative ways of achieving the necessary change and that a thoughtful consideration of the situation may generate useful ideas. Would it be best to tackle the anger issue first, for example, or to focus on the underlying tension in the relationship, or on certain childhood experiences? Together, therapist and client may identify various bundles of straw that are contributing to the overall load and consider which issues would best be addressed. The idea is that addressing any key issue effectively will have a holistic beneficial effect, reducing the overall burden or pressure.

This model suggests that in helping people with complex problems the issue of which aspects to work with, and in which order, can be addressed strategically with an appreciation of the overall benefits likely to come from any specific focus. It is clear that therapy is not a matter of identifying and removing a specific bundle of straw. The situation (in those cases for which this metaphor best applies) is not akin to a lock that can only be opened with a specific key.

The issue is thus one of strategic choice of the problem to be addressed (or the order in which to address a number of problem issues). Some bundles of straw are clearly more accessible than others; some will be relatively easy to shift, others not. And whereas some are relatively independent of others, some are linked in such a way that the overall impact

of removal might make the structure unstable, for example by making the load unbalanced). Removing some lower level bundles ('the low-hanging fruit') may increase the accessibility of bundles of straw that were initially at a higher level and beyond reach.

The burdened camel metaphor is not universally applicable, but in many cases it can provide a useful tool for therapist and client to think together in a creative way about how the camel can lose some of its burden and thus become more comfortable, more mobile and less vulnerable to collapse.

NEIL FRUDE

Illustrating therapy processes

Rowing upstream – a metaphor for eating disorders

Young people with anorexia nervosa often describe vividly in metaphorical language what it is like to experience an eating disorder. They may talk about the gremlin on their shoulder telling them what to do, the experience of being in a cage or a deep pit, or the arduous task of climbing the mountain of recovery.

One of my favourite metaphors in working with a young person with anorexia nervosa is the simple concept of rowing upstream against a strong current. This acknowledges the great difficulty young people have in making progress even when they are trying hard. It also helps parents to understand that it is no easy task recovering from an eating disorder. There is always a strong force keeping the young person back. The metaphor works well in situations when the young person wants to stop gaining weight and have a break in treatment. If you stop rowing when your boat is facing upstream you get carried back again by the current until you reach the place where you started. In the same way, if you take a break in the treatment for an eating disorder you can easily slip back into old habits and lose the new strategies that you have begun to develop. It is hard work keeping on going but this is the only way to recover from anorexia.

In working with the young person, the metaphor can be elaborated to describe how there may be people on the bank who are willing to give a hand pushing the boat when the current is strong, or fixing a rope to the boat and pulling it along the river for a while. This can lead to a discussion with the young person on what would help when the going is tough and the desire to stop is strong. You can find out what sort of help they would like and who should provide it. For some young people, perhaps just encouragement from the bank is enough. If they can just keep on going they will eventually arrive at their destination and be able to get out of the boat onto dry land again.

ANNE STEWART

The orchid and the dandelion – individual differences

Anxiety tends to run in families and one of the concerns that many parents raise with us clinically is that they are responsible for their child's anxiety, most commonly, through the genes their child has inherited from them. Parents can feel anxiety, hopelessness and guilt, and may question whether a psychological treatment can really change something that may be 'hard-wired'. It appears that some of us will indeed have particular variants

of genes that may make us more vulnerable to developing anxiety or other difficulties (e.g. Karg *et al.* 2011). However, more recently, researchers have recognized that those of us with these same genotypes may also show the largest benefit in response to low stress or enriching environments (the differential susceptibility hypothesis; for a review see Caspi *et al.* 2010).

