

Dynamic Hypnosis for Pain Control



The Seattle Master Class
with Michael Ellner
and Scott Sandland

Roger Moore's Institute of Hypnotherapy

Dynamic Hypnosis for Pain Control with Michael Ellner and Scott Sandland

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Roger Moore

Roger Moore's Counseling & Hypnotherapy LLC

(206) 903-1232

PO Box 10195, Bainbridge Island, WA 98110

Goal Oriented Hypnotherapy
Presents:

Hypnotic Pain Control for the 21st Century

Techniques - Theories - Protocols

Presented by
Scott Sandland, C.Ht.

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Pain Removal vs. Prevention

- Most classic hypnosis techniques are designed for prevention
 - Slower, more deliberate process
- Removal techniques can be much faster
 - Pain creates a hypnoidal state

Recommended Reading:

Hypnotherapy,

-Dave Elman

The Truth About Chronic Pain,

-Arthur Rosenfield

Hypnosis in the Relief of Pain,

-Hilgard and Hilgard

Kitchen Table Wisdom, My Grandfather's Blessing

-Rachel Naomi Ramen

The Worst is Over,

-Judith Acosta and Judith Simon Prager

Pain Free for Life,

-Scott Brady

Treating dental needle phobia using hypnosis

Periodical: Australian Journal of Clinical and Experimental Hypnosis

Volume: 30 Issue: 2 Pages: 198-202

ABSTRACT: "This case illustrates the effectiveness of short-term hypnosis treatment for a dental needle phobia. What is significant is the dental history of the patient and the longstanding effect of her dental phobias and how quickly hypnosis was able to remove this problem.

Aim: To manage dental needle phobia using hypnosis integrated into an anxiety management treatment plan."

Case History: Female, 48, had traumatic and painful experience at the dentist when 5, developed phobia of dental injections and treatment. Has had a dozen General Anaesthetics for dental treatment. Experiences psychosomatic pain prior to treatment.

Methods: Medical, dental and phobia history explored. Pre-treatment questionnaire assessed dental anxiety, reasons for anxiety, and ascertained management options. Post-treatment questionnaire assessed changes in dental anxiety and attitudes.

Anxiety management techniques: Needle Desensitisation, Relaxation, and Hypnosis (Regression, Progressive Muscular Relaxation, Glove Anaesthesia, Future Rehearsal etc.).

Results: Pre-treatment questionnaire revealed high level anxiety (26 out of 30 modified Corah score; and high anticipation of future pain during dental treatment (10 out of 10 on a Visual Analogue Scale). Post-treatment questionnaire revealed low level anxiety (12/30) and low anticipation of future pain (4/10).

Conclusion: Hypnosis was an effective adjunct to anxiety management in this case, demonstrating how a non pharmacological approach can find long term solutions by addressing the causes of the anxiety. Previous pharmacological approach had only addressed the symptoms of the immediate anxiety. Successful completion of prescribed dental treatment plan and changes in patient's attitudes highlight positive outcome.

Using hypnosis to accelerate the healing of bone fractures: a randomized controlled pilot study.

In a small exploratory study by Carol Ginandes, PhD and Daniel Rosenthal, MD at Mass. General's Dept. of Bone and Joint Disease in Boston, 12 adults with bone fractures were followed for 12 weeks, to see if hypnosis accelerated their healing. Radiographic results showed dramatically improved healing at 6 weeks in the hypnosis patients. In addition, orthopedic assessments of mobility, strength and need for analgesics showed greater improvement in the hypnosis patients at weeks 1, 3 and 9. The hypnotic intervention included audiotaped suggestions to reduce swelling, stimulate tissue growth, and fusion at the injury site, and counteract pain and stress; and imagery rehearsals of greater mobility, enhanced bone strength and recovery of normal activities.

Citation: Ginandes CS, Rosenthal DI. Using hypnosis to accelerate the healing of bone fractures: a randomized controlled pilot study. *Alter Ther Health Med.* 1999 Mar; 5(2):67-75

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Blocking Pain may Block Healing

(Ivanhoe Newswire) -- Standard post-operative pain medications widely prescribed for rotator cuff surgery may actually delay healing, say researchers presenting at the American Orthopaedic Society for Sports Medicine in Quebec City.

