Contents

List of Tables

Acknowledgments

Thanks. . .

. . . To Dee B. Ankonina, my friend and editor, who has been editing my professional work since its early days. Working with you turns even the difficulties into joy. Like the assessment exercises I suggest in this book, if I asked myself *"If you could not write your own books, who would you trust to write them?"* I believe that Dee could!

. . . To my students and clients, who challenge me to be creative and continually develop new methods for facilitating happiness, and who trust me as I put my wild ideas and imagery exercises into practice.

. . . To Darren Reed and Karen Shield, my editors at Wiley-Blackwell, who were brave enough to let me produce this nonroutine book.

About the Author

Tammie Ronen is a professor at the Bob Shapell School of Social Work in Tel-Aviv University, where she is in charge of Child Clinical Studies. She is the Head of the Renata Adler Memorial Research Center for child welfare and protection. She is the previous head of the school and the past president of the Israeli Association of Behaviour and Cognitive Therapies. She has written many books, articles, and chapters in the area of cognitive-behavioral therapy, child therapy, and positive psychology. She is well known as an international lecturer and a supervisor.

Part I

Theoretical Background

1

Introduction:
On Becoming a Therapist

The present book is an outcome of my self-guided, personal journey toward be-
coming a therapist. My journey has been rich and variegated, peopled along the
way with a broad range of clients of all ages from diverse ethnicities and cultures,
suffering from various disorders, and bringing with them different life experi-
ences, gaps in motivation for change, and, of course, a richness of abilities, skills,
and resources. As I worked with these clients along my personal and professional
path to becoming a mental health practitioner, some experiences helped me craft
my choices about where I should go next as a therapist; from time to time, my
path deviated from the main roads to encounter sudden detours, obstacles, and
hazards; and eventually, some clients and some of my work gradually began to
seem like familiar signposts on roads traveled daily.

As I look back at roads I already traveled as I grew and developed as a therapist,
the memories come to me mainly as pictures. Some are snapshots – actual,
colorful, visual pictures that I see in my mind's eye – like a certain client's proud
facial expression, or a couple's body language as they shout fervently at one
another. Some are metaphorical; that is, I can hear or see a story playing itself
out in images with hidden meanings – like the vision of a wild animal family
interacting against the backdrop of a natural landscape as a mental metaphor
I created while treating a certain family. Some pictures more resemble abstract
art, like a complex image I envisioned for the interrelationships between the
components of the human psyche.

Indeed, as I survey those landscapes and experiences on my road to learning
this profession, the most striking discovery is how replete with imagery my journey
has been. In this book, I hope to open up a vivid album of all my travels up to this
point in time, and to share with my readers the fascinating pictures and memories
I have been privileged to see, feel, and sense, and how I learned to navigate and
draw on countless images to help my clients and myself over the years of my
career. The current volume is a crucial milestone in my journey, because here I
hope to assemble some key highlights of my travels and some insights I reached

that shaped my therapeutic work over the years, all related to the world of images and pictures, and to the meaning of imagery.

As a means for helping readers enter into this world of imagery, in the next sections of this chapter I will share some more details about my own journey toward becoming a therapist. Over time, my metaphorical picture of myself as a therapist has gradually blended several main orientations or entities. I see myself as a cognitive-behavioral therapist, as a skills trainer, as a structured and goal-directed practitioner, as a positive therapist, and as a creative therapist. I found that these entities merged well into one united approach for working with imagery. First, in this Introduction, I will share how I myself developed and harmonized these entities during my long journey toward becoming a therapist who uses cognitive-behavioral intervention in a creative way in light of positive psychology theories. Then, the book will focus on each of the basic entities and will guide readers in how each entity may be relevant to their therapeutic work, and in how to integrate them through metaphors and images.

