Hypnosis and Pain Management
General Principles and Techniques

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OUTLINE OF LECTURE

Factors Affecting Pain Perception

- Age and Cognitive/Developmental Stage
- Previous Experience with Pain
- Context of Symptom
- Physical State
- Emotional State
- Gender
- Culture
- Individual Differences
- Emotional Significance of Pain
- Medication
- Coping Style
- Attitude of family toward symptom
- Attitude of society toward symptom
- Attitude of medical staff toward symptom

Teaching Self Hypnosis for Pain Management

Understand the situation (History – History – History)
- Medical History
- Information about factors affecting pain perception
- Information about factors affecting efficacy of hypnosis
- CHILD’S description of pain and understanding of how it affects him/her

Establish Rapport (Rapport – Rapport – Rapport)
Get to know the Child
- Developmental level, learning styles, strengths and learning handicaps
- Coping styles
- Child’s understanding of and attitudes about pain
- Child’s understanding of and attitudes about hypnosis
- Child’s interests, likes and dislikes

Teach the child that pain is an important signal
- Pain is a warning signal that there is a problem
- However, it is simply a signal which is no longer useful when the problem is being taken care of
- “When everything that can be done and should be done has been done, then the pain doesn’t need to bother you.” K. Thompson
- Set up a monitoring system (e.g. Faces Scale, visual analogue scale)

Teach the child to use relaxation and mental imagery
- Explain relaxation and imagery to child and parents
- EMPHASIZE THE CHILD’S CONTROL AND MASTERY
- Select technique based on knowledge of child, or allow child to choose from several
- Act as coach or teacher
- Encourage child to enjoy safe and comfortable imagery
- Get feedback from child about his/her experience with these techniques
- Invite child to practice relaxation and mental imagery without coaching in the office
- Contract with the child to practice relaxation and mental imagery at home daily
  *Child to decide on time and place of practice
  *Parents are not to nag child about practice

Teach pain control technique(s)
- Relaxation and general imagery can help, but it is more effective to add specific imagery for pain control.
- Select the technique based on knowledge of the child, or allow the child to choose.
- Utilize the child’s language and imagery
- Defining success – reinforce whatever happens.
- Be permissive regarding when pain will go away
- Don’t use in situations where child or therapist will loose face if there is no reduction in pain
- Get feedback from subject

Use monitoring system to notice change in sensation (e.g. Faces scale, visual analog scale)

Use future visualization of success

Use suggestion to maintain comfort after realerting

Remember to address issues of anxiety as well as pain

Use desensitization if needed

Generalization of techniques to other situations

**Techniques for Imagery and Pain Control**

**Dissociation**
- Implied dissociation through use of language, e.g.”That hand” rather than “your hand”
- “Pretend for a while that that ______ doesn’t belong to you, think of it as a part of a sculpture or toy….”

**Direct suggestion for analgesia/anesthesia**
- Request for numbness
- Recreate positive anesthetic experience
  - “Imagine painting a numbing medicine on ______”
  - “Imagine putting an anesthetic into ______”
- Magic Glove – develop anesthesia in hand and transfer it
- Pain Switch or Dial – Find the knob that controls the loudness (intensity) of the signal, and turn it down (not necessarily off)

**Distancing from pain**
- Moving self away from pain, e.g. Imagine going to a favorite place
- Moving pain away from self, e.g. Imagine putting the discomfort in a balloon and watching it float away.
- Transferring it to another part of the body, e.g. Put all the discomfort in the little finger of the right hand

Suggestions for feelings antithetical to pain
- Comfort, e.g. “Recall a time when you felt really comfortable. Bring those feelings into the present and let your body feel them here and now.”
- Laughter, e.g. “Think of the funniest thing you ever did or saw.”
- Relaxation
- Amnesia – regression to time before the pain was present and bring that feeling forward to present. Can augment this with confusional technique, “remember to forget to remember” the previous discomfort.

Distraction
- Focus on unrelated material, e.g. stories, areas of child’s interest, toys, bubbles, pop-up books, music, Nintendo, party blowers
- Focus on how the injury occurred and have child describe in detail
- Focus on procedure and have therapist describe in detail
- Focus on lesser of two evils, e.g. if pain and cold, focus on cold.

