



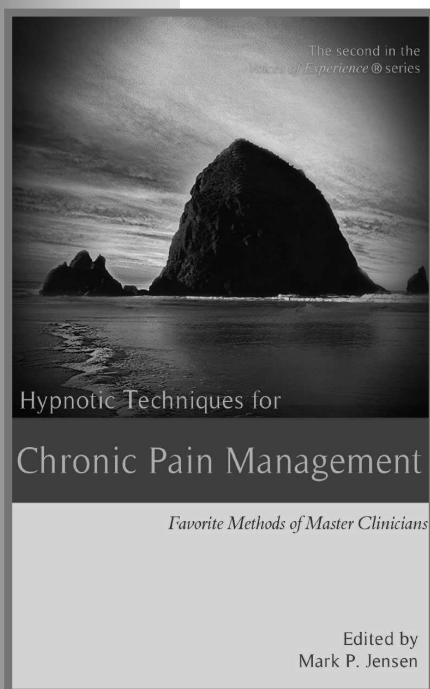
BOOK REVIEW

“HYPNOTIC TECHNIQUES FOR CHRONIC PAIN MANAGEMENT: FAVORITE METHODS OF MASTER CLINICIANS”

(SHORT: HTFCPM)

REVIEW BY BALAZS NYIRI

As someone who is relatively new to hypnosis, I got very excited when I had the possibility to read *Hypnotic Techniques for Chronic Pain Management*, edited by Mark P. Jensen. This book is the second in the “Voices of Experience” (VoE) series. Let us see, what this series and this book has to offer.



Over time, professionals in the field of hypnosis get better and better in using various hypnotic methods; many create the methods and techniques. Although these experienced master clinicians share their knowledge in conferences and workshops in their home countries, they do not always travel around the world. As a result, many of us do not have the possibility to learn from them directly. The main goal of the VoE series is to create a platform for these master clinicians to share their experiences and methods with anybody who wants to learn from the best of the best in hypnosis. The first book in the VoE series was *The Art and Practice of Hypnotic Induction: Favorite Methods of Master Clinicians*. The second is *Hypnosis for Acute and Procedural Pain Management: Favorite Methods of Master Clinicians* (HTFCPM). This review focuses on this second book.

While these chapters are not live workshops, they do a very good job in sharing knowledge in a workshop-like written format. Each master clinician usually starts with describing the basics of their ideas or the foundations of the given topic. Even if you are completely new to a certain field, you will be able to understand the key concepts underlying the technique(s) described. After this introduction the authors introduce their own methods or tips, which is followed by actual scripts, along with their commentary. Just as in the case of workshops, the theoretical portion often makes up only a smaller part of the chapters, leaving a lot of space for practice. To make this experience complete, you can also find the contacts of these master clinicians, so that you can ask them any questions or share your experiences, just like during a workshop.

HTFCPM showcases an Introduction about chronic pain and 13 different subtopics (by 13 different authors), all related to chronic pain management. According to the Introduction, 37% of individuals in developed countries and 41% in the developing countries report having had chronic pain in the last 12 months, which justifies the relevance and importance of HTFCPM. Research has demonstrated the positive effects of hypnosis and self-hypnosis for reducing pain and dealing with the problems attached to it.

The first chapter after the Introduction (chapter 2) described the multifactorial biopsychosocial nature of pain. David R. Patterson emphasizes the importance of having an assessment of the patients from this perspective, to identify therapy goals and remind us that pain reduction is not always the most important goal. Dr. Patterson, describes a treatment approach based on Ericksonian strategies including use of a non-linear induction,



confusion, truisms, indirect suggestions, metaphors, creating a “yes set” and patient choice. These all are described in an easily understandable way with clear examples. Then we can see the whole structure of this induction, which is followed by a hypnosis script and a proposal for audio recording these inductions for patients. The script contains also a story of a friend of the clinician who had an accident which comes out of the blue and makes this induction really non-linear. This was the first time I saw such an induction and it serves really as a great example.