A metaphor that we find particularly helpful to help explain the differences in temperamental sensitivity that these genes appear to create is that of the orchid and the dandelion (Boyce & Ellis, 2005). While dandelions are able to thrive in most conditions, orchids tend to be more sensitive to their environment. This can mean that in challenging environments they can struggle (e.g. too much or too little water, the wrong temperature), but with the optimal environment (e.g. a particular windowsill, a non-draughty room), they can flourish. Thus the same genotype can yield very different results in different circumstances. The strategies that children (and their parents) learn through CBT (e.g. using exposure to challenge unhelpful beliefs and develop self-efficacy) can be viewed as creating a more enriching environment. Consistent with this, studies have found that groups of individuals with 'orchid' genotypes do just as well in treatment and may respond particularly well to intervention (e.g. Eley *et al.* 2012). In this circumstance, the genotype appears to enable individuals to be more sensitive and responsive, but in an adaptive way. Reframing genes in this way, can allow parents to let go of unhelpful beliefs and enable them to see that with the help of therapy, their child may truly flourish.

POLLY WAITE

Therapeutic interventions

The coach: a reaction to perceived failure with self-criticism

Many of our clients are self-critical and it is very common amongst those with dysfunctional perfectionism. Such clients tend to believe that such self-criticism has a positive function, often explaining '*it keeps me on my toes*' or '*it stops me from getting big-headed*' and, ultimately, '*it helps me to achieve my goals*'. We use a variety of techniques to address this but one of this is the adaptation of the 'coach' analogy that was first described by Hoffmann & Otto (2008) in the treatment of social anxiety disorder. Like other aspects of my work, I tend to personalize the analogy to make it as relevant to the client as possible. So, if my client is interested in football, I would use that analogy. If the client had an interest in music, I might adapt it for that situation – often stretching plausibility but clients do not seem to mind that! I typically get out of my seat and act out the scenario and encourage the client to join in by giving sympathetic 'aahs' when required.

The analogy is as follows: Little Jonny is playing in a baseball match. It is a very important match and everyone is watching in a stadium as big as Wembley. In this match, the rules are 'three strikes and you're out'.

The first ball is thrown. Little Jonny misses it. The spectators gasp. Little Jonny's face crumples (I encourage an 'aaah' from the client). He prepares for the next ball.

The second ball is thrown, Little Jonny lunges, takes a swing but again, he misses it ('aaah' from the client again). The spectators are in silence. You can hear a pin drop. It all depends on this last ball.

Final ball and ... Little Johnny misses it! ('aaah' from the client who is in the swing of it by now).

Coach A comes out. 'YOU IDIOT' he yells (and I yell). 'YOU ARE UTTERLY USELESS AND PATHETIC. ALL THAT PRACTICE WAS FOR NOTHING. I CAN'T STAND THE SIGHT OF YOU. I NEVER WANT TO SEE YOU AGAIN – GET OUT OF HERE – YOU NEVER DO ANYTHING RIGHT. YOU'RE TOO PATHETIC FOR WORDS'. (Big 'aaah' from the client now.)

Coach B comes out. He says 'Oh Jonny, bad luck. I could tell you were trying really hard. I guess that you might have been standing a bit far back and not quite at the right angle. How about you come out and practice with me during the week.'

Then I tell the client that I have two questions for him/her.

First, which coach is likely to get a better performance out of Little Jonny?

Clients almost invariably say 'Coach B' will get a better performance.

Second, which coach are you to yourself?

After a pause, clients typically respond 'Coach A'.

I then react with puzzlement given that we have discussed how important performance is to the client. After further discussion, we then go on to devise behavioural experiments in which they alternate acting as coach A and coach B in response to perceived failure and gather data about the functionality (or otherwise) of responding to perceived failure with self-criticism.

At the end of therapy, clients often feedback that this analogy was one of the most helpful and memorable components of the intervention.

ROZ SHAFRAN

Traffic lights – a metaphor for children

The use of metaphors with children provides a way of making the ideas and techniques of CBT accessible in a simple and familiar way. They are particularly helpful with children who developmentally may lack the cognitive, linguistic and reasoning skills required to engage in more abstract and complex reasoning processes. Good metaphors should be simple, concrete, relevant to the focus of the therapeutic work, and, relate to objects or events that the child is familiar with. Within CBT, metaphors can provide both a way of increasing the child's understanding of their current difficulties as well as providing a process for helping them to re-evaluate and develop alternative perspectives and behaviours.