The rotator cuff is composed of the muscles and tendons that surround the top of the upper arm bone and hold it to the shoulder joint. About 2 million people in the United States seek medical care for rotator cuff problems, which are especially common in people over age 40.

The research involved 180 rats that received acute rotator cuff repair surgery. One-third of the rats were treated with indomethacin (Indocin), a nonsteroidal anti-inflammatory medication. Another 60 rats were treated with celecoxib (Celebrex), which is in the newer class of FDA-approved anti-inflammatories called COX-2 inhibitors. The remaining 60 rats were used as a control.

The investigators found that the tendon-to-bone healing in the rats treated with the two drugs was "distinctly less robust" than in the control groups. Five tendons completely failed to heal to bone after four- and eight-week periods, yet no tendons in the control group failed to heal.

Author Scott Rodeo, M.D., from the Hospital for Special Surgery in New York, says, "Our hypothesis involving tendon-to-bone healing is based on well-documented studies that have shown that although NSAIDs are effective pain relievers, they have also been shown to negatively affect fracture healing and spinal fusions, and may have adverse effects on ligament healing." The authors conclude that this is preliminary research that warrants additional studies.

The researchers received the American Orthopaedic Society for Sports Medicine's "Excellence in Research Award" for their efforts with this study.

SOURCE: American Orthopaedic Society for Sports Medicine Meeting in Quebec City, June 24-27, 2004

Clinical Studies in the Modern Era

Even before systematic laboratory studies appeared to support the practice, clinicians in the field were returning to hypnosis. In part, the revival of interest in clinical hypnosis was stimulated by the successful use of the technique during World War II, where chemical analgesics and anesthetics were not always available for the treatment of wounded soldiers. In preparing their authoritative review of Hypnosis in the Relief of Pain, Hilgard and Hilgard uncovered more than two dozen cases, published between 1955 and 1974, in which hypnosis served as the sole analgesic or anesthetic agent. One enthusiastic practitioner of clinical hypnosis even had a film made of her own cosmetic dermabrasion, essentially sandpapering off whole layers of facial skin with hypnosis as the sole analgesic, just to show it could be done. Recently, a group of Belgian investigators reported a series of 1,650 surgical cases attempted with "hypnosedation", in which fewer than 1% required a switch to general anesthesia. Nevertheless, the general consensus is that vanishingly few patients, far fewer than the 10% or so who qualify as hypnotic virtuosos, are hypnotizable enough to tolerate such procedures with hypnosis alone. This should only be attempted as a last resort, and the real applications of hypnosis lie elsewhere.

One of these applications is obstetrics. So far as labor pain is concerned, regional and general anesthetics will do the job, but ever since Queen Victoria took chloroform during the delivery of her eighth child, there has been concern that drugs might increase the risk to the fetus, detract from the experience of childbirth, or interfere with the mother-child bond. These concerns help explain why chemical anesthesia, quickly embraced for other surgical procedures, was not widely adopted for obstetrics until late in the 19th century. By the 1950s, obstetricians were already familiar with other psychological techniques for pain reduction, such as Dick-Read's "natural childbirth", the "Lamaze method", and Schultz's autogenic training. It seems likely that the desire to avoid drugs whenever possible explains why some of them looked to hypnosis as a scientifically respectable, more mainstream alternative.

In any event, a pioneering large-scale study by Ralph August reported on 1000 consecutive cases, in which hypnosis was attempted in 850. Of these, 58% required no medication at all, 38% required only minor analgesics such as Demerol, and 4% abandoned hypnosis entirely in favor of local or general anesthetics. At about the same time, Davidson reported that the benefits of hypnosis were equal to those of natural childbirth in the first stage of labor, and superior in the second stage. Other early reports indicated that hypnosis is associated with decreased frequency of premature labor (and thus spontaneous abortion), reduced duration of labor, more rapid recovery from birth asphyxia in the neonate, and increased satisfaction with the childbirth experience on the part of the mothers.

