

Healing with Stories

Your Casebook Collection
for Using Therapeutic Metaphors

Edited by

George W. Burns



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CHAPTER 15



Befriending Your Problems

Metaphor with a Self-Mutilating Young Woman in Transition

Wendel A. Ray and Jana P. Sutton

CONTRIBUTORS' STORY: A PROFESSIONAL AND PERSONAL PERSPECTIVE

Wendel Ray, PhD, is a licensed clinical social worker, marriage and family therapist, senior research fellow and former director of the Mental Research Institute (MRI), professor of family therapy at the University of Louisiana (ULM), and founder/director of the Institute for Relationship and Interactional Studies (IRIS). He lectures and conducts training internationally on brief therapy of adolescent substance abuse and Attention-Deficit/Hyperactivity Disorder, systemic therapy with family violence, and interactional theory. Wendel is the author of numerous articles and books (see Resource Section).

Jana Sutton, PhD, is a licensed marriage and family therapist, a licensed professional counselor, assistant professor of family therapy, and director of clinical services at the University of Louisiana (ULM). Her expertise is in the application of systemically focused models of treatment to domestic violence, adolescent substance abuse, and group therapy. While describing herself as in the very beginning stages of her career, she has published and presented internationally on interactional approaches to brief therapy with children, youths, and families.

PREVIEW THE CHAPTER

With Jana in the role of therapist and Wendel as supervisor and principal author, these two contributors combine their skills to bring us the case of a young woman who has been raped, has engaged in wildly promiscuous behaviors, is severely self-mutilating, and lacks sexual satisfaction with a husband she loves. Her story is one of an intimate relationship with her problem of “cutting”—more intimate than that with her husband. Rather than pathologizing the mutilation, as other people in the client’s life have done, the authors join her story of cutting as her best friend, explore it with strategic questioning, use it as a metaphor for her relationship with her husband, and facilitate a shift to a healthier, happier story. Underlying this approach is the premise that, rather than being a problem, a presenting symptom may “make sense,” be adaptive for the client, and offer the solution to a more helpful adaptation. The case clearly illustrates how the client can own the story of the future as much as the story of the past.

Therapeutic Characteristics

Problems Addressed

- Self-mutilation
- Depression
- Hurt
- Sexual dysfunction
- Past trauma
- Rape
- Disempowerment
- An unhealthy relationship

Resources Developed

- Making sense of a symptom
- Seeing a problem as a friend
- Utilizing externalization
- Reexamining the symptom relationship
- Modifying problem processes
- Creating desired outcomes

Outcomes Offered

- Self-caring
- Pleasurable sex
- Association of love and sex
- Focus on pleasant present and future experiences
- Empowerment
- Meaningful relationships

When working with a family, I find myself thinking of Don Jackson. What comment would he make? Don managed to have the idea that there is nothing wrong with the patient, which is quite a feat. He accepted a lot of behavior as being communication instead of physiological, which made a whale of a difference in the therapy he was doing. —JAY HALEY, 1988

Jane came into therapy initially saying she was depressed, ostensibly due to the recent divorce of her parents. Referred by her parents, this 18-year-old young woman did not know where she belonged: where she should live, which college she should attend, which career path she should take, which parent she should be loyal to and when, and which intimate relationship she should be involved in. Jane was lost.

Initial conversation was kept light, as Jane revealed only the parts of her life and information about her relationships that she felt safe sharing. All the while, I suspected Jane was not sharing something vital to successful therapy. She would say, “Everyone keeps telling me what I should do. They believe I am not capable of making decisions that are right for me, and I am.”

Listening to your client will inevitably give you direction in therapy, and Jane was no exception. Not pushing, we believed, would later allow her to share her deepest secret of all, which she did after several sessions. Jane was self-mutilating, or “cutting” as she referred to it. Shifting away from the pathological and negative connotation implied by “self-mutilation” to the client’s term of “cutting” in our discussions made sense given the context in which the behaviors occurred and our nonnormative/nonpathological conceptual framework.

Jane was delighted to raise the leg of her jeans and the sleeve of her heavy sweater to show her wounds, stating, “I am not ready to tell you why this is a part of my life, but I am ready to show you what it is.” While the revelation of cutting was not shocking, the extent of it was. Gruesome scars on her legs and arms, both new and old, were apparent: thick, open, red, and numerous.

