

## METAPHORS IN COGNITIVE-BEHAVIOURAL PSYCHOLOGY

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*Metaphors, more closely associated with literature than with science, have not been totally introduced into the more scientific forms of psychology (the cognitive-behavioural school of thought). Although they are under-employed in this type of psychology, we find them comfortably installed in other psychological perspectives (psychoanalytic, humanist, and constructivist). In recent years, probably due to the convergence of different lines of thought, the doors of cognitive-behavioural psychology have opened up to metaphors. In this article, we analyse the way this has come about, how metaphors are employed within cognitive-behavioural therapies, and what advantages this provides.*

**Key words:** Metaphor, metaphoric thinking, cognitive-behavioural psychology.

*Las metáforas, asociadas más a la literatura que a la ciencia, todavía son poco utilizadas en la psicología más científica (la corriente cognitivo-conductual). Aunque infrutilizadas en esta psicología, sí que nos las podemos encontrar cómodamente instaladas en otras perspectivas psicológicas (psicoanalítica, humanista y constructivista). En los últimos años, probablemente por la convergencia entre las distintas corrientes de pensamiento, las puertas de la psicología cognitivo-conductual se han abierto en mayor medida para las metáforas. En este artículo, se analiza cómo se ha llevado a cabo esta apertura, cómo se emplean dentro de las terapias cognitivo-conductuales y qué ventajas presenta su utilización.*

**Palabras clave:** Metáforas, pensamiento metafórico, psicología cognitivo-conductual.

**W**e humans have the tendency to generalize, label, and think in black-and-white in order to organize reality. This kind of simplification has probably led us to refer to logic-formal thought versus creative thought or to science versus art, as if they were completely differentiated entities. We have even assigned a physiological basis to this distinction: the right hemisphere for creative aspects and the left one as the support of rational aspects.

Within this duality, it is clear where we have put metaphors: in creative thought or art. When we talk about metaphors, one of the first associations that reaches our brain is literature and we obviously would never associate metaphors with science. "Metaphors" and "science" are two concepts that seem rather contradictory to us. Can that be why the psychologists who are closer to the more scientific orientations within psychology (behaviourists and cognitivists), in our zeal to dissociate from psychology anything that does not sound scientific, have not incorporated within our techniques the use of metaphors to the same extent as other tendencies?

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The purpose of the present article is three-fold, and it will attempt to describe:

- The incorporation of metaphors into the cognitive-behavioural orientation.
- The use of metaphors within cognitive-behavioural therapies.
- The advantages of using metaphors.

### AN EXAMPLE

Before leaping into the definition of the term "metaphor," let us look at an example. There are infinite examples of metaphors because, actually, they have always been used since the ones we find in the Gospel until those that are present in children's literature (the ugly duckling, the ant and the grasshopper, etc.). The example chosen is a widely used metaphor in the acceptance and commitment therapy (Wilson & Luciano, 2002). That is, it is a "therapeutic" metaphor.

"Two women were sharing an office, working at their respective computers. While one of them was writing, some messages began to appear on her computer-screen. Messages that said "you will never solve your problem," "you are useless," "people disapprove of you." When she read these messages, she began to believe them and to suffer terribly. They seemed so true!!! Then she tried to

delete them from the screen but could not. So, she went on working. Once in a while, they reappeared but as she knew she could not delete them, she didn't try and went on working. Despite the messages that appeared once in a while and made her suffer, the woman enjoyed herself and felt good because her work was coming out just the way she wanted it to.

The same thing began to happen to the other woman. The same messages as those of her colleague began to appear: "you will never solve your problem," "you are useless"...Then, she tried to delete them, but she could not. She suffered very much because she was absolutely sure that the messages were true. Moreover, she suffered because she could not delete them. So, she stopped working and began to think about what she could do to delete the messages. She was sure that if she could not delete them, she could not go on working. So she began to try one method after another, but to no avail. The messages were still there. She looked angrily at her colleague because she saw her working and she even seemed to be enjoying her work. She thought her colleague could work because she did not receive the same messages as her. So, she went on trying to delete them. Her suffering increased: she had increasingly more negative messages, all her attempts to delete them failed, and, to top it, she made no headway on her work. She got stuck in that situation."

