



PAIN AND HYPNOSIS

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Pain is a very subjective experience but not solely a conscious experience. It has certain temporal, emotional, psychological and somatic significances. It is a complex, a **construct**, composed of past remembered pain, of present pain experience and of anticipated pain in the future. So the immediate stimuli are only one third of the entire experience. It's the anticipation of pain...the fear of it...that **intensifies** it. Thus, if you think of pain as a construct of past, present and future, then you can see that pain, as a construct, is highly vulnerable to hypnosis as a successful treatment approach. If, on the other hand, pain were only a phenomenon of the present, hypnosis would have little value in altering it.

Also varies in its nature and intensity and because it's also apart of our life experience, we tend to give it various meanings...meanings that are unique to each individual. That's why it's so very important to listen to how the patient describes his pain: Dull, heavy, dragging, sharp, cutting, twisting, burning, nagging, stabbing, biting, cold hard, grinding, throbbing, gnawing. It's also important to understand it's time frame? Reoccurrence? Acute or chronic? If it's been experienced in one part of the body for a long time, it's very possible for pain become a "habit". Pain also has emotional attributes. It can be threatening or dangerous because it means the cancer has spread. It can be experienced as incapacitating, irritating, or demanding.

Each of these "qualities" of pain provides you and your hypnotic subject a great number of ways to alter the experience of pain and thus diminish or even abolish pain. Erickson emphasized that the therapist should understand that pain, in and of itself, is a protective somatic mechanism. That's its function-purpose. It compels us to protect the painful area. It motivates us to seek help. It tells us in what part of our body we need help. All of this lends itself to hypnotic modification.

Erickson recommended that you first start small in relation to the entire pain complex. You first get some small success in relation in some "minor" aspect of the whole complex and thereby you lay down a foundation which allows you to eventually go after the most severe and distressing qualities of the pain. More important, as they make small successes, your patient is building up confidence in their own abilities to alter their body experience.



Erickson developed eleven (11) different hypnotic procedures for handling pain:

1. Direct Hypnotic suggestion for pain abolition: This is the approach most commonly used by hypnotherapist is the more likely to fail thus causing the patient to become unnecessarily discouraged and preventing further use of hypnosis. If it does work, its effects are often too limited and short in duration.

2. Erickson taught that the more permissive and **indirect** the suggestion for complete **abolition of pain**, the more receptive some patients are and the more responsive they can be. Thus, Erickson might say: *Your pain has alerted you to a problem. You have sought the help you need and the problem has been identified and is now being treated. You can now turn off the alarm.*

3. Utilization of Amnesia: The forgetting of past pain and the forgetting of pain due to becoming more absorbed in something else. Amnesia can be applied partially, selectively or completely to selected subjective qualities and attributes of sensation in the pain complex.

4. Hypnotic analgesia: partial, complete or selective, i.e. a certain feeling of numbness without tactile loss or pressure. This approach allows for the introduction of sensory modifications such as altering a “dragging, dull pain” into a warmth and a numbness.

5. Hypnotic anesthesia: difficult to accomplish directly but can be built up indirectly and carried out post-hypnotically.

6. Hypnotic replacement or substitutions of sensations.

For example: *Jose’s cancer pain:*

Let’s take a hypothetical case: The high school graduate, let’s call him Jose, who’s suffering from intractable cancer pain that morphine can’t touch, that nothing could touch and he’s so frightened and in so much pain, and how do you approach him?



All that pain and all that fear gives you a very small window into that situation. In order to bring about relief for Jose, you need to somehow use Jose's own learnings and your thinking. And your thinking would not be necessarily compatible with a high school graduate who might only have a couple of months to life and will be leaving behind his wife and children and his mother and father. And your job here is to bring about a hypnotic state in which you could evoke in Jose his own past learnings. He knows that no drugs can touch his pain. So you don't want to get involved with some futile effort. So you start with something that you know he understands in his own reality orientations and can do immediately. You ask him to stay wide-awake from the neck up and let his body go to sleep. In Jose's past understandings, from as far back as early childhood, Jose knew what it felt like to have his leg fall asleep or his arm fall asleep. We all have that half awake/ half asleep body experience just before we get out of bed in the morning. And so you proceed being fully confident that Jose has some kind of experience of his body being asleep. All you're asking of him is to remain wide awake from the neck up.

So you're telling him to let his body...not make his body...let his body go to sleep while he makes himself stay awake from the neck up only. And you really don't know exactly what that means to Jose. All you want to do here is to start a train of thinking and understanding that would allow Jose to call upon his past body learnings. You're not asking him to go into a trance and cooperate with you. Let's say he didn't even know what a trance was. The window is too small for that. He knows what being wide-awake is and what a body being asleep is.

