

Dr. David Patterson and Dr. M. Elena Mendoza are world experts in the use of hypnosis for pain management. This updated edition of the award-winning *Clinical Hypnosis for Pain Control* provides clinicians and scientists with state-of-the-science and state-of-the-art knowledge about hypnotic approaches for the treatment of acute and chronic pain. If you are a health care provider or researcher working in the field of pain management, you will want to read this book cover to cover, and then keep it on hand as a ready reference.

—**Mark P. Jensen, PhD**, Professor, Department of Rehabilitation Medicine, University of Washington, Seattle, WA, United States

This is a well-written, authoritative, and very informative book, written by two leading experts on the use of hypnosis for pain control. It is the first book that I would turn to when looking for answers to questions about the topic.

—**Irving Kirsch, PhD**, Associate Director, Program in Placebo Studies, Harvard Medical School, Boston, MA, United States

Patterson and Mendoza's book offers a cutting-edge perspective on clinical hypnosis. It skillfully combines a thorough analysis of evidence-based clinical applications with foundational scientific insights into psychological and physiological mechanisms. The authors provide detailed guidance on the practical application of hypnosis, seamlessly integrating it with other psychotherapeutic modalities and contemporary mindfulness techniques. This book is an essential resource not only for the seasoned psychotherapist but also for all health care professionals seeking to enhance pain management strategies.

—**Pierre Rainville, PhD**, Full Professor, Department of Stomatology, Faculty of Dentistry; Assistant Director, Clinical Research, Research Center of the Research Center of the Montreal Geriatric University Institute, University of Montreal, Montreal, QC, Canada

Pain is one the most debilitating health issues of our time. In this extraordinary book, David R. Patterson and M. Elena Mendoza masterfully marshal a multidisciplinary approach to clinical pain control, with emphasis on the special role that hypnotic approaches can take. This is one of the best clinical books I've read as of late, I highly recommend it!

—**Stephen Gilligan, PhD**, psychologist; author of *Therapeutic Trances: The Cooperation Principle in Ericksonian Hypnotherapy* and *Generative Trance: The Experience of Creative Flow*

The strain in pain lies mainly in the brain. Patterson and Mendoza show us how to take advantage of that fact in clear and evidence-based language. If you want to painlessly add hypnotic analgesia and stress management to your set of psychotherapeutic skills, read this book. Your patients will thank you.

—**David Spiegel, MD**, Jack, Lulu and Sam Willson Professor & Associate Chair of Psychiatry and Behavioral Sciences, Stanford University School of Medicine, Stanford, CA, United States; Cofounder and Scientific Advisor, Reveri Health, Inc.

Patterson and Mendoza provide a comprehensive, integrative model. In concert with other approaches of altering states, hypnotic methods can enhance treatment. Empirically grounded and easy to digest, this landmark book addresses both acute and chronic pain conditions. *Clinical Hypnosis for Pain Control* is an essential reference for clinicians who treat clients suffering with pain. Both the tyro and expert will improve their practice.

—**Jeffrey K. Zeig, PhD**, Director, The Milton H. Erickson Foundation, Phoenix, AZ, United States

With so many in the United States and worldwide suffering from chronic pain, mental health providers and psychotherapists need accurate, up-to-date information about clinical hypnosis as an evidence-based alternative to addictive pain pills. This book fills that need by connecting pain education and the principles of Ericksonian hypnosis with an integrative approach. It is concisely written by the leaders in the field. Read and expand your clinical skills in chronic and acute pain management!

—**Gary Elkins, PhD, ABPP, ABPH**, Editor-in-Chief, *International Journal of Clinical and Experimental Hypnosis*; Professor, Department of Psychology and Neuroscience, Baylor University, Waco, TX, United States

This groundbreaking book offers an innovative perspective on utilizing hypnotic analgesia as a viable alternative to psychopharmacological interventions for managing acute and chronic pain. It is an invaluable resource for pain therapists, researchers, and students seeking to delve into the scientific basis of hypnotic analgesia amid its increasing recognition as an evidence-based practice. Whether exploring the neurophysiological determinants of hypnotic analgesia, Ericksonian techniques, meditation/mindfulness integration, or a wide array of hypnotic strategies for pain management, this book comprehensively covers the most pertinent aspects of hypnosis and pain control. If you're looking for a drug-free way to take control of pain, or if you're a health care professional seeking new tools, I highly recommend it.

