13th International Congress on Ericksonian Approaches to Therapy

Hypnosis & Chronic Pain

An Ericksonian Approach

José Cava

Psychologist, MA, MSc
Codirector Institute Erickson Madrid
President of AEHE (Spanish Association of Ericksonian Hypnosis)

Objectives

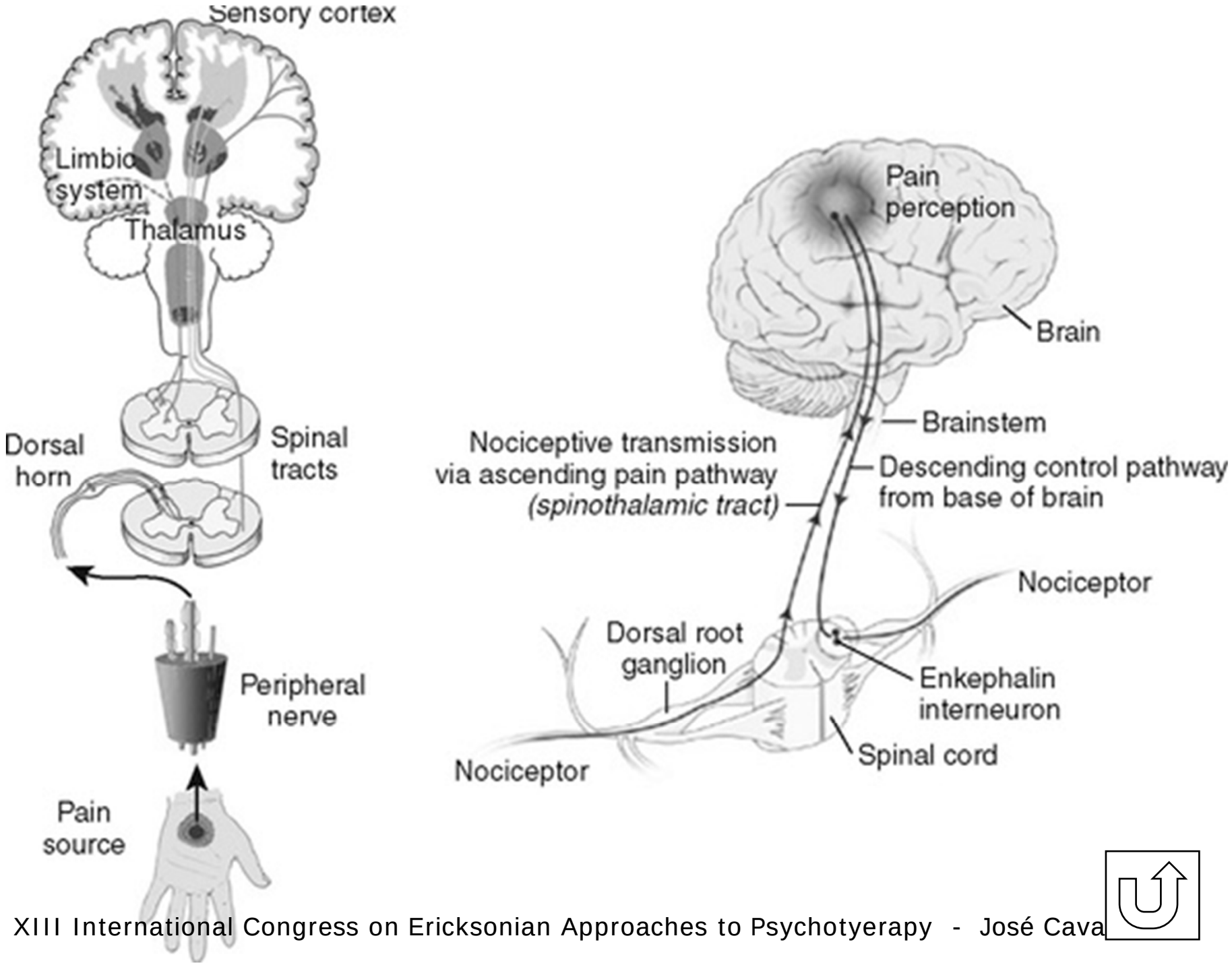
1. Define what are the differences between acute and chronic pain conditions and their implications in the treatment.
2. Select effective hypnotic procedures and strategies for chronic pain treatment and how to tailored them to each case.
3. List at least three techniques to increase client´s expectations and perceived self-efficacy in chronic pain management.