Similar results were obtained in cancer treatment. Some enthusiasts have tried to treat cancer directly with hypnosis, suggesting that subjects imagine "good cells" fighting off "bad cells" and the like. This rarely works, of course, and when it does seem to work the remission is almost certainly adventitious and has nothing to do with hypnosis. Nevertheless, the patients often obtain considerable relief from pain caused either by

cancer or its treatment. Cangelo studied 81 patients, 73 of whom seemed to be at least moderately hypnotizable. Of this subgroup, his clinical impression was that almost 70% achieved good to excellent relief of chronic pain. For the 22 patients for whom narcotics had been prescribed for pain control, 63% showed an immediate decrease in medication usage to 50% or less of base levels; this reduction lasted for a week in 54%, and for 1 to 3 months in 18%, with no reinforcement of the hypnosis.

Unfortunately, these studies appeared on the eve of a revolution in medical practice. Clinical medicine has always been based on biology, of course, but the golden age of antibiotics, in the 1940s and 1950s, culminated in the apparent conquest of infectious disease and prompted advances in immunology that promised to prevent disease at its source. New generations of analgesics and anesthetics came onto the market, as well as new procedures such as epidural anesthesia for childbirth and conscious sedation for outpatient procedures. These developments led physicians once again to turn away from hypnosis and toward drugs.

A study of hypnosis in dentistry makes the point. Gottfredson found that 56% of hypnotizable patients were able to complete their procedure without any chemical analgesic at all, and this figure was 75% for those of relatively high hypnotizability. However, local anesthetic produced a comparable effect, without any individual differences in response. Although mesmeric coma was used for dentistry prior to the introduction of chemical anesthesia, and many dentists still use hypnosis to treat anxiety in the chair, chemical analgesics and anesthetics are simply more reliable, and these days hypnosis is rarely used for the relief of dental pain.

In the late 1970s, Joseph Barber claimed a 99% success rate with an innovative technique, which he calls "rapid induction analgesia", in a series of unselected patients. A follow-up study by Gillett and Coe yielded a success rate more like Gottfredson's, 52%. Outcome was uncorrelated with hypnotizability, however, suggesting that whatever effects RIA has are not mediated by hypnosis.

Despite these promising results, there have been virtually no controlled, quantitative studies of hypnotic analgesia in clinical settings. One exception is in the area of obstetrics, where more recent studies have confirmed and extended the early results of August and Davidson. Another is cancer, where a number of studies support the use of hypnosis. In a pioneering study, Josephine Hilgard and Sam LeBaron offered hypnosis to 63 consecutive children who were receiving bone marrow aspirations required for treatment of leukemia. Of the 24 who accepted the referral, 19 proved to be at least moderately hypnotizable. After only one session of training, 10 of these patients were able to reduce felt pain during the procedure by at least three points on a 10-point scale; with a single additional training session, the success rate rose to 15 of 19 when the procedure was repeated about six weeks later. None of the five less hypnotizable subjects reported substantial relief of pain on either occasion. Similar findings were obtained in another study of children with leukemia being treated with bone marrow transplants.

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Contact: Jenny Gimpel
j.gimpel@ucl.ac.uk
44-207-679-9739
University College London

Pain in the brain: It's not what you imagine

Researchers are one step closer to unravelling the mystery of medically unexplained pain such as chronic low back pain, which continues to baffle doctors. A study exploring the experience of pain in hypnotised volunteers has found that some types of pain which cannot be traced to a medical condition may have its origins in our brains, not in our bodies.

The study by University College London and University of Pittsburgh Medical Centre found that volunteers who felt pain as a result of hypnotic suggestion showed strikingly similar brain activity to those subjected to physical pain via pulses of heat at 49 degrees Celsius.

The study, to appear in the next issue of NeuroImage, also found that when the volunteers were asked to simply imagine that they felt the same pain, they had significantly different brain activity than under hypnotised and physical pain conditions. Dr. David Oakley, Director of UCL's Hypnosis Unit, says: "The fact that hypnosis was able to induce a genuine painful experience suggests that some pain really can begin in our minds. People reporting this type of pain are not simply imagining it."

A separate hypnosis study by Dr Oakley and UCL Professor Patrick Haggard explored the basis of free-will in hypnotised volunteers who were asked to deliberately move their finger, were told their finger would move 'all by itself' or had their finger moved for them. The study, which will appear in the next issue of Consciousness and Cognition, found that volunteers under hypnosis reported that when their finger moved 'all by itself' it felt 'involuntary' even though they had actually moved it themselves.