Who Am I and What Am I Doing?
(The Emperor is Naked; The Wingless Bird)

I never made a conscious decision to become a cognitive-behavioural therapist. As I graduated from my School of Social Work, I began working in a psychiatric hospital and, later on, in a mental health community center. At that time, despite my license to practice, I felt completely inadequate. I was terrified that everyone would find out that I, like the emperor in *The Emperor's New Clothes* (Andersen, 2004), was actually naked – no skills, no ability, and just parading around as if I were a genuine professional. I felt I had no inkling of what therapy really was or how to conduct it.

I had many proofs for that self-perception. I attended many staff meetings where I never understood the language. The discussions used complicated, abstract concepts to analyze the therapeutic process, which everyone except me seemed to understand. In those meetings, I found that I was concerned about different notions from the rest of the staff. Rather than focusing on my own emotions and internal processes, I was preoccupied with what was happening with my clients. I thought my clients were the center of therapy. I was talking more about facts and goals and less about processes. I wanted to focus on what I needed to teach and what the client needed to learn. I was talking here and now, and also looking at the future, not so much at the past. I so much wanted to help my clients, and I had so many ideas, but I felt different. I thought that there must be some locked away secret of therapy, and that everyone knew the secret except me. How could I unlock the deep box and find the hidden secret of what it meant to conduct therapy? I felt like a bird without wings. Aching to fly, I hoped that one day I would find a mother bird or father bird who would finally understand my different way of thinking about therapy, and that maybe it could be a beginning of a new family...

Meanwhile, I focused on imparting the skills they needed to my clients, helping them change, drawing with them, helping them map out where they wanted to go in life, aiding them in looking for their own goals, and trying to improve their subjective wellbeing. I knew that what I was doing was not "therapy" – but this was all I knew how to do. So, as a wingless, naked bird, I did the best I could.

Two of my teachers at the university finally swooped in to help me make the move toward behavioral therapy (at that time I was not yet a cognitive-behavioral therapist). I was already treating clients when I met the first of these teachers, Dr. Yair Abraham at the School of Education of Tel Aviv University. I was a graduate student and soon became his assistant. He introduced me to behavioral therapy. Israel was (and still is) very psychodynamically oriented, and I had never studied cognitive-behavioral therapy (CBT) formally. When I discovered that my employer was a behavioral therapist, I thought: "Well, that makes some sense because he seems to be a very organized, structured person and I'm not. He can follow precise instructions and I can't. I'm a very flexible, intuitive person so behavioral therapy must not be for me."

As I started working with him, I also began visiting his clinic and watching him treat clients using cognitive-behavioral methods. I saw how helpful and effective his work was for his clients. As a result, I told myself: "Well, I may not be a behavioral therapist, but I think it would be okay and even easy to treat children who wet their beds using behavioral methods under his supervision. It is fast, effective, and makes sense." So, I began writing my master's thesis with Dr. Abraham on enuresis and treating children with nocturnal enuresis using cognitive-behavioral therapy. Soon enough, I realized that in a relatively short time I was able to help many children overcome their bedwetting, and even become more independent and confident. I gradually saw more and more clients and eventually became an expert in this area. Still not grasping my identity, I told everyone: "You know, behavioral therapy is a very good technique for treating nocturnal enuresis in childhood." Although I was nowhere near ready to fly, I began to feel like some feathers were growing stronger on my naked, birdlike body.

Beginning to acknowledge that this behavioral approach to therapy had some merit, I started reading every book I could find on behavioral therapy and cognitive therapy. I wanted to fully understand the theory behind my practice and to learn the techniques' rationales to see if I wanted to adopt them more. And all that voracious reading reached a pinnacle one day, as I looked in the mirror (before I learned from Michael Mahoney how to work properly with mirrors in therapy) and it dawned on me: all those years, all that time, I had considered myself to be a naked, wingless bird, when what I had been doing naturally had actually been to practice CBT all along. This approach just fitted who I was! It matched my way of life: the way I planned my day, the way I thought positively, the way I used reinforcement, the way I changed my thoughts, the way I used self-talk. It was strange how much of this approach I used daily. Looking in the mirror, I finally recognized the image facing me: I really was a therapist! I knew what therapy was. I was a cognitive-behavioral therapist. I felt my wings actually extending and growing larger and more powerful. Suddenly I understood that I

was ready to fly. After that, as I began to feel good enough about my work to believe in myself as a therapist, I began flying high.