About Pain

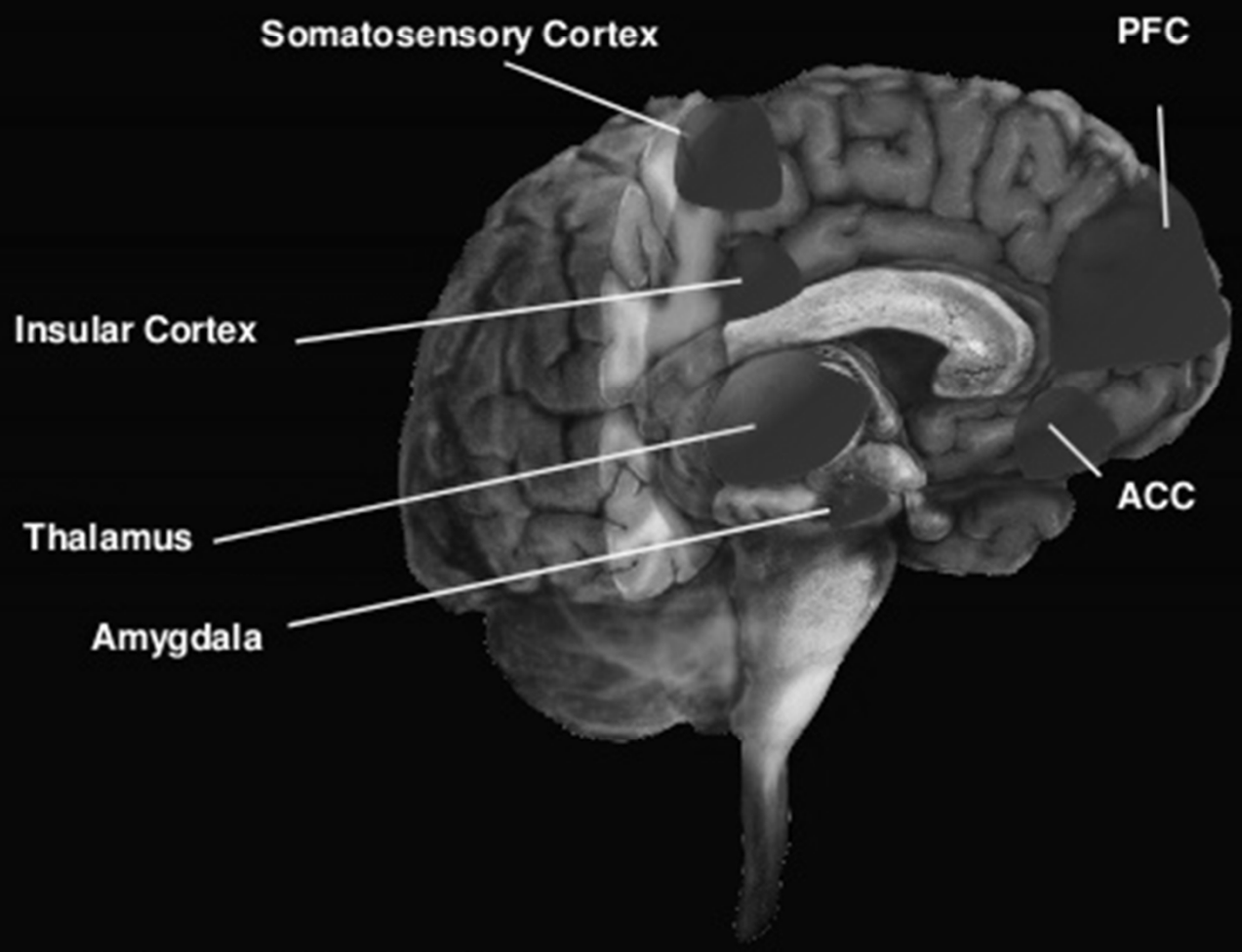
“Chronic pain is an intractable problem for millions of Americans. It’s the number one cause of disability in the U.S. and costs more than $600 billion per year in health care.”

“An estimated 20 percent of the U.S. and world population suffers from chronic pain, reports the World Health Organization and the National Academy of Sciences.”