With as much calm as I could muster, I responded, “Jane, I feel privileged that you could share this with me.” A composed therapeutic response was conveyed for several reasons:

1. *All behaviors make sense.* Jane had stated, “I get so tired of having to explain some of the things that I do. I know that I do many things differently than others, but they have not walked in my shoes. I’m used to being called crazy and insane, but I hate it. I’m not crazy or insane. They are all crazy for believing that I am.” While Jane may not have been specifically referring to cutting or to our therapeutic relationship, the implication for our relationship was clear. I had to be sure not to react in a way that would give Jane the impression that I, too, thought some of her behaviors were abnormal. Central to this therapy and to this use of metaphor is the belief that all behaviors make sense given the context in which they occur.
2. *Shift thinking about symptoms.* Essential shifts in thinking, to be found in the work of Bateson and team (Bateson, Jackson, Haley, & Weakland, 1956, 1963; Jackson, 1957), in the early years of the Mental Research Institute (MRI), are prerequisites for any therapist attempting to incorporate metaphor and story into his or her therapy in a manner consistent with the therapeutic use of metaphor in the case of Jane. These shifts in thinking include the following:
 - Therapists’ preconceptions and biases are as much a factor in therapy as what the cli-

ent brings into the situation (Cecchin, Lane, & Ray, 1994; Jackson, 1955; Weakland, 1967).

- Symptoms make sense in the present context(s) and relationship(s) of the client, as opposed to only being understandable as a product of past experiences (Jackson & Haley, 1957; Ray & Crawford, 1991).
 - Therapists need to understand and work within what the MRI Brief Therapy Team refers to as "patient position," or the language and worldview of the client (Fisch, Weakland, & Segal, 1982).
3. *Expect the unexpected.* Human beings are naturally adaptive and adroit in bringing attention to untenable relationship circumstances in ways that avoid open, explicit accusation of others. Never think you have seen everything; never think that you have heard everything. Rather, expect the unexpected. Jane's revelation was her way of assessing whether the therapist could assist in ridding her of cutting as a response to pain. Jane announced, "I am very capable of leaving relationships and acting like people never existed if they want more than I can give or get in my way. I know what I want and can do without people that do not share my dreams or philosophy of life."

Indeed, a few years later when Jane returned to therapy, she recalled my reaction to her revealing her butchered arms and legs: "I am now ready to tell you why 'cutting' is a part of my life because I know that you will not judge me and will accept what I tell you as the truth. You did it once before, and I will never forget how you reacted to me showing you my legs and arms. I thought you would be appalled, not just by my arms and legs, and you weren't."

THE SECRET BEHIND THE SECRET

Jane made good initial progress, enrolling in college and moving away from home, but soon discontinued therapy. When she returned to therapy a few years later, she did so because she had developed a brand-new set of challenges. She was now married, and her cutting was causing problems in a manner that it had not previously. Her husband was now privy to the secret, but not to the secret behind the secret: Jane had been raped.

Jane's passion for literature, reading, and writing became evident as she told a chilling story, narrating it as though it were someone else's, with little to no emotion. I observed that this capability for externalization could become a primary resource and metaphor in our work together. In a very moving narrative, she revealed, "I was date raped when I was seventeen. It was the first time I had ever had sex. It is not a big deal. It didn't hurt then and it doesn't hurt now. Really, I believe it happened to someone else. When I think back, it was not me lying there. I was there, but I was watching me from the upper corner of the room. It was like I was my guardian angel, but I could not work my magic. My magic is now worked in the form of a best friend, but I will tell you about him later."

I was curious about several things Jane disclosed in this emotionally subdued narrative, such as rape being "no big deal." Jane's describing herself as being a guardian angel unable to work her

magic was also noteworthy. My impression was that Jane had indeed been hurt, beyond either my or Jane's comprehension, but I decided not to pursue that line of questioning given Jane's earlier warnings of being leery of people assuming they knew what was best for her. She said her only difficulty in dealing with the rape was that it had been her first sexual experience. As a young girl, she had envisioned that her first sexual experience would be the romantic event of a lifetime, but it turned out to be one she had not even consented to. She dealt with the emotional turmoil of the rape by cutting herself and by becoming promiscuous.

"I don't think the rape would have affected me if it had not been my first time," she said, "but since it was, I decided, 'What the heck. I've already had sex, so there is no point in saving myself any longer. That's already been taken away from me.' So I slept with who I wanted, for whatever reason I wanted, and when I wanted."