Thus, having arrived at cognitive-behavioral therapeutic work through a back door, serendipitously, I first recognized one entity within my self-identity, that of "A Cognitive-Behavioral Therapist." One of the first things I did then was to seek out other people with whom I could collaborate, talk, and explore this new identity. Eventually, Dr. Abraham helped me establish the Israeli Association for Behaviour Therapy, and I finally felt my wingspan spread. Once my internal bird discovered this flock of colleagues who felt like I did, treated clients like I did, and lived like I did, I truly began to soar. My early experiences made me invest great efforts in preventing my students from suffering the horrific fear of being emperors without clothes. I insisted that my students come watch me conducting sessions – either through video, a one-way mirror, or direct observation of therapy – or be my co-therapist in sessions. I was determined that they should understand what I did not: that every individual therapist must unlock the box and find his or her own solutions. Equally, I was willing to show them some of the secrets I had found.

By that time, I realized that I had indeed found my "therapist's identity." I finally knew what was important for me in conducting therapy. I knew that therapy for me is a combination of educational and therapeutic processes, where my role is to guide, teach, and supervise clients in the process of change. I also discovered that it is extremely important for me to ensure that what I apply with a client is an effective, provable method for change, one that really works.

Later on, I met Professor Yochanan Wozner at the School of Social Work, who became my doctoral supervisor. He was (and still is) one of Israel's traditional behaviorists. He has devoted much time and effort to investigating the efficacy of treatments, assessments, and evaluations. His academic courses strongly influenced my later insistence that I apply evidence-based therapy.

So, my new identity was that of a teacher who teaches clients how to help themselves change by applying effective skills and techniques. I started introducing myself as a teacher in helping people change. I thought that "teacher" was the right concept for me, because I strongly emphasized the importance of skills acquisition. I wanted to educate clients in what to do and how best to do it. I was not yet sure what exactly I needed to teach or how best to teach, but I knew that I was a teacher.

How Can I Do What I Plan to Do?
(The Ladder; Having a Dream)

As a very goal-directed person, even back then, each time I met a new client I found it difficult to start therapy unless I first discovered what that client wanted to achieve at the end of therapy. This meant that I, together with my client, needed to have a vision of him or her in the future. This is how I work to this day. The client and I must collaborate together to address questions like: How

will this client act or be when we reach the end of the process? How will we know that the time has arrived to end therapy? What reasons will there be? What will signal the differences in the client?

I learned that an effective way to trigger discussion of this vision of the future was to ask my clients to make a drawing of how they wished to look at the termination of therapy. Only after this initial drawing was completed would we start talking, drawing, or thinking about how the clients looked in the present, about the gaps between "now" and "later," and about what they felt was missing in order to reach that future vision.

In response to my requests to look ahead and envision their future, my clients used to ask: "How can I possibly know what the future will hold?" And I used to answer: "If this is your life, you have to think about what you want it to be. You must run your life, not let your life run you. You should maneuver it, not just go with the wind. You need to have a dream in order to realize that dream!" Thus, two main metaphors emerged from these clarifications to my clients, reflecting who I came to be as a therapist. The first metaphor was the lyrics from "Happy Talk," a song from the old musical *South Pacific*: "You got to have a dream. If you don't have a dream, how you gonna have a dream come true?" (Rodgers & Hammerstein, 1949). Following this metaphor, with all my clients we began by relating to their dreams. Clients need to relate to their dreams as something that can wait for them in the future, something that is worth working toward.

