Hypnosis is an astonishingly effective way of reducing – and even removing – pain responses. Some of the most impressive footage you’ll see of hypnosis is where it is being used for pain control. I recently watched a program where a woman had two front teeth removed with only hypnosis for anaesthesia – you can’t argue with that! But how is it done, and how can you begin to use hypnosis to reduce pain yourself?

Hypnosis has been used for centuries to control pain. From major amputations to the re-setting of broken limbs, hypnosis is excellent for producing analgesia and anaesthesia. ‘Analgesia’ is the absence of pain, whereas ‘anaesthesia’ means absence of any sensation.

In the latter part of the last century, surgeon and master hypnotist Jack Gibson performed over 2,000 operations using hypnosis while working on an emergency ward in Southern Ireland. But he is but one example of hypnotists who, every day, all over the world, use the power of hypnosis to help people reduce pain levels.

Before I describe to you some excellent hypnotic approaches for lowering or banishing pain, I first want to consider the phenomenon of pain itself.

Pain is a signal that something needs attention. Pain should be taken seriously and never treated as just ‘all in the mind’. I only ever use hypnosis to help alleviate pain after the signal that something is wrong has been fully addressed. It’s vital that you – or anyone else – get checked out if you are in any kind of pain.

So let’s look at pain in a bit more depth. There are two main categories. First we have what is called acute pain. Acute pain may be very intense but the sufferer knows the pain is temporary and will end. If you stub your toe, it can be very painful indeed. But you know the pain will end soon, so you can bear it.

Imagine, however, what it would be like if you believed that the intense pain from that stubbed toe was never going to go away – or that it would sometimes go away and then always keep coming back, maybe even worse, for the rest of your life. You would then be experiencing ‘chronic pain’. So acute pain can be intense but we know it will end. Chronic pain has no prospect of ending.

Very young children who hurt themselves have no way of knowing that the acute pain they are experiencing is not actually going to be permanent. This is why they need reassuring and comforting while the pain subsides.

The point I’m building up to here is that a person’s psychological attitudes, beliefs, expectations and well-being all have direct effects on the way they experience pain. Depression, anxiety, boredom and relaxation all influence the intensity of physical pain. The mind and body influence one another. Hypnosis can be used to influence both psychological reference to the pain and physical experience of it.
So when treating someone for pain you need to discover how the person feels about their pain. Do they see it as something that is ruling their life, that will last forever and that they can do nothing about? Or do they feel that it is just a part of their current life but won't last forever and is something they can control to some extent by their behavior?

You also need to let your client know – in no uncertain terms – that you know they are in pain. Let them describe their pain to you fully. You will notice how amazingly metaphorical and descriptive people become when in pain. For example, they might describe their pain as searing, scalding, boiling, stabbing, dull, sharp, electric, throbbing, pulsating, and so on. They really want someone to understand their experience of the pain. Remember the descriptive words they use, because you can use these metaphors to help them hypnotically.

Interestingly, and perhaps helpfully, pain is very ‘entrancing’. It captures and narrows our focus of attention just like a good hypnotist. If you have raging toothache it will get you focused internally no matter what’s on TV or how interesting your friend’s conversation might be. So how do we begin to alter the experience of pain?

The first place to look is at the metaphors your client uses to describe the pain. For example, ‘a stabbing pain’ can be ‘cushioned’. One man I helped in this way told me in hypnosis that he could still feel the stabbing, but it was now buffered by a comfortable cushion and no longer bothered him. A ‘burning pain’ can be ‘cooled’ and the pulse of ‘a pulsating pain’ can be slowed and eventually stopped altogether. In this way we are building rapport with the pain sufferer by inhabiting their pain metaphor and using that metaphor to modify their experience of the pain.

It’s also important not to mention the word ‘pain’ too often. It is a very hypnotic word and, alas, I need to use it many times in this article! In a session with a client, I refer to ‘the pain’ at first, but then I subtly and gradually begin to refer to ‘the levels of comfort’. I might ask ‘Where are you experiencing less comfort at the moment?’ This implies comfort as a possible experience and ‘the moment’ implies that things can change. This is very different from bluntly asking, ‘Where is your pain?’

Language is extremely important when dealing hypnotically with people.

