Hypnotic Relaxation Therapy
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Dr. Elkins has received numerous honors including: the Morton Prince Award from the American Board of Psychological Hypnosis, the Presidential Award from the American Board of Psychological Hypnosis, the Excellence in Teaching Award from the Department of Psychiatry and Behavioral Sciences at Texas A&M University College of Medicine, the Presidential Citation Award from the Texas Psychological Association for public service, and an Award of Merit from the American Society of Clinical Hypnosis. In 2012 he received the complementary and alternative medicine research investigator award from the Society of Behavioral Medicine.

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Hypnotic Relaxation Therapy
Principles and Applications

Gary Elkins, PhD, ABPP, ABPH
To my lovely wife, Guillerma Gamez Elkins, for her unending love and encouragement that have given me the support needed to write this book. It is as much her work as mine that made this possible.
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Foreword

When my mentor—and the author of this text—Dr. Gary Elkins, initially approached me about writing the foreword to this book, I wondered why he would ask me, a mere postdoctoral fellow with absolutely no name recognition, to take on such a task. It seemed obvious that he would ask another renowned scholar, clinician, or “big name” in the field, rather than a recent doctoral graduate. But, as I read the text, I began to understand his purpose. He knew the journey I had recently traversed to learn hypnosis. He knew how I had struggled, as a beginner, to incorporate hypnotic relaxation therapy into my work with patients. In other words, he knew that I would fully understand the value of the text before you.

While I am one of the fortunate few who received individual supervision and instruction from one of the field’s most prominent scholars and clinical practitioners, the path I journeyed to learn hypnotherapy was by no means easy, and understandably so. Though I studied with one of the greats, hypnotherapy involves much more than can be communicated through weekly, individual instruction, even from the most skilled of teachers. So, my journey, much like that of others before me, involved piecing together a hodgepodge of personal instruction, clinical and research work, and virtual mountains of reading in a somewhat disorganized, haphazard, and often confusing manner. I knew that hypnotherapy was a powerful addition to my therapist’s toolbox, and I knew I wanted to learn the skillful art of its effective delivery. But, like many others beginning their journey, I often found myself feeling lost and drowning in a sea of information meant for practitioners who were well beyond my skill level. Like others trying to incorporate hypnotherapy into their practice, I found myself struggling with the question, “Where do I begin?” This book provides that answer.

What you hold in your hand is a manual designed to guide psychological and medical professionals in the process of integrating hypnotherapy into their professional practice. While a number of such books have been written, the distinctive features of this text set it apart as most desirable for practicing
clinicians. In this foreword, I highlight the unique features of the book that I—keeping in mind the labor of my own learning experience in its beginning, and considering it now that I am more developed but still have ample room to grow—find most valuable.

When I initially set out on my journey to learn hypnotherapy, and began the long process of amassing articles, studies, clinical descriptions, and research on hypnosis and its applications, I longed for a framework in which I could encapsulate my newly found knowledge. Chapter 2 does exactly that, and imparts the basic principles of hypnotic relaxation therapy. This book offers the first complete presentation of these fundamentals in a manner that is not only supported by empirical research, but is also consistent with the author’s 30 years of experience as a clinical practitioner. This section provides a detailed description of the foundations of hypnotherapy and its incorporation into clinical practice.

Once I had a few successful clinical cases under my belt, I became anxious to use hypnotherapy with other patients who I was confident could benefit from the therapy. However, I struggled to understand how to adapt what I had learned to the nuances of each new case. I wondered, “Is it okay if I . . . ?” Like any other practitioner new to a therapy or treatment, I was eager to use my new skill, but I didn’t want to mess up what I knew could be a profound experience for my patients. This text offers the guidance that I sought, and continue to seek, when working with new cases. In contrast to a “one-size-fits-all approach,” this book provides specific, easy-to-follow guidelines for developing hypnotic suggestions in a flexible manner that will enable the clinician to effectively address individual patients’ unique needs.

Additionally, this text lays out clear guidelines for case conceptualization, how to assess hypnotizability, and presents the concepts of hypnotic relaxation therapy in a session-by-session approach that professionals will find especially useful when wondering, “Well, the last session went really well, but where do I go from there?” Further, case examples and transcripts of specific hypnotic inductions drawn from the author’s wealth of clinical and research experience will provide the clinician with clear illustrations of how to effectively integrate hypnotherapy into his or her practice. These features give the reader a bird’s-eye view into actual sessions with a master in the field. Thus, practitioners learning to use or refining their skills in hypnotherapy don’t have to wonder, “Am I doing this right?”

