Eastern Meditative Techniques and Hypnosis: 
A New Synthesis

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In this article major ancient Buddhist meditation techniques, samatha, vipassana, Zen, and ton-len, will be described in reference to contemporary clinical hypnosis. In so doing, the Eastern healing framework out of which these techniques emerged is examined in comparison with and in contrast to its Western counterpart. A growing body of empirical literature shows that meditation and hypnosis have many resemblances despite the distinct differences in underlying philosophy and technical methodologies. Although not all meditation techniques “fit” the Western culture, each has much to offer to clinicians who are familiar with hypnosis.

Keywords: Buddhist, Eastern, Hypnosis, Meditation Techniques

Introduction

The Chinese believe in constant change, but with things always moving back to some prior state. They pay attention to a wide range of events; they search for relationships between things; and they think you can’t understand the part without understanding the whole. Westerners live in a simple, more deterministic world; they focus on salient objects or people instead of the larger picture; and they think they can control events because they know the rules that govern the behavior of objects

Kaiping Peng, Ph.D., quoted in Nisbett (2003)

Meditation has been part and parcel of pan-Buddhist Asian cultures for the past 2,500 years. According to an ancient Pali text Digha Nikaya (Walshe, 1987), Buddha’s discourses on “mindfulness” identified it as a means of attaining

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enlightenment, specifically “for the overcoming of sorrow and distress, for the disappearance of pain and sadness” (p. 335). His teachings later spread to two parts of Asia: one, to Southeast Asia as the Theravada tradition, and the other to the Far East as the Mahayana tradition. Out of the Theravada tradition emerged two primary meditation techniques known as *samatha* (“tranquil dwelling”) and *vipassana* (“insight achieving”), respectively (Bercholz & Kohn, 1993). In the Mahayana school, Buddhism incorporated Chinese Taoism and eventually evolved into *Ch’an*, or better yet known as Zen in Japan (Snelling, 1991). The term, Zen, is a translation of a Sanskrit term, *dhyana*, the seventh highest state of consciousness immediately preceding *samadhi*, the final and non-duality stage described in the eight limbs of yoga (Bercholz & Kohn, 1993). Suffice it to say that meditation has long, rich historical and cultural roots in Asia.

Its religious aspects notwithstanding, Eastern meditation seems to have much in common with hypnosis. For example, they both require mental concentration and receptivity on the part of the practitioner (Brown & Fromm, 1986; Carrington, 1993). Absorption (Tellegen & Atkinson, 1974; Smith, 1987) also seems to play a critical role in meditation and hypnosis alike. Indeed, recent neurophysiological evidence suggests that the same brain regions (i.e., the anterior cingulated cortex) are involved and that similar brainwave patterns (e.g., the EEG theta waves) are observed in the two practices (Holroyd, 2003). These similarities challenge the current belief that hypnosis was “discovered” in eighteenth century Europe when Mesmer first introduced animal magnetism. Rather, it is far more accurate to view hypnosis as having its roots in Buddhist (and probably other religious) meditation that predates Mesmerism by at least two millennia.

Perhaps the elements of Buddhist meditation that are most relevant and intriguing to Western culture are the types of consciousness-altering techniques and their clinical applications in various psychological, medical, and dental specialties. In fact, the non-religious practice of meditation has been popularized in the U.S recently in the name of “visualization” (Brigham, 1996; Fezler, 1989) or “mindfulness meditation” (e.g., Hanh, 1999; Kabat-Zinn, 1995). In this article, I will first examine the nature of the Eastern healing paradigm in comparison with and in contrast to the familiar Western system. Following this examination, I will then review putative Buddhist meditation techniques, some of which may be applicable to the Western traditions employed by contemporary hypnosis practitioners in the Americas and Europe. This cross-fertilization of the ancient meditation techniques presented with modern clinical hypnosis will hopefully result in each enriching the other.

