

Pre-publication article

Brief Psychological and Hypnotic Interventions in the Management of Pain

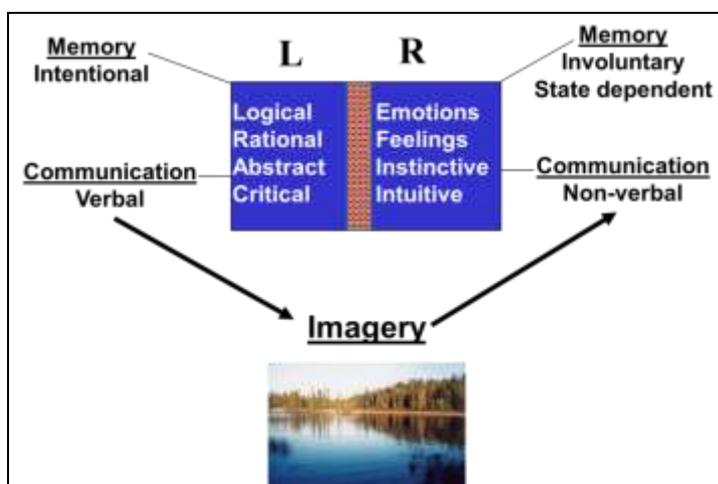
– giving control back to the patient

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Often, when someone has chronic pain, it tends to be their main focus of attention; their life and their identity defined by their pain. They may be focused on their pain by hating it, feeling angry about it, wanting to deny it exists, expending energy trying to ‘fight’ their symptoms or simply accept it, feeling helpless and hopeless. This article will demonstrate ways that I use to engage the patient in helping themselves to be as fit as they can be and to be more in control of how they feel; they may not be able to ‘cure’ the pain but they can find that they are more than their ‘pain’ and that they can ‘suffer’ less as a result of it.

Another problem is that often the health professional cannot determine the actual physical cause of the pain and the patient may feel that they are disbelieved. This may obviously lead to anger and resentment on the patient’s side and leave the health professional with a feeling of helplessness (often masked as irritation). Helping patients tolerate uncertainty is often a major goal of the therapeutic intervention.

The first thing I want to do with patients with chronic pain is to teach them ways to change their focus of attention and help them to become more relaxed. I teach them self-hypnotic techniques but first I have to explain what hypnosis is and isn’t. A useful diagram that I use is featured below. I explain that this is a model to help understanding, not the truth.



The brain has two cerebral hemispheres and whilst in our normal waking state the left tends to be more dominant and could be likened to our 'conscious mind'. This communicates verbally, and is the more intellectual, rational part of ourselves. When we relax or become deeply involved in some activity our right brain becomes more dominant. The right brain could be seen to be the more emotional, creative part of ourselves that communicates with symbols and images, and could be seen as our 'unconscious mind'. There is always a difficulty in telling ourselves not to be upset or anxious because words are not the language of the right brain. But one can paint a word picture using guided imagery or metaphor. All the great teachers of the past have used metaphor or stories because they are such an effective means of communication – they communicate to both types of our processing; left and right brain; intellectual and emotional processing.

We shift into different levels of consciousness at different times every day and hypnosis is just a label for a way of doing this deliberately in a similar way as meditation. Everyday trance states are common such as getting lost in a good book or driving down a familiar stretch of road with no conscious recollection. Our conscious awareness of our outer surroundings versus an inner awareness and focus, are on a continuum so, when in hypnosis, one's focus is predominantly internal, but one does not necessarily lose all outer awareness.

Joseph Barber said "Hypnosis is an altered state of consciousness characterised by changes in mood, sensation and perception, and allowing for greater access to unconscious processes." Hypnosis in itself is not a therapy but it can be a tool that facilitates the delivery of therapy in the same way as a syringe delivers drugs. Hypnosis does not make the impossible possible but can help the patient believe and experience what is possible. Once in hypnosis imagery and suggestion can be used with good effect.

To enter the hypnotic state one needs to focus attention (induction) and this can be done in many ways. A visual focus could be a candle flame or a computer screen. An auditory focus could be music, chanting or using mantras. Some inductions are mainly kinaesthetic such as progressive muscular relaxation (PMR) or using 'involuntary' (or ideomotor) movement. One of the easiest is to engage the patient's imagination using revivification (or re-experiencing) of an experience, a daydream or fantasy. Hypnosis can be used formally in sessions or informally in conversation by directing the patient's focus and engaging their imagination.

