

# Hypnosis: Mainstream not Alternative

By June Callan

## Introduction

Hypnosis, used alone or with other psychological treatments, has been documented for centuries. Over recent decades, studies showing the effects of hypnosis on managing acute and chronic pain have been increasing.

Hypnosis has been shown as a valued intervention and source of relief for patients experiencing acute and chronic pain.

This article provides an overview of the origins of hypnosis, current research documenting the application and results of hypnosis in the field of acute and chronic pain, and recent results of hypnosis in the Acute and Chronic Pain Service at Counties Manukau District Health Board (Counties Manukau DHB).

## History of hypnosis

Hypnosis has a fascinating history dating back to the ancient Egyptian “dream temples” and ancient Greek “sleep temples”.

The scientific examination of hypnosis began with Anton Mesmer in Paris in the late 1700s, hence the term Mesmerism. He was discredited for some of his practices and interest in hypnosis plummeted over the next few decades (Jensen, 2011).

In the 1870s, two highly respected French neurologists, Jean-Martin Charcot and Hippolyte Bernheim, restored the credibility of hypnosis as a treatment for various neurological conditions. Bernheim, together with Ambroise-Auguste Liébault, another prominent clinician, founded the “Nancy School” of hypnosis to further promote its therapeutic role (Jensen, 2011). The school was attended in the late 1880s by Sigmund Freud, who through the use of hypnosis developed the theory of the unconscious mind.

Elman (1970) writes about Dr Munro in the early 1900s. Munro discovered getting people into a hypnotic state and alleviating fears of anaesthesia and surgery led to 10 per cent of the usual dose of ether

**Abstract:** The history and use of hypnosis in the management of acute and chronic pain is explored along with a review of current research. The author’s experience of using hypnosis in the acute and chronic pain service in her workplace is briefly outlined.

**Keywords:** hypnosis, hypnotherapy, acute pain, chronic pain, pain management.

required as anaesthetic, resulting in post-operative death numbers plummeting.

In the 1930s, controlled experiments performed by Clark Hull, a highly respected experimental psychologist, showed that hypnosis could moderate the person’s ability

to feel pain. Milton Erickson was practicing at the same time and published results on his use of hypnosis and hypnotic language (Jensen, 2011).

Ernest Hilgard in the 1990s published in respected scientific journals, the development, testing and comparison of different theories of hypnosis (Jensen, 2011). It was only recently, in the first decade of the 21<sup>st</sup> century, that a huge increase in scientific research on hypnosis, particularly for pain management developed.

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## What is hypnosis?

Hypnosis can be described as a procedure in which “one person, the subject, is guided by another person, the hypnotist, to respond to suggestions for changes in subjective experience, alterations in perception, sensation, emotion, thought or behaviour” (Jensen, 2011 pg.33).

When a person is in a highly relaxed state or trance, the critical mind can be by-passed. The subconscious mind can be made to override negative thoughts and old unhelpful ways of thinking. The old thought processes are replaced with positive suggestions that stay with the patient when they return to normal conscious day to day awareness and works away constantly in the background to help the person make the desired change.

Trance is a naturally occurring phenomena, for example you may recall driving somewhere and when reaching your destination being unable to remember the actual journey. Or when reading a book or watching a riveting movie you are unaware of the things occurring in the periphery because you are totally focused on the task at hand.

People can be taught self-hypnosis to use during the day to calm their brain and achieve specific goals, e.g. to decrease their pain score, make exercise easier, improve sleep or simply to feel calmer and more confident.

People react differently to hypnosis and those who have confidence in its effectiveness get better results. Response to hypnosis is voluntary and contrary to popular belief, people cannot be made to do things against their will.

Clinical hypnosis is a viable alternative to pharmacological interventions for controlling acute, chronic, and perioperative pain, as well as pain from non-surgical procedures (Patterson, 2013).

## Acute pain

In the Operating Theatre, the anaesthetist may speak to the patient in dulcet tones using vivid imagery during induction. When patients are guided to concentrate on their inner world and breathing, they feel safe, and the anaesthetic and recovery has a better trajectory. Hypnosis can be an effective pain relief and has been used in many surgical procedures including biopsies, laparoscopies and plastic surgery as an alternative to general anaesthesia. Hypnosis is enhanced by the use of local anaesthetic and sometimes sedation, without the patient feeling drowsy and sick from a general anaesthetic (Thompson, 2019).