—**Giuseppe De Benedittis, MD, PhD**, Professor and former Director, Interdepartmental Pain Center, University of Milan, Milan, Italy

The second edition of *Clinical Hypnosis for Pain Control* is a wonderfully practical book. It features countless gems for the integration of clinical hypnosis into the treatment of acute and chronic pain. The book is rich with empathy, and chock-full of clear advice for dealing with a wide array of painful conditions and diverse patient populations. Anyone who wants to be empowered to make a big difference in vulnerable people's lives will find this volume priceless.

—**Michael D. Yapko, PhD**, Clinical Psychologist; author of *Trancework: An Introduction to the Practice of Clinical Hypnosis*; *Essentials of Hypnosis*; and *Mindfulness and Hypnosis: The Power of Suggestion to Transform Experience*

This book is a *tour de force* on pain management using clinical hypnosis! This second edition, coauthored with M. Elena Mendoza, provides the latest evidence, virtual reality applications, Ericksonian techniques, motivational interviewing, and mindfulness meditation integration in hypnotic pain control. I enthusiastically recommend it to anyone who works in pain management!

—**Akira Otani, EdD, ABPH**, retired Senior Staff Psychologist, University of Maryland Counseling Center, College Park, MD, United States

This book offers detailed and inspirational treatment techniques and scripts, and clinically applicable approaches that take into consideration the individual complexities behind pain. As a trauma psychotherapist, I appreciate the authors' focus on adapting hypnotic interventions to the individual patient's core values, overcoming implicit resistances, awareness of the patient's psychosocial context and inclination for spiritual resources, and how to pay attention to relational aspects.

—**Susanna Carolusson, MSc**, licensed psychologist, licensed psychotherapist, teacher, supervisor, and author, in private practice

Many reviewers impressed with a textbook frequently opine, "This book belongs on every clinician's bookshelf." With regards to *Clinical Hypnosis for Pain Control, Second Edition*, I offer this suggestion to any clinician who includes clinical hypnosis in their practice for enhancing pain management: Keep this book off your bookshelf. Keep it in your hands instead. Read it. Then read it again as it guides you through a practical and effective process using clinical hypnosis to comfort those in pain.

—**David B. Reid, PsyD**, licensed clinical psychologist; past-president APA Division 30 (Psychological Hypnosis); Fellow and Approved Consultant (ASCH); Adjunct Professor, Saybrook University, Pasadena, CA, United States

David R. Patterson and M. Elena Mendoza have developed exceptional expertise in the use of hypnosis for pain management throughout their careers. This book is a true gift, sharing the fruits of the authors' dedicated work. Rich and comprehensive, it provides readers with an in-depth understanding of pain issues, the empirical foundations of hypnosis, and the authors' integrative approach to treatment. Generously, they also include a practical protocol to enable readers to start applying these techniques themselves.

—**David Ogez, PhD**, Psychology Assistant Professor, University of Montreal; President, Quebec Hypnosis Society, Montreal, QC, Canada

This is an essential book in the field of hypnosis for pain control. Dr. Patterson and Dr. Mendoza are authorities on the topic, and this second edition is a substantial and important update for clinical practitioners.

—**Alexandra Chadderdon, PsyD**, Staff Psychologist, Behavioral Health Interdisciplinary Program (BHIP), VA Eastern Colorado Health Care System, Aurora, CO, United States

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Introduction

Managing Pain With Psychotherapy, Hypnosis, and Mindfulness

In the 14 years that have passed since the first edition of this book, there have clearly been some developments in the literature that warrant a second edition. We initially pursued the second edition without an ambitious rewrite in mind. However, the more we pursued this project, the more we realized that our thinking about managing pain has shifted. I (D. R. P.) changed my career focus from hospital consultations and National Institutes of Health (NIH)-funded research to doing outpatient psychotherapy for managing chronic pain. Both authors are, or have been, involved in conducting large, NIH-funded randomized controlled trials (RCTs) on pain management, three of which included mindfulness as an intervention.