A balance needs to be kept between validating the patient's problem and focusing on their goals. Sometimes it is necessary to break into the flow of negative, problem talk from a patient and this can be done, without breaking rapport, by interrupting with a cough or a sneeze, or by dropping your pen and moving position, then within the next second or two, focusing the conversation towards more positive aspects.

Health professionals often do not realise the power of the words they use, especially when a patient is feeling anxious. In this state the patient is already in a semi-hypnotic state where the right brain or emotional processing is predominant and therefore any words may be taken as hypnotic suggestion and act more powerfully (and literally) than expected. Unfortunately the negative is our default position, emotion makes us more suggestible and adrenalin 'fixes' memories especially negative ones.

The meaning may not be what you intended, such as in the story of the patient who was failing to recover as expected after an Australian Doctor had said post operatively "You are going home to-die!!"

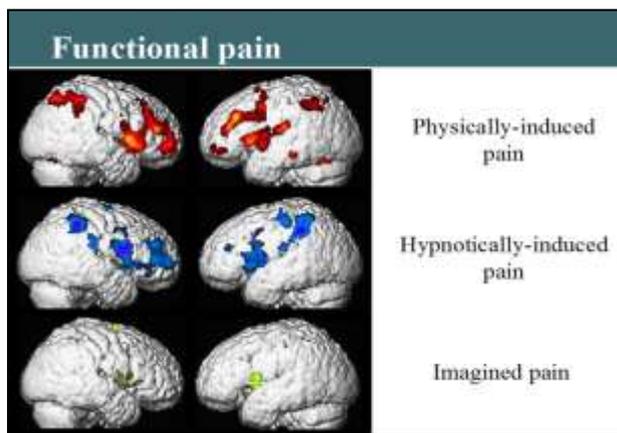
The 'unconscious' does not process negatives so phrases such as "Don't worry about it!" "This won't hurt!" are experienced negatively in the same way as you cannot not think of a 'pink banana' once it has been mentioned. We need to learn to phrase things in a positive manner.

Therefore the therapeutic interventions for a patient with chronic pain are to facilitate a different perspective, engage the imagination, focus attention, and access a 'being' state where suggestion and imagery is more effective.

Numerous controlled studies demonstrate physiological responses associated with hypnosis, which are not demonstrated with role playing and suggestion/expectancy alone. Research has shown that using imagery in the 'hypnotic state' triggers similar brain changes to the 'real' experience.

Kosslyn et al¹ in 2000 gave identical mental imagery suggestions to two groups, one in hypnosis and one not. Only the hypnosis group showed activation in the colour areas of right and left hemispheres when asked to perceive colour. Similar studies have been made with auditory and olfactory stimuli.

Derbyshire et al² in 2004 demonstrated this same effect with pain from a heat probe and hypnotically imagined pain as shown below.



Imagery is not just visual; it can be auditory, kinaesthetic, olfactory/gustatory, spatial or simply an 'awareness'. It is important to mention this to patients who are not very skilled with visual imagery as working with 'just knowing it's there' can also be effective. It is also useful to point out the differences between associated and dissociated imagery. In associated imagery one is 'in' the image not merely looking at it; this increases the emotional impact and is used for giving positive suggestion. Being removed from the image and looking at it from a distance (dissociated) reduces the emotional impact and is used when working with negative scenarios.

I find it useful to teach patients to use imagery to help themselves let go of negative feelings and to access their strengths and also to construct a special, calm place where they can go in their imagination to 'recharge their batteries' and get in touch with their inner strength. The patient is reminded to explore their imagery using all the senses, to really 'be there'. Useful questions can be "What do you get absorbed in? What helps already? What comes to mind as I say the words calm, relaxing, tranquil?"

Our internal thoughts and ideas about ourselves determine how we feel and behave. 'If we change what we 'see' then we change what we feel - we are whatever we think we are'. By changing the imagery we can start to regain control.

Using imagery, one can help patients change how they see themselves; from a 'victim' to someone who can cope and who has greater control over how they feel.

It can be used to change how patients see others, or a procedure, from threatening and fear provoking to something that they can cope with calmly. Positive mental rehearsal is often helpful – getting the patient to imagine

(associate) with the desired outcome. For example: feeling calm whilst having a procedure done. This can also often be achieved by suggesting they imagine themselves somewhere else, maybe in their special place.