A common and familiar metaphor which can be used with young children and adolescents is the traffic light. From an early age children learn that the red light means STOP, amber is to GET READY and green means GO. This simple and familiar metaphor can be used with children to help them understand that there are different ways of thinking. Some ways are unhelpful (red thoughts) because they STOP them from doing things or make them feel uncomfortable. Other ways of thinking are more helpful (green thoughts) because they encourage the child TO GO and do the things they would like to do or which make them feel better.

The traffic light sequence also provides a simple three-step process for developing alternative more helpful (green) thoughts. At the red light the child is encouraged to STOP and catch the red (stop) thoughts that are tumbling around in their heads. As the light changes to amber the child is helped to GET READY and to identify alternative, more

helpful, ways of thinking. The final stage is the green light where the child is encouraged TO GO and use their new (green) ways of thinking to test whether these are more or less helpful.

The traffic light can be used in different ways and can, for example, provide a simple sequence to help children develop problem solving skills. Red means STOP and define the problem. Amber means GET READY and explore alternative solutions with green being the time to choose a solution and TO GO and try it out and see what happens.

PAUL STALLARD

Fitting the metaphor to the client

The seeds of change – a metaphor to help clients contemplate the nature of change

One of my favourite metaphors – especially for gardeners – is the ‘seeds of change’. Seeds need to be chosen which ‘fit’ the environment. There is no point in planting seeds which are alien. So first we need to understand the environment, characterize it, measure elements of the soil, and in CBT terms, conceptualize it. It is the client’s garden – the client will provide us with the best description. But we might have some conceptual and technical knowledge which might help in formulating that description.

Next, now that we have understood the environment, we need to determine which seeds are going to grow best, and what the client would like the garden to look like. We need to decide whether we are planting rapid growing flowers or bushes or trees which might grow slower but play a key role in shaping the garden in the long term. We need to determine where to do the planting – in full sun, part sun or shade? How should the ground be prepared? Any other materials (straw, fertilizer, etc.) needed? We discuss, and make these decisions together. Either way, the flora will require watering, especially in the first weeks and months.

The planting is only the first part of the process. Without regular watering, the plants wither and die. So we discuss what watering might involve, how much watering is needed, whether fertilizers could be helpful and if so which. We continue to use the watering/growth metaphor, linking this as we develop the metaphor further to the development and growth of neural pathways. We may go on to expand the metaphor, discussing the difference between knowing at a head level (selecting the seeds) and experiencing at a heart or gut level (the need for regular watering, fertilizer, sun, etc.).

For instance, one of my clients well understood that she was deeply self-critical and that this was rooted in her family upbringing (the environment); she further understood the need for a compassionate way of dealing with her current and past distresses (selection of seeds); but she was blocked from applying these to herself (they did not get watered). She felt it would be incredibly self-indulgent to be self-compassionate. Going back to the metaphor, we asked whether it would be indulgent of the tree (especially a small fragile little tree) to require regular water. Working with this metaphor made it obvious to her that she needed to adopt a different approach – regular watering if the tree is to grow.

JAMES BENNETT-LEVY

Client-generated metaphors

Whereas metaphors are quite helpful for conveying educational information to clients regarding cognitive principles, our own preferred metaphors are risky for other uses in therapy. The most meaningful metaphors are highly idiosyncratic and culturally diverse. A metaphor that I find quite inspirational may fall quite flat for my client. Therefore, when we aim to inspire or create a metaphor for change it is likely to be more therapeutic to elicit a personal metaphor from the client. This is fairly easily done.

In our resilience protocol (Padesky & Mooney, 2012), we ask clients to describe in detail positive interests or activities that they are motivated to do on a regular basis. The ways they manage obstacles that arise when they are doing the activities they identify are used to construct a personal model of resilience. In addition, any activity the client is motivated to do on a regular basis becomes a metaphor as well, offering a deep wellspring of creative ideas later in therapy.