Hypnosis lowers activity in the anterior cingulate cortex, a region of the brain that receives information about sensory stimuli and is linked to areas that organise an appropriate emotional and behavioral response. Lower activity in this area may indicate the pain signals are given less attention than normal.

Kendrick *et al.*, (2016) found results from randomised controlled clinical trials suggesting hypnosis decreases acute procedural pain. Hypnosis

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seems to be especially effective in minor surgical procedures. When hypnosis was administered early on the day of the procedure, it was the most effective.

## Chronic Pain

Chronic pain is a silent epidemic with one in five people suffering in their everyday life (Nicholas, 2019). Patients with chronic pain have usually found conventional medication does not work anymore and need to look for alternative methods of coping with pain. Often what is required is a combination of tools that can be learned by the patient to make their lives meaningful again.

Many patients with chronic pain also suffer a considerable amount of emotional distress, anxiety and depression. Hypnosis not only reduces emotional distress associated with chronic pain but also has a direct effect on the patient's experience of pain (Jensen & Patterson, 2014). Ashburn and Staats (2015) state that patients with chronic pain commonly present with depression, sleep disturbance, fatigue, and a decreased mental and physical functioning. Hypnosis can help with these issues providing a comprehensive holistic approach for patients with chronic pain.

## Development of Hypnosis at Counties Manukau DHB

At Counties Manukau DHB only a limited hypnosis service is offered to patients with acute pain in hospital, due to time constraints and large workloads on the acute pain round. The time able to be spent with patients with complex pain, providing hypnosis sessions and coping techniques based on hypnotic principals, has a good effect. Hypnosis is also offered to patients at the Chronic Pain Clinic as an adjunct to the “tools” in their toolkits to navigate the pain in their lives.

So far, the outcome from delivery of ‘pain relief focused scripts’, specific for the patient, has shown variable results. Key findings show the more hypnosis a patient is exposed to the better it seems to work.

One clinical patient had no change in pain score but felt amazingly relaxed and some patient pain scores reduced to two or three on the NAS (numerical analogue score). Pain scores that dropped to one or two from eight or nine on the NAS stayed that way for several days. One patient notably jumped off the bed and stretched with no impairment.

Further development planned at Counties Manukau DHB pain clinic includes teaching self-hypnosis to patients who would like to learn after they have had three sessions of hypnosis at the clinic.

## Conclusion

The variable response by individuals to hypnotic analgesia indicate it is not for everyone. For willing patients, the benefits of hypnosis go beyond just pain relief, making it an effective tool in the treatment of acute and chronic pain, providing positive ‘knock on effects’ for long-term pain management.

The development of a specific chronic pain management programme covering the major aspects of living with chronic pain, and the use of hypnosis as a ‘tool’ for pain management, should improve the service for patients at the Counties Manukau pain clinic.



**About the author: June Callan** is a Pain Clinical Nurse Specialist at Counties Manukau DHB. She has been working in the fields of acute pain, complex pain and more recently in the Chronic Pain Clinic. At the Perioperative Nurses College Conference in Hamilton last year, June was the lucky recipient of the Device Technologies’

sponsored Catherine Logan Memorial Award for post graduate study.

In March 2020 June attended the Hypnobiz Conference in Australia for Hypnotherapists. She has been completing her Diploma in Clinical and Advanced Hypnotherapy through the New Zealand School of Professional Hypnotherapy and has completed numerous other trainings along the way. The conference was a chance to complete “Drain that Pain” hypnotherapy training with Joanna Cameron – a Hypnotherapist based in USA but was also attending the conference. Her training was of particular interest as it incorporates a belief in spirituality of non-specific type into the therapy. As it happened, June missed that particular training as she had to rush back to New Zealand the day after arriving in Australia to get back into the country before midnight March 15 when the Covid-19 isolation criteria began. But that is another story! June has since done the training online via Zoom.

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