Imagery can be used with some patients to reduce the intensity of pain and most can be helped to feel less distress. I find client generated imagery is often very effective. I ask them to close their eyes and look at their pain 'out there'. If they could paint a picture of it, what would it look like? By asking various questions about its texture, colour, motion, size, sound and so on they are encouraged to really visualise it (hence entering a hypnotic state). I then ask what change can they make that would be helpful; that might help it feel easier? As they describe it I ask them to start seeing that change happen and they feed back to me as the process continues. Some quite marked changes can occur in a short period of time and before they alert I suggest that they can keep the comfort they have achieved and successfully repeat the process at home whenever they wish.

There are many other hypnotic techniques that can be used but an example of guided imagery that I sometimes use, especially for headache, is to ask the patient if they have ever played with copper sulphate crystals as a child and watched them dissolve when you add water. If they reply in the affirmative, I suggest that they close their eyes and imagine their pain gathered up into a crystal. I ask them to tell me what colour it is so that I can ensure that they are doing this. I then ask them to imagine pouring healing fluid over the crystal and watch it dissolve. Once it has dissolved I ask them to rate how comfortable they feel out of 10 and suggest that they can keep this level of comfort when they re-alert.

Much anxiety and distress is driven by negative internal dialogue which can be changed by using auditory imagery; imagining the dialogue in a cartoon voice or in the voice of someone who has inhaled helium and it becomes much less believable.

Although much can be done with simple suggestion and use of imagery in the hypnotic state many patients have underlying difficulties that need resolution. It is beyond the scope of this article to elaborate much on these but in my experience many patients with chronic pain, especially those with conditions such as fibromyalgia, will not get a lot better unless these are addressed.

Underlying "causes" may often be operating at an unconscious level and hypnosis can often be the way in to help the patient resolve these issues. They

may include internal conflict; organ language - where the patient's unconscious is trying to tell them something; serving a purpose or secondary gain; a past traumatic experience; identification - where the patient 'takes on' the problem of someone close to them, often deceased; imprint – where a negative suggestion, something someone said to them, has been internalised and become their truth; and self-punishment – where the patient unconsciously punishes themselves for something that they feel guilty about, whether appropriate or not.

As John Hartland said “Few patients will abandon their symptoms until they feel strong enough to do without them”. But by teaching self-hypnosis and showing the patient how to use imagery and give themselves positive suggestion much can be achieved and no harm is done.

Further useful information can be found at:

www.annwilliamson.co.uk

www.bscah.com

www.scimednet.org

<http://bscah.com/about-hypnosis/information-health-professionals>

¹Kosslyn, S. M., Thompson, W. L., Constantin-Ferrando, M. F., Alpert, N. M & Spiegel, D. (2000) Hypnotic visual illusion alters colour processing in the brain. American Journal of Psychiatry. Vol 157 pp 1279-84

²Derbyshire, S. W., Whalley, M. G., Stenger, V. A. & Oakley, D. A. (2004). Cerebral activation during hypnotically induced and imagined pain. Neuroimage. Vol 23 (1) pp 392-401.

Revivification - changes focus of attention - uses client generated imagery

Ask the patient to decide on a physical activity such as swimming, skiing, running, horse-riding, cycling, preferably a specific time when they really enjoyed this activity. Ask them to let their eyes close and re-experience it

Ensure they use all their senses – seeing, hearing feeling and possibly smelling

After a few minutes, when they have finished, they should open their eyes and you can get feedback on how they felt. Most notice that they begin to relax.

Alternatively ask the patient to start imagining the activity (swimming) very fast and ask them to gradually slow it down as they feel ready to until they are resting (floating) This matches a high adrenalin state and is often easier to do if the patient suffers from chronic anxiety.

Breathing focus

Observe the breath rather than trying to change it

Notice the rise and fall of the chest

Follow the flow of air in and out

Become aware of slight temperature difference between the air breathed in and that breathed out - as the breath is warmed by its passage through the lungs

Re-focus if mind wanders (which of course it tends to)

Give a positive suggestion for the future (each time you try this it will become easier and easier to do; as you practise this you may find yourself becoming calmer and more able to deal with things.

Silent Abreaction - Safe release of strong negative emotion

Close your eyes and go in your imagination to a rocky place, miles away from anywhere...

There find a suitable rock to be the anger that you wish to be rid of and project this anger into the rock, marking it in some way so that you know what it represents

Look around for something that you can use to smash the rock into tiny pieces, maybe a pickaxe, a pneumatic drill....

Enjoy smashing the rock up ...

Decide what you would like to do with the dusty bits left?

Then take yourself to a peaceful place and enjoy the feelings of calmness

Re-alert