**The Nature of Eastern Healing Approaches**

**Dynamic Holism**

Table 1 summarizes the eight major characteristics of the Eastern and Western healing paradigms, respectively. At the top of the Table dynamic holism is listed as the fundamental philosophy underlying the Eastern healing paradigm. Holism means that “nothing exists in an isolated and independent way, but is connected to a multitude of different things. To really know a thing, [one must] know all its relations” (Nisbett, 2003, p. 175). This belief is reflected saliently by the Japanese phrase “*shinsin*” (心身 [mindbody]) wherein there is no clear distinction between “mind” and “body”; instead,
they are an integrated, unitary construct that is intricately interrelated. What affects one influences the other simultaneously. Health, according to this view, is a flowing state in which harmony and balance are maintained between the two. The loss of such equilibrium results in illness. Although this perspective parallels contemporary behavioral (i.e., psychosomatic) medicine, it stands in direct contrast to the more predominant structural reductionism of the Western healing paradigm. In the West, the mind has been regarded until recently as irrelevant in the maintenance of physical health. Thus, the body is studied systematically, but separately, by its individual components (e.g., organs, muscles, bones, nerves, etc.) for anatomical details. Instead of attempting to identify the interrelationships between mind and body, the Western approach seeks biologic, chemical, and other external determinants that “cause” physical illness. There is little room for the mind in this paradigm. The quotation by Kaiping Peng at the beginning of this article summarizes this fundamental philosophical distinction between the two paradigms in the East and the West.

### Table 1: Comparison of Western vs. Eastern Healing Paradigms

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<tr>
<th>Treatment</th>
<th>Eastern Approach</th>
<th>Western Approach</th>
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<tr>
<td>Philosophy</td>
<td>Dynamic holism</td>
<td>Structural reductionism</td>
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<td>Repair</td>
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<td>Reactive</td>
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<td>Presumed healing agent</td>
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Eastern Meditative Techniques

Differences Between Eastern and Western Views of Treatment

In light of this philosophical difference, the treatment principles, goals, and focuses differ radically between the two paradigms as well. In the Eastern model, the primary focus of healing is preventive in nature and the goal is to restore the balance of the “mindbody” through continuous care. In the West, however, healing often means repair or cure in reaction to illnesses or injuries. Its main goal is to control both external (i.e., environmental) and internal (i.e., biochemical, physical) conditions in order to achieve optimal health. It aggressively seeks cure, unfortunately, even when none is available such as in cases of terminal illness (Morinaga, 1992).

As for the duration of treatment, the Western system tends to be relatively short-term and most effective in the management of “(physical) trauma, acute bacterial infections, medical and surgical emergencies, and other crises” (Weil, 1995, p. x.) by means of surgery and allopathic (i.e., “anti-”) medications. The Eastern model, on the other hand, holds a long-term, if not life-long, perspective. As such, it is not particularly suited for injuries or infections but may be more efficacious in the handling of chronic ailments. The preferred healing techniques within this tradition include body work (e.g., yoga, tai-chi, acupuncture/pressure, moxa combustion), breath control (e.g., pranayama), meditation, and herbal remedies. These methods purportedly activate prana or chi (or ki in Japanese), the presumed life force that sustains our health.

It is important not to view either the Eastern or the Western system as superior to the other. The two paradigms are simply different from each other, and each offers unique perspectives and methodologies that the other does not. Unfortunately, some zealous “new age” practitioners tend to advocate an adulterated “mind-body approach” with unsubstantiated claims of effectiveness of the Eastern approach over the Western counterpart, while some “old-school” practitioners steadfastly repudiate any ancient techniques as “fringe” in spite of the emerging evidence supporting their efficacy. Neither position is sound or pragmatic. Instead of this all-or-none attitude, what is required of the contemporary practitioner is a realistic mindset that is open to possibilities and yet rigorously respectful of much needed scientific evidence. Only with this “middle of the road” perspective can the two paradigms be synthesized for the optimal outcome. This guideline certainly applies to the meditation techniques that will be described below.

