Hypnotherapy for Pain Control

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Agenda

- History of Hypnosis
- Box Breathing
- Autogenics
- Simple Induction
- Methods of Pain Control
It’s All in How You Think, How you Feel and What You Do
Hypnosis Defined

- British Medical Association Medical use of hypnotism 1955 "A temporary condition of altered attention in a subject which may be induced by another person and in which a variety of phenomenon may appear spontaneously or in response to verbal or other stimuli. These phenomenon include alterations in consciousness and memory, increased susceptibility to suggestion, and the production in the subject of responses and ideas unfamiliar to him in his usual state of mind. Further, phenomenon such as anaesthesia, paralysis and rigidity of muscles, and vasal motor changes can be produced and removed in the hypnotic state".

- Spiegel and Maldonado 1999 "Hypnosis is a state of attentive, receptive concentration with a relative suspension of peripheral awareness. It involves an intensity of focus that allows the hypnotized person to make maximal use of innate abilities to control perception, memory and somatic function."

- **Best**
  - "Hypnosis is a natural state of aroused, attentive focal concentration with relative suspension of peripheral awareness. It involves an intensity of focus that allows the hypnotized person to make maximal use of innate abilities to control perception, memory, and somatic function."

- *Spiegel & Maldonado, 1999*

- My short definition "Hypnosis is a state of narrowed attention in to one’s internal state. In this state a person can gain better control over their own natural abilities to control pain."
History of Hypnosis:
Evidence from ancient Persia and India of meditation and meditation in the context of religion, to heal the sick.

Hypnosis and meditation share many common characteristics.

In the 1600’s Valentine Greatrakes treated people by passing magnets over them associated with hypnotic suggestion.

Now we move forward to about 1770ish to Father Maximillian Hell who was a Jesuit in Vienna and he would treat people by using magnets on steel plates applied to the naked body. One of his students was Franz Anton Mesmer.
History cont’d

- In the 1700’s there was great interest in magnetism. There was all kinds of magnetism including minimal magnetism, cosmic magnetism and planetary magnetism. Mesmer coined the idea of ‘animal magnetism’.

- In the late 1700’s Mesmer believed there was an invisible force in animals of all kind that could exert physical effects such as healing.

- Originally he began by passing magnets over areas he had done blood letting to stop the bleeding but then discovered a stick worked just as well.

- In an example of his early work, Mesmer produced an "artificial tide" in a patient by having her swallow a preparation containing iron, and then attaching magnets to various parts of her body. She reported feeling streams of a mysterious fluid running through her body and was relieved of her symptoms for several hours. Mesmer did not believe that the magnets had achieved the cure on their own. He felt that he had contributed animal magnetism, which had accumulated in his work, to her. He soon stopped using magnets as a part of his treatment.

- His later work involved making "passes" by moving his hands from patients' shoulders down along their arms. He then pressed his fingers on the patient's hypochondrium region (the area below the diaphragm), sometimes holding his hands there for hours. Many patients felt peculiar sensations or had convulsions that were regarded as crises and supposed to bring about the cure. Mesmer would often conclude his treatments by playing some music on a glass armonica.
Glass Armonica
Mesmer eventually moved to Paris and became so popular that the French King put together a panel to study his work. The panel included Benjamin Franklin and Joseph Ignace Guillotine.

Franklin constructed an experiment. He blindfolded a patient. He tested whether the patient responded as much to magnetism and a non-active control. The control was as useful. Franklin is credited with constructing the first placebo controlled trial ever conducted.

Mesmer’s work was declared imagination

The church banned hypnosis until the mid 1950’s
History cont’d

- The Nancy School was an early French hypnosis-centred school of psychotherapy, which can be traced back to 1866 and the work of Ambroise-Auguste Liébeault, a follower of the theory of Abbé Faria, in the city of Nancy.

- This school saw the basis of hypnosis as being in the concept of suggestion.

- An antagonistic school to the Nancy group was the Paris School that saw hypnosis as a somatic expression of hysteria. The lead research was Jean-Martin Charcot.

- Charcot also used hypnosis as an investigative method and that by putting his hysterical patients into an 'experimental state' it would permit him to reproduce their symptoms and interpret them.

- Paris became the centre of hypnosis

- Charcot’s student Pierre Janet developed dissociation in hypnotic trance. He viewed this as splitting off various mental aspects of a person. Dissociation is still used today although I view it differently than Janet.
In the early 1820’s Recrècamier was the first physician to induce hypno-anaesthesia and would operate on patients under an hypnotic state.

James Esdaile in the early 1800's did hundreds of major operations using only hypnotic trance.

The term hypnosis was provided by James Braid. It comes from the Greek word hypnos which means sleep and was coined by James Braid who was a Scottish surgeon in about 1841. It was first used in an unpublished essay called “Practical Essay on the Curative Agency of Neuro-hypnotism” (1842).