An underlying theme in her conversation was that since the rape Jane had not thought very highly of herself, and therefore she felt she did not have to protect herself from dangerous situations as she had done previously. She had been violated, so she was worth nothing, and since she was worthless she described herself as "needing" to be harmed, destroyed, and used. "I decided I might as well sleep around. I wasn't worth anything anyway. And besides, who would care?"

"What did you gain from sleeping around?" I asked.

She responded, "Well, I didn't care about any of those guys, just like that guy hadn't cared about me, and I realized I could hurt guys by sleeping with them once and refusing to do it again. It was like a game."

"That makes sense to me," I commented. "It sounds as though you were getting back at men by deciding to put yourself in control."

"Well, not only was I getting back at men, but I was also ensuring that I got what I deserved too . . . to be treated like trash. Having sex all the time, with lots of people, gave me the same satisfaction as I get when I cut. It's as though I needed to cause myself harm, but not initially. I never feel pain when I cut, and I never felt pain when I slept around. I always enjoyed myself. The sex was great. Just like when I cut myself . . . it's euphoric. It was always after I had another one-night stand that I started to feel bad, in much the same way as I feel bad after I have cut myself . . . when it really starts hurting. I so want to stop cutting. It's really starting to get to Michael [her husband] . . . and so is our sex life."

THE NONEXPERT, ONE-DOWN STANCE

To clarify the direction of therapy, I said, "It seems as though you would not want to stop cutting or do anything about your sex life if it wasn't for Michael. Is that correct?"

"Exactly," said Jane. "Now that Michael and I are married, things are different. I no longer enjoy sex anymore like before when I was sleeping around, and the cutting really upsets him. He doesn't know what to do."

As therapists, we prefer to adopt a nonexpert or one-down stance throughout therapy, for two reasons. First, it allows us to meet clients within their own frame of reference. With Jane, this involved respecting her insistence that she knew which direction her life should take. Second, we see therapy

as a collaborative cocreation of solutions, rather than a hierarchical interaction in which the therapist knows more and has better ideas than clients have.

"I love Michael," she continued, "more than I have ever loved anyone, and both issues bother him tremendously. The problem with our sex life is that it is not meaningful to me, and I don't understand this. How can I have great sex with people that I don't care about, but I can't have sex that means anything with someone I love so much?" She said it was as though she was looking down upon the sexual activity of which she was not a part—just as she had described her rape—without feeling anything, physically or emotionally. Her ability to detach and externalize had become a primary technique she used to cope and move forward in life.

"Why do you think that you can't even 'be there' or enjoy yourself when you have sex with Michael?" I asked. "You have described sex before marriage as being extremely enjoyable."

Jane hesitated, then responded as though she was having an epiphany. "It seems obvious now that you have asked. I never equated sex with love. In fact, sex and love do not go together. If I love Michael, I cannot have sex with him. Sex is to be had with people that you don't care about, so I go somewhere . . . up into the corner of the room . . . and watch, but I don't feel. Sex has never meant anything to me. Now Michael does mean something to me, and it seems wrong to do with him the things that I did with people I thought nothing of and wanted to hurt. I don't want to hurt Michael, I want to be closer with Michael than I've been with anyone before, but I can't seem to relax with him in the bedroom. I know it hurts him."

The pieces of the metaphorical puzzle came together: Jane could not enjoy sex with someone she loved.

EFFECTING METAPHORIC CHANGE

Having used the change-evoking effect of empathic inquiry to join and gather information, I felt that in the next session it was time to start intentionally effecting change. Understanding and working within the worldview and language of the client is a core concept in effective systemic brief therapy (Sutton, Ray, & Cole, 2003). Aspects of Jane's worldview included: (1) her belief that cutting was not pathological, (2) her confidence that she could find her own direction in life, (3) her belief that she loved her husband, and (4) her inability thus far to have meaningful and enjoyable sex with him. Speaking Jane's language involved adopting her use of elaborate narratives that presented herself as an outsider to the story as though it were not hers. It was also important to be mindful of Jane's reference to out-of-body experiences, both while she was being raped and while she was making love to her husband. These descriptions fit logically with the manner in which she described other experiences, with little emotion and as though they had happened to someone else. It was considered that such aspects of Jane's worldview, language, and experience would be used to cocreate a hopeful solution and story line for the future.

One last bit of information would ultimately become the largest piece of the metaphorical puzzle: the riddle Jane had dangled in an earlier session when she said, "My magic is now worked in the form of a best friend, but I will tell you about him later."