A central theme of this volume remains using hypnosis to control acute pain and manage chronic pain. However, a major shift in our approach has been to use hypnosis in the context of psychotherapy for pain. Our research and clinical work have led us to realize that hypnosis alone is seldom a useful approach, at least with chronic pain. We have also observed a change in the types of professionals seeking training in hypnosis. The members of the international listserv for the American Psychological Association Division 30 (the Society of Psychological Hypnosis), and the members of the American Society for Clinical Hypnosis (ASCH), the Society for Clinical and Experimental Hypnosis (SCEH), and the International Society for Hypnosis show a dramatic increase in psychotherapists who are trained in areas other than clinical or counseling psychology (social work, marital and family counseling, and nurse practitioners). Further, most of the participants in workshops that I (D. R. P.) have

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recently conducted are attended by mental health practitioners, in addition to psychiatrists and pain physicians. We have realized that one of the most efficient ways to reduce widespread suffering in people with chronic pain is to train as many therapists as possible in psychotherapy that is informed by hypnosis and meditation.

SOCIETAL CONSEQUENCES OF ACUTE AND CHRONIC PAIN

Chronic pain remains one of the most challenging issues facing health care practitioners on a worldwide basis. It is also one of the most common reasons individuals seek medical care (Schappert & Burt, 2006). In the United States, an estimated 21% of adults have chronic pain (Dahlhamer et al., 2018), and it costs the nation up to \$635 billion annually (Gaskin & Richard, 2012). Moreover, a large proportion of individuals with chronic pain also present with comorbidities such as anxiety and depression, restrictions in mobility and daily activities, opioid dependence, suicide, and reduced quality of life (Annagür et al., 2014; Ditre et al., 2019; GBD 2016 Disease and Injury Incidence and Prevalence Collaborators, 2017; Rikard et al., 2023; Zis et al., 2017). Further, acute pain is not only a health challenge—left unresolved, acute pain often leads to chronic pain (McGreevy et al., 2011).

The overprescription of opioids has continued to be a significant societal problem worldwide (Ballantyne, 2017; De Sola et al., 2020; Sehgal et al., 2012), highlighting the importance of nonpharmacological chronic pain treatments (Bushnell et al., 2021). The opioid abuse epidemic has been fueled by the challenges of chronic pain management. Oxycontin and time-release morphine are effective approaches to managing acute pain but have created societal addiction problems when used excessively for chronic pain (Quinones, 2021), particularly when people began altering the medication to use as a recreational drug. This, in turn, has led to the fentanyl overdose crisis. I (D. R. P.) lost my 26-year-old son to a counterfeit fentanyl overdose while we were writing this edition. Clearly, nonpharmacological approaches to both acute and chronic pain are desirable. Further, we have long been warned about the consequences of the medicalization of suffering (Fordyce, 1988; Sullivan et al., 2023).

THE VALUE OF ALTERNATIVES TO CONVENTIONAL MEDICAL APPROACHES

The importance and value of nonpharmacological approaches to pain control, particularly psychological ones, are increasingly being recognized. Medical and drug therapies have a substantial role in pain control, particularly with acute pain (Loeser, 2001a; Patterson & Sharar, 2001). Without surgeries, medications, anesthetic procedures, and the like, patients would suffer at immensely higher levels (Melzack, 1990). However, there are side effects to almost any medication used to treat pain. These can range from gastrointestinal and cognitive effects to,

in the case of opioid analgesics, dependence, addiction, and even respiratory arrest (Brown et al., 2000; Cherny et al., 2001). Surgery for lower back pain is notoriously unreliable. Although 30% of patients improve, 30% remain the same, and 30% become worse and experience more pain after back pain surgery (Turk & Okifuji, 1998a, 1998b). Hypnosis is increasingly being demonstrated as an approach that can not only supplement medical approaches (Patterson et al., 1992; Patterson & Ptacek, 1997) but also reduce the need for medical interventions (Lang et al., 2000; Montgomery et al., 2007; Ohrbach et al., 1998). There are many ways in which psychological interventions can be used to treat pain, particularly using cognitive behavioral (Turk, 1978) and operant models (Fordyce, 1976; Patterson, 2005; Turk & Gatchel, 1999). However, what is becoming increasingly clear is that hypnosis provides a new, powerful arena of nonpharmacological approaches that may be able to contribute to pain relief beyond other types of psychological approaches (Kirsch et al., 1995; Ramondo et al., 2021).

