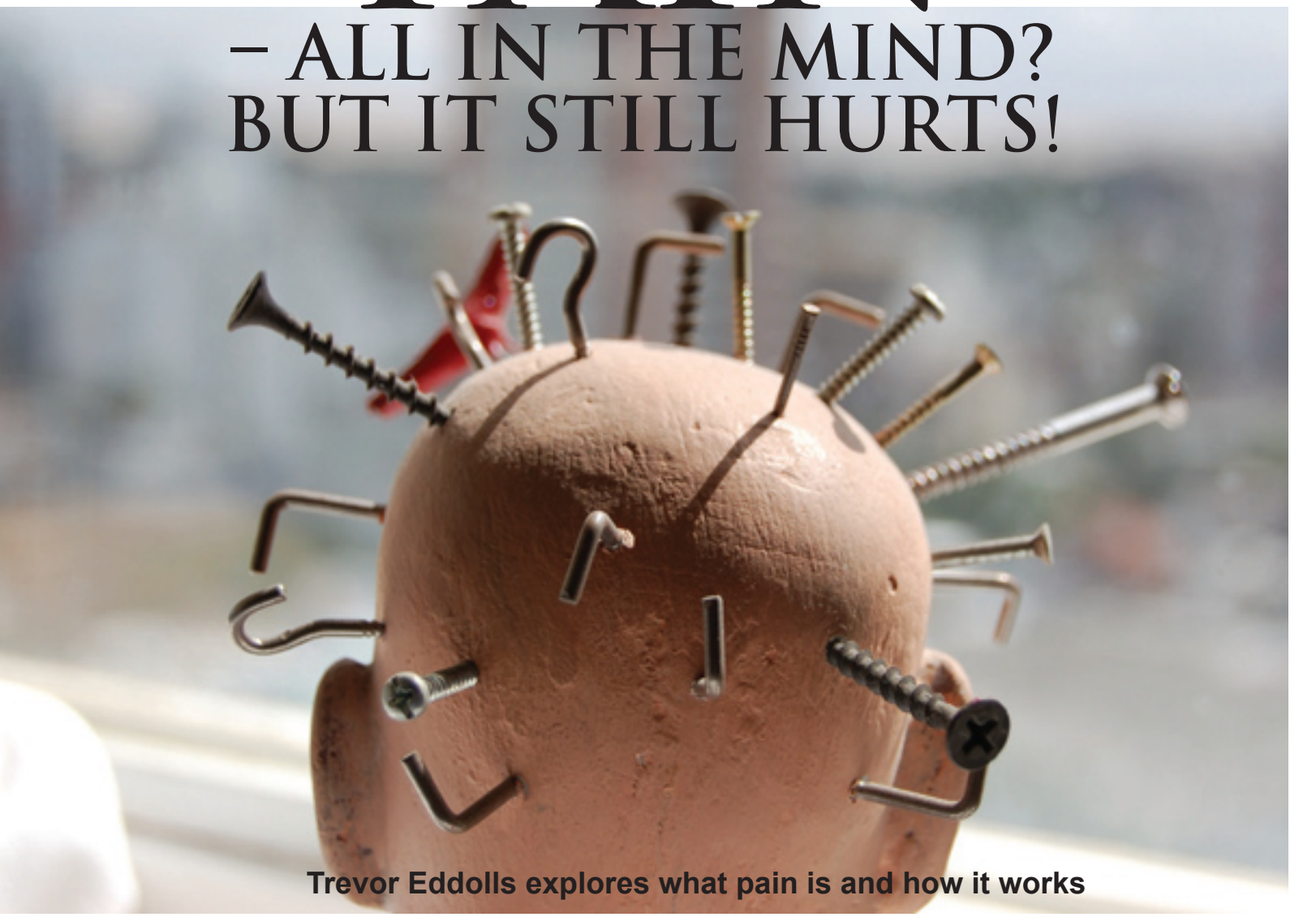
PAIN
– ALL IN THE MIND? BUT IT STILL HURTS!