In this metaphor, the messages represent automatic negative thoughts and the behaviour of the second woman, avoidance behaviour. However, we shall not stop here to squeeze the therapeutic juice from this metaphor (which exists). We only described it in order to exemplify the concept.

#### DEFINITION

Ever since the times of the Greek philosophers, people have thought about metaphors in the attempt to define them. Aristotle defined the metaphor as a series of words in which a comparison is made between two or more entities that are literally different (Lyddon, Clay, & Sparks, 2001). He went beyond that, stating that the capacity of generating metaphors revealed the power of the mind over the possibility of things (Sims, 2003).

According to Siler (Cfr. Azzollini, & González, 1997), metaphor and analogy can be homologated under the general category of metaphoration, which is defined as follows:

Metaphorization: 1) an object, image, idea, or process that is compared with something else. 2) All types of metaphor, which include allusions, allegories, analogies, symbols, and troponyms or figures of speech, which may involve all the physical and psychological senses.

Copi suggested that the metaphor is an analogical inference and, as such, comes from the similarity of two or more things in one or more aspects to conclude the similarity of those things in some other aspect (cfr. Azzollini & González, 1997).

Although we could establish distinctions among concepts such as metaphors, parables, allegories, etc., in this work, the term metaphor will be used in a broad, generic way. We will focus on the key aspect of the concept; that is, in the transfer of a meaning (Mosterin, 2003). In modern Greek, the vehicle that transports passengers from the airplane to the airport terminal is called "the metaphor." This bus can constitute the metaphor of how we understand the term "metaphor": a transfer of meaning.

#### METAPHORS WITHIN THE ORIENTATIONS OF PSYCHOLOGICAL THOUGHT

The metaphor matches psychoanalytic thought perfectly. Freud stated that thought expressed in images was closer to the unconscious than thought expressed in words (Kopp & Jay, 1998). In fact, psychoanalysis places more emphasis on the interpretation of metaphoric language (jokes, symbols....) than of literal language.

Another of the orientations of thinking within which the metaphor is more comfortable is constructivism. According to this stance, reality is not independent of the observer (McNamee & Gergen, 1996; Ibañez, 2001). That is, each person has his or her own reality and, therefore, no realities are more real than others. Reality is confused with the glasses of who looks through them. Therefore, the metaphors we all use to define the world are our way of filtering reality or, in other words, they make up our own reality.

Constructivists do not differentiate literal language from metaphors because, according to them, we do not perceive reality objectively but instead, we construct it, and therefore, what we normally call literal language as well as metaphors are both the same kind of construction. Experimental studies support this idea, concluding that metaphoric language does not require a special processing in comparison with literal language. In an investigation carried out by Gallego (1996), they verified

that metaphoric and literal utterances were understood with the same facility and speed. In this sense, Lakoff and Johnson (1980) have shown that our conceptual systems are built to function metaphorically.

Humanists are also comfortable with the use of metaphors. They are probably so comfortable with the use of metaphors because, more than any other psychological tendency, their orientation is based on literature. We should take also into account that, as the humanists have never attempted to identify themselves with science, this has made it easier for them to use metaphors, which are charged with being not very scientific tools. Telling stories or metaphors is an extensively used resource in their therapeutic techniques. A clear example of this is found in the books of the famous Jorge Bucay (Bucay, 2002, 2003).

In contrast to the previous tendencies, in general, the more traditional cognitivist stance has ignored metaphors. Cognitivism's essential idea is based on the existence of an "objective" or "logical" way of seeing reality and, when not seen through these lenses, the person is considered to be distorting reality (thus, the famous lists of erroneous or distorted thoughts). The therapist should identify the bias of the client's interpretations and, through logic-rational analysis, change them. In other words, this kind of therapies is based on logic positivism, which enhances the empirical search for the truth that distorted thoughts obscure. This type of viewpoint favours the use of "rational" or "literal" language in therapy instead of the metaphor.

Nor has the more basic aspect of classic cognitivist psychology been characterized by research of metaphoric thought. It is strange to observe how cognitive psychology, so rooted in the metaphor of the computer, is aware that it uses this metaphor as a way to analyze human behaviour and, nevertheless, it does not transfer the use of metaphors as a way of seeing reality in our daily life. It is as though the cognitivists accepted the use of metaphors as a method of scientific study but not as a way in which humans analyze the world.