Practitioners, students, and clinicians will want to have a copy of this comprehensive book, not only to use as a training manual, but also to have as a “go-to guide” to troubleshoot typical problems. For example, the entirety of Chapter 11 is devoted to dealing with resistance. In reading the chapter, I found myself remembering my work with specific clients, wishing I had the book in hand when I questioned how to handle tough cases, and thinking about how the specific skills in the text would be helpful in my clinical work now. The thoughtful details laid out in this chapter will provide clinicians with a better understanding of resistance, its precipitants, and factors involving its maintenance, and they will gain the skills to assess and manage
resistance and craft hypnotic suggestions accordingly. As practitioners develop the ability to effectively provide hypnotic relaxation therapy, they will find themselves returning to this book time and time again when asking, “But what do I do when . . .?”

Finally, this book presents foundational principles of how to address common problems such as chronic pain, anxiety, insomnia, and hot flashes, and clinicians searching for an effective and safe way to address these issues will find the practical guidance of these chapters indispensible. The complete, well-thought-out guides to treating these common disorders will lead the clinician through each step of the entire treatment process, from assessment and case conceptualization to completion of the hypnotic induction. The transcripts and case examples in each chapter provide clear illustrations of how to apply the techniques presented. This is the type of reference guide clinicians seek out when learning or honing their skills in a therapy. It is the reference guide I wish had existed just a few short years ago. Though Dr. Elkins does not suggest this text be used as the authoritative end for persons seeking to learn hypnotherapy, but rightfully recommends additional training and mentorship, the clinician who utilizes this text will find growing confidence in his or her ability to successfully incorporate hypnotherapy into everyday practice.

Dr. Elkins brings to this book his extensive experience in research, teaching, and professional practice with scholars and practitioners in psychology and medicine. The breadth and depth of his professional experience make him uniquely equipped to train the novice and skilled practitioner alike. His deep understanding of hypnotherapy and its applications are clearly reflected in this text, and clinicians will find this easy-to-use manual a welcome companion in their quest to develop new skills in hypnothearpy.

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Preface

This book is a basic training manual for the practice of hypnotic relaxation therapy (HRT). While hypnotherapy in various forms has existed for many years, it is only more recently that clinical research has begun to provide greater clarity on the effectiveness of hypnotic interventions in clinical practice. I have identified the term “hypnotic relaxation therapy (HRT)” to signify the particular theoretical basis for hypnotherapy that will be presented in this book, and to emphasize the use of hypnosis within an evidence-based approach to professional practice. In this book the terms “hypnotic relaxation therapy” or HRT and “hypnotherapy” will be used interchangeably with the explanation that HRT represents an integration of hypnosis and a cognitive–behavioral approach to treatment.

Hypnosis has a wide range of applications in psychotherapy and medicine. In spite of this, hypnosis is presently underutilized. This may be due, in part, to misconceptions about hypnosis or lack of training in current hypnotherapy methods. Perhaps an even greater reason is that training and approaches to hypnosis have varied a great deal and there is a lack of consensus on what “hypnosis” involves as a therapy. In teaching numerous workshops, I have been impressed with the need for a well-grounded clinical conceptualization and a systematic approach so that professionals can learn to provide hypnotherapy in a consistent manner.

This book begins with the principles of HRT, and the theoretical basis for conceptualizing this approach to hypnotherapy is introduced. The process for structuring sessions, treatment planning, assessment of hypnotic ability, dealing with resistance, and applications of hypnosis are also discussed. The basics of how to provide hypnotic relaxation therapy in clinical practice are illustrated throughout the book and various applications are presented. Transcripts of interactions in presenting HRT and interventions are described and provide guidance for wording of hypnotic relaxation therapy interventions.

A basic assumption of HRT is that individual differences in hypnotic abilities exist. There is a wealth of research to support this contention and
Preface

This book introduces a new instrument to assess hypnotizability in the clinical context, the Elkins Hypnotizability Scale (EHS). The EHS was developed for ease of administration, time efficiency, and clinical relevance. The normative, reliability, and validity data on the instrument are presented along with scoring criteria and information.

In the second part of the book, some of the most relevant applications of HRT are presented. While the applications of hypnotherapy are quite varied, I discuss HRT in the treatment of pain, anxiety, insomnia, hot flashes, smoking cessation, and facilitating insight because these are among the most recognized applications.