Dr. Oakley says: "This study questions the conscious nature of free-will, which is an important issue for society. For example, in legal terms someone may only be considered responsible for a criminal act if it is performed with conscious intention." In both studies volunteers were chosen using the Harvard Group Scale of Hypnotic Susceptibility, where those scoring 8 or more out of 12 were selected. Volunteers were hypnotised using a simple procedure involving imagery such as going down stairs or descending in a lift.

Dr. Oakley adds: "Studies such as these, published in reputable scientific journals, provide good evidence that hypnosis has moved out of the Dark Ages and is now recognised as a valuable research tool. Hypnosis offers a safe way of altering a person's experience of themselves or of the world around them. Brain imaging is another good way of exploring these reported changes - you can't easily fool a brain scanner."

Medical Hypnosis And Orthopedic Hand Surgery: Pain Perception, Post-Operative Recovery, And Therapeutic Comfort

Magaly H. Mauer, Kent F. Burnett, Elizabeth Anne Ouellette, Gail H. Ironson and Herbert M. Dandes

Abstract: Orthopedic hand-surgery patients experience severe pain post-operatively, yet they must engage in painful exercises and wound-care shortly after surgery; poor patient involvement may result in loss of function and disfigurement. This study tested a hypnosis intervention designed to reduce pain perception, enhance post-surgical recovery and facilitate rehabilitation. Using a quasi-experimental research design, sixty hand-surgery patients received either usual-treatment or usual-treatment plus hypnosis. After controlling for gender, race and pre-treatment scores, the hypnosis group showed significant decreases in measures of perceived pain intensity, perceived pain affect and state-anxiety. In addition, physician's ratings of progress were significantly higher for experimental Ss than for controls, and the experimental group had significantly fewer medical complications. These results suggest that a brief hypnosis intervention may reduce orthopedic hand surgery patients' post-surgical perceived pain intensity, perceived pain affect and anxiety; decrease co-morbidity; and enhance post-surgical recovery and rehabilitation. However, true-experimental research designs with other types of controls must be employed in order to determine more fully the contribution of hypnosis to improved outcome.

Phantom Limb Pain

by Jonathan Cole

Phantom limb pain - pain appearing to come from where an amputated limb used to be - is often excruciating and almost impossible to treat. New approaches, based on a better understanding of the brain's role in pain, may be opening the way to new treatments. After amputation of a limb, an amputee continues to have an awareness of it and to experience sensations from it. These phantom limb sensations are also present in children born without a limb, suggesting that perception of our limbs is 'hard-wired' into our brain and that sensations from the limbs become mapped onto these brain networks as we develop.

If phantom limb sensations are normal then so too, alas, is phantom limb pain. This occurs in a majority of those who lose their limbs. (1) In fact, limbs do not need to be lost; it also occurs in conditions in which the brain is disconnected from the body, such as peripheral nerve injuries and after spinal cord injury, when an area becomes insentient (and usually paralysed).

The pain is described in various ways: burning, aching, 'as if the hand is being crushed in a vice,' etc. Such words, however, cannot fully encompass the experience of living with such a pain. In those with chronic pain after spinal cord injury it is frequently the pain rather than the paralysis that interferes with work and social life. One woman has said that paralysis does not stop life, but pain may. (2)

Mechanisms

There may be many mechanisms underlying phantom limb pain. Damage to nerve endings is often important: subsequent erroneous regrowth can lead to abnormal and painful discharge of neurons in the stump, and may change the way that nerves from the amputated limb connect to neurons within the spinal cord. There is also evidence for altered nervous activity within the brain as a result of the loss of sensory input from the amputated limb.

Unfortunately, phantom limb pain is generable intractable and chronic; once it develops it persists and is rarely improved by present medical treatments. Destructive surgical procedures are also of limited use. They can be effective for a few months, but pain always returns, frequently worse, and so surgery is only performed in patients with terminal illness.

New treatments

Recently, some potentially valuable treatments have arisen, based on new ways of perceiving the origin of the pain itself.

Flor's group has shown that the development of phantom limb pain is correlated with changes in the way peripheral areas of the body are represented in the sensory cortex. Although it is not clear why this should lead to pain, they devised experiments to reverse this cortical plasticity to see whether pain sensations were also altered.