THE SCIENCE OF HYPNOTIC ANALGESIA

In the first edition of this volume, we pointed out that there has been a welcome increase in scientific support for hypnosis. Whereas RCTs to test hypnosis in clinical settings were almost nonexistent a few years ago, there is now a body of this literature in support of hypnosis for a number of medical problems, including irritable bowel syndrome (Gonsalkorale, 2006; Lacy et al., 2021; Whorwell, 2006), asthma (Brown, 2007; Isenberg et al., 1992; Maher-Loughnan et al., 1962; McBride et al., 2014), smoking cessation (Herring, 2019; Viswesvaran & Schmidt, 1992), obesity (Kirsch, 1996; Pellegrini et al., 2021; Roslim et al., 2021), oncology (Carlson et al., 2018; Franch et al., 2023; Guerra-Martín et al., 2021; Montgomery et al., 2017; Tomé-Pires & Miró, 2012), and pain control (Adachi et al., 2014; Häuser et al., 2016; Langlois et al., 2022; McKittrick et al., 2022; Milling et al., 2021; Montgomery et al., 2000; Patterson & Jensen, 2003).

From a different source of scientific credibility for hypnosis, investigators are taking advantage of sophisticated methods to investigate brain activity associated with hypnosis (Bicego et al., 2021; De Benedittis, 2020, 2021; De Ridder et al., 2021; Desmarteaux et al., 2021; Jiang et al., 2017; Landry & Rainville, 2023; Rainville & Price, 2004; Rainville et al., 2019; Wolf et al., 2022). The fact that Rainville published data of this nature in *Science* (Rainville et al., 1997) is testimony to the credibility that hypnosis is gaining validity in the scientific community. A further area of research worth discussing is the potential of offsetting health care costs with hypnosis. Lang et al. (2000) published findings in *The Lancet* about the impact that hypnosis has on pain and anxiety associated with perioperative procedures (e.g., insertion of catheters). What was groundbreaking about this research was that a subsequent report (Lang & Rosen, 2002) indicated that hypnosis reduced the cost of care from an average of \$635 per patient to \$300. Equally important, Montgomery et al. (2007) reported that their cost-offset findings were even more impressive in the treatment of breast

cancer. Also, there are groups of investigators who are constantly generating and refining sophisticated theories that attempt to explain the mechanisms of hypnosis, and this research activity is common knowledge in the clinical community (Nash & Barnier, 2008). Mike Nash, the former editor of the *International Journal of Clinical Hypnosis*, quipped that without a sound scientific basis, “hypnosis will go the way of phrenology” (personal communication, October 24, 2007); fortunately, with the trends noted previously, the scientific support for hypnosis is flourishing. Our current volume will review the significant progress in this area since the first edition.

UNIQUE CONTRIBUTIONS OF HYPNOSIS TO PAIN CONTROL

Cognitive behavioral and behavioral techniques have been receiving attention in the literature for years. Such approaches have a substantial impact on pain control and are well-documented (Ehde et al., 2014; Fordyce, 1976; Knoerl et al., 2016; Thieme & Turk, 2012; Turk & Gatchel, 1999; Turk et al., 1983; Turk & Okifuji, 1998a, 1998b). In the meta-analysis published by Kirsch et al. (1995) and replicated by Ramondo et al. (2021), hypnosis was found to produce treatment effects above and beyond the effects of basic psychotherapy approaches. With acute pain, hypnosis has been reported to be superior when combined with other treatment approaches (Patterson & Jensen, 2003), and as we report later, that the same is apparently true for chronic pain (Jensen et al., 2020).

Hypnosis is remarkable for how it can have an impact on some types of pain with some types of patients who do not seem to respond to other approaches (Crasileck, 1995; Ohrbach et al., 1998). Researchers are only beginning to learn how hypnosis can reduce pain; this area of investigation is in its infancy relative to other types of psychological pain control. Hypnosis has the potential to reduce suffering in patients dramatically in ways that other approaches do not (Jensen & Patterson, 2014; Patterson & Jensen, 2003).