This book has several unique features:

1. It is the first presentation of the principles of HRT.
2. It presents a new theoretical conceptualization for HRT and hypnosis. This is the first book to integrate cognitive–experiential self theory with understanding the process of HRT and intervention.
3. It provides guidelines for case conceptualization of HRT as either a primary or adjunctive intervention.
4. A new scale to measure hypnotizability, or a person’s ability to experience a hypnotic trance, is introduced. The clinical utility of assessment of hypnotizability is explained as a component of case conceptualizations.
5. A session-by-session approach to HRT is presented that will lend itself to future clinical research and will be useful in patient care.
6. Guidelines for formulating hypnotic suggestions are described within a flexible approach to achieve individualization of hypnotic interventions.
7. Case examples drawn from the author’s 30 years of experience as a clinician, researcher, and professor at a major university are presented. The book provides transcripts of hypnotic relaxation interventions and explanations of how to integrate HRT with other interventions.
8. It is the first book presentation of the author’s extensive research into HRT as an effective, nonhormonal intervention for hot flashes among breast cancer survivors and postmenopausal women.
9. It provides a brochure for use in educating patients about hypnotic relaxation therapy.
10. The book is designed to be utilized as a reference guide and much-needed training manual for clinicians interested in hypnotic relaxation therapy.

HOW TO USE THIS BOOK

Hypnotic Relaxation Therapy: Principles and Applications is designed to provide foundational knowledge, clear guidance, and clinical examples of sufficient detail to enable readers to use HRT in their practice. It is recommended that this book be read initially through in its entirety, in order to best follow the guiding principles and theoretical foundations of clinical interventions. The book is also designed to serve as a reference for the practicing clinician. Guidance and transcripts for completing hypnotic inductions to achieve
relaxation and goal-directed suggestions are provided. The use of standard inductions with individualization can be very beneficial for many patients. In later chapters, guidance on treatment of specific disorders is provided. The clinician should become skillful in completing hypnotic inductions and individualizing hypnotic suggestions before moving on to developing these more specialized skills.

The clinician should also become familiar with the principles of HRT and its theoretical basis as outlined in Chapter 3. Guidelines for hypnotic inductions and formulation of hypnotic suggestions are provided in Chapter 4. These guidelines should be frequently referenced until the clinician can identify how to develop hypnotic relaxation–based suggestions that are consistent with the laws and principles of hypnotic suggestion.

The book also outlines the content of HRT interventions on a session-by-session basis. Transcripts of hypnotic relaxation inductions should be utilized in a flexible manner that considers patients' individual differences and preferences. Skill in providing HRT is developed through practice. It is recommended that readers identify a mentor to review their hypnotic inductions and give feedback on their style and understanding of HRT. This book also provides some resources that may be beneficial in the practice of HRT, including a discussion of ethics and an informational handout for patients.

In addition, the reader will learn how to assess hypnotizability with the EHS. Assessment of hypnotizability is an excellent way to develop skills in hypnotic induction and to learn about hypnotic responses. Conducting at least 12 competent administrations of the EHS is necessary to become minimally skilled.

Additionally, this book provides the essentials for application of HRT in treatment of particular issues such as chronic pain, smoking, hot flashes, anxiety, insomnia, and facilitating insight. The clinician should strive to become familiar with both the broader literature in each area as well as the methods and applications of HRT. In this regard, the careful assessment of patients and problem areas is discussed in Chapter 5. Assessment and case formulation are essential in treatment planning that integrates HRT. The clinician should use this book as a frequent reference for assessment and treatment planning, as well as a resource for skill development.

HRT is an evidence-based approach that integrates existing knowledge of research with respect for each patient’s values, religious beliefs, world views, goals, and preferences for treatment. These are very important considerations to keep in mind, as each patient is unique. I believe that the integration of research with a deep respect of the individual ultimately results in the best professional practice of hypnotherapy. The goals of relieving suffering and promoting health are best served when research, ethics, and professional skills are well integrated.

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I have been blessed with the finest colleagues, mentors, students, and friends that I could ever imagine, all of whom directly or indirectly helped me in writing this book. In fact, it would be impossible to write a book of this kind without the dedicated help of others and the existence of foundational theories, research, and practice methods developed over time.

First, I wish to express my thanks to the many colleagues that have all taught me a great deal about hypnotherapy. I am grateful for the previous work by several outstanding clinicians, in particular Dr. Harold Crasilneck, who taught me the basics of hypnotherapy and the many uses of hypnotic relaxation intervention. Harold was a great mentor and friend.