(NeuroscienceNews.com December 21, 2015)


Sensory cortex
Limbic system
Thalamus
Dorsal horn
Spinal tracts
Peripheral nerve
Pain source
Pain perception
Brain
Brainstem
Nociceptive transmission via ascending pain pathway (spinothalamic tract)
Descending control pathway from base of brain
Nociceptor
Dorsal root ganglion
Enkephalin interneuron
Spinal cord
Nociceptor

Brain Regions Involved in Pain Processing



ACC = anterior cingulate cortex. PFC = prefrontal cortex.
Brain image courtesy of ATI.
Apkarian AV, et al. *Eur J Pain*. 2005;9:463-484.

Research on Pain

- Gate theory (R. Melzack & P. Wall, 1965)
- H. Crawford (Neuroimaging Studies of Hypnotic Analgesia)
- P. Rainville (Hypnotic Modulation of Pain Sensation & Affect).
- C. DeCharms (Control over brain activation and pain learned by using RT fMRI)
- S. Derbyshire (Suggestions to Reduce Clinical Fibromyalgia Pain and Experimental Induced Pain)
- ME. Faymonville, R. Kuppers, S. Lauries (The cognitive modulation of pain: hypnosis and placebo-induced analgesia)
- L. Mosley & J. Vlaeyen (Imprecision hypothesis of chronic pain)
- Olfactory stimuli, music, VR,...

Chronic Pain

Neurophysiological changes

- Continous triggering of nociceptive spinal cord neurons
- Failure in inhibiting spinal circuits
- Habituation to opioid analgesics
- New stable neural pathways
- Central Sensitization
- Conditioning generalization of stimuli to pain

Erickson on Pain

- Pain can be controllable
- Attention can be trained to control pain
- Chronic pain is a habit
- Utilization & Tailoring

Acute vs. Chronic Pain

Acute Pain

- Drugs efficacy
- Attention
- Anxiety
- Rapport
- Self-Control
- Empowerment

Chronic Pain

- Multiple domains
- Expectations
- Tailoring
- Engagement
- Attention
- Rapport
- Self-Control
- Empowerment
- Drug efficacy

Pain Modulation

- Expectations ↑↓
- Attention ↑↓
- Anxiety ↑↓
- Cognitive Self-Regulation ↑↓
- Placebo ↑↓
- Hypnosis ↑↓

