

Psychotherapy Guidebook

**RESTRICTED  
ENVIRONMENTAL  
STIMULATION THERAPY**

Peter Suedfeld

# **Restricted Environmental Stimulation Therapy**

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# Restricted Environmental Stimulation Therapy

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## DEFINITION

Restricted Environmental Stimulation Therapy (REST) or sensory deprivation therapy involves the use of severely stimulus-reduced environments. The patient is alone for up to two days, usually in a completely dark, soundproof chamber or immersed in a tank of water. Environmental restriction may be combined with messages or other inputs.

## HISTORY

Reduced stimulation was a component of various folk medicines, and is related to the use of solitude and meditation for religious and self-actualizing purposes. In some cases, as in Morita Therapy (used in Japan since the 1930s), these cultural practices have evolved into formal medical therapies.

The first report of controlled clinical use appeared in 1959. Hassan Azima and his collaborators used the sensory deprivation chamber to produce deep regression on the part of the patient, enabling him to relive problems of early life and to liberate himself from the residue of the problems

that interfered with his adult functioning (“anaclitic therapy”). John C. Lilly and J. T. Shurley, two psychiatrists who developed the water-immersion technique of sensory deprivation, have used the technique to enhance self-insight and to reach higher levels of consciousness. Henry B. Adams and his group pioneered the use of room confinement and therapeutic messages with hospitalized psychiatric patients. More recently, a research team headed by this writer (Peter Suedfeld) has used the technique as a method of behavior modification, combining it with informative and persuasive messages, relaxation training, relevant visual stimuli, and biofeedback training to produce changes in dysfunctional habit patterns.

At present, sensory deprivation therapy appears to be a small but growing approach. Applied research is being carried out in Canada, the United States, West Germany, and Japan. Some clinical facilities using the Restricted Environmental Stimulation Technique (REST) have also been operating.

## TECHNIQUE

The most frequently used techniques of recent years minimize absolute level of stimulus input. In room confinement, which has been explored the most fully in clinical contexts, the client lies on a bed in a dark and soundproof chamber; in water immersion, he is either completely submerged or floating in a tank of body-temperature liquid.

In the typical procedure, the client is thoroughly oriented to the chamber or tank and related equipment. He is shown how to use the life-support items and how to terminate the session. A monitor is always present nearby, listening through the intercommunication system to ensure that the client is following the instructions and is not experiencing major discomfort or stress. The period of confinement is from a few hours to two days, comfortably completed by the great majority of participants.

## APPLICATIONS

Azima's group found that anaclitic therapy had beneficial effects on a number of psychiatric patients, particularly depressives. The only contraindication was that the technique seemed to have negative effects on obsessive-compulsive neurotics. Later studies have found positive results with neurotic and psychotic patients in a wide variety of diagnostic categories. Reduced stimulation in conjunction with more traditional psychotherapeutic techniques has been helpful with autistic children. Scattered reports have shown good results with anorexia nervosa, persistent infantile colic, hypochondriasis, esophoria, and with a number of behavioral disturbances where brief periods are used as time-out from positive reinforcement and social contact.

Sensory deprivation with messages has been reported to increase

clients' openness and self-esteem, and to decrease symptomatology, both observed and measured by clinical scales. It has also been used to increase hypnotizability, and may therefore enhance hypnotherapeutic procedures.

In the area of habit control, sensory deprivation therapy can reduce smoking rates for as long as two years after a twenty-four-hour session. The same treatment, combined with messages and preceded by tallying and satiation smoking, has produced complete abstinence in 80 percent of clients six months after the session, a very high rate compared to other techniques reported in the literature. A parallel technique has been successful with grossly overweight patients. Replicated findings have shown the usefulness of sensory deprivation in ameliorating snake phobia, and there is some pilot work using it with biofeedback and relaxation training for patients suffering from essential hypertension.

Sensory deprivation therapy seems to be most successful with those patients whose symptoms are the most severe, and is strikingly effective with patients of relatively low socioeconomic and educational background. Other favorable data are: the reduced environmental stimulation situation is found to be pleasant for a variety of patients (prominently including schizophrenics and alcoholics); the lack of side- or after-effects; and the ease of constant monitoring and immediate modification or termination of the session, if desirable.



So far there have been very few contraindications of the use of the technique. Sensory deprivation is apparently harmful for obsessive-compulsive neurotics; more obviously, patients who have abnormal needs for stimulation or a fear of dark, enclosed places will find the experience dreadful. Monitoring and quick release can reduce the problems of people who first discover that they are claustrophobic when they begin the session. Post-release interviewing with a sympathetic counselor is desirable: clients who quit typically feel that they have failed and may require reassurance, while those who have completed a scheduled session are eager to discuss their experience.

The method requires minimal therapist and patient time. The monitor can be a nonprofessional with brief training. The facility needs only a dark, silent room or tank, and a control space with intercommunication set. Chamber furnishings are a bed, chemical toilet, food container, and water bottles. Thus, an adequate facility can be set up at relatively little cost.

There are four main uses: to enable people to gain greater insight, a clearer understanding of their problems, and some ideas about appropriate resolutions; to induce rapid, deep regression; to foster rapport with the therapist and reduction of symptomatology; and to bring under control reactions that the client himself recognizes as injurious to his health, but which he cannot extinguish without assistance. It appears desirable to

increase the use of sensory deprivation therapy in those situations where its success has already been demonstrated and to intensify research testing the limits of its effectiveness.