

Hypnotherapeutic Methods of Managing Acute Pain

Deep Relaxation

- Due to ironic processing, telling someone not to think about something, such as pain, can cause them to think about it more obsessively. It is better to replace pain with relaxation.
Replacement: *“You will soon have all the comfort you need.”* (It is also a mistake to focus patients on their pain by asking them to rate it before and after treatment. Relaxation can be rated before and after treatment.)
- Acute mental stress can convert to pain. Relaxation is incompatible with stress. **Progressive relaxation:** *“We will start with your toes and slowly work our way up, relaxing your entire body.”*
- Some patients are not willing to relinquish their pain, so you target their suffering. **Compromise:** *“I am sorry I have not been able to remove your pain, but that does not prevent you from relaxing...and as the relaxation grows, the suffering decreases.”*

Distraction (imaginative inattention)

- Having no choice about painful events (such as medical procedures) increases suffering. Some people do not know where to go with their thoughts. Pleasure is incompatible with pain, so direct the patient to a pleasurable experience (e.g., music, good memories, beautiful images, whatever creates the greatest pleasure). **Imaginative involvement:** *“You can go to your laughing place. And while you are there, you will be too busy laughing to notice anything else.”*
- Rumination increases pain. **Distraction:** *“Sometimes when you are driving a long distance, you can forget to pay attention to the road...your mind focuses on another stream of thought, as you think about upcoming events and things you need to do. The same can occur whenever you experience pain.”*

Displacement

- Sometimes pain fulfills unknown needs and cannot be let go. When this is so, it is possible to transfer the pain to a smaller, less debilitating part of the body. **Relocation:** *“Soon the pain will leave your head and move down to the outer edge of your left or right shoulder, and it can stay there as long as it serves some useful purpose.”*
- Physical pain is easily confused with loneliness or rejection (e.g., heart ache). **Automatic writing:** *“You can write about this loss, and put all of your pain onto the paper. This will allow it to leave your body.”*

Modification & Transformation

- Pain is sometimes experienced as heat and swelling. Suggestions for coolness and pleasure serve as an anti-inflammatory. **Mutually exclusive sensations:** *“Your experience of pain will soon change, it will start to feel cool and you can take pleasure in this change in sensation.”*
- Sometimes pain is unavoidable and must therefore be taken into consideration. **Alter the frequency and intensity of the pain:** *“After each episode of pain, you will find that it takes longer for the next episode to occur. And as the frequency decreases, you will notice that the intensity of the pain is also decreasing.”*

- Much of the suffering that comes with acute pain is caused by fear that has become attached to it. **Replacement/Emotional:** *“All of your fear about feeling more pain will transform to gratitude, as you start to recognize your progress.”*
- When suggestions for a decrease in pain fail to take effect, it can be useful to go in the opposite direction. **Paradoxical suggestion:** *“You can learn how to change your pain by first turning it up by just one degree, or a little less than 1%. ... After that, decrease it by the same amount.”*
- Some patients develop strong negative expectations after being unable to use conscious intention to manage the pain. **Naturalistic suggestion:** *“If you are not willing to be optimistic about your recovery, would you be willing to just be neutral, and see what happens automatically, without any effort on your part?”*

Hypnotic analgesia

- Some patients want a medical solution—something they understand. **Revivification:** *“You can remember the last time the dentist used Novocain to make your mouth numb, and you can relive that experience, with the numbness replacing all pain.”*
- Another medical solution is a hallucinated drug. Studies have found that placebo morphine is more effective than placebo aspirin, and two placebo pills is more effective than one. **Hypno-placebo:** *“I am going to give you a hypnotic placebo...you can see two pills in front of you, one is placebo aspirin and one is placebo morphine. You can choose whichever you need, and take it as often as you need to control the pain.”*

Dissociation & Time Distortion

- Sometimes people need to escape overwhelming situations, such as child birth or surgery. **Out of body experience:** *“As this is happening, you will be outside of your body, walking in a garden nearby. And the time will go by quickly.”*
- Some people have adopted pain sensitivity as part of their identity (e.g., “I am not a person who can handle pain”). **Depersonalization:** *“And soon you will forget who you were and become someone new, someone who is courageous and almost immune to pain...and you can return to this new identity whenever you need.”*
- Pain can make people feel depressed and in need hope. **Age progression:** *“We will go into the not too distant future...to a time when you are free of pain.”*
- People who are naturally dissociative are often more responsive to hypnotic suggestion. **Utilization:** *“You are already good at dissociation...and that can be a valuable asset while managing pain...just do what you already know how to do so well.”*

Reframing

- For some people, under that right set of conditions, pain can be a positive experience. **Utilization:** *“You said you want to feel the experience of giving birth, this type of pain is meaningful to you, so you can feel just enough pain to be happy and satisfied with your delivery experience.”*
- Some people need to pay more attention to pain so that they can take better care of their bodies. **Utilization:** *“Any future pain will serve as a warning system, that you are placing too much stress on your body. Do what you need to take the strain from your body, and the pain will go away.”*

Prognostication

- Knowing why we have pain can decrease pain. **Disambiguation:** *“The sensations you are experiencing are normal for a young girl who is in a growing body. There is no need to interpret these new sensations as painful.”*
- Sometimes people do not know when to stop feeling pain. **Focusing:** *“Once everything that can be done has been done, the pain no longer has any meaning...and you can be mostly interested in things that are meaningful.”*
- Anxiety and catastrophizing increase the longevity of pain. **Encouragement:** *“Your case is very similar to others that I have worked with. And you will overcome your pain just as others have done.”*
- Do not forget to place an end-point on your positive suggestions. **Posthypnotic suggestion:** *“Keep feeling cool and pleasant until your burn heals. And then your body can return to feeling normal.”*