Ether was first used on October 16, 1846. Many surgeons used some form of hypnosis for pain control prior to that.
History cont’d

- Braid thought that the Mesmeric trance was really the result of paying attention to a bright moving object or some object of fixation. The classic moving watch for example. This caused fatigue to certain parts of the brain and this led to trance.

- Fixation is still used to this day.

- Braid eventually realized that hypnosis is not a state of sleep and he tried to change the name to monoideism, but it was too late.
The church became concerned that hypnosis would lead to the loss of moral reason. In 1847 the church declared "having removed all misconception, foretelling of the future, explicit or implicit invocation of the devil, the use of animal magnetism (hypnosis) is indeed merely an act of making use of physical media that are otherwise licit and hence it is not morally forbidden, provided it does not tend toward an illicit end or toward anything deplorable".
In the early 20th century Emil Soue, who split off from the Nancy School began to look at auto-suggestion and self-help.

The German Johannes Schultz saw parallels with yoga and meditation and developed autogenic training, a method of relaxation still used.

Freud was a student of Charcot. He initially began his treatment of hysteria using hypnosis, just like Charcot. Over time he stopped using hypnosis and substituted it for the ‘blank slate’ and free association.
History cont’d

- Clark Hull began the modern study of hypnosis at Yale.

- He wrote a book *Hypnosis and Suggestibility* in 1933. Using more statistical analyses and experimental data than ever before he showed that hypnosis was not connected with sleep and he reduced the exaggerated claims of the treatment. He showed that if there was enough motivation one could control pain.

- In 1950 the British Medical Association approved the use of hypnosis for pain control in chronic pain, surgery and child–birth.

- In 1956 the Church under Pius gave its formal approval of hypnosis:
  1. Hypnotism is a serious matter, and not something to dabble in.
  2. In its scientific use, the precautions dictated by both science and morality must be followed.
  3. Under the aspect of anaesthesia, it is governed by the same principles as other forms of anaesthesia.
Milton Erikson
History cont’d

- Erikson is considered the father of modern clinical hypnosis.
- He used a ‘naturalistic’ method of hypnosis.
- Rather than trying to control the patient, he would use the natural rhythms of a patient, and his rapport to induce trance.
- Although his theory is dated, his approach is unique and is the basis of my own work.
SQUARE BREATHING

1. Breathe in for 4 seconds
2. Hold for 4 seconds
3. Breathe out for 4 seconds
4. Hold for 4 seconds

1 2 3 4
Other Breathing Techniques

- Pursed lip breathing

- 1. Inhale slowly through your nose.

- 2. Purse your lips, or pucker them gently, as if you were going to whistle.

- 3. Breathe out slowly while keeping your lips pursed.

- 4. Take twice as long to breathe out as you do to breathe in. For example, if you breathe in for a count of two seconds, breathe out for four seconds.

- 5. Never force your air out. Just let it flow out through your pursed lips.
Other Breathing Techniques

- Bumble bee or bhramari breathing from yoga
Box Breathing

- Not to be confused with the Buteyko breathing methods
Autogenics
Autogenic training is a relaxation technique developed by the German psychiatrist Johannes Heinrich Schultz and first published in 1932.

- The technique involves the daily practice of sessions that last around 15 minutes, usually in the morning, at lunch time, and in the evening.

- Schultz emphasized parallels to techniques in yoga and meditation

- It was believed that this method affected the autonomic nervous system thereby inducing a relaxed state.

- An example of autogenics
Autogenics

- Meta-analysis has shown that:

- When compared to controls there is a medium effect size (ES).

- Positive ES was found for its use in somatoform pain disorders, migraine headache, mild to moderate sleep disorders, mild to moderate mood/anxiety, asthma, mild to moderate hypertension

Hypnotherapy
Theories of hypnosis:

- Trait theory
  - Some people are inherently hypnotizable

- Neodissociative
  - A part of a person's consciousness splits off from normal executive control and that part responds to hypnotic suggestion. In experiments a person can control pain but their heart rate remains unchanged.

- Dissociative Control Theory
  - Focuses on the automatic responses of people under hypnosis. People use an effortless, not thought out, cognitive strategy to control pain.