For example, when I treated a teenage girl who had dropped out of high school, spent most of her time on the streets, and showed delinquent behavior, we discovered that her dream was to become a scientist at the university. Of course at the time, in her current life situation, this dream seemed stupid and unrealistic to her. But we used it as a stepping-stone for creating hope and learning about working toward goals, or as the top rung on a ladder she would like to climb from her present place on the bottom rung. We started by outlining how she could try to make her dream come true, step by step. As her first goal, we decided she needed to complete her high school studies. With my support, she was able to sign up for evening classes and complete her matriculation examinations. As she experienced this success, she felt emboldened to attempt to undertake higher education. It was not easy. She did not become a university professor, but she does work today in a government laboratory and feels very proud that she achieved a profession.

As mentioned regarding the previous client, the second metaphor I began to use with my clients was the ladder, a symbol of climbing up step by step to reach one's dream. The ladder became an important part of my treatment room. With children, I brought in a real ladder for them actually to climb up, see how the top rung felt, and fall back before ascending once again. With adolescents, drawing ladders on paper could help them measure and monitor their progress. With adults, a metaphorical ladder became an integral part of therapy. Clients planned where they wanted to be at the end of therapy and then started climbing up, while I was busy teaching them the skills needed for that climb. As they worked to change their identified thoughts and behaviors, the clients could evaluate their progress using this metaphorical ladder, assessing when they fell a rung or two,

or when they skipped upward quickly and easily, thus helping them gain self-awareness and confidence.

For example, in our large-scale national project to reduce aggression and increase self-control skills among at-risk Israeli adolescents (see Chapter 2), small groups meet for a series of 12 sessions with two co-therapists (Ronen & Rosenbaum, 2010). During the first session, all students receive pictures of a ladder and are asked to note where on the ladder they would like to be at the end of therapy and how they envision that place. Many adolescents draw themselves on the top rung, explaining that up there they would have many friends and would have no problems with their teachers. Then the students are asked to draw themselves where they are presently, at the beginning of the treatment. They usually put themselves either on the ground or on the first rung, explaining that right now they continually fight and argue with parents and teachers, and have few friends. We use the ladders in each session, to check where they would like to climb to and what they need to be able to climb there. The group sessions focus on giving these adolescents the skills needed for achieving these goals.

Thus, using such metaphors as dreams and ladders, at this stage I not only knew who I was, a cognitive-behavioral therapist, but I also recognized two other entities within my self-identity. I had become a "Structured Therapist," a practitioner who works systematically toward achieving goals while planning and mapping out the process of therapy, and assessing and evaluating the outcomes. I had also become a "Skills Trainer," who based therapy on teaching, training, and applying specific, relevant skills that were tailored to clients' needs and aimed to improve clients' functioning in particular areas that we continually identified and updated.

Swimming Against the Tide: How Can I Remain Positive?

At this point in my career, I drifted with the tide, trying to do what supervisors at the local public mental health center expected of me, but concurrently I started receiving supervision in CBT and found myself using it more and more in my daily work.

To my great fortune, during my Counselling studies at the School of Education (in addition to my degree in Social Work), I was lucky enough to study with Professor Zipora Magen. Unlike most researchers of that period who were concentrating on pathology and problems, she was investigating happiness among adolescents. As I studied in her class and listened to her positive psychological orientation, I felt I had found not only a kindred spirit but a whole new way of looking at the world of the human psyche and its treatment. I realized for the first time that I was not alone. There were other people out there, albeit a minority, who, like me, were looking for clients' strengths rather than their weaknesses.

At that time, I took a deep breath and dived into my positive therapeutic orientation with sudden confidence. I started swimming against the tide – doing

what I believed in, working in the way I thought was right despite others' questions and criticisms. The epitome of this turn I took was my therapy with Ayelet, an anorexic client. Her story can be read in the book we wrote together: *In and Out of Anorexia: The Story of the Client, the Therapist and the Process of Recovery* (Ronen & Ayelet, 2001). Ayelet claimed that out of her total of 12 therapists over the years (11 before coming to me), I was the only one who could help her because they all saw only the sickness and focused on the pathological diagnosis, whereas I saw her soul and found her strengths. Nevertheless, the positive approach I used to treat Ayelet received not only much attention but also much criticism.