Chapter 3 talks about chronic back pain and about its background and possible root causes. We learn that fear of movement often plays a key role. Alan O. Szmelszkyj provides an example of an induction that uses imagery, age regression and age progression. To help the patient understand motor imagery, Dr. Szmelszkyj uses a metaphor of an athlete who uses mental training in addition to physical training to achieve the best results. I found this metaphor very useful; it is one that can be applied to many other problems and topics as well. In the script, we regress back to childhood to find fun and carefree movement experiences and also similar ones in the future to create a comfortable present. This combined approach looks very robust.

In chapter 4, Giuseppe De Benedittis reviews the field of fibromyalgia syndrome (FMS) and notes that while there is not a clear consensus on what the best treatment could be for fibromyalgia, inclusion of cognitive behavioral therapy is often recommended. Hypnosis also appears to be a promising approach for FMS. This chapter provides a hypnotic treatment protocol for fibromyalgia, and includes two scripts as examples. Professor De Benedittis uses going down a staircase for deepening, which was a great addition to my deepening techniques toolkit. I found Professor De Benedittis’s use of swimming in a magic swimming pool which has healing capacities very refreshing; just reading it felt very calming. The second script utilizes age regression to recover inner resources by going back in time in a magical spaceship.

The fifth chapter is authored by Olafur S. Palsson. Dr. Palsson notes that chronic pain is very common in gastrointestinal (GI) conditions. There is also growing body of research showing the efficacy of hypnosis in the treatment of this type of pain. Dr. Palsson presents a model of such a hypnotic treatment and provides an example script too. The model targets all four components of GI pain: attentional, perceptual, emotional and physiological. This can be beautifully seen in the script.

In chapter 6, Stella C. Nkenke describes how hypnosis can improve the lives of those living with complex regional pain syndrome (CRPS). Dr Nkenke describes the diagnostic criteria for CRPS and shows us an example treatment protocol. She also shows the way how the negative label of CRPS can be changed to a much more positive one by altering it to “Create (your) Personal Solution”. Changing the associations for the name of the condition is a great idea, which I had never heard of before. By emphasizing the wholeness of the body (the integration of the effected body part is a key element of CRPS treatment) Dr Nkenke uses a very creative shell imagery which surrounds the patient and then it is filled with a substance – both the shell and the substance are chosen by the patient. Also, please let me quote a part of this chapter which I found very eye-opening: *„Patients often have the idea that they have to do something in order for the trance to work. Giving them permission to do nothing is often helpful”* (p. 108).

Mark P. Jensen discusses important facts and strategies for creating more comfort to patients. In chapter 7 he describes that pain is a result of a complex interaction of activity in the different parts of the body and brain, and is an experience created by the brain – pain is not a „sensation”. This is followed by five strategies that can be used to enhance treatment outcome when using hypnosis. After this review Professor Jensen provides examples of six evidence-based approaches which can help patients experience a greater level of comfort. One of these approaches is a metaphor for



pain, which uses the image of leaves floating down the stream and then drifting farther and farther away. These images and feelings are then put into a box, then another box and yet another one and sending the boxes far far away. I found this as a complex (how many ways it affects the pain and comfort) yet simple (how easily and naturally these are incorporated) and very creative approach.

In chapter 8, Shigeru Matsuki emphasizes the importance of tailoring treatment to each patient's goals and needs in order to optimize efficacy. He shows how verbal and non-verbal communication can be listened to and incorporated into treatment. In his script he uses a fist induction with open eyes, as it is important for the patient to see his hand during the process and be fully aware of the experience. This was the first time I have ever heard of such an induction. I had the chance to use the main elements of his method in two cases which were not related to pain. Both times it created very profound positive effects very quickly. I plan to continue to use this new technique in my practice.