I am also especially grateful for Dr. Seymour Epstein, for his teaching and guidance regarding cognitive–experiential self theory and his many discoveries regarding the process of personality and the functioning of the unconscious mind. In addition, I wish to thank the researchers who have brought the study of hypnosis into modern science, in particular, Dr. Ernest Hilgard, who established the hypnosis research laboratory at Stanford University, and whose research advanced the understanding of hypnotizability and hypnotic phenomena.

In the Mind–Body Medicine Research Laboratory I have been privileged to work with and teach the finest students and postdoctoral fellows in the country, including: Cassie Kendrick, PsyD, Lauren Koep, PsyD, Ashley Gartner, PsyD, Jeff Bates, MD, Jacqueline Dove, PhD, Jennifer Bunn, PhD, Aimee Johnson, MA, William Fisher, MA, Jim Slwinski, MA, Kimberly Hickman, BA, Amelia Yu, BA, Derek Ramsey, BA, Nik Olendski, BA, Juliette Bowers, MA, and Xuan-Shi Lim, MSCP.

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Gary Elkins, PhD, ABPP, ABPH

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Historical Foundations

Methods associated with hypnotic relaxation such as focusing one’s attention, mental imagery, and suggestions for physical and emotional relaxation and health and healing have been practiced for hundreds, perhaps thousands, of years. Musès (1972) identified that hypnosis-like sessions may have been practiced over 3,000 years ago in ancient Egypt during the reign of Ramses XII. Also, MacHovec (1979) found that hypnotic methods were likely used more than a thousand years ago in the “sleep temples” of ancient Greece. Certainly, the methods of hypnotic suggestion, relaxation, and mental imagery existed long before the word hypnosis came into being.

In this chapter, the history of hypnosis will be reviewed. This is an important starting place because knowledge of hypnosis’s historical foundations is essential to understanding the development of hypnotic relaxation therapy (HRT). In addition, knowledge of the history of hypnosis is very beneficial for understanding the origins of myths and misconceptions about hypnosis.

MESMERISM

The history of modern hypnosis began with Franz Anton Mesmer (1734–1815). Mesmer was an Austrian physician who practiced in Vienna and later in Paris. His work, beginning in the late 18th century, introduced the terms animal magnetism and mesmerism. Mesmer passed magnets over his patients while providing suggestions for healing their ailments, but he later found the magnets were unnecessary to achieve the desired results. After moving to Paris in 1778, his methods became controversial and King Louis XVI of France commissioned Benjamin Franklin and others to investigate his practices. The Franklin Commission conducted a number of tests and concluded that
2  Hypnotic Relaxation Therapy

the therapeutic effects of mesmerism were in fact due to “imagination, imitation, and touch” and that there was no such thing as the purported animal magnetism. As a result, Mesmer and his practice were discredited (McConkey & Perry, 2002; Forrest, 1999) and moved to obscurity.

EARLY HISTORICAL EVENTS IN THE DEVELOPMENT OF HYPNOTIC INTERVENTIONS

As a result of Mesmerism being discredited, the ancient methods associated with relaxation, mental imagery, and suggestions were largely abandoned by the medical community until the early 1800s. It was during this period that a Scottish physician, James Braid (1785–1860), began using methods in which patients were instructed in eye fixation techniques to achieve a trance state. He initially thought the process was similar to sleep, and he coined the term hypnotism from the Greek word for sleep. However, he later realized that, during hypnosis, the patient was not asleep, and he began to favor the term monoideism to note the concentrated attention and prolonged absorption that were involved in the hypnotic process (Spiegel, Greenleaf, & Spiegel, 2000). During the 19th century, the English physician James Esdaile (1808–1859) performed over 100 surgical procedures using hypnosis as the sole anesthesia while on assignment in India. Later, as chloroform became available, the use of hypnosis during surgery became rare.

In France, hypnosis was increasingly used by the neurologist Jean Martin Charcot (1825–1893) to treat patients with hysterical disorders. Charcot believed that hypnosis was related to hysteria and had a neurological basis. Around the same time, Ambroise-Auguste Liebeault (1823–1904) and Hippolyte Bernheim (1837–1919) published research on their work using hypnosis with medical and psychiatric patients. In contrast to Charcot’s pathological/neurological theories of hypnosis, they emphasized psychological factors, such as suggestibility, as the underlying mechanisms of therapeutic effects. Sigmund Freud studied with both Charcot and Liebeault, and before developing his theories of psychoanalysis, practiced hypnosis. In 1880, Freud collaborated with Josef Breuer (1842–1925) in the famous case of Anna O. In this case, hypnosis was used for direct symptom removal and to explore underlying unconscious issues. At the time, it was assumed that memories recovered during hypnosis could be resolved through abreaction, the expression and emotional discharge of unconscious ideas, which provided a cathartic release of pent-up emotions.