They found that use of an electrical prosthetic limb moved by signals from the patient's muscle reduced the pain if used for several hours per day. Brain imaging revealed that this effect was dependent on a reversion of the sensory cortex to its original state. (3) A task involving repeated touching of the skin over the stump, to improve sensory discrimination there, also reduced phantom limb pain, possibly by replacing some of the sensory input to the brain lost following amputation. (4)

Visual tricks

In his last book Patrick Wall suggested that pain might be considered a 'need state', like thirst, rather than simply a sensation. If so then the 'need' might involve movement to avoid or reduce pain. (5)

Evidence that stimulation of the motor cortex (the area that controls movement) can reduce phantom limb pain has been around for some time. (6) Perhaps more surprising was a trial by Ramachandran and Rogers-Ramachandran in 1996. (7) They asked people with amputations of the arm and phantom limb pain to place their arms inside a mirror box so that they saw their remaining arm mirror-reversed to look like their amputated one. When they moved their remaining arm in the box they were 'fooled' into thinking they were moving their amputated one, and their pain was reduced. Although this has proved less effective in some subsequent trials, it did suggest that phantom limb pain might reflect a loss of motor control to the limb, as well as loss of sensory input from it.

More recently the mirror box has been used with some success in pain that is not due to sensory loss. (8) In fact, a box may not be required. In phantom limb pain due to a peripheral nerve injury (brachial plexopathy), Giroux and Sirigu have shown that merely training patients to imagine their paralysed arms moving in relation to a moving arm on a screen in front of them can relieve phantom limb pain. (9)

They suggest that these attempts to link the visual and motor systems might be helping patients recreate a coherent body image, and so reduce pain as a result of reduced and disordered input. If this approach is successful, it may be that relatively simple treatments, such as patients imagining that they are swinging a golf club with their amputated limb, could have significant pain-relieving benefits.

Finally, in experiments still being developed, we are constructing an arm in virtual reality which subjects with phantom limb pain will move themselves using motion capture techniques. Movement of their stump will be captured by a movement-tracking device, and used to project the movement of the reconstituted limb in virtual reality. We anticipate that this will lead to a sense of re-embodiment in the virtual arm and hence to a reduction of the pain.

These new approaches are all based on a shift in emphasis in phantom limb pain away from the site of damage - the stump - to the centre of pain processing: the brain. It appears that disordered inputs from the limb's sensory systems, combined with disrupted motor signal back to the limb, generate a mismatch between the brain's built-in map of the physical body and what is actually perceived. For some reason, this mismatch results in pain.

Whichever of these new techniques proves effective - and simple enough to be used - the prospects for relief from pain are probably brighter than at any time since Weir Mitchell first coined the term phantom limb pain in 1872.

Professor Jonathan Cole is a Consultant in Clinical Neurophysiology at Poole Hospital a professor at the University of Bournemouth, and Senior Lecturer in Clinical Neurosciences at the University of Southampton, UK.

E-mail: jonathan@cofamily.org.uk

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Neodissociation

Ernest Hilgard offered a neodissociation interpretation of hypnotic analgesia. The neodissociation perspective reflects the recognition that some behaviors are not consciously intended, initiated, or controlled. "Dissociated control" in everyday life is particularly well revealed in various mental lapses but is the basis for hypnotic responsiveness as well: "Such dissociated control of thought and behavior depends on a hierarchical model of mind, which assumes . . . that different cognitive control systems can operate in relative independence of each other".

The neodissociation model proposes that the hypnotic process creates a temporary functional separation between certain cognitive control structures, resulting in the corollary separation of awareness.

For example, Hilgard suggests that a hypnotized patient comfortably undergoing a painful procedure is able to do so because of the separation-the dissociation-between the cognitive structure(s) responsible for the appreciation of pain and the central control structure(s) responsible for the individual's conscious awareness.

Because a central feature of all hypnotic phenomena is the felt sense of automaticity-that the thought or behavior occurs without effort or, perhaps, even of intention-Hilgard's explanation applies to all hypnotic phenomena, not only hypnotic analgesia.

Moreover, his explanation also accounts for nonhypnotic dissociative processes. Recent brain imaging research has yielded evidence for the alteration in brain activity that correlates with hypnotic analgesia and has been interpreted as evidence for the neodissociation model.