One thing that has become more apparent over the past decade is simply that hypnosis works, both for acute and chronic pain, and this is clear both in RCTs and neurophysiological studies (Jensen & Patterson, 2014; Patterson & Jensen, 2003). Further, there is exciting evidence that combining hypnosis with cognitive approaches will enhance both (Jensen et al., 2020). Clearly, hypnosis enhances the effects of psychotherapy (Kirsch et al., 1995; Ramondo et al., 2021; Yapko, 2019), and it almost certainly will enhance the many treatments for pain that we discuss in this volume (e.g., behavior interventions, motivational interviewing, psychodynamics, mindfulness).

MEDITATION, MINDFULNESS, AND HYPNOSIS

I (D. R. P.) have also brought 45 years of meditation and studying Zen Buddhism (albeit informally) into my approach. We decided that the first edition focused too much on the concept of making pain go away (which we can indeed do with

acute pain). However, chronic pain management is often a matter of enabling patients to change their relationship with pain. At times, focusing hypnosis on making chronic pain go away is at odds with effective management from a biopsychosocial perspective. This volume finally expresses my multidecade quest to offer meditation to patients in pain psychotherapy to reduce suffering.

We contend that hypnosis as a modality has suffered with the explosive popularity of meditation/mindfulness. Doctoral students, for decades, have gone the way of mindfulness, acceptance and commitment therapy, and dialectical and behavioral therapy. Mindfulness has been a long-needed development in a field where the goal needs to shift more to reducing suffering rather than curing pain. As welcome as this shift has been, there is an increasing understanding of the limitations of mindfulness in managing chronic pain. For example, meaningful results of meditation on chronic pain for some are based on years of discipline (Raz & Lifshitz, 2016). As we will discuss, we urge our patients to begin a meditation practice as soon as possible and continue it on a parallel track to psychotherapy. However, we contend that the impact of hypnosis on both chronic and acute pain (the latter has not been in question for decades) is often overlooked with an emphasis on mindfulness. The mission of this book is not only to train therapists in hypnosis for pain but to do so in a way that is integrated with therapy, mindfulness, and motivational interviewing.

A BRIEF HISTORY OF HYPNOSIS FOR PAIN CONTROL

The history of hypnosis, including the early contributions of Franz Anton Mesmer (mesmerism), is reviewed in other texts (see Gravitz, 1988; Hammond, 2013; Pintar & Lynn, 2008; Pintar, 2010; Rainville & Price, 2004). The history of hypnosis and pain control, which can be traced back largely to the 19th century when a Scottish physician named James Esdaile reported that he had successfully used hypnosis, or “mesmerism” as he called it, as the sole anesthetic in 345 major operations performed in India. Although Esdaile’s success rate has been questioned (Chaves & Dworkin, 1997), he likely did have a profound effect on a large number of patients using the new technique of mesmerism. At about the same time, another Scottish physician, James Braid, cautiously endorsed Esdaile’s mesmerism practice but made a departure with his own advance on mesmerism. Braid’s technique, which he called “neuro-hypnotism” (or “nervous sleep”)—and, later, simply “hypnotism”—involved the first use of eye-fixation induction techniques.

The medical and clinical applications of mesmerism and Braid’s hypnosis to pain control were largely dormant for a number of decades. Crasilneck et al.’s (1955) report on burn care in the *Journal of the American Medical Association* helped revive interest in the field. It was also during this time that Milton Erickson began to report his extensive clinical work, much of which involved pain control.

Ernest Hilgard developed the trait theory of hypnosis, which held that the ability to be hypnotized is largely an inherent talent. The attempts of Weitzenhoffer and Hilgard (1959, 1962) to measure this variable led to scales

of hypnotizability. In turn, pain control in the laboratory setting (e.g., in analog studies, or pain created “artificially”—from a tourniquet, heat, or cold presses) was found to be strongly associated with response to scales measuring hypnotizability. Furthermore, Hilgard’s “neo-dissociation” conceptualization of hypnosis also had its genesis largely in hypnotic analgesia.