Throughout her therapy, I tried to show her that she was strong rather than weak, creative rather than crazy, and that her fantasies were a good way to start designing a new world rather than simply staying trapped in familiar, ineffective patterns of behavior. For example, when Ayelet first entered my room saying, "I'm not sure if you'll agree to treat me. I'm a weak, terrible person," I answered, "I think you are a very strong person. Being in and out of five different hospitals from age 14 to 18, sometimes in isolated rooms, and staying sane – that means you are very strong. I would probably go crazy!" When Ayelet described her feeling of being alone and deserted ("I feel now like somebody standing on one side of the ocean, on the distant shore, talking about someone who has been left behind;" Ronen & Ayelet, 2001: 187), I knew I had to build a bridge for her, to let her cross the water and feel she could be heard by others.

However, out of all my books, this one received the worst critical reviews. I was blamed for being overly optimistic and for focusing on positive aspects that were unrealistic rather than treating the "real problem." My critics foretold that my positive stance would not last long, because with such a difficult, serious diagnosis, Ayelet would certainly return soon to anorexia. I was also blamed for breaking all of the "rules" of therapy: I worked with Ayelet's parents and boyfriend too, rather than insisting on meeting with her only; I saw her when needed rather than once a week at a fixed time; I permitted her to phone me between sessions, and so forth.

Nine years have passed since that book's publication, and 12 years since we terminated therapy. Ayelet is married and has a steady relationship with her husband, whom she met during exercises we conducted to practice social skills. She is a mother to two children and a very good special education teacher. I believed in her – and am happy I did so. My positive psychology orientation helped her express positive emotions, believe in herself and her own virtues, use her skills and strengths, and thereby improve her quality of life.

So, I began to recognize another clear entity within my self-identity, that of a "Positive Therapist." I was an optimist, doing what is now called "positive psychology" long before it got that name. I had uncovered another part of myself as a person and as a professional: I fully believed that humans are strong, capable, and only need to learn the "how to" of finding strengths within themselves. I found that this positive approach buoyed clients, supporting and encouraging them to delve deeply into themselves and render the needed change; moreover, this approach improved the client–therapist rapport and relationship, leading to further progress on the client's part.

I now had found my road, and I knew where I wanted it to lead. I now had found my dream, which was the first step in making it come true. I also now knew what the top rung of my ladder looked like: maintaining my own positivity and optimism while making my clients happy. As I progressed toward this new goal time after time with different clients, I succeeded more and more in climbing to the top rung of that ladder.

How Can I Best Do What Needs to Be Done? (Discovering Creativity and Guided Imagination)

I already understood that I was a CBT therapist, working in light of positive psychology, and that I was interested in facilitating change among my clients, wishing to focus on strengths, abilities, and skills. By now I also realized that my clients and I had to define goals and climb the ladder we designed together, each time, until reaching those goals. CBT offered a broad range of techniques to help clients change, but I found myself still looking for the best, most effective therapeutic solutions to apply with each client. I knew words were not enough; they could not always do the job. I wanted to actually train and teach clients in whatever they needed to climb their ladder, giving them opportunities to practice those skills. But which techniques were optimal? I thought that if I myself could find the hidden secrets of conducting therapy, my clients would be able to do so as well.

I never thought of myself as a creative person. As a child at school, we had art classes, and my drawings and sculptures always came out very ugly. I hated those classes. As a student at the university, I attended some classes in creativity. I came out very frustrated: They all wanted me to redesign a house from four matches, find a new solution to make a rectangle, and think "outside the box." I could never do it. So, I figured that creativity was not for me.

Two events in my life brought about a change in my thinking about creativity. The first event happened one summer 26 years ago. I was driving with my two daughters, Efrat, age 4, and Anat, age 1. In those days, children were not strapped into car seats or even seatbelts. Efrat was sitting behind the empty passenger seat when a car unexpectedly swerved in front of me. I slammed on the brakes and Efrat's little body rammed into the empty seat beside me, which broke and folded forward. I heard screams and saw lots of blood. I drove quickly to the hospital, where I learned that she needed stitches immediately, but could not receive general anesthesia because she had just eaten. The surgeon told me that local anesthesia would necessitate multiple injections in and around the wound which would themselves be painful; therefore, he suggested that I hold her, tell her not to move, and they would start stitching.