- Social Cognitive View
  - Hypnosis is based on the context a person is in and social cues. The demands and expectations of the environment result in trance behaviours. Altered consciousness is not required for pain control, rather certain changes in cognitive processes.
Hypnotheraphy: Some hard findings

- BSEP are altered in trance and when patients achieve analgesia
- EEG—higher theta activity in those patients in trance particularly those who are highly suggestible
- On PET corticolimbic and somatosensory areas are activated during hypnotically induced analgesia
- In a recent study of fibromyalgia pain, hypnosis suggestion and fMRI, the findings were:
  - Both suggestion and hypnosis plus suggestion had reduction in pain.
  - The hypnosis plus suggestion had greater pain relief
  - Cerebellum, anterior midcingulate cortex, anterior and posterior insula and the inferior parietal cortex were all activated in both conditions but more so in the hypnosis group

Hypnotherapy: Results

- Lang (2000) demonstrated in RCT of surgical patients undergoing percutaneous vascular and renal procedures
  - randomised to receive intraoperatively standard care (n=79), structured attention (n=80), or self-hypnotic relaxation (n=82)
  - All had access to patient-controlled intravenous analgesia with fentanyl and midazolam
  - Pain increased linearly with procedure time in the standard group and structured attention group but not the hypnosis group
  - Drug use was higher in the standard group
  - Time of procedure was significantly less in the hypnosis group

Dingesa (1997) did a cohort study of sickle cell patients and found hypnosis significantly reduced pain.

Meta-analysis by Montgomery in 2000 showed that patients benefit from hypnosis with those who are more hypnotizable, benefitting the most.

- 70% of the population could get substantial relief
- 30% are highly suggestible
- Through training and practice a person can increase their hypnotizability

Most studies are either experimental pain or acute pain. There are very few chronic pain studies.

2014 Metaanalysis showed clear pain reduction effect associated with hypnotherapy


Hypnotherapy: Structure
Stages of Hypnosis

- Hypnoidal
  - Like being in a light trance but not as a result of formal hypnosis—day dreaming

- Light Trance

- Medium Trance

- Deep Trance or Somnambulism
Hypnotherapy: Stages and Phenomena

- **DAVIS-HUSBAND SCALE OF HYPNOTIC SUSCEPTIBILITY**

- **Hypnoidal**
  - 2 Fluttering of the eyelids
  - 3 Closing of the eyes
  - 4 Complete physical relaxation
  - 5 Catalepsy of the eyes

- **Light Trance**
  - 6 Limb catalepsies
  - 7 Rigid catalepsies
  - 8,9,10 Glove anesthesia
  - 11,12 Partial posthypnotic amnesia
Hypnotherapy: Stages and Phenomena

- Medium Trance
  - 13,14 Posthypnotic amnesia
  - 15,16 Personality changes
  - 17,18,19 Kinesthetic delusions
Hypnotherapy: Stages and Phenomena

- Deep Trance
  - 21,22 Ability to open eyes without affecting the trance
    - (Somnambulism)
  - 23,24 Complete somnambulism (The act or an instance of walking or performing another activity associated with wakefulness while asleep or in a sleeplike state. Also called noctambulism, somnambulism.)
  - 25 Positive visual hallucinations (posthypnotic)
  - 26 Positive auditory hallucinations (posthypnotic)
  - 27 Systematized posthypnotic amnesias
  - 28 Negative auditory hallucinations
  - 29 Negative visual hallucinations
  - 30 Hyperesthesia
Hypnotherapy: Test for hypnotizability

- Cataplexy (alteration in muscle tone)
  - Eyes Wide Shut
  - Stiff Arm
  - Falling for you
  - Invisible Shackles
  - Too Heavy–Too Sticky
Hypnotherapy: Structure

- The relationship
  - Understand
- Induction
  - Typically with eye fixation but not absolutely required
- Deepening
  - The Elevator/Stairs/Counting Backwards
  - Depth of trance is affected by genetics, co-operation, motivation, resistance, the therapists skills
  - Re-hypnotizing a patient can increase the ease of trance induction
  - Fractionating
- Suggestion
- Post-hypnotic suggestion
- Return to a resting state
Hypnotherapy: Types of Inductions

- Simple Breathing
  - Box
  - Pursed Lip
  - Bumble Bee

- Eye Blink

- Bunny Rabbit
  - Variations of hands clenched
  - Hands Rotating

- Magic Eye (JE)

- Ring/Sparkles (JE)

- Arm Levitation

- Hands Moving Together

- Gloved Hand Anaesthesia
Demonstration

- Arm Levitation
Pain Control
Note

- DO NOT USE THE WORD PAIN

- REPLACE IT WITH SUCH WORDS AS DISCOMFORT

- DO NOT START WITH THE WORST PAIN

- START WITH THE LEAST PAIN AND WORK UP FROM THERE
Methods of Pain Control

- Relax the pain
- Amnesia for pain
- Analgesia—pain reduction
- Anaesthesia
  - Lidocaine injection
- Timed distortion—bringing a person to a time before they had pain.
- Reinterpretation of the experience—rethinking the mechanisms for pain and ‘fixing’ it
- Dissociation—making oneself distant from the area that hurts—making the area small and unimportant
- Colour Potpourri
- Changing the count
- Gloved hand anaesthesia—transferring the anaesthesia
- Hiding the pain
- Use the air to settle the pain
- Pain as a sound—reduce the sound
The End: Thank-vous