Madanes has noted that "Metaphorical communication is central to therapy. If we did not express

ourselves metaphorically, people would state their problems clearly and therapists would have no difficulty in understanding them" (1990, p. 18). In light of this, I decided to fish for information that could be important but that Jane had not yet elaborated upon. This could be a key to open the door to Jane's life as she envisioned it, free of cutting, with a happy marriage and bright future.

Reflecting back on Jane's words, I began to wonder if cutting was what she described as her best friend. I tested this hunch by mirroring back to Jane how she had described cutting in earlier conversations in which she had said, "Cutting allows me to release pain. It doesn't cause me pain as some would assume. I call it a way of life, strangely comforting. Maybe if cutting hurt I would stop."

"Please correct me if I am wrong," I began, "but I'd like to ask you more about your best friend. He brings you comfort, understands you, has never hurt you or caused you pain, and he is always there for you—no matter what time of day or night it is—no matter why you need him. Cutting is your best friend, is he not?"

Earlier, Jane had referred to her "best friend" in the masculine gender. In keeping with her language, I intentionally personified cutting to externalize the problem, as she had been doing. I invited her to correct me if I was wrong, first, to be respectful of Jane's expert position on herself, and, second, to indicate that further progress depended on her as much as it did on the therapist.

Using self-disclosure to make Jane more at ease, I mentioned that my best friend was my husband. Jane gazed at the floor with tears in her eyes and was silent. I, too, remained silent, although the turning point in our therapy was palpable. Jane raised her head and whispered almost inaudibly, "I want Michael to be able to fulfill me, not cutting. I want to be able to turn to him instead of a knife or razor blade. I just can't."

FACILITATING A CHANGE OF BEST FRIEND

If Jane accepted the metaphor of cutting as her best friend, she could continue the conversation in a way that would surely bring about change. Metaphor allows for discussion without having *the* discussion and for comparison without mentioning *the* comparison. At a literal level our conversation focused on cutting, while by implication it addressed Jane's present and future relationship with Michael—albeit indirectly, as a *topic of Jane's thoughts*.

Jane was self-driven and did not like anyone leading her in a direction that required her to be a follower. Once I understood the benefits of Jane's having cutting as her best friend, I was able to discuss the benefits of *not* having cutting as her best friend and of Michael stepping into cutting's shoes (Jackson, 1967).

Listening attentively to clients—their language, metaphors, presuppositions, tone, and pacing—provides many essential tools for effective therapy. Once cutting was understood not as pathology but rather as Jane's best friend, Jane's ability to discuss it offered a pivotal moment in therapy. Toward the end of the session in which Jane first showed the scars and cuts, she provided a clue as to how to speak freely of her relationship with cutting. She did not want expressions of sympathy that did more to reassure others than to help her, nor did she need the therapist to act as if the truth was too unbearable to hear. Cutting and scars were part of Jane's intimate world, a very important part.

It is our belief that metaphors work most effectively when cocreated by the client and therapist,

rather than being imposed from the therapist's ideas and ideals. The metaphorical designation of cutting as Jane's best friend was a primary therapeutic tool that allowed the conversation to deepen, and allowed us to discuss her problems in a way that did not address Jane and the "problem" as being one and the same. Indeed, according to Gale and Long (1996), "From a postmodern perspective, human experience can only be expressed (and understood) metaphorically" (p. 15).

"What would you miss about cutting if he was ever to abandon you?" I asked.

"I would be lost," she replied. "I would have no one to turn to with my most intimate thoughts, and most importantly, I would have no one that truly understands my need to cause myself pain in order to release it. It's like I've found a way that allows all of that anger inside of me to be released. I watch it being released and it feels good . . . like nothing else, in fact."

"What else does cutting do for you that no one else can?" I pursued.

After thinking for a moment, Jane replied, "He allows me to be in control of my own emotions, actions, and outcomes. He understands that sometimes I need to be down on myself, and that that is easier than being happy all the time. I can't be happy all the time, and he allows me to be sad. It's okay to be sad around him. It's not acceptable around others, who keep telling me to cheer up, whereas he is perfectly okay with me being down in the dumps. He likes it that way, even."

Dialoguing with Questions

As our dialogue continued I asked Jane a series of questions: "What about you does cutting understand that no one else does? What is going on when you choose to invite cutting into your life rather than anyone else? When are you most likely to invite cutting to visit you? Do you always invite cutting to spend time with you, or does he at times invite you to spend time with him?"