Buddhist Meditation

Various Forms of Buddhist Meditation: Samatha and Vipassana

According to the renowned Indian meditation teacher, S. N. Goenka (1993), the two fundamental forms of Buddhist meditation are samatha and vipassana. Samatha meditation is characterized by continuous concentration on a single object, such as breathing, a candle light, or a face of the Buddha. This concentrative meditation is a precursor to vipassana meditation, which has been referred to as “choiceless awareness” (Krishnamurti, 1999) or “mindfulness” (Kabat-Zinn, 1995). Both meditation techniques are means of cultivating the student’s mindfulness in the Buddhist training. Fundamental to this mindfulness training is anapanasati, which literally means “breath awareness” as taught by the Buddha himself:
Disciples, one thing, when developed and cultivated, is of great fruit and benefit. What one thing? Mindfulness of breathing. Breathing in long, [the Buddha] knows: ‘I breathe in long’; or breathing out long, he knows: ‘I breathe out long.’ Breathing in short, he knows: ‘I breathe in short’; or breathing out short, he knows: ‘I breathe out short.’ He trains thus: ‘Experiencing the whole body, I will breathe in’; he trains thus: ‘Experiencing the whole body, I will breathe out.’ He trains thus: ‘Tranquillizing the bodily formation, I will breathe in’; he trains thus: ‘Tranquillizing the bodily formation, I will breathe out.’ (Bodhi, 2000, p. 1765)

Following this basic training in anapanasati, the monk is further instructed to expand the awareness from breathing to everyday behavior in general. This is the mindfulness aspect of meditation.

Again, a monk, when walking, knows that he is walking, when standing, knows that he is standing, when sitting, knows that he is sitting, when lying down, knows that he is lying down. In whatever way his body is disposed, he knows that that is how it is (Walshe, 1987, p. 336).

Thus, Buddhist monks acquire both concentration and mindfulness skills through samatha and vipassana meditation training.

Concentration and Mindfulness in Hypnosis: Some Questions Raised

Needless to say, both concentration and mindfulness are familiar and crucial elements in hypnosis. Brown & Fromm (1986) elucidate that hypnotic trance is not only characterized by “concentrated and focused attention” but also by “ego-receptivity.” The latter is especially relevant to both hypnosis and meditation for it suggests a temporal suspension of the critical awareness of external reality. In this receptive mode, the ego serves as “the ‘gates’ to primary process thoughts and images” by “allow[ing] things happen, … leading to a greater availability of unconscious material” (Brown & Fromm, 1986, p. 203).

Interestingly, as Holroyd (2003) succinctly summarizes, current research shows that high hypnotic suggestibility may be a multifaceted construct, one that needs to account for those who primarily use focused attention (concentration) as well as those who rely on fantasy absorption (mindfulness). Given these empirical findings, it would be interesting to study trained Buddhist meditators with regard to their hypnotizability. Would they show, or not show, higher hypnotizability relative to those who are less experienced? Such findings could shed further light on the nature of human consciousness and plausible cognitive processes that regulate meditation and hypnosis alike.

That both concentration and mindfulness strategies are adopted in Buddhist meditation raises another intriguing question in contemporary hypnosis research and practice: Should there be different trance induction methods, i.e., “concentration-based” vs. “mindfulness (absorption)-based” techniques, targeting those who may benefit more from focused attention as opposed to flowing attentiveness, respectively?
According to Brown & Fromm (1986), hypnotic induction methods can be classified into (a) direct, (b) permissive, and (c) Ericksonian methods. Yet, little is known at present about possible “fit” between induction approaches and certain personality traits (not to mention the pathologies) of patients. Can Attention Deficit Disorder (ADD) patients, for example, respond better to more mindfulness-based induction strategies as opposed to concentration-based? Systematic empirical inquiry in this area would be enormously helpful to clinicians.

**Zen Meditation**

As mentioned earlier, Zen meditation has partial roots in *dhyana*, an altered state of consciousness that originated with yoga. Although the metaphysical aspects of Zen were emphasized in the early writings of Zen (D. T. Suzuki, 1956), more recent efforts include scientific attempts to understand the basic neurophysiology (Austin, 1998; Hirai, 1989) as well as clinical applications (Emmons & Emmons, 2000; Rosenbaum, 1998) associated with Zen meditation.

Among the five major schools of Zen Buddhism that currently exist in Japan, *Soto* and *Rinzai* sects are the most influential. In the *Soto* school, the monk is instructed to sit in a meditation hall facing the wall in *Sikantaza* (*Shikan* = just; *taza* = sit). The monk is to be mindful during the meditation. In the words of a *Soto* Zen master, S. Suzuki:

> When you are practicing [Zen meditation], do not try to stop your thinking. Let it stop by itself. If something comes into your mind, let it come in, and let it go out…Many sensations come, many thoughts or images arise, but they are just waves of your own mind…If you leave your mind as it is, it will become calm (1970, pp. 34-35).