Expectations

Change is possible

Change will take time

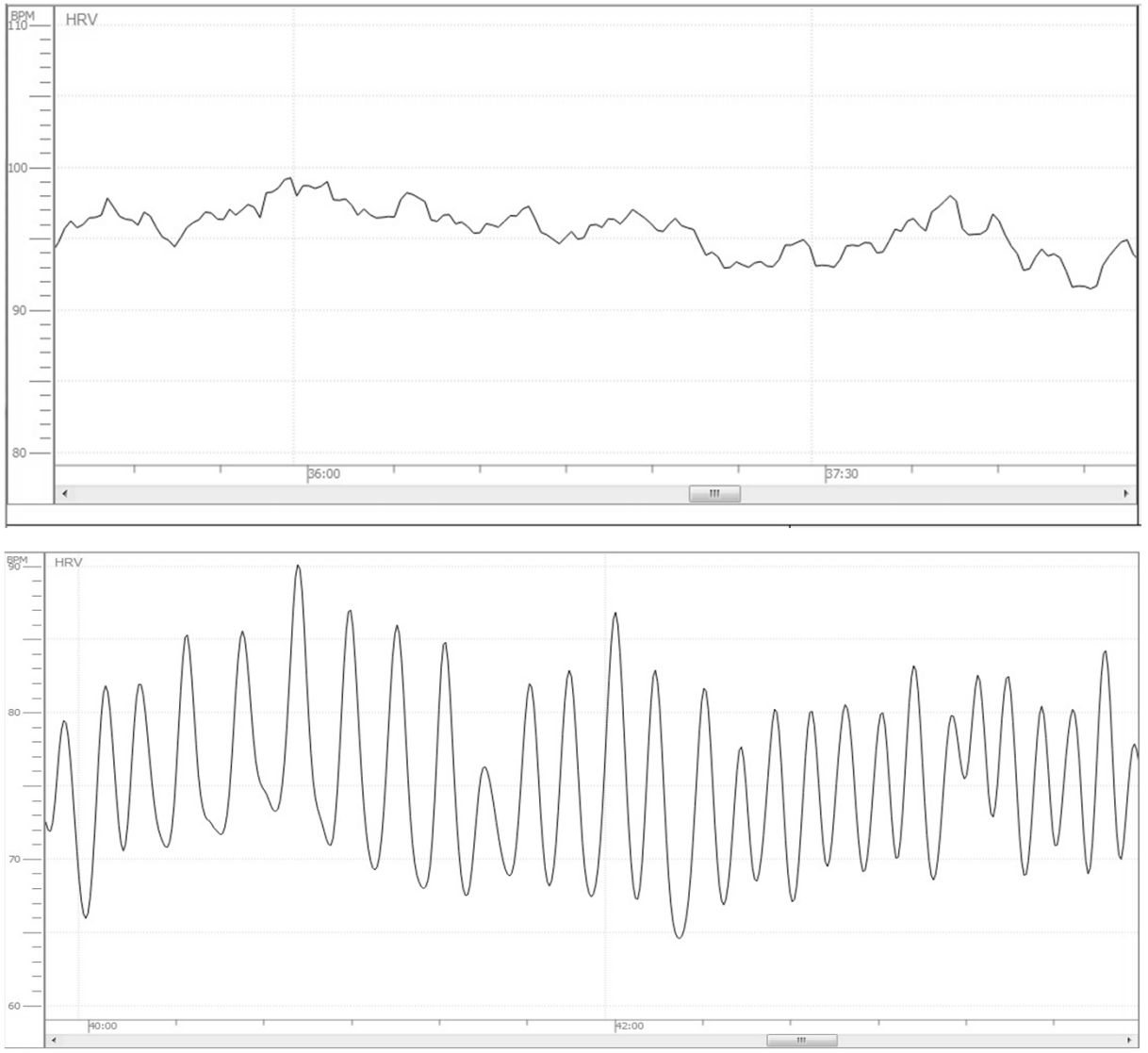
Scientific info

Case examples

Modifying pain perception

Capability vs Ability

HRV Feedback



Pain Modulation
Cognitive Self-Regulation

2003 Badwater Ultramarathon

(Death Valley - California, 135 miles, 49ºC/120ºF)

“The only way that I could cope with taking another step to finish the final 35 miles—which is an ascent halfway up Mt. Whitney—would be to imagine that the jolt of pain I felt when my foot hit the pavement was actually a sign of a positive current entering my body.

In my imagination, I pretended that the bottoms of my feet had become a conduit and were absorbing energy from the core of the earth and transferring it through my nervous system and into my muscles to help me keep going. I know it sounds crazy, but it actually worked.

Instead of stepping lightly or thinking of the pain as being negative, I would actually stomp my feet harder into the ground and welcome the pain as a symbol of this outside source of power coming from the center of the earth into my body through my feet ... all the while chanting "Bring it on!" silently to myself as I charged ahead.”

(Christopher Bergland, winner)

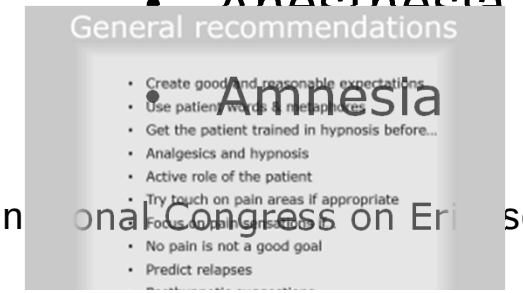
Hypnotic procedures for chronic pain

Focusing on pain

- Analgesia
- Modification
  - Intensity
  - Area
  - Caracteristic
  - Affect
  - Meaning
- Substitution
- Displacement
- Anesthesia
- Amnesia

Not focusing on pain

- Redirecting attention
- Indirect suggestions
- Dissociation
- Interspersal
- Age regression
- Age progression
- Time distortion



General recommendations

- Create good and reasonable expectations
- Use patient words & metaphores
- Get the patient trained in hypnosis before...
- Analgesics and hypnosis
- Active role of the patient
- Try touch on pain areas if appropriate
- Focus on pain sensations if...
- No pain is not a good goal
- Predict relapses
- Posthypnotic suggestions
- Autohypnosis

Autohypnosis

- After experiencing hypnosis successfully
- Depending on level of pain, start focusing on:
  - Breathing (low/moderate level of pain)
  - Pain sensations (high level of pain)
- Better few minutes several times a day

Q & A

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THANK YOU!!

José Cava

psicoterapia@josecava.com