Trevor Eddolls explores what pain is and how it works

I've seen a couple of clients recently with pain issues and I thought it would be useful to know more about pain and how it works – hence this article.

There are two things to point out straight away.

Firstly, pain can be very useful. If my finger's burning because the oven's hot, or if my foot's bleeding because I've stepped on something sharp, I need a signal that will override whatever else I'm doing and get me to move my finger or lift my foot away from the sharp object.

The second thing is that a hypnotherapist should not start masking a client's feelings of pain because that pain could very well be indicative of something being medically wrong, and a diagnosis from a doctor should be obtained first.

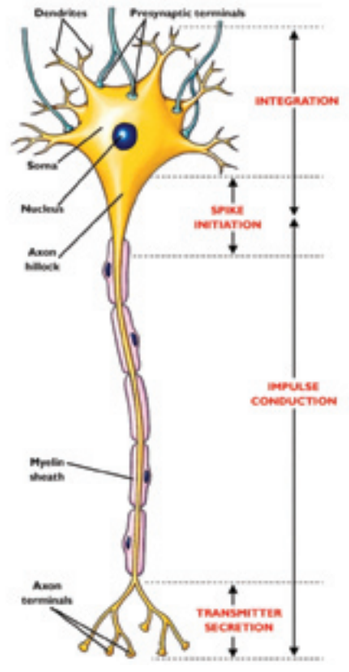
Let's start with a Biology 101 course – just so we know what our clients are talking about.

Basically, pain is divided into two types. There's **'acute'** pain, which lasts a short period of time. And there's **'chronic'** pain, which lasts a long time. Now, I've already become a bit woolly – just how long is a short time? And after how many days does it become a long time? The medical jury is still out on that one.

Are there other ways of identifying pain? Yes – so here goes:

- Nociceptive pain is caused by peripheral nerve fibres responding to stimuli approaching or exceeding harmful intensity. The stimulation can be 'thermal' (heat or cold), 'mechanical' (crushing, tearing, etc), and 'chemical' (iodine in a cut, etc).
- Neuropathic pain results from damage or disease affecting part of the nervous system involved in bodily feelings. The pain is described as' burning', 'tingling', or 'pins and needles'.
- Phantom pain appears to come from a part of the body that has been lost or from which the brain no longer receives signals.
- Psychogenic pain (psychalgia or somatoform pain) is pain caused, increased, or prolonged by mental, emotional, or behavioural factors, eg headache, back pain, and stomach pain.

Some people feel no pain at all. This is called pain asymbolia. Interestingly, pain is registered in the anterior cingulate gyrus of the brain.



What senses do I have?

Sight or vision – rods are very sensitive to light; cones distinguish colours.
Hearing – mechanoreceptors (located in the inner ear) turn motion into electrical nerve pulses.
Taste (gustation) – the ability to detect flavour through taste buds (gustatory calyculi).
Smell (olfaction) – there may be as many as 388 olfactory receptors.
Touch (tactition or mechanoreception) – pressure receptors respond to variations in pressure.
Balance (equilibrioception or vestibular sense) – allows an organism to sense body movement, direction, and acceleration, and to attain and maintain postural equilibrium and balance.
Thermoception (temperature) – by the skin.
Proprioception – tells the brain about the relative positions of the parts of the body.
Nociception (physiological pain) – signals nerve-damage or damage to tissue. The three types of pain receptors are cutaneous (skin), somatic (joints and bones), and visceral (body organs).

When a person feels pain, a message is sent from a nociceptor along a nerve to the spinal cord. Here a response (a reflex – like the knee-jerk reflex) may be sent to muscles telling them to move. So by the time you realise your finger's burning or you've just stepped on a pin, you've already begun to move away from the danger and the pain should be reducing. There's an area of the spinal cord called the dorsal horn that can direct impulses to the brain, and also start a reflex response.