It goes without saying that the most classic behaviourism, mainly based on the principles of Pavlovian, Skinnerian, covert, and vicarious conditioning has not left much room for the study and therapeutic employment of metaphors. As noted ironically by Sims (2002), although some behaviourists have openly attacked metaphors, they do not hesitate to use metaphors from cartography, engineering, or computer sciences to describe human functioning.

## METAPHORS IN COGNITIVE-BEHAVIOURAL PSYCHOLOGY

The cognitive-behavioural viewpoint is undergoing a new stage in which, little by little, metaphors are finding a place.

As analyzed by Yela (1996), the different stances within psychology are merging. A clear example of this is seen in the fact that the constructivist ideas are gaining ground within the cognitive field. Even Albert Ellis (1993), the maximum exponent of cognitive therapies, underscores the need to incorporate practices and theories of a more constructivist and humanist nature. This wind of change in the more radical stances brings with it the use of metaphors (Kopp & Jay, 1998; Lyddon, Clay, & Sparks, 2001; Meichenbaum, 1993; Otto, 2000). Now, instead of changing distorted thoughts by means of logic-rational methods, many therapists start out from the basis that there is no rational way to see reality but instead, some metaphors that are more useful than others in certain cases, so they try to change or work with the client's metaphors, which he uses like the lenses of his reality. A clear example of this is found in Salkovskis' (1999) article, in which he uses metaphors in the cognitive-behavioural treatment of obsessive-compulsive disorders as a way of helping the patient to reappraise her obsessive thoughts. One of the metaphors consists of comparing these thoughts to blackmailers (no matter how much you give them, they never have enough).

When considering more behavioural tendencies, differentiating them from the cognitive ones, we can see that they have also become more flexible, that is, they have opened up their windows to let in the breeze of metaphors. A good example is seen in the therapy of acceptance and commitment (see the excellent handbook of Wilson & Luciano, 2002). This therapy is based on behaviourism that is supported by the principles of functional contextualism and experimentation in language (the relational frames theory). In this therapy, clients are helped to distance themselves from the context that surrounds the problematic situations in which they find themselves. The goal is for clients to abandon the struggle against their thoughts and to focus on their behaviour to achieve their values. In fact, the metaphor described at the beginning of this article, which was taken from this therapy, illustrates this idea very well. I will not go more deeply into the description of this therapy, I only want to underscore that the metaphor is one of its basic tools.

It is well-known that metaphors and stories have always been an important instrument in child psychology from the different psychological perspectives. Therefore, we can also consider child psychology as a doorway for metaphors (Gardner Cfr. Capafons, Alarcón, & Hemmings, 1999).

Not to mention hypnosis at this point would be an unforgivable oversight. Once hypnosis managed to enter the cognitive-behavioural arena (not without many obstacles because of the mysterious aura that has always surrounded it), it has become a new gateway for metaphors to come in. Let us recall that most suggestions that are used in hypnosis are completely metaphoric (Capafons, 2001; Hilgard & Hilgard, 1990; Kingsbury, 1994). Erickson is, no doubt, the most representative example of the use of metaphoric language in hypnosis (Erickson & Rossi, 1979; Zeig & Rennick, 1991). Erickson used metaphors as analogies of the patient's problems. Through Erickson, metaphors became a main axis of Neurolinguistic Programming (O'Connor & Seymour, 1992). Metaphors have become a tool that can be employed with the client when he is in various states: hypnotized, relaxed (many of the visualizations used are pure metaphors), or simply when he is in a normal state of alertness.

### METAPHORS IN THERAPY

The metaphors used in therapy can be classified in two large groups: A) metaphors expounded by the therapist and B) metaphors we identify in the client's narration.

A) The metaphors used by the therapist can be the therapist's original metaphors or they can be extracted from other sources (Burns, 2003). In fact, life itself is an endless source of metaphors. Experienced therapists have a file full of metaphors under their arm, and they also use their creativity to invent suitable metaphors during therapy. The following is an example of a prefabricated metaphor we can use in the treatment of a depressive client (Otto, 2000):

"Imagine a gargoyle on your shoulder: as gargoyles are made of stone, this depression gargoyle is weighing you down and making it hard for you to move to perform any kind of activity. Moreover, it is constantly whispering in your ear. The messages are negative, humiliating, they blame you for everything. If you feel bad, the gargoyle will tell you firmly that you will always

feel that way. And the worst thing about it is that you believe everything it whispers to you. In the next few weeks, you should learn to identify these messages and become aware that they come from the gargoyle."