I explained the situation to Efrat and she lay down quietly. When it was over, the doctors gathered around us and asked how it was that she didn't say a word, or cry, or yell. Efrat replied by telling a story. She said that she had imagined she was Wonder Woman (her favorite television series at that time; Fitzsimons,

Marston, & Ross, 1975–1979) and, as such, she flew to help other people over-come their problems during the procedure. She claimed that she didn't feel anything. She still has a V-shaped scar on her cheek today. I was amazed by the natural manner in which she used imagination to overcome the frightening situa-tion, and this incident prompted me to start reading material about self-control, imagery, and metaphors. In these tools, I found the answer to my search. I knew that these "secrets" would pave the way for me to help people change.

Then, a few years later, a second personal event gave me deep insight into the power of imagination for myself. I was about to finish my PhD studies when I went, for the first time, to present a lecture at a conference in Oxford, England. It was a world conference on cognitive therapy. At that time, I chaired a two-year program for specializing in CBT, and my PhD supervisor, Professor Yochanan Wozner – one of the earliest founders of behavior therapy in Israel – as well as five of my students came with me to the conference.

My presentation was scheduled to follow several impressive British lecturers, all wearing formal suits and speaking English that I did not always understand, in a large auditorium. I saw my supervisor go pale and apologize, intimidated: "Tammie, I had no idea what I was thinking! How did I think of exposing you to this situation? How can you present your talk after these people? I am so sorry." Until that moment, I had been feeling excited, but now I started feeling sick. My stomach hurt and I fought the impulse to burst out of the auditorium and run as far away as possible.

I knew that I needed to help myself discard the panicky sensations I was experiencing. I tried to reassure myself and, automatically, I did: I imagined I was giving the most wonderful lecture of the entire conference. I imagined how the audience was so enthusiastic that as I finished, they all bowed in ecstasy and admiration, and then I was invited to tour the world, presenting my work everywhere. I became famous. . .

With this image in mind, I started giving my talk, and I felt so confident that I didn't even use the written lecture I had prepared, but rather talked sponta-neously, as I usually do when I lecture in my mother tongue. The only thing that disturbed me as I finished my lecture was that although people applauded and some came up to speak with me, nobody actually bowed down or invited me on a world tour!

I didn't know how I was spontaneously able to apply creative imagination to calm my tensions and set up success, but it immediately associated in my mind with my earlier observations of Efrat's creativity and my study of metaphors, images, and self-control. It was on this day that I began to recognize the final entity within my self-identity, that of a "Creative Therapist." I learned at first hand how imagery can be useful and render change. I learned personally how important and powerful a tool it is. I already knew that thinking positively is better than thinking negatively, and now I knew that from then on, I could best help my clients as follows.

I would apply positive, structured, yet creative CBT for helping people change. I would be a cognitive-behavioral therapist who teaches clients how to achieve their goals while imparting skills to them using a structured, positive way of

thinking, using creative modes that go beyond words, especially imagery and metaphors, and helping the clients bring their lives back to order and make the most out of them. This book will present all of these components in unison.

And last but not least, I want to share with you how I started writing with such openness about my way of doing therapy. For many years after developing my multifaceted therapist identity, I thought that my way of conducting therapy was routine for CBT specialists. I suppose I believed that the route I traveled during my professional development was similar to that of many others. Then, around 18 years ago at a conference, I met Michael Mahoney, who became a close friend of mine and my husband's. At the time, I was writing mainly scientific articles about theory or about the efficacy of intervention packages. We started meeting Michael at conferences, and he came to visit us in Israel and during our sabbatical in the United States. We used to talk a great deal about therapy, and sometimes we even role-played therapies. Michael Mahoney was the one who urged me to "stop writing theory and start writing what you really do." It is hard for me to write this book knowing that he is not around any more for me to share ideas, show him what I wrote, and consult with him. I really miss him and know that this book could be better if he were here to comment on it. I hope I will be able to write what he thought I could. He will always be a positive part of my creative therapy.