Interest in hypnosis began to decline as Freud went on to develop his theories of psychoanalysis and technique of free association. However, in later
years, Freud appeared to show greater acknowledgment of the benefits of hypnosis as he spoke of the need to blend “the pure gold of analysis plentifully with the copper of direct suggestion” (Jones, 1959). A contemporary of Freud’s, Pierre Janet (1859–1947), developed additional theories that emphasized dissociation as a primary psychological defense and mechanism of hypnosis. However, following Charcot’s death in 1893, the scientific study of hypnosis declined.

Later, hypnosis was used in pain relief and in the treatment of traumatic stress during World Wars I and II; however, research continued to be limited during this time. An exception was the work of Clark L. Hull (1884–1952), who began research into hypnosis and investigated the role of hypnotizability.

**RISE OF THE SCIENTIFIC STUDY OF HYPNOSIS**

Following World War II, interest in research and the clinical applications of hypnosis grew. In 1949, the Society for Clinical and Experimental Hypnosis was founded in the United States. The American Society of Clinical Hypnosis was founded in 1957, and in 1959, the International Society of Hypnosis was established with affiliates around the world. Additionally, in 1969, the American Psychological Association (APA) formed a division of Psychological Hypnosis (now called the Society for Psychological Hypnosis [SPH], Division 30 of the APA).

Along with these developments, hypnosis increasingly became a subject of rigorous research. In the 1950s, the development of the Laboratory of Hypnosis Research by Ernest Hilgard (1904–2001) at Stanford University was particularly instrumental in transforming research in the field of hypnosis. Significantly, Hilgard and his colleague, Andre Weitzenhoffer (1921–2004), contended that, in order to fully evaluate its therapeutic value, there must be a standard measure of hypnosis. As a result, the Stanford laboratory not only focused on understanding hypnosis, but also sought to create a standardized instrument for assessment of hypnotizability (Hilgard, 1979). This work resulted in the development of the Stanford Hypnotic Susceptibility Scales (SHSS; Weitzenhoffer & Hilgard, 1959).

In 1959, Martin Orne (1927–2000) established the Hypnosis Research Project at the Massachusetts Mental Health Center, and in 1964, he moved his laboratory, The Unit for Experimental Psychiatry, to the University of Pennsylvania. Like the researchers at the Stanford lab, Orne and his colleagues acknowledged the importance of measuring hypnotizability in conducting research and in evaluating the therapeutic value of hypnosis. The development
of the SHSS provided a reliable and valid measure of hypnotizability and a means to advance the empirical evaluation of hypnotic responsiveness (Morgan, Johnson, & Hilgard, 1974). Further, the advent of the SHSS was important because it finally afforded investigators the means to empirically investigate variability related to individual responsiveness in the clinical use of hypnosis (Butler et al., 2009). The introduction of the SHSS to measure hypnotic susceptibility and the increasing scientific rigor in clinical studies marked the beginning of a new era in the advancement of understanding hypnosis in health care.

MILTON ERICKSON AND INDIVIDUALIZED APPROACHES

While Hilgard and others focused on scientific investigation of hypnosis, interest in the clinical applications of hypnosis grew as well. Milton Erickson (1901–1980) was a psychiatrist and leading practitioner of clinical hypnosis. He was a founding member of the American Society for Clinical Hypnosis and served as the society’s first president. Erickson became known for his innovative and artistic uses of hypnotic phenomena in psychotherapy. During his lifetime, he published over 100 articles and developed a number of induction and clinical methods, including the use of indirect and permissive suggestions and metaphors. His approach was characterized by an emphasis on individualizing interventions to the needs of each patient and creatively interweaving direct and indirect suggestions, metaphors, and informal hypnotic inductions (Erickson, Rossi, and Rossi, 1976; Haley, 1973; Erickson, 1977a, b). Erickson emphasized that hypnotic suggestions are likely to be most effective when taking into account the patient’s unique preferences, interests, and motivations.

Hammond (1983) identified a number of myths about Erickson and “Ericksonian Hypnosis,” such as the idea that indirect and permissive suggestions are in some way superior to direct suggestions. While this is a common myth, it has been established that some individuals respond better to direct suggestions and some better to indirectly worded suggestions (Alman, 1983; McConkey, 1984). For an extensive bibliography of Erickson’s publications on hypnosis, see Gravitz and Gravitz, 1977.