In contrast to this mindful framework, a more concentrative approach is utilized in the other sect. While meditating, the *Rinzai* Zen monk is to ponder on a *koan*, an intellectually nonsensical riddle, such as “what is the sound of one hand?” while meditating. The monk is to focus on a *koan* until he is absorbed (“becoming one”) in it. This concentrative approach is similar to the well-known *transcendental meditation* in which a short phrase (i.e., a mantra) is repeated (Benson, 1976; Mahesh, 1963). Thus, both concentrative and mindfulness approaches are incorporated in Zen meditation as well.

In a classic study with a group of *Soto* Zen monks, Kasamatsu and Hirai (1966) reported distinct EEG changes during mindful Zen meditation. The experienced monks began to show alpha EEG in less than a minute after starting to meditate, and this effect lasted for some time even after the session was over. It was also noted that these monks did not become habituated to noises during meditation. In short, the monks were “relaxed but keenly aware” during and even after meditation. More extensive research findings using neuroimaging techniques, together with a personal account of concentrative Zen meditation training, are detailed in Austin’s (1998) excellent work.

**Tong-Len: A Buddhist Creative Visualization**

Another form of Buddhist meditation that has been popularized, particularly by the Dalai Lama (H. H. Dalai Lama & Cutler, 1998), is *tong-len*. It is a practice designed
to cultivate loving-kindness by means of meditation. The meditator, while coordinating with his/her breathing, visualizes both the suffering of others and of the self, and then works with them constructively and lovingly by: “giving [them] all of your resources, good health, fortune, and so on” (H. H. Dalai Lama & Cutler, 1998, p. 203). Sometimes, the meditator deliberately holds negative images on one side of these visualizations, and simultaneously maintains “antidotal images” of resources of loving-kindness on the other side of the mental “screen.” This practice resembles significantly the split-screen technique in hypnosis (Spiegel & Spiegel, 1978). It is said to be a powerful technique for the monk to develop compassion and empathy for others. As such and with variation, it can be applied in clinical hypnosis to neutralize and regulate negative affect successfully.

It is of interest to note that more than forty years ago, Erickson (1962/2001) observed that hypnotic trance would result from having a subject mentally visualize a simple, imaginary task, such as picking up an apple from a bowl. In the process of visualization, Erickson reported, the more bodily senses (e.g., kinesthetic, tactile, olfactory) the subject accessed, the more extensive dissociation was involved. Thus, visualization may be a facet of the cognitive alterations hypnosis may elicit. They can be a potent means of creating change in the patient, especially when the imagery is felt experientially as it is by the monks who practice tong-len.

In a most recent study, using a Tibetan Buddhist monk highly trained in tong-len visualization, Davidson (Goleman, 2003) reported an MRI finding indicating the “gamma activity in the left middle frontal gyrus,” the region commonly associated with positive emotion, both during compassion meditation and in the “at rest” period (p. 12). At the same time, the monk was found to be generating strong left prefrontal lobe activities, together with a high left-to-right frontal lobe activity ratio. According to Davidson, this outcome suggests “an extremely pleasant mood” (italics original, p. 12). In yet another study conducted by Ekman (Goleman, 2003), the monks trained in loving kindness meditation were discovered to be able to suppress the startle response entirely. These preliminary findings collectively support the effectiveness of loving kindness meditation in generating compassion that Tibetan Buddhism has long claimed. Will hypnotic visualization result in similar results? Again, future study is awaited.