B) To work with the metaphors found in the client's narration, Sims (2003) proposes a series of steps to follow:

1. - Listen to the metaphor. In many cases, psychotherapists listen directly to the meaning of the client's words, but not to the words themselves, which is where the metaphor is found. Therefore, the first step should be to train ourselves to listen to these words that make up the metaphor.
2. - Validate the metaphor. This step consists of "marking" the metaphor for the client, as something that would be interesting to investigate.
3. - Expand the metaphor. At this time, the client is invited to offer the associations produced by the metaphor (the emotions and images it provokes).
4. - Play with the possibilities. Here, the client is asked what the metaphor means. The more meanings that emerge, the more ways of behaving there will be. In both expanding and playing with the possibilities of the metaphor, we must struggle against the endemic habit of assigning them an interpretation, that is, our own interpretation.
5. - Marking and selecting. Once the various possibilities have been seen, we try to choose the one that is the most adapted to treatment goal.
6. - Connecting to the future. Talk to the client about the future by means of the metaphor.

These six steps are based on a premise that is very well described by Watzlawick:

"The message not only conveys information, it also communicates something about communication itself. Therefore, it has meta-communicative relevance and it creates a second-order reality about which we can attempt a subsequent communication" (Watzlawick, 2001, p. 198).

We may think that is not easy to find metaphors in the patient's discourse. However, the narratives are usually full of metaphors. In their analysis of 20 narratives of psychiatric clients, Mallinson, Kielhofner, and Mattingly (1996) concluded that it was customary for patients to include metaphors in their stories to give them meaning.

### WHY ARE METAPHORS USEFUL?

We live in a culture that, from the crib, shows us how to think in a logic-rational way, at home, at school, at work. In fact, "you are not being logical" has become an insult. Therefore, when we have a problem, we attempt to address it as "rationally" as possible. Although emotions and unconscious processes affect our decisions (read the excellent article by Simón, 1997), we try to—or we think that we do—deal with everything rationally. When someone comes to the therapist's office, not only the client, but everyone around her has bombarded her with "logic-rational" advice, which has obviously not been useful because, otherwise, she would not have consulted the psychologist. Can we make progress if we go on using the same logic-rational strategies in therapy that the client has used till then?

Metaphors can be a good way to start therapy. In any form of therapy, the first step is usually to explain to the patient what the therapy will consist of. Psychological techniques are usually new for the patient, so one way of understanding them is to compare them to something he already knows. This is establishing a metaphor. A good example of this use of the metaphor is found in the article of Capafons, Alarcón, and Hemmings (1999), where they use a metaphor to explain the use of hypnosis (a technique against which there is much prejudice) with very good results.

The use of metaphors is another way of considering the problem, a new way of doing it for the client (Berlin, Olson, Cano, & Engel, 1991; Lyddon, Clay, & Sparks, 2001; Otto, 2000). And it is clear that if the old strategies were no good, the new ones should be welcome. With metaphors, imagination and creativity are suddenly promoted. As noted by Azzollini and González (1997), during the problem-solving process, analogic-metaphoric comprehension can either be a solution, the start of a path toward a solution, or it can substantially change the focus of the problem. In short, metaphors can be heuristic trampolines.

If we require the client's imagination and creativity, his role suddenly becomes more active. The client's mobilization is always the first goal, and sometimes the only goal, in the majority of therapies. Active participation promotes it.

Metaphors present other advantages. One of them is that they are easy to remember. The literature on the recall of verbal information concludes that the material is better recalled if it is organized and interesting, it

provokes not-too-intense emotions, and it uses sensory anchors (Otto, 2000). As seen, all these characteristics are found in metaphors. People usually like metaphors: we only have to observe most of the annexes that are sent in e-mails with all kinds of metaphors. Undoubtedly, people like them and they are also easy to remember. Advertisers also know how easy it is to remember metaphors; just look at the amount of ads that use them.