She responded, "He understands my need to be alone . . . no one else understands that about me. When I want to be alone, or don't want to be with my family, they assume something is wrong and try to get me to be sociable. I wish they wouldn't do that. Cutting does not care if I want to be alone. He prefers it that way—in fact, he insists upon it, and I like that. I like being alone. That way I don't have to be in conversation with anyone, make small talk, or pretend that everything is all right. I hate doing that. They don't want to hear what's wrong anyway, so why ask?"

"How could you and cutting get any closer than you are now?" I inquired.

"If Michael and I were to divorce, I would certainly rely on cutting even more than I do now. There are times when Michael intercepts my relationship with cutting. Those times have been very emotional for me and Michael. He has caught me in the bathroom with cutting before, and he has to force his way in, and he just crumbles and holds me and we cry. That has happened more than once."

This was helpful information. An exception emerged to the hold that cutting had on Jane: Michael did, indeed, prevail at times. In retrospect, this was the point at which the line of inquiry should have changed in order to allow Jane to verbalize the advantages of having Michael become her best friend, but the opportunity temporarily slipped by, as it sometimes does in therapy.

Instead, the focus remained on Jane's closeness to cutting. The intention was to have Jane's anger connect with how cutting was affecting her marriage in ways similar to a relationship with another man. I asked Jane, "How could you and cutting get closer than you are now? What would change if that added closeness occurred? How do you feel after cutting has visited you?"

She responded irritably, "I want to get all the anger out, but no one else wants to hear it. When I've had it with everyone around me and I just want to be mad, for the time being he makes it all all right."

Jane's earlier comment "I want Michael to be able to fulfill in me everything that cutting does and to be able to turn to him instead of a knife or razor" provided the context for inviting her to think about how her life would be different if Michael were to fulfill these needs.

Jane continued, "That's one thing that disturbs me. It's as though he [cutting] wins over Michael every time. Michael desperately wants to be there for me, but I push him away. It's almost like Michael is jealous of cutting as though he were another man. It's really not good for my marriage."

I pressed her to consider the preferred outcome of Michael being the one who fulfilled her needs rather than cutting, underscoring the relational ramifications of depending on cutting.

In a hostile voice, Jane responded: "That absolutely cannot occur. It has just dawned on me that if I were to get closer to him, my husband and family would just give up on me. They can't cope now—never mind if it gets worse. You've made this guy out as having complete control over me. It's not like that; no one has that amount of control over me. I'm stronger than cutting, and if you want me to declare war with him, I'll win. If you don't believe me, just watch."

Inquiry turned from the advantages of being close to cutting to the advantages of Jane's being closer to Michael. My questions invited her to express some downsides to having cutting as her best friend, to make space for life without cutting, and to replace cutting as her best friend with Michael. She was encouraged to show anger toward me for daring to suggest she was not as powerful or in control as cutting.

"Who would be your best friend if cutting were to ever abandon you, even temporarily?" I asked.

"I don't know what you are implying," Jane replied, "but I already told you he is not stronger than me. If there is any abandoning to be done, it will be me abandoning him, not the other way around."

Developing a Game Plan

It is our belief that this line of dialogue was successful with Jane largely because of the solid therapeutic alliance built with her. This challenge aimed at utilizing the client's position in order to effect change. On more than one occasion, she had said she did not take kindly to anyone's implying that she could not do something. Deliberately inciting clients in such an openly provocative way may not always be the wisest road to travel, yet Jane's response indicated that the goals of therapy had, for the most part, been accomplished. What remained was to assist her to develop a game plan for reducing time spent with cutting and instead turning to Michael for support.

"What would you gain if you were to abandon cutting, even temporarily?" I asked her.

"I would gain a closer relationship with Michael. That would make him very happy, and if I had a happier marriage I'd try harder to please him in the bedroom," Jane said.

"Would you gain closer relationships with anyone else?"

"Oh yes," said Jane. "My family loves Michael. They hate the way I treat him. He talks to my mother and brother about my problems and our relationship more than I ever would. All they see is I have a loving husband that wants to meet my every need, and they despise the fact that I push

him aside. Of course, they love me and are afraid. They think cutting is extremely dangerous, and I understand that."