Theorists who viewed hypnosis as a normal cognitive process that is influenced mainly by social psychological phenomena (Kirsch & Lynn, 1995; Lynn et al., 2008) and those who regarded it to be a special cognitive state (Hilgard & Hilgard, 1975; Woody & Sadler, 2008) became central to the literature. Once again, pain control was central to many of the studies attempting to demonstrate a particular theoretical point of view in the laboratory. Sociocognitive theorists reported findings, for example, that the process of going through a hypnotic induction is not necessary to create hypnotic analgesia (pain control suggestions will work either way), in support of their approach (Chaves, 1986, 1989, 1993, 1994; Chaves & Barber, 1974, 1976; Chaves & Brown, 1987; Chaves & Dworkin, 1997). In contrast, dissociated-control theorists reported that subjects under hypnosis could easily and effortlessly experience pain reduction under an induction, supporting their contention that it worked through facilitating automatic processes (Bowers & Brennenman, 1981; Patterson, Hoffman, et al., 2006; Woody & Sadler, 2008).

In 2000, Montgomery et al. reported their meta-analysis on a combination of laboratory and clinical studies and found that hypnosis was able to reduce pain in roughly 75% of the people in a clinical or research setting. Similar results were found in a recent meta-analysis done by Milling et al. (2021). A 2003 *Psychological Bulletin* review found that most of such studies reported favorable effects (Patterson & Jensen, 2003). Both Lang and Montgomery (Lang & Rosen, 2002; Montgomery et al., 2007) reported that hypnotic analgesia can have significant cost-offsetting impacts in surgical procedures and cancer treatment, respectively. Once again, in areas of hypnosis that are important to the literature in general, such as empirically supported treatment and cost-offsetting, the application of this treatment to pain control has taken a prominent position.

Over the past few decades, there have been several important attempts to demonstrate changes in brain activity associated with various aspects of hypnosis, using such methodologies as skin conductance tests, electroencephalograms, brain positron emission tomography scans, and, more recently, magnetic resonance imaging (Landry & Rainville, 2023). The seminal study in this area was published by Rainville et al. in *Science* in 1997. They reported that not only do suggestions for hypnotic analgesia show related brain activity that can be measured through radiologic techniques but also that the nature and activity of brain activity depend on the nature of hypnotic suggestions given. As such, different hypnotic suggestions for pain will result in different areas of the brain responding. (The theoretical implications of this work are discussed more in Chapter 2.) In terms of historical significance, Rainville’s work has a major implication: Pain control was again a central subject area that was prominent in moving the science of hypnosis forward.

More recently, technology has been applied to the delivery of hypnosis, ranging from Borckardt and Nash's (2002) efforts to computerize the delivery of hypnosis and assessment of hypnotizability to the delivery of hypnosis for pain control using immersive virtual reality (Oneal et al., 2008; Patterson et al., 2004; Patterson, Hoffman, et al., 2006; Patterson et al., 2021). Currently, there is significant competition as to who can develop and market the most effective hypnosis apps for pain and other clinical issues, not to mention mindfulness.

In sum, the history of hypnosis has been shaped largely by attempts to control human pain. Pain is a problem that has often driven clinicians to try hypnosis, and it is also a perceptual phenomenon that has been a favorite of many theorists and researchers in the field (based on the ability of scientists to create the perceptual phenomenon of pain). The field has moved from relying on dramatic anecdotal reports to sophisticated studies with randomized controlled designs to ones that use advanced diagnostic techniques to study brain activity.

OVERVIEW OF THIS BOOK

This book is intended to be a full learning experience for mental health practitioners who intend to treat chronic and acute pain not only with hypnosis, but also with psychotherapy. It is also intended for scientists interested in clinical research on pain. We have taken great pains to back up our theory and practice with science and research. Education about pain is an important part of treatment both for the patient and the clinician (Moseley et al., 2023; Valenza-Peña et al., 2023). Thus, Chapter 1 describes the neurophysiology and psychology of chronic pain. We describe the critical interaction between acute pain and anxiety. At a more complex level, we also explain how psychological, environmental, and neurophysiological factors can create suffering long after an injury has healed, or a disease process has passed. It is somewhat disconcerting that practitioners would attempt to treat pain without some basic knowledge of this literature.

Chapter 2 focuses on the empirical basis of hypnosis in the context of both RCTs and neurophysiology research. As mentioned, hypnosis was long dismissed as a placebo or quackery, and a growing body of scientific support is important not only for patients to buy into the approach but institutions as well. There are so many RCTs of hypnosis for pain management that we only have space to review the many published meta-analyses of these RCTs, almost all of which reported positive effects. The research on the neurophysiology of hypnosis tends to be disparate, and it is difficult to draw generalized conclusions; however, we are encouraged by an increasing number of findings that inform clinical practice.

