

CASE STUDY

7

Self-Hypnosis

Directions: Read the following case study, then answer the questions that follow.

Background

What happens when traditional medicine fails to provide relief from chronic pain? Chronic pain is long-term pain from a known or unknown source that cannot be relieved through surgery or physical therapy. Millions of Americans suffer from chronic pain at some period in their lives. Traditional medicine has treated such pain with medications and selected exercises. Statistics show that 40 percent of the people who are prescribed medication for chronic pain will abuse their medication. Society, including those in the medical profession, is exploring alternative treatments that may prove as effective, and perhaps more effective, than traditional medical treatments.

Case Report

A woman in her late 40s was injured in a car accident. Her most serious injury was a compression fracture of her spine. The fracture and accompanying muscle spasms resulted in severe and continuous pain. No type of surgery could relieve her pain, so doctors gave her a series of pain medications, nerve blocks, and anesthetics. These procedures managed the pain, but had unpleasant side effects.

Two years later, the woman was in another car accident. This time, in addition to cuts and bruises, she fractured her breastbone, one rib, and a foot. After this accident, her pain worsened and she had difficulty completing simple tasks such as combing her hair and dressing herself. She was unable to work. She also experienced additional health problems in the next several months.

The pain, frustration over her limitations, and uncertainty about the future left her depressed. Over the next six months, she visited several doctors at several clinics seeking help. Doctors prescribed 13 different medications at various times to either manage her pain or affect her mood. The drugs included Darvocet, a pow-

erful pain reliever, and Valium, a drug commonly prescribed to treat anxiety. None of these drugs proved helpful; the many side effects actually made the problems worse.

When she entered the Behavioral Medicine Clinic, she walked with a cane, had limited movement in her head and neck, and continued to be depressed. Since she had received little relief from traditional medical treatments, she had begun to study the principles of self-hypnosis from library books. She slowly learned how to manage her pain through a self-induced state of hypnosis. While seated, she would close her eyes and visualize her pain as a lake. She became progressively more relaxed by continuing to use mental imagery to reduce the size of the lake. She used these techniques to make the pain more manageable and to deal with her anxiety over the exercises physical therapists asked her to do. The doctors at the Behavioral Medicine Clinic encouraged her to continue with the self-hypnosis on a daily basis, to be as physically active as possible, and to try to live without pain medications.

Within seven months, she:

- was nearly free of all pain
- was not taking any pain medications
- had increased her physical activity and was walking without the cane
- had returned to work part-time
- was no longer suffering from depression

Conclusions

Cases such as the one described here are helping to shift the focus of the medical community toward a biopsychosocial approach to the treatment of pain. This approach combines traditional medical treatments with psychological and social approaches to treatment. The most common alternative treatments are group therapy, relaxation therapy, biofeedback, guided imagery, and hypnosis.

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The National Institutes of Health support these alternative treatments, especially relaxation therapy and hypnosis, for chronic pain sufferers. Several studies over the past 30 years indicate that hypnosis is especially effective at controlling both acute and chronic pain and at relieving the accompanying depression.

Self-hypnosis is the technique preferred by many physicians and psychologists. It allows the

patient more control and responsibility. It also lessens the chance that the physician or psychologist will be seen as a manipulator.

Source: Mickelson, C., Brende, J., & Gonzalez, J. (1999). What if your patient prefers an alternative pain control method: Self-hypnosis in the control of pain. *Southern Medical Journal*, 92 (5), 521-23.

Understanding the Case Study

Directions: Answer the following questions in the space provided.

1. What is chronic pain?

2. Why did the woman in the case study learn self-hypnosis?

3. What imagery did she use for her pain?

4. How did she use this image to reduce her pain level?

5. What types of treatment are combined in the biopsychosocial approach to pain management?

Thinking Critically

Directions: Answer the following questions on a separate sheet of paper.

6. Why do you think self-hypnosis relieved pain when all the other treatments failed in this instance?
7. If given the option of hypnosis or self-hypnosis to manage pain, which would you prefer? Why?