To suggest how Jane could begin replacing cutting with those around her who truly cared about her welfare, I asked, "Who else has some of the characteristics that you trust in cutting?" "Whenever I give them the chance, they listen . . . especially Michael." She continued, sobbing, "When I'm feeling loving and when I am not depressed," she responded.

"So cutting and depression collaborate with each other? Is that a way cutting lets you down, Jane, by encouraging depression to visit you?" I wondered.

"That's one way. But there are so many . . . when he comes around I'm more depressed, I'm more angry, my relationships with others are shit, and I end up feeling totally bad about myself. I don't even feel pretty or sexy. How can you feel pretty or sexy when you have to wear huge clothes to cover the scars? I can't wear sexy clothes, a bikini, or shorts . . . and I don't feel sexy. That's probably why I can't have a satisfying sexual relationship with Michael. I just don't feel sexy. He deserves more than that." Jane sobbed uncontrollably.

"Is that how cutting has you feeling about yourself, Jane . . . not sexy, not pretty, not worthy of Michael?"

"Yes," she replied, with her head down. Despite her feelings, though, she was a beautiful young woman, both inside and out. Michael and her family members obviously thought so, too.

Lax (1992) has commented that "In therapy, new narratives/perspectives can arise through the interplay of the client's metaphors and phrases with those of the therapist. Thus, the therapist can attend to what is not said by the clients and offer a different view back to them as a reflection" (p. 72). The therapeutic conversation with Jane became a combination of shared metaphors, phrases, and thoughts. She was encouraged to make verbal the nonverbal, which allowed different meanings to emerge.

"Michael thinks I'm beautiful, even with my scars . . . and he hates that I wear all these dowdy clothes," Jane said. "He wants me to show how sexy I am and to be proud of it. And I will. Just wait and see what I look like next session."

Applying the Metaphoric Outcome

At the next session, Jane looked great. Vibrant in colorful, body-hugging clothes, she had brought Michael with her. She announced that she had decided to wage war against cutting, saying he was only a friend on the surface and that she had successfully replaced him with her husband. Once Michael claimed his rightful place, and Jane allowed him to claim it, the rest of Jane's problems dissipated. Jane and Michael described their love life as bringing "a new meaning of what pleasurable sex is." Jane continued, "I will not be watching myself having sex with Michael any more. It is too much fun to miss out on." Her depression subsided; she became more involved in her college classes, stopped coming herself to her apartment, and renewed meaningful relationships with both of her parents and her brother. She revitalized her involvement with writing, another source of pleasure and pride.

Roth and Epston (1996) have noted that "Seeing oneself as in a relationship with a problem (through its objectification or personification), rather than as having a problem or being a problem, immediately opens possibilities for renegotiating that relationship" (p. 149). It was just that possibility we hoped Jane would discover for herself. Not only did she do so, but, additionally, she inspired us with her ability to renegotiate it in such a positive and determined manner.

When interviewed at a one-year follow-up session, Jane confirmed this. "Everything goes back to that day I was raped. I lost all self-respect and hope. While he took everything from me that day, he gave me everything back by making me stronger." She described herself as being "extremely happy" with Michael, and announced the joyful news that they were expecting their first child.

At the two-year follow-up, Jane was a proud mother and wife, describing her life as one without pain or regret, full of meaningful relationships that did not include cutting. She had developed a new passion, voluntarily reaching out to others who were compelled to enter into relationships with cutting. She said cutting still existed, was a friend to many, and temporarily visiting and befriending others. "I know he can come back at any time. He's only a friend on the surface, [but] still he is a friend and will be there if I need him again, but at this point I can do without him. I will do all I can to help others do without him, too."

A CLOSING COMMENT

In our work with clients experiencing serious difficulties, such as the self-mutilation that was a temporary part of Jane's life, we have found that the use of metaphor is an effective way of working within clients' frames of reference to find safer ways to handle their relationships and the pain that they feel. Constructing metaphorical relationships to "problems" allows therapists to engage in conversations devoid of problem- or disease-saturated language, and to remove any doubt that the problem is not within the client. Clients are enabled to discover a path to preferred realities in which they are not crazy or pathological, and to find solutions without altering who they are as people. Previously impossible possibilities can now be entered into, discussed, believed, and lived. Clients can leave therapy without their "problem" and with themselves intact. Solutions can be found without our tampering with their being, personalities, characteristics, or whatever else they hold dear (Hoyt, 1996; Ray & Keeney, 1993; White, 1989; White & Epston, 1990).

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