Another key factor to bear in mind is that when we are in pain we naturally become highly emotional. Emotional thinking is always black or white, on or off, all or nothing! People are in pain and they want to be out of pain. And so it is often useful to introduce the concept of gradations of pain. For example, if 100% pain is the worst and someone tells you they feel they are 85% on that scale, you can talk about whether they will even notice consciously or not when that discomfort has gone down to an 84 or an 83.

This opens up the mind to the possibility that they can start to feel a bit more comfortable and takes off the pressure to switch off pain immediately and completely. It’s also a neat way of introducing the idea of their unconscious mind and its role in starting to make them more comfortable bit by bit.

There are four main strategies to use in deep hypnotic pain control. They are:

- distraction
- reframing
- numbing
- dissociation

I describe these as ‘deep hypnotic strategies’ but we can begin to use these approaches with people immediately before they enter deep trance.

Firstly let’s look at distraction. Now I don’t mean that we ask them to ‘try not to think about’ the fact they have just had their nose broken, or that a juggernaut has run over their foot. Nothing so crass! But the principle is amaz-
ingly effective. If a young child is in pain but then sees something wholly unexpected and amazing, notice how quickly that pain goes away!

When someone is in trance you can begin to direct their attention to other areas of their body, or other times and places when they were free from discomfort. This is a distraction technique. Distraction is enormously powerful. Soldiers distracted by the drama of an intense battle may not realize they are critically injured until after the battle because they were so distracted by the fighting; boxers may not realize a jaw is broken until after the final bell.

You only have so much attention to give to your pain. If you have hurt your right arm and squeeze your left arm, then some of your brain’s attention will be taken up with nerve impulses from the uninjured arm, diluting your experience of pain from the injured one. If I stub my toe, I will feel more pain if I just close my eyes and focus my attention on the injured toe while standing still. Now the pain is diluted by the sound of my own shouting, and the sensations engendered by jumping around the room.

The great Dr Milton Erickson once suggested to a cancer patient experiencing intractable pain that she should hallucinate a lion coming towards her. The major distraction of the lion enabled the pain to be switched off. Erickson taught her to self-hypnotically conjure up the lion whenever she needed to diminish her own pain.

When I talk about reframing the pain, I mean turning the sensation of pain into a sensation that isn’t experienced as pain. Again, Milton Erickson helped a woman suffering terrible cancer pain reframe that pain into a chronic and then eventually a mild itch. I once worked with a man who had been disabled in a motor bike crash to reframe his pain from a ‘burning sensation’ into a lukewarm and then a comfortably cool sensation. It’s important to listen to the way people describe their pain, not just to build rapport with them but to use those descriptions in your hypnotic reframing of the pain later on.

It’s also important to note that numbing and dissociation happen quite spontaneously and naturally as someone enters the hypnotic state, because essentially hypnotic trance is akin to the rapid eye movement (REM) state we all enter when we dream. During nature’s hypnosis – or dreaming – you become completely dissociated from your body lying on the bed.

And because nature doesn’t want you actually acting out your dreams, you experience the temporary loss of feeling and paralysis known as catalepsy. We can make further suggestions for numbness by talking about playing in snow without gloves and hands freezing to numbness and so forth, or we can evoke times when we have sat for a long time until a leg goes numb, or after having slept on an arm and having it go numb – then we can suggest this numbness spreads into afflicted areas. We do all this using universal examples of experiences.

The natural hypnotic process of dissociation can also be encouraged by asking the person to see themselves on the chair or bed and have a hypnotic ‘out of body’ experience. The pain can be kept in the body ‘over there’ as they float free of the pain ‘over here’. I have worked with pain-wracked patients and got them to hypnotically hover above the earth – strange as that might sound – and thereby be pain free. I have then taught them to do this self-hypnotically.
so that they can really begin to control their own pain levels.

So, in summary:

- Pain is an essential signal that needs addressing.
- Pain can be regarded as acute or chronic.
- We can break down black and white, all or nothing thinking around pain.

- Hypnosis is a naturally cataleptic and dissociated state.
- We can use distraction, reframing, numbing and disassociation to help relieve pain.

There are many other hypnotic approaches to pain control, but these are the main approaches which have proved highly effective for me over the years.

Mark Tyrrell