Chapter 3 focuses on Ericksonian approaches to hypnosis and pain control, which remain internationally popular. Ericksonian approaches have not been as welcome in the scientific world of hypnosis, likely because of the difficulty of replicating inductions in a reliable manner, and we provide some of the scientific underpinnings of these approaches, particularly through social psychology. We find Ericksonian approaches to be enjoyable to work with for clinicians and

patients and also in concert with motivational interviewing. Further, these approaches effectively use the growing science on the effects of the unconscious in problem solving. In fact, Chapter 7 discusses many of the parallels between them. Our hope is that at least some of the underpinnings of the complex and idiosyncratic Erickson approaches are distilled and made easy to apply to pain management. Further, we contend that psychotherapists underplay the role of the unconscious both in general psychotherapy and in pain management.

Chapter 4 focuses on acute pain, including that experienced in the hospital and from medical procedures. Much of this chapter comes from my (D. R. P.'s) experience as a burn-unit psychologist and originator of a Level I trauma hospital psychology consult service. As we mentioned, we hope it will be clear to you how much of acute pain is generated by anxiety, and hypnosis is useful for both acute pain and anxiety, perhaps more so than any type of medical problem. We are proud that the appendix to Chapter 4 reports one of the first published inductions for the intensive care unit, one that became popular for clinicians for treating several problems (even outside of pain) after the first edition was published.

Chapter 5 is on applying hypnosis to chronic pain. This chapter in the first edition was heavily influenced by a collaboration with Mark Jensen; this more recent version reflects his groundbreaking work since the first edition. His expertise as the preeminent clinician researcher for hypnosis with chronic pain, as well as a fellow NIH grantee, shines in this chapter. Further, the second author (M. E. M.) has played a critical role in many of M. P. Jensen's most significant studies.

Chapter 6 focuses on integrating hypnosis with meditation. In writing this second edition, much of our effort was devoted to this chapter. We take a different approach to mindfulness and meditation than most, in that we present how this approach can be efficiently integrated into six to eight sessions of psychotherapy. In the spirit of a motivation interviewing approach (Chapter 7), our goal is to engage patients in meditation for pain management as soon as possible in treatment. We offer meditation as a parallel discipline to pain psychotherapy rather than provide a full course of treatment in this area; we would prefer that patients seeking a comprehensive mindfulness approach find the many excellent resources available for this. However, we hope to demonstrate how hypnosis can be used to strengthen mindfulness, with pain control and in general.

Chapter 7 discusses how to integrate motivational interviewing into hypnosis and the treatment of chronic pain. A repeated theme in this book is that managing chronic pain requires education and, often, shifts in lifestyle. Further, patients are often focused on a cure, and allowing them to view pain from a biopsychosocial perspective is often a prerequisite for any treatment that is not medical. Our discussion of motivational interviewing highlights the similarity between it and Ericksonian approaches. The electronic version of this chapter was the one that was most frequently downloaded in the first edition of this book.

Chapter 8 describes eight modules of psychotherapy. Between my (D. R. P.'s) past decade of work in an outpatient clinic, the manner in which chronic pain

management has evolved, and writing this second edition, we have realized that effective chronic pain management often requires multiple sessions of psychotherapy. Certainly, such psychotherapy has cognitive behavioral elements because managing chronic pain involves changing cognitions and activity, but it also requires elements of mindfulness, psychodynamics, acceptance and commitment therapy, and family therapy as well as hypnosis and unconscious processing (see Chapter 3). Chapter 8 follows a hypothetical case report drawn from a culmination of difficult experiences we have encountered that is interwoven with our descriptions of the eight modules, demonstrating how they can be applied to real patients.

Our vision is that psychotherapists who carefully read the second edition will largely be qualified to help patients manage chronic pain, even if they have little training in this area. Our goal is to increase the confidence and number of therapists who manage pain through psychotherapy informed by hypnosis, mindfulness, cognitive behavioral therapy, and motivational interviewing. This part of the field of health care solely lacks qualified practitioners.