Implications for Contemporary Clinical Hypnosis

Lively interest in Eastern meditation techniques seems to be quickly spreading among Americans and Europeans. Curiously enough, though, hypnosis and meditation have not crossed paths until recently. Perhaps the only exception to this is Autogenic Training (AT), the 6-step self-regulatory therapy formulated by Schultz (Luthe, 1973) that resembles self-hypnosis. What is lesser known about AT is that it has, following the six physiological formulae, advanced “meditative exercises” for individuals who wish to explore psychological themes such as self, others, death-life cycle. The AT meditation begins with “passive concentration” on colors, objects and feelings toward others, and, finally, the answers from the unconscious. Schultz’ followers (Kasai & Sasaki, 2000) mention that the German psychiatrist studied Yoga in his effort to develop AT. For this reason, it is understandable that Schultz decided to include a meditative component in AT. Clearly, meditation and hypnosis show similarities in many aspects, including the basic neurophysiology and procedures associated with them. This perhaps
provides clinicians trained in clinical hypnosis with an advantage to acquire necessary meditation skills with relative ease.

**Some Cautions About the Clinical Uses of Meditation**

Although various types of meditation are believed to have generally positive physiological and psychological impact upon the practitioner (Carrington, 1993; Kabat-Zinn et al., 1992), Buddhist texts in general, and especially Zen literature in particular, are replete with examples of ill effects associated with meditation. The term *makyo*, which literally means “evil zone” in Japanese, refers to various hallucinatory experiences that may occur during Zen meditation. These include a sense of weightlessness, the loss of bodily sensations, visualizations of light, colors and objects, and so on (Masis, 2002). Although the practitioner frequently finds these perceptual distortions simply fascinating and at times even ecstatic, they can also leave negative effects, especially with meditators who have limited ego strength or with individuals who have a history of trauma. As Engler (2003) aptly points out, “[meditation] practice itself uncovers personal issues by holding up a mirror to the mind” (p. 43). It is possible therefore that some meditators can be overwhelmed by spontaneous abreactions, traumatic memory revivifications, or other unpleasant forms of primary process thinking during practice.

Noting that meditation can elicit such primary process thinking not ordinarily available to the individual, Masis (2002) further cautions against haphazard applications of meditation with individuals with attachment failures, autism, and personality disorders. Like traumatized persons, these patients may not be capable of containing the strong, conflictual affect that can arise at times during meditation. More structured techniques, such as progressive muscle relaxation and neutral guided imagery may be more suited for these individuals (Brown & Fromm, 1986). In short, the patient’s ability to observe self and tolerate affect may be a crucial factor when meditation is implemented clinically.

Another important “pitfall” in meditation, according to Masis (2002), is the therapist’s lack of experience and comfort with meditation. Given its growing popularity, many clinicians seem to recommend meditation and associated techniques (e.g., the “mindfulness” meditation) without extensive personal training or familiarity with it. In the Buddhist tradition, meditation is practiced in a group setting in which the novice monk’s progress is carefully monitored by the master and senior monks who have substantial training and experience in meditation. If novices show any adverse reactions during the meditation practice or at any other time, they make themselves available to guide them and to assure proper care and progress. Without such a support system for the patient, meditation could cause substantial harm to the patient, particularly to those who possess little inner resources of their own. This is especially true when meditation is prescribed as an auxiliary “mind-body” technique by a therapist who lacks necessary training and knowledge. The Zen dictum, “A right tool in the wrong hand becomes a wrong tool,” speaks to this effect and needs to be appreciated here. Like hypnosis and any other clinical techniques, the use of meditation without proper training is unethical.

**“Short-Term” Meditation: Reality or Oxymoron?**

In principle and practice, meditation is a life long endeavor. Its putative psychological and physiological effects and benefits, such as those summarized in this
article and in Holroyd (2003), are usually based on studies with experienced meditators (e.g., >30 years). Does this mean that only long-term practitioners can benefit from meditation? Or, stated conversely, could the patient benefit from “short term” psychotherapeutic application of meditation techniques? Although philosophically heretical, this question is an important one for clinicians. Based on a preliminary study, Davidson (Goleman, 2003) speculates that meditation effects may be most potent in the beginning and gradually level off until they reach a plateau. If this finding is valid, then the patient should have much to benefit from meditation, even from short-term meditation; however, to maintain the effect, he or she would have to continue the practice.