This is where Melzack and Wall's 1965 'gate control' theory comes into play. The dorsal horn has transmission cells that carry the pain signal up to the brain, and inhibitory interneurons that impede transmission cell activity. It seems the more touch/pressure/vibration messages that reach the dorsal horn the less likely a pain message is to reach the brain. That's why you always rub the painful area – it really does lessen the pain you feel.

In times of stress or anxiety, descending messages from the brain can amplify the pain message at the nerve gate.

To get acute pain messages to the brain quickly,

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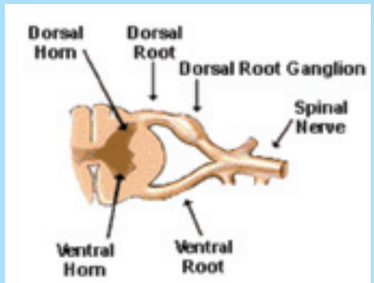
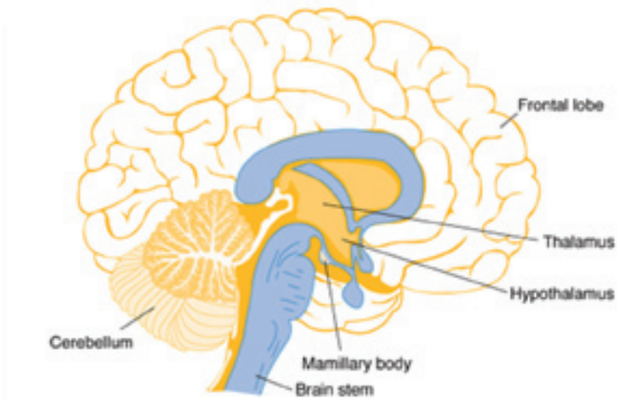
Nervous system

Your nervous system is divided up into your Central Nervous System (CNS) and your Peripheral Nervous System (PNS).
The CNS comprises the brain and spinal cord. The PNS comprises all the other nerves and ganglia in the body.
The PNS is subdivided into the somatic nervous system and autonomic nervous system. The somatic nervous system is responsible for coordinating conscious movements and receiving external stimuli.
The autonomic nervous system acts as a control system and is generally unconscious. It's divided into the sympathetic and parasympathetic nervous system.
The sympathetic nervous system is responsible for stimulating activities associated with the 'fight-or-flight' response.
The parasympathetic nervous system is responsible for stimulating 'rest-and-digest' activities.





they travel along A delta fibres in the spinal cord. Chronic pain messages travel along slower C fibres.

The pain signal eventually reaches the thalamus. To be useful, the pain signal has to get a response from the brain. Remember that figures of between 2 million and 12 million sensory messages are estimated to arrive at the thalamus every second. Most people 'delete' most messages. And we've all done that with pain messages. How many times has the film ended before you realized your foot had gone to sleep and was now causing you some pain!

It's believed that part of the cortex is used to identify the source of the pain and compares it with existing pain templates. But the primitive brain can also add emotion to the pain. It can add information based on past experiences, and it can 'suggest' behaviours based on expectations. On bad days you might end up on the floor in tears with the pain, whereas on good days you carry on and ignore the pain – it all depends.

The hypothalamus and the pituitary gland can produce endorphins, which are like natural morphine in the way they produce analgesia and reduce the pain.

There are a number of things that can open the pain gates. These include:

- Injury or inactivity (sensory factors)
- Focusing on the pain or negative thoughts (cognitive factors)
- Depression, stress, or helplessness (emotional factors).

Things that can close the gates are:

- Relaxation or meditation (sensory)
- Focusing on outside interests (cognitive)
- Positive attitude (emotional).

It immediately becomes apparent that hypnotherapy can have a role to play in pain management.