Overview of the Book

This book is divided into five parts. In the first part, I relate the basic theories that serve as the foundation for developing imagery therapy. First, I describe CBT and skills-directed therapy (Chapter 2). This was not easy for me, because I have written several whole books on CBT; therefore, shortening it all into one chapter was an enormous challenge. However, in this chapter I try to focus mainly on thinking like a cognitive-behavioral therapist, to provide a grounded theory for applying imagery therapy, and I present guidelines for constructing therapy and leading it toward well-defined goals.

I continue by presenting a short review of positive psychology (Chapter 3). Positive psychology is a new name, and the popular focus today on positivity is relatively new, too. However, many people have been working toward subjective wellbeing, happiness, and positivity long before national and international associations for positive psychology came into being. In this chapter, I attempt to present some of the main concepts and issues involved in positive psychology theory, especially those that readers will find relevant to imagery therapy.

Next, I dedicate a chapter to creativity (Chapter 4) – another issue that could be a topic for an entire book in itself. I focus on what creativity is and why it is important for therapists, clients, and the process of therapy. In contrast to most of the existing literature on imagery therapy, this book does not mainly supply readers with fixed techniques or images to apply. Rather, I wish to challenge therapists to learn the skills for creatively designing personalized exercises to match each client's specific needs, problems, and personality.

I added a chapter on child therapy (Chapter 5), because imagery is certainly an excellent and natural choice for working with children. Most of this book deals with applying imagery as part of CBT interventions in general, without specifying clients' ages. However, many techniques require certain adaptations when applied to children; hence, this chapter discusses developmental considerations for applying imagery with children and adolescents.

The remainder of the book concerns imagery, accompanied by many case illustrations (with all names changed for anonymity) and practical guidelines. In Part II, I introduce basic concepts regarding imagery and metaphors in therapy and guidelines for their use in sessions with clients. Chapter 6 surveys the basic concepts of imagery, images, and imagination, including discussion of different ways for using imagination and its pros and cons in therapy. Chapter 7 focuses on how to use imagery in therapy, relating to various therapies' ways of incorporating imagery. Chapter 8 describes metaphors, differentiates between working with imagery and with metaphors, and discusses ways for applying metaphors in daily work with clients.

Part III involves the preparations recommended for applying imagery therapy. In this part, Chapter 9 focuses on relaxation, Chapter 10 outlines guidelines for creating and utilizing imagery along the process of treatment, from setting to termination, and Chapter 11 specifies adaptations of relaxation and imagery for children and adolescents.

The core part of the book, Part IV, presents imagery therapy itself, describing and illustrating this creative, structured way of intervening with clients. First, Chapter 12 focuses on assessment. I propose some important components for using imagery to facilitate the efficacy of assessment. The next four chapters categorize clients' problems into past, present, and future, while focusing on techniques for skills acquisition. Chapter 13 describes imagery therapy for treating problems related to clients' past traumatic experiences. Chapters 14 and 15 focus on imagery therapy to impart skills for coping with the present: overcoming fears and anxiety, increasing awareness of internal stimuli, and improving performance skills. Chapter 16 relates to the future: imparting positive thinking, gaining strengths, and future planning. Chapter 17 specifies applications of imagery therapy to children. All of these chapters provide case illustrations and examples to demonstrate specific techniques that can be applied via imagery.

The last part of the book, Part V, offers concluding thoughts. Chapter 18 focuses on the therapist, suggesting unique self-help techniques for therapists to design their own imagery training. I end the book with Chapter 19, which surveys the advantages and limitations of imagery therapy and suggests directions for imagery therapy to progress in the future.

I hope you enjoy the book as much as I enjoy doing imagery work, and I trust that you will find it useful in helping you gain the courage to apply imagery consistently in therapy, thereby utilizing its positive power to harness client imagination in CBT and related treatments.