For the Western clinician interested in “short term” meditation, there are two techniques that may be incorporated into his or her hypnosis practice: the Naikan and Nanso methods. Naikan meditation (Miki, 1998; Reynolds, 1980) was systematized by Ishin Yoshimoto (1916-1988), a Japanese businessman who spent his own fortune to promote Naikan, (“introspection”), a self-examination technique practiced by the Japanese Pure Land sect Buddhists. In its classic form, like Rinzai (i.e., concentrative) Zen meditation, Naikan poses to the meditator three fundamental questions upon which to ponder: (a) what benefits I have received from others; (b) what benefits I have conferred upon others; and (c) what problems I have caused others (Miki, 1998). The “others” here refer to any significant individuals in the meditator’s life but a special emphasis is placed on his/her mother. The disciple usually meditates alone, in a sitting posture, 1 to 2 hours at a time while exploring each of the three themes at various times in his or her life. At the end of each meditation, he or she meets with the master and goes over the emotional reactions experienced during the introspection. This process is repeated several times daily over several days. Naikan is obviously an intense procedure (Onda, 2002; Reynolds, 1980), but has become popular as a form of psychotherapy in Japan.

An intriguing recent development in Naikan is “physical Naikan.” This consists of introspection focused on concerned body parts and/or problematic physical sensations (e.g., “What has this chronic pain done for me?”; Miki & Kuroki, 2002). Thus, although developed with no reference to hypnosis at all, Naikan resembles Watkins’ affect and somatic bridges (Watkins, 1992) in that they both concentrate, through clearly different methods, on significant, often traumatic, feelings and/or physical sensations that are blocking the individual’s growth. However, the Naikan’s exclusive attention to the disciple’s interpersonal relationships with significant others reflects the Japanese culture, one that places high value upon social harmony (Nisbett, 2003). For this reason, whether Naikan fits in the contemporary Western culture remains unknown.

Relative to Naikan, Nanso healing visualization is more easily adaptable to the U.S. and Western clients. Nanso is an imaginary concoction of various medicinal herbs that are rich in rejuvenating essence. Created by Hakuin (1685-1768), the Rinzai Zen master best known for the creation of the “one-hand sound” koan, this imagery technique may be utilized for stress management and general health promotion. According to Hakuin, the monk is to:

Imagine a duck egg-sized lump of the sweetest, most fragrant cream on the crown of your head. Let it melt gradually downward through
your body, filling every pore, flushing out all sickness and disease as it spreads to the soles of your feet. As the warm cream circulates back up through the body, the internal organs are purified, the skin becomes radiant, and the equilibrium of body and mind is restored. (Yampolsky, 1971)

Japanese psychiatrist, Haruo Ishida, considers Nanso meditation and Schultz’s Autogenic Training (see the previous section) to share three common factors: (a) physical relaxation, (b) slow and steady breathing, and (c) autosuggestion by way of mental concentration (Ishida, 1996). In a historical context, this Zen visualization technique should be viewed a precursor to contemporary imagery techniques among which is the well-known Simonton method for cancer patients (Simonton, Matthews-Simonton, & Creighton, 1992).

**Concluding Remarks**

The ancient Buddhist meditation techniques that originated in India more than two and a half millennia ago have traveled across the oceans and have finally reached a new audience in the West. Both experience and literature that have been obscure to the average Westerner have long suggested that these methods are powerful and carry significant health benefits to those who practice them. Although still in preliminary phases, modern neurocognitive science seems to corroborate some of these claims. What is not yet known, however, is how this Eastern meditation paradigm will adapt itself in the Western culture. I believe that it is at this crossroads in history that hypnosis can aid meditation in gaining proper scientific understanding while assuring proliferation to those interested in its clinical applications. In turn, such collaboration will benefit hypnosis tremendously by availing access to the centuries-old collective wisdom that meditation has accrued. It will take time but the task is well worth the effort.

For those who hurry for quick results, let me remind you of the following words of wisdom by Zen Master Hakuin:

The inspired doctors of old effected cures even before a disease made its appearance and enabled people to control the mind and nurture the energy. Quack doctors work in just the opposite way. After the disease has appeared they attempt to cure it with acupuncture, moxa [heating] treatment, and pills, with the result that many of their patients are lost (Yampolsky, 1971, pp. 43-44).

Clinical hypnosis can find inspiration in these words as it adapts, synthesizes, and grows as a result of the influences of Eastern meditation practices and continues to move into the maintenance of wellness.

**References**