With hypnotherapy, it's possible to give control of the pain back to the person, rather than the pain being the controlling factor. This will encourage a more positive approach to pain management by the client, resulting in the client feeling better, requiring less medication (and reducing the impact of any drug-related side-effects), and getting back control of their life.

So what techniques can we use with pain?

I like to get a base level SUD (Subjective Unit of Distress) of how bad a client's pain typically is. I also get them to confirm that they want to get rid of the pain now. Remember there can be a huge secondary gain associated with illness and some people are a bit like smokers – they know they ought to give up, but not today! Once they have confirmed that they want to reduce their pain, you can agree on goals and start work.

Giving a client an understanding of how nerves and pain works gives them a better understanding of what's going on and what they need to do to help themselves – classic cognitive restructuring.

Get the client to notice how at different times the intensity of the pain is at different levels. Make sure they have the idea that the amount of pain they feel can go down. Give them examples of when we've all ignored pain – such as your foot going to sleep while you concentrate on a task. And get them to not focus on the pain (yes I know I've just said don't think of a pink elephant!) by getting them to concentrate on other (displacement) activities such as watching a film or reading an enthralling book. If you believe the Law of Attraction, you get whatever you're thinking about. And if that's pain, you get more pain!

During the talking part of the session, it can be worth examining the client's expectations of pain. How they think others see them and how they would like to be seen. How they think pain will affect them in the future and how they would like their future to be. It's always a good idea to have strong positive goals. You can also help them with changing their behaviour by talking over how they would like to behave when the next bout of pain occurs. And this kind of reframe can be included in the trance session.

Depending on how severe the pain is, you might even stop using the word 'pain'. Call it something else. A different word loses a lot of the emotional baggage that comes with the word pain. You can call it 'discomfort', for example. A discomfort doesn't feel anywhere near as bad, does it?

You can get a client to act 'as if' they don't have any pain. Obviously this doesn't work if the pain is 'useful' – they really do have a broken leg – but can be good if they have chronic pain and the cause is no longer present. You would expect the brain to affect the way a person behaves, but, perhaps counter-intuitively, the way the body behaves can affect the way the brain works. That's why encouraging people with depression to look up as they walk along can help reduce the feelings of depression. So encourage your client to act as if they weren't feeling any pain

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– and this should result in them feeling less pain, and, in fact, thinking about the pain less.

A final NLP technique I use for headaches and similar localised pain is to say to the client: "if your pain had a colour, what colour would it be?" And then ask: "if your pain had a shape, what shape would it be?" You can ask what colour the background would be, is it matt or gloss, what sound, are the edges fuzzy or sharp? You get the idea. Then ask them to make the shape larger. The pain should increase. Then ask them to make the shape smaller, and get the colour to change until it's more like the background – and their pain should decrease. You can even get them to picture something washing away all colour and shapes, leaving them pain free. *(This technique is nicely explained in Trevor Silvester's book Cognitive Hypnotherapy: What's That About and How Can I Use It?: Two Simple Questions for Change.)*

In terms of trance, I would use the pain control room idea and get them to turn up the dial and feel more pain, then turn down the dial and feel less pain. Reinforcing the idea of the client having

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the ability to control the amount of pain they feel. **(There's a version at http://key-hypnosis.com/Hypnosis-Scripts/Pain-Relief/Natural-Healing-Pain-Relief.php.)**

There's also the hand-numbing (glove anaesthesia) script, which not only allows the client to feel their hand going numb, but also allows them to transfer that numbness to a different part of their body. This works nicely for a painful knee as well as something like IBS (Irritable Bowel Syndrome). This is an example of dissociation. It's also possible to dissociate from a painful part of the body. So your client feels as if the knee or arm or whatever doesn't belong to them, so the pain cannot belong to them – and so they cannot be feeling any pain!

(There's a version of this script at http://www.dicksutphen.com/html/gloveanesthesia.html.)