Next you tell Jose: After your body is asleep, develop a tingle, let's say, on the side of your foot or the back of your calf. You know he's experienced that many times in his life. It's well within his physiological, psychological, neurological experiences...in other words, his total body learnings.

Now Jose wants relief and Jose knows that his other doctors sent you in because they couldn't help anymore with relieve his pain. And Jose really wants you to help him. And so you become very urgent and insistent about Jose developing that tingle or that itch on the side of his foot and you hope that Jose can not develop that tingle or whatever you tell him to have because you want to use his failure to get an even greater response in him. And so instead of a tingle or an itch, he gives you a numbness on the bottom of his foot-a response that's opposite of your suggestion. That numbness is Jose's response taken from his own body learnings. It's not your suggestion, it's his experience.

And so you think to yourself "great" and accept his response but you say to Jose : I'm so sorry I wasn't able to get you to develop that tingle or itch on the side of your foot. In other words, you show polite regret that he didn't bring about the itch or tingle you suggested. Because your goal is to elicit an even wider response in Jose . And so you use that polite regret to get Jose as a personality to give you an even wider response because he now feels obligated. And Jose, coming from a very polite culture, feels obligated now to give you an even better response. In other words, since



*he fails you in one regard he feels even more obligated to put forth a greater and greater effort to cooperate with you. Now you can suggest that the numbness extend to his own foot and then up to his ankle and then his leg. And what is numbness? Jose knows that numbness means a lack of awareness of his foot, ankle, leg and so on. And as Jose responds more and more he's withdrawing from the his contact with external reality which includes his bed sheets and the bed and the room. What happens to Jose's awareness of the walls and the floor and the bed? The **unimportance** of external reality. And the importance of Jose 's own internal reality and not in terms of cancer pain but in terms of body learning of numbness and increasing freedom from pain. And you want Jose to take an increasing interest in developing more and more numbness as you encourage him to spread the numbness throughout any area of his body he thinks is necessary for his comfort.*

7.Hypnotic displacement of pain: A suggested displacement of the pain from one area of the body to another. In the hypnotic trance the patient is told that the intractable pain from the cancer in his abdomen, could be felt in his left hand and therefore be entirely endurable, since in that location it would not have its threatening significances. If the patient can accept that idea, he might be free of abdominal pain and spend all his time protecting his left hand from being bumped or touched. Thus, as long as he had his hand protected, he could carry on his relationships with his family until he died. This procedure also allows for the displacement of various of the attributes of pain I referred to earlier.

8.Hypnotic dissociation can be used to alter time and body disorientation. By reorienting the patient to an earlier time in their illness, when the pain was a minor consideration, post hypnotic continuation of that "earlier experience" can be continued into the future. Thus the intractable nature of the present pain has been rendered into a minor consideration, as it was in the earlier stages of the illness. Erickson also suggested that with some patients he was able to reorient patients to a time predating the illness, and by post hypnotic suggestion, effect a restoration of the normal sensations existing before the illness.

Erickson often used this body dissociation and brought about the experience that the patient would leave their sick and suffering bodies in the hospital bed while they took their heads out to the solarium to watch their favorite T.V. shows, etc.



9. Hypnotic reinterpretation of pain experience. For example, while in a trance the patient's description of his pain as a dragging, dull, heavy pain can be reinterpreted as a feeling of weakness, or profound inertia, followed by relaxation with warmth and comfort. Erickson has successfully reinterpreted throbbing, nagging, grinding pain as the unpleasant but not distressing experience of the rolling sensations of a boat during a storm. This requires a very accurate understanding of the patient's pain.

10. Hypnotic Time Distortion: Erickson's patient with intractable pain occurring every 20 to 30 minutes, night and day lasting from 5 to 10 minutes. Between attacks the patient would dread the next episode. Erickson taught him time distortion so that he could experience the 5 to 10 minutes in just ten to twenty seconds, and then to have an amnesia for past pain. He was given a post hypnotic suggestion to the effect that each pain episode would come as a complete surprise to him. (use pleasure instead of pain with volunteer subject) . Thus, the man in talking with his family, would suddenly scream in mid-sentence, go into a trance and ten seconds later come out of the trance state, look confused for a moment, and then continue his interrupted sentence.

11. Diminution of pain via suggestion. The approach begins with offering the idea that pain will diminish imperceptively hour after hour until it is either completely gone or only some particular attribute of the pain will remain. This is a suggestion that can't be refused since the patient won't be aware of it until it's gone or changed. One percent can't be noticed. 5% a day might not be noticed for the first few days. How much would the pain have to diminish before you'd really noticed? 10%? Would you notice 25%? Probably 30-40% for sure. With this approach as well as others, the more indirect and permissive the suggestions are given, the better the patient can accept the ideas and thus, the better the results.