Hypnotherapeutic Methods of Managing Chronic Pain

Deep Relaxation

- Chronic muscle tension can create pain. **Targeted relaxation:** *“The muscles in your neck, and across the back of your skull can really start to relax, as if all the muscles had just turned into limp pasta.”*
- After an injury, some patients start to guard against movement. The less people move, the more sensitive they become to their bodies. **Posthypnotic suggestion:** *“When you first start to move there might be some small pain, but you can automatically relax, and ease into the movement, and you will feel compelled to finish the movement because you know that movement reduces pain.”*
- Some patients have chronic conditions that do not allow them to be rid of pain. Relaxation can help decrease the intensity. **Habituation:** *“When you are unaccustomed to a certain type of pain, it can cause you to tense up...but now you will learn how to relax into the familiar pain, to decrease its intensity, just like getting acclimated to the water in a swimming pool.”*
- After long periods of feeling pain, patients can have difficulty recognizing pleasant sensations. It is easier to suggest a pleasant sensation when it is paired with pleasing stimulation. **Linking:** *“I will brush your skin with a feather, and you will notice a pleasant tickling sensation, and with each slow pass, your arm will become more relaxed—eventually making your entire body feel good.”*

Changing bad habits

- Smoking can increase pain, as can inactivity (bedrest/TV watching) and prescription drug use, especially opioids (rebound effect). **Replacement:** *“After you awaken, your urge to smoke will be replaced with an even stronger urge to be free of pain.”*
- Pain itself can become a bad habit that requires motivation to change. **Ego-strengthening:** *“You are a person with strong values. And soon you will recognize that one of your core values can lead you to pain free living.”*
- If the onset of pain is not immediate, people sometimes fail to recognize the connection between poor mechanics (such as always sitting with the lumbar curved outward, or carrying a heavy purse or bag on the same shoulder), unwise fashion (e.g., wearing shoes that are too small for the feet), or self-deprivation (e.g., not drinking enough water, failure to wear sun glasses). **Hypno-assessment:** *“You will easily recall the last three instances when you felt this pain, and you will start to notice what they have in common, or what occurred a little while before you started to experience the pain.”*

Corrective Experiences

- Guilt and shame can convert to pain, or subconscious memories of pain from corporal punishment can mingle with the feeling that one deserves to be punished for unforgivable transgressions. **Regression:** *“We will go back in time and discover when and why you learned to feel this way. But this time you will see things from an adult perspective, and soon you will realize that you do not deserve to feel this way.”*
- Sometimes patients are told that they must feel pain for certain events, such as sex or childbirth. **Counter suggestion:** *“Your mother told you that men would hurt you. And now you*

feel pain whenever you attempt intercourse. But her suggestion only applies to abusive, uncaring men...and your husband is sensitive and caring, so with him you can feel safe and joyful.”

- Some physical movements are painful because they have become linked to an overwhelming event in the past. This could be as simple as attempts to lift one’s arm or turn one’s head, which have since become too painful to complete. **Regression & reframe:** *“Are you willing to go back to the first time this action was too important, or not completed in the way that you intended? ... Your response was appropriate for those circumstances. Now you are free to respond to current circumstances, which are now different.”*

Modification & Transformation

- Sometimes people self-suggest the worst pain imaginable—similar to pushing on a bruise to see how bad it can feel. **Replacement/sensation:** *“The stabbing pain will soon transform into a milder throb, as if your body was softly beating a drum.”*
- Sometimes chronic pain in the lower back, or the neck, is caused by suppressed anger. **Replacement/emotion:** *“You are no longer allowing yourself to be bullied by your parents. And you have reasons to feel pride in yourself. And that pride can replace old feelings of anger.”*
- Sometimes chronic pain patients are angry at the pain, which spirals into more subjective pain. Laughter can help break the spell. **Replacement/emotion:** *“Soon you will have a funny thought, something entirely unexpected. And you can try to suppress a chuckle...but it will be more comfortable to release it.”*
- When suggestions for a decrease in pain fail to take effect, it can be useful to go in the opposite direction. **Paradoxical suggestion:** *“You can learn how to change your pain by first turning it up by just one degree, or a little less than 1%. ... After that, decrease it by the same amount.”*
- Sometimes it is helpful to make metaphorical changes before realizing a “real” change in sensation. **Imaginative involvement:** *“The color of the pain will soon change, as will the size and shape that you currently see.”*

Dissociation & Time Distortion

- Sometimes pain must be endured, such as with certain types of cancer. When expectation of pain is problematic, you can suggest amnesia for pain. **Hypnotic amnesia:** *“You can be pleasantly surprised by how quickly the pain can pass, and even forget about past episodes or forget to remember that there could be future episodes.”*
- Some people need a mystical experience in order to escape unrelenting pain. **Imaginative involvement:** *“No pain last forever. So now you can become a spirit that has left its body and float away from any uncomfortable sensations. And in this state, time no longer exists.”*

Prognostication

- Some start to fear that their pain will never end, which creates a self-fulfilling prophecy, or a doctor or therapist might have told them that they will never be pain free. **Provide an end-point:** *“This was a bad injury. But you have had enough time to heal. Perhaps the pain will leave in a week or two, or maybe sooner, if you experiment with new ways of moving.”*
- With constant pain syndrome (CPS), the patient can get the idea that, “I live with pain,” which is a self-suggestion that as long as I am feeling pain, “I am not dead yet.” This is most likely to occur in those who were disoriented during injury, who fear death, and find reassurance in the presence of pain. **Provide an alternative:** *“Your health will increase if you turn off the pain*

*during moments of vitality, such as when you are exercising or enjoying the company of others.
This will increase your longevity.”*