Another advantage is that metaphors do not provoke resistance (Lyddon, Clay & Sparks, 2001; Otto, 2000). If the therapist suggests the correct way for the client to behave, it is likely that there will be some resistance. However, if he tells him a fable about it, there will probably be no resistance.

The efficacy of metaphors is also that they allow the client to externalize the problem and to analyze it from a greater distance (Otto, 2000).

Likewise, metaphors allow contact with and expression of emotions (Lyddon, Clay, & Sparks, 2001). It's as though they allow the expansion of the emotional conscience because one does not stick exclusively to literal experience. Let me to tell you about an experience that illustrates this idea. It occurred during a therapy I carried out with a client during an investigation of chronic pain. The patient was a woman who had suffered from a pain for several years, without any pathological anxiety or depression. The first day of therapy, I only asked her some questions about her life and she responded clearly, without much emotion, as she described her life in positive terms; even the physical pain was well integrated. The second day, we practised relaxation and, while she was relaxing, I explained the metaphor of the garden (Wilson & Luciano, 2002). Briefly, in this metaphor, life is compared to a garden, and the plants are the important themes of one's life (family, friends, work...). When I finished describing the metaphor, I asked her: "What does your garden look like?" The client started to cry, saying that she could see some cacti and she explained that one of them was her brother-in-law (many years ago, he had violated her, getting into her bed). Although this is a very subjective and personal perception (in fact, like all of them), I very much doubt that the client would have told me about this circumstance if I had not explained the metaphor. In fact, throughout the sessions, I verified that her emotional facet emerged more easily when we used metaphors than when we spoke about her life more

literally. My perception with this patient and with other people is that, when one speaks metaphorically, emotions emerge more easily.

### SOME REFLECTIONS

Till now, we have talked about the advantages of metaphors, but I cannot conclude without also commenting on some of their disadvantages. The following quotation could be a good aphorism about this:

"Metaphors create vision, but they also distort.

They have potential, but also limitations.

By creating ways of seeing, they also create ways of not seeing."

*Morgan (cfr. Young, 2002)*

Reisfield (2004) speaks very clearly about the limitations of metaphors. In his article, he describes their extensive use in the field of oncology. Metaphors are frequently used to describe cancer, usually war metaphors, although other types as well. According to Reisfield, metaphors help explain the illness but they may often cause misunderstandings and may even provoke negative emotions if the patient does not like the metaphor employed.

While assuming the limitations of metaphors, we have seen the innumerable advantages of their use. With this article, we wished to underscore these advantages because we consider that metaphors can become important tools for cognitive-behavioural psychologists. Tools that can complement the ones we already have. Therefore, I believe we should teach metaphors as therapeutic instruments in our classrooms and promote their applied use.

In addition to urging the teaching and application of metaphors, I believe that we should promote the research of metaphors. There are many interesting questions to answer:

- What is the basis to differentiate literal language from metaphoric language?
- Are metaphors special linguistic resources or, in contrast, is all language essentially metaphoric?
- To what extent do the metaphors that impregnate our lives affect our coping strategies?

In short, we should open our minds so that metaphors can come in.

The mind is like a parachute. It only works if it is open (Robert Dewar).

### THANKS

I would like to thank Professor Tomas Blasco from the Area of Basic Psychology [Área de Psicología Básica (Universidad Autónoma de Barcelona)] for his attentive review of the manuscript.