One obvious technique – and perhaps the most important one – is to reduce the client's anxiety and help them to relax. A relaxed person 'feels' less pain than a tense one. We have plenty of visualisation scripts that can help with this. We can also use self-esteem raising scripts to help the client 'feel' more in control of their pain.

Another visualising technique is to get the client to move the pain! This is called pain displacement or pain transference. The client needs to picture the pain moving to a less significant part of the body – the little finger or an ear lobe – and there it can be modified or reduced.

There's an example script to wash away pain at http://www.choosehypnosis.com/free_hypnosis_script_wash_pain_away.htm.

You can use the 'protective shield' script, which gives the client a sort of force-field around their body that they can use for protection. It shields them from pain and/or unpleasant feelings. **(An example script is at http://freehypnosisscripts.info/subject-scripts-3/protective-shield/.)**

You can anchor them to a relaxed and in control state, so whenever they start to feel anxious or they start to feel the pain beginning, they can use their anchor to remain in control and reduce the pain sensation that they experience. **(An example NLP script is at http://key-hypnosis.com/Hypnosis-Scripts/Anchoring-NLP-Technique-Script.php.)**

Similarly, you can get clients to construct a 'happy place' in their mind. This can be whatever they want it to be. And they can visit their happy place and feel relaxed while being there. They can focus on the details of it (a displacement activity). And all the time, they are ignoring the pain.

In much the same way, you can use time dissociation to take the client back to a pleasant time when they were healthy and pain free. You can let the client relive a happy pain free memory.

Remember that hypnotherapy has a long history of being used for operations and dentistry. Longacre (1997) says that "the goal of hypnotherapy for pain management is to produce deep relaxation for the reduction or amelioration of fear, tension and anxiety that is concomitant with pain". By reducing the pain that a client feels, you're giving them back control of their life. And a reduction in the amount of pain medication they are taking also reduces the degree of side-effects they may be experiencing from the medication.

Through relaxation you're getting them back into their control brain – the logical Mr Spock part of their mind – and out of their primitive emotional brain. You're changing their behaviour and the way they picture themselves and their pain. And you're changing the emotional package associated with feeling pain. You're giving them control over their illness and their life.

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IS THE PERSON ON THE PHONE BONEFIDE?

Penny Ling has had her fair share of bogus calls since qualifying, she hopes her experiences can help others

When the telephone rings, we are all hoping that at the end of it will be a person who genuinely requires our help. Sometimes they are people who just want to know more details and sometimes (thankfully on very rare occasions) they are just trying to satisfy their sexual fantasies. Some organisations, such as the Samaritans, use role play to educate and train their new volunteers in what to expect on the odd occasion they get these nuisance phone calls.

I asked Richard Pyke, former Director of the Banbury Samaritans, for a few pointers.

How quickly can you tell that someone is a time waster?

Most people will want to know the basics such as where you are, what you charge, and what you can help with. Someone who is only after a thrill may ask that, lulling you into a rapport, but then you'll start getting tell tale signs, such as:-

i) Wanting to explain in great detail what the problem is. This may be in the form of a sexual problem itself, often where the issue does not lay with the man, sometimes he'll ring on behalf of his partner.

ii) He may insist on having therapy over the phone, making out he's too embarrassed to come to the clinic.

iii) Withholding their phone number is always a sign that they don't want you to know their whereabouts.

What is the best course of action to take if you think this person isn't quite what they seem?

Well sometimes you may not be totally sure if it's bonafide or not, if it's fairly ambiguous then recommending another therapist who perhaps specialises in sexual problems may be the easiest way of dealing with it.

If the person is trying to engage you in conversation about the problem, then by saying that all can be discussed at a consultation and as a Solution Focused Hypnotherapist you don't need to know what the problem is, they need to think about a future where this behaviour doesn't happen. If you insist on telling them this and they try bringing it back to the problem they will often get fed up and hang up.

They may want some kind of response, acting

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