For example, someone who loves to hike can use this expertise to manage difficult relations with co-workers. Begin by asking about an analogous situation in hiking. For example, 'How do you handle inclement weather or roadblocks on a trail?' After some discussion the therapist can then ask, 'Are there any ideas your hiking self can offer for how to manage this difficult co-worker?' Using a familiar and enjoyable activity as a springboard, clients are usually quick to develop their own metaphors for change. Our hiker client generated a metaphor of stopping to assess options and choosing the best path even if it is not an easy path. This metaphor and its accompanying familiar imagery inspired her to take difficult steps toward resolution of an interpersonal problem.

Personal metaphors are easier for clients to remember. When these link with experiences in which clients feel competent they also offer encouragement that the client is capable of taking steps required. Metaphors generated by our clients usually link to deeper emotions than will be evoked by metaphors we propose. For all these reasons, whenever possible, therapists can leave their own metaphors in the waiting room and enjoy the creative process of helping clients create their own metaphors in therapy.

CHRISTINE PADESKY

Folding up paper to put in the bin – Young people and trauma

I was working with a 14-year-old boy with PTSD following some very traumatic events. We were about to embark on our third session of trauma-focused CBT and I wanted to remind him why it could be helpful to go through what happened and talk about the very thing that he had avoided talking about for 18 months. I tried to explain that I wanted to help him to take the sensory information of the memories and 'wrap them up in words'. I reminded him of two common metaphors that I had used in earlier sessions to explain how this processing of memories can lead to a reduction in symptoms: the wardrobe (Ehlers & Clark, 2000) and the factory (Richards & Lovell, 1999). These two metaphors had been adapted and elaborated following the feedback from many clients (the revised versions are described in Trickey, 2013). The client listened patiently, nodding and encouraging me as I told him the stories. He then said 'It's a bit like that David, but actually, it's more like this'. He filled up the waste paper bin with scrunched up pieces of paper until it was overflowing and said 'These are all the bad things that have happened to me, and as I walk along the road to school [he made the

bin walk along and bits of paper fell out of the top] they fall in front of my eyes. And as I go to sleep [he lay the bin down and more pieces of paper fell out] they fall into my dreams. But when I come here and talk to you, we take each piece of paper out [he took each of the pieces of paper out], un-scrunch them [he un-scrunched them], and we read them through carefully. Then we fold them up neatly and place them back in the bottom of the bin [he folded up each piece of paper neatly and placed it in the bottom of the bin]. This means that they don't fall out the top, and I have more room in my head to think of different things'.

Not only is this a remarkably helpful metaphor, I love using it because it came from a client in the middle of trauma-focused therapy to explain his own experience of how it was helping. I have used this story many times since, and because it comes from a 'fellow-client' it has much more credibility. I am so grateful to the client for his help.

DAVID TRICKEY

Summary

This paper outlines the importance of metaphor in cognition and the benefits of its use in therapy; particularly CBT. A number of expert CBT practitioners suggest metaphors they have found to be useful across a range of clinical groups and presentations.

Ethical standards

No ethical approval was needed for this paper.

Acknowledgements

The authors give special thanks to the following experts who contributed metaphors for this paper: Dr Judith S. Beck, Ph.D. (*President, Beck Institute for Cognitive Behavior Therapy; University of Pennsylvania*); Professor James Bennett-Levy (*University Centre for Rural Health, University of Sydney*); Professor Neil Frude, Ph.D. (*School of Psychology, Cardiff University*); Dr Christine A. Padesky, Ph.D. (*Centre for Cognitive Therapy, California*); Professor Roz Shafran (*Institute of Child Health, University College London*); Professor Paul Stallard (*Department for Health, University of Bath*); Dr Anne Stewart (*Department of Psychiatry, University of Oxford*); David Trickey (*Anna Freud Centre/University College London*); Dr Polly Waite (*Anxiety and Depression in Young People Research Unit, School of Psychology & Clinical Language Sciences, University of Reading*).

Declaration of Interest

Two of the authors, Vicki Curry and Pamela Myles, are Associate Editor and Editor-in-Chief, respectively, of *tCBT*.

Recommended follow-up reading

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Learning objectives

- Develop an understanding of metaphor and its uses in CBT.
- Increase therapist interest in using metaphor in therapy.
- Build a repertoire of tried and tested metaphors used by experts in the field of CBT.