### REFERENCES

- Azzollini, S.C., & González, F.F. (1997). Esbozo para una conceptualización del pensamiento analógico-metafórico [Draft for a conceptualization of analogic-metaphoric thought]. *Revista del Instituto de Investigaciones de la Facultad de Psicología*, 2 (2), 5-14.
- Berlin, R.M., Olson, M.E., Cano, C.E., & Engel, S. (1991). Metaphor and psychotherapy. *American Journal of Psychotherapy*, 45, 359-367.
- Bucay, J. (2002). *Déjame que te cuente* [Let me tell you]. Barcelona: RBA Integral (Original work published 1999).
- Bucay, J. (2003). *Cuentos para pensar* [Stories to make you think]. Barcelona: RBA Integral (Original work published 1999).
- Burns, G.W. (2003). *El empleo de metáforas en psicoterapia. 101 Historias curativas*. Barcelona: Masson (Orig. 2001, *101 Healing Stories*. New York: John Wiley & Sons.).
- Capafons, A. (2001). *Hipnosis* [Hypnosis]. Madrid: Síntesis.
- Capafons, A., Alarcon, A., & Hemmings, M. (1999). A metaphor for hypnosis. *Australian Journal of Clinical and Experimental Hypnosis*, 27 (2), 158-172.
- Ellis, A. (1993). Reflections on rational-emotive therapy. *Journal of Consulting and Clinical Psychology*, 61, 199-201.
- Erickson, M.H., & Rossi, E.L. (1979). *Hypnotherapy: An exploratory casebook*. New York: Irvington.
- Gallego, C. (1996). Procesamiento del lenguaje metafórico frente al lenguaje literal [Processing of metaphoric language compared with literal language]. *Revista de Psicología del Lenguaje*, 1, 59-87.
- Hilgard, E.R., & Hilgard, J.R. (1990). *La hipnosis en el alivio del dolor*. México: Fondo de Cultura Económica (Orig. 1975, *Hypnosis in the relief of pain*. Los Altos, CA: William Kaufmann, Inc.).
- Kingsbury, S.J. (1994). Interacting within metaphors. *American Journal of Clinical Hypnosis*, 36, 241-247.
- Ibañez, T. (2001). *Munición para disidentes. Realidad-verdad-política* [Munition for dissidents. Reality-truth-politics]. Barcelona: Gedisa.

- Kopp, R.R., & Jay, M. (1998). Metaphoric language, metaphoric cognition, and cognitive therapy. *Psychotherapy, 35*, 306-311.
- Lakoff G., & Johnson, M. (1980). *Metaphors we live by*. Chicago: University of Chicago Press.
- Lyddon, W.J., Clay, A.L., & Sparks, Ch.L. (2001). Metaphor and change in counselling. *Journal of Counselling and Development, 79*, 269-275.
- Mallinson, T., Kielhofner, G., & Mattingly, C. (1996). Metaphor and meaning in a clinical interview. *American Journal of Occupational Therapy, 50*, 338-346.
- McNamee, S., & Gergen, K.J. (1996). La terapia como construcción social. Barcelona: Paidós (Orig. 1992, *Therapy as a social construction*. London: SAGE).
- Meichenbaum, D. (1993). Changing conceptions of cognitive behavior modification: retrospect and prospect. *Journal of Consulting and Clinical Psychology, 61*, 202-204.
- Mosterín, J. (2003). La insuficiencia de los paradigmas metafóricos en psicología [The insufficiency of metaphoric paradigms in psychology]. *Revista de la Asociación Española de Neuropsiquiatría, 23*, 89-104.
- O'Connor, J., & Seymour, J. (1992). *Introducción a la Programación Neurolingüística*. Barcelona: Urano (Orig. 1993, *Introducing Neuro-Linguistic Programming*. San Francisco: The Aquarian Press).
- Reisfield, G.M., & Wilson, G.R. (2004). Use of metaphor in the discourse on cancer. *Journal of Clinical Oncology, 22*, 4024-4027.
- Salkovskis, P.M. (1999). Understanding and treating obsessive-compulsive disorder. *Behaviour Research and Therapy, 37*, 29-52.
- Simon, V.M. (1997). La participación emocional en la toma de decisiones [Emotional participation in decision making]. *Psicothema, 9*, 365-376.
- Sims, P.A. (2003). Working with metaphor. *American Journal of Psychotherapy, 57*, 528-536.
- Watzlawick, P. (2001). *¿Es real la realidad?*. Barcelona: Herder (Orig. 1976, *Wie wirklich ist die Wirklichkeit?* Munchen: R. Piper & Co. Verlag.).
- Wilson, K.G., & Luciano, M.C. (2002). *Terapia de aceptación y compromiso (ACT)* [Acceptance and commitment therapy (ACT)]. Madrid: Pirámide.
- Yela, M. (1996). Unidad y diversidad de la psicología [Unity and diversity in psychology]. *Psicothema, 8*, 327-357.
- Zeig, J.K., & Rennick, P.J. (1991). Ericksonian hypnotherapy: A communication approach to hypnosis. In S.J. Lynn & J.W. Rhue (Eds.), *Theories of hypnosis. Current Moles and Perspectives* (pp. 275-300). New York: Guilford Press.