In chapter 9, Burkhard Peter describes two hypnotic techniques which can help transform the overall gestalt and experience of chronic pain. The first one is used in cases where pain does not have a functional role for the patient; the second one is used when it has such role or when the pain is diffuse. As a first step before using either of these two strategies, consulting the „unconscious mind” before treatment begins if the modification of the symptom is appropriate or is not necessary. Using ideomotor signaling for deciding such questions was very new to me and opens a whole new way of approaching hypnotic treatment.

Milton H. Erickson's daughter Roxana Erickson-Klein presents strategies used by her father that can be applied to chronic pain. In chapter 10 she provides scripts from her father and also a case study of her own. She also talks about how important the „interactive give and take of an initial session” of the first session was to her father to build rapport and relationship with the patients. When it comes to therapy, she herself likes to use suggestive monologues, where patients can select and choose what to attend to.

In chapter 11, Miyuki Mizutani summarizes the hypnotic approach she has developed for use in the context of multidisciplinary pain treatment. She presents two transcripts of sessions that illustrate her approach. She talks about two phases of this program: (1) in-session analgesia and (2) out-of-session analgesia. Having whole transcripts of sessions with commentary here gives readers great insights and also a structure and guide for creating their own therapeutic sessions. In the first transcript it is very enlightening to see how Dr. Mizutani works with the patient to find a position of comfort. This leads her to eventually create a hypnotic experience that the patient can use when the patient is standing. This process can teach a lot about really connecting with a patient.

In chapter 12, Hansjörg Ebell talks about the importance of the relationship between the patient and clinician. He calls this „Resonance based medicine” which refers to communicating with the patient in resonance. In this chapter, Dr. Ebell presents a case study with a transcript about a patient called Mrs. T. Ebell uses here a „What instead?” question: What would be an alternative sensation instead of the current one? I really liked this question, as it opens up a path for creating a positive future. In another part of the transcript, Dr. Ebell talks about memories as archives. Some are ready to be accessed any time and others are to be sealed. And there is a wise archivist who knows which is which. This is really a fantastic way for creating amnesia for memories which are better not remembered and those which are helpful for the patient.

Leora Kuttner's key message is that a pain is only „chronic until it changes, then it is not”. In chapter 13 she talks about the many dis-encouraging messages received by the patients from healthcare providers, and the im-



portance of providing state-of-the-science information about pain. This creative and light-hearted approach she uses in doing so is quite beautiful. She also describes the so-called „pain switch” technique which is an elegant and powerful way for helping even very young patients to cope with pain.

In chapter 14, Daniel P. Kohen emphasizes the importance of rapport and how this can be enhanced. He showcases how he helps patients to learn changing their „negative words” for more optimal ones, like changing „nothing has helped” to „nothing has helped *yet*”; or, „it really hurts” to „it really bothers you”. This attention to words and transforming the patients’ language can have a huge impact. As he says: “How *we talk is how we think. How we think is how we feel inside. How we feel is how we act/ behave*” (p. 280). Kohen also talks about the importance of the “How we are going to get there?” question. “How” a therapeutic goal can be achieved can be as important as the goal itself.

As you should be clear, HTFCCPM provides a great breadth and depth of knowledge regarding the hypnotic treatment of chronic pain. It gives professionals a huge variety of tools and a guiding hand. On the other hand, it is a very “heavy read” for a beginner in this field; it contains many different views on how to approach pain which is enriching but at the same time can be a bit overwhelming. Also, the structure of the book was not easy to follow, as it changes from general topics about pain to very specific issues. Chapters also differs in the way that some talk generally about chronic pain, some talk about a certain body part and others about concrete illnesses.

CONCLUSION

Hypnotic Techniques for Chronic Pain Management: Favorite Methods of Master Clinicians is a great source of theoretical and practical information for therapists in the field of using hypnosis for chronic pain. Although there are some minor ways how it could be further improved, it contains invaluable tips, strategies and concrete scripts of masters of this field. A must have for hypnotherapists.