INTEGRATION OF CLINICAL RESEARCH AND HYPNOTHERAPY

During the latter half of the 20th century and leading up to the present time, there has been an increasing amount of empirical research to test the effectiveness of hypnotic interventions. This new development in the history of hypnosis represents a unique integration of clinical research in the area
of hypnotherapy. Although details of hypnotic procedures and suggestions differ depending on the goals of the intervention or the research endeavor, most contemporary hypnosis research involves suggestions for relaxation, mental imagery, and hypnotic phenomena. The evolving research literature on clinical hypnosis includes randomized clinical trials as well as single group designs and case studies. The quality of these studies supports the use of hypnosis in the treatment of a wide variety of psychological and medical disorders. In 1996, the National Institutes of Health (NIH) released a report from a study panel that recognized hypnosis and mind–body interventions that use relaxation as having significant benefit in the treatment of chronic pain, insomnia, and other disorders.

The vast majority of empirical studies involve the application of hypnotic relaxation-based inductions in combination with suggestions for mental imagery and symptom reduction. Hypnotic relaxation inductions and suggestions have been used extensively in the reduction of anxiety and in the treatment of stress-related problems because hypnotherapy often involves suggestions for relaxation and increased control (Barabasz & Watkins, 2005). In addition to experiencing hypnosis within a therapeutic relationship, patients are usually taught self-hypnosis in order to better manage symptoms that may be related to stress.

In addition to stress-related conditions, hypnosis has a broad range of other applications as well. Studies have documented the use of hypnosis for general pain management (Brown & Hammond, 2007; Hawkins, 2001; Montgomery, DuHamel, & Redd, 2000), which includes: (a) decreasing the intensity of pain; (b) reducing suffering from pain and pain-related negative affect; (c) decreasing use of pain medications; and (d) improving recovery from pain-related procedures (Montgomery, David, Winkel, Silverstein & Bovbjerg, 2002; Patterson and Ptacek, 1997). Hypnotic relaxation-based interventions have also been studied in cancer-related pain (Elkins, Cheung, Marcus, Palamara & Rajab, 2004; Neron & Stephenson, 2007), tension and migraine headaches (Olness, MacDonald, & Uden, 1987), labor length and labor pain (Brown & Hammond, 2007), and procedural pain and anxiety (Elkins et al., 2006; Enqvist, Bjorklund, Engman, & Jakobsson, 1997). Recent comprehensive reviews (Patterson & Jenson, 2003; Elkins, Jensen, & Patterson, 2007) have found that hypnosis

In 1996, the National Institutes of Health released a report from a study panel that recognized hypnosis and mind–body interventions that use relaxation as having significant benefit in the treatment of chronic pain, insomnia, and other disorders.

Patients are usually taught self-hypnosis in order to manage symptoms that may be related to stress, but hypnosis has found a broad range of other applications as well.

Hypnosis has also been used with favorable results in the treatment of several mental health conditions, including chronic depressive syndromes and post-traumatic stress disorder.
Hypnotic Relaxation Therapy can provide a significant analgesic effect for many types of pain and meets the criteria for “well-established treatments.” In these studies, hypnotic relaxation-based interventions for pain relief were found to be superior to placebos for both acute and chronic pain.

Further, hypnotic relaxation and suggestion has been used in the treatment of gastroenterological disorders such as irritable bowel syndrome (Galovski & Blanchard, 1998; Palsson, Turner, & Whitehead, 2006; Prior, Colgan, & Whorwell, 1990), as well as vasomotor events (e.g., hot flashes; Elkins et al., 2008), and dermatological disorders (Spanos, Stenstrom, & Johnson, 1988; Spanos, Williams, & Gwynn, 1990). Moreover, hypnosis may moderate the effects of stress on immunity (Keicolt-Glaser, Marucha, Atkinson, & Glaser, 2001). It has also been used with favorable results in the treatment of several mental health conditions, including chronic depressive syndromes and post-traumatic stress disorder (Bryant, Creamer, O’Donnell, Silove, & McFarlane, 2008; Gruzelier, 2006).

This trend toward clinical research is likely to continue as the most effective components of hypnotherapy and its applications become better known and there is greater acknowledgment of hypnotic relaxation interventions. The emphasis on research is directed toward influencing the practice of hypnotherapy based upon empirical findings. The concept that high-quality clinical research can contribute to best practices in hypnosis is likely to have the positive effect of expanding knowledge and improving clinical practice.