Directing Attention to the Pain Itself
- Map the pain: size, color, shape, intensity, etc. Then alter it in small steps. (Describing the pain in great detail forces child to step outside the pain and dissociate.)
- Reframing the pain to “discomfort” or “bother”
- Time Distortion – speeding up periods of discomfort and “slowing down” or lengthening periods of comfort in between.
- Trip around the body – miniature repair person (self) making tour of the body, visiting healthy areas and problem areas, making repairs
- Healing imagery, e.g. healing light

Use Other Cognitive and Behavioral Approaches as Well

Involving parents
- Parents are a wealth of information about their child, particularly regarding the child’s coping style, what helps calm the child at
home, what rituals are already established that are associated with comfort and relaxation (such as bedtime rituals). Obtain and use this information.

- Assist the parents to identify what will be useful for them to do. They have something important to contribute and puts them back in the parental role.
- Having something to do will usually decrease parental anxiety and increase the parents’ mastery which will serve as a good model for the child.
- The choice of useful roles for the parents can vary widely from telling a story or acting as a coach during a procedure to making sure that a younger sibling does not disturb the child when (s)he is practicing self hypnosis.

Explanation
- Must be age appropriate
- Should allow child to anticipate sensory expectations
- It is important that the explanation goes through to an appropriate, good end.
- PAY ATTENTION TO THE LANGUAGE YOU USE
- If told as a story, the explanation may engage younger children better
- If the child doesn’t want to talk about problem, you can allow them to play while you explain to someone else (in the child’s presence) precisely as you would if you were talking to the child. The child will hear what he needs to hear.

Desensitization
- Repeated, graduated exposure can render the situation less frightening
- This can be done through books, medical play, in trance desensitization or in vivo desensitization.

Modeling Appropriate Behaviors
- It is important that the model feel and confront typical problems and find ways to cope with them, rather than to just sail through.
- Modeling can be done through books, films, peer modeling and medical play with an adult.
- It is important to remember that you are modeling appropriate behavior for the parents and the medical staff.

Control
- When a person is in pain, they often feel out of control. Studies have demonstrated that becoming more involved in own treatment decreased the analgesia required and decreased psychological symptoms.
- Some ways of helping a child experience more control in the situation include
  o 1) reframe spontaneous activities (e.g. if crying, ask to make more tears or cry louder.
  o 2) ask for detailed information about what happened and how it feels,
  o 3) allow child to make appropriate choices (Do not give choices that are not choices:) and
  o 4) have the child learn to assist with the procedure.

Rewarding Positive Behavior
- Find something that the child did well
- Define what is being rewarded
- Reward the positive behavior with praise and/or a tangible reward

Cognitive Strategies
- Self talk to get through
- Reframe pain from something bad to useful warning signal
- Find something good to focus on (e.g. it will be over soon, I’ll get better faster.)
- Talk self through coping strategies (e.g. counting to 10, talk self through deep breathing, self soothing mantras).
BIBLIOGRAPHY


Kuttner, L. No Fears, No Tears, Videotape and booklet available from the Association for the Care of Children’s Health, 7910 Woodmont Avenue, Suite 300, Bethesda, MD 20814

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SELF ASSESSMENT QUESTIONS

1. Which of the following are important factors affecting the efficacy of hypnotic pain control in children?
   a) Cognitive/Developmental Stage
   b) Previous Experience with Pain
   c) Emotional Significance of Pain
   d) Acceptability of Hypnosis
   e) Hypnotizability
   f) A, C, and E only
   g) B and D only
   h) A,B,C and D only
   i) All of the above

2. Before teaching a child specific pain management techniques, it is important to
   a) Establish rapport
   b) Understand the situation
   c) Teach the child about pain as a warning signal
   d) Visualize future success
   e) A, B and C only
   f) B and D only
   g) All of the above
3. Specific techniques for hypnotic pain control include

   a) Direct suggestions for analgesia/anesthesia
   b) Thinking of the funniest thing you ever saw
   c) Suggestions for dissociation
   d) Mapping the pain
   e) A and C only
   f) B and D only
   g) All of the above