Belief and expectation

Kirsch, for instance, theorizes that it is an individual's belief and expectation that determines the hypnotic experience: "Typical hypnotic responses can easily be altered by providing subjects with expectancy-altering information"

The sociocognitive view suggests, for example, that an individual's expectation of analgesia may be self-confirming, so that it is the anticipation itself that reduces the pain.

Clinic vs. Experiments

Experimental subjects are significantly less motivated to experience a hypnotic effect than are patients who are seeking relief from suffering. There are also significant differences in the behavior (and motivation) of experimenters and clinicians. Experimental protocols usually require rigid adherence to a well-operationalized, standardized induction and set of suggestions. Rarely is the purpose of an experiment the search for optimum hypnotic effect. However, that is precisely what is involved in the clinical situation. Effective clinical use of hypnotic suggestion requires an individualized approach. Rarely is a standardized set of procedures followed, and the clinician, normally focused only on doing what is effective, may vary or repeat procedures until success is obtained. Although this may lead to successful clinical outcomes, it is usually impossible to assess the causal link between treatment and results (see Chapter 81). Moreover, as Diamond (60) suggests, the relationship between the clinician and patient is a powerful determiner of the hypnotic effect (or any clinical effect). The relationship between an experimenter and subject is significantly less personal (sometimes the hypnotic induction is even conveyed by a tape recorder) than the well-developed, intimate, and more potent relationship of a concerned clinician and a patient in pain. Whatever the explanation for the disparity of reported hypnotic effect between experimental and clinical contexts, it is clear that clinical success with hypnotic suggestion requires innovative, personalized, clinically sophisticated procedures. It is difficult to compare such procedures with well-controlled experimental procedures. So, for the moment, the complex question of hypnotic responsiveness remains an open one.

Many Pains, One Solution

Because hypnotic processes take place at the highest level of neural organization, the nature, quality, and location of pain are not essential determinants of success (as it would be, e.g., with a local anesthetic acting on peripheral nerves). That is, there is no strategy unique to treatment of osteoarthritic pain of the knee rather than the elbow, or of causalgic pain of the arm or of the leg, or of neuropathy of the face or of the foot. Hypnotic treatment can be effectively applied to any pain syndrome, so long as pain relief is in the patient's interest.

Cancer Pain

Although some cancer patients experience pain of the disease itself, much of the pain associated with cancer is a result of clinical procedures (78). Such procedural pain can be treated as described previously, under Acute Pain.

The significant feature of cancer pain that requires the clinician's awareness is the meaning of the pain to the patient. Cancer pain threatens the patient's sense of safety and security. Some patients report feeling a particular dread of "being eaten" by the cancer. The pain of cancer may be both as much a source of anxiety and fear as it is actual sensory pain. As with treatment of other syndromes, the treatment of the pain associated with cancer requires that hypnotic suggestions encompass the patient's own sense of the pain.

Headaches

Headache pain is often less easy for a patient to tolerate than pain located elsewhere because it seems so central to awareness. It may be helpful, then, to "co-opt" the pain by incorporating it into the suggestions for hypnotic induction-so that the patient does not have to struggle to resist the pain to pay attention to the clinician. Here is an example of suggestions that might be used when employing such a strategy:

As you listen to the sound of my voice, notice that the sensations of aching [or pressure or whatever the patient experiences] can be almost at the very center of your awareness. You can hear my voice and pay attention to those sensations. As you do, nothing else seems to matter. Everything else just fades away. You hear my voice, you understand my words, you feel the sensations in your head, and nothing else matters. And notice how curiously those sensations seem to change as I speak. You might notice that they seem to fade, momentarily, with each word. Or you might notice that they seem to move, almost in a spiral, each time I speak. I don't know exactly how you'll notice those sensations change, but I hope you can be interested and curious to notice.

...

Also, it may be helpful to treat the patient when the headache is not present, using posthypnotic suggestions to intervene when the pain subsequently recurs.

Self-Hypnotic Management

Another means for extending the duration of relief is by teaching the patient how to use self-hypnotic techniques. Self-hypnosis requires the patient to take the initiative to take time out from his or her day, to settle in comfortably, and to provide suggestions for inducing the hypnotic experience, followed by therapeutic suggestions. Most patients seem able to learn self-hypnotic techniques, although, as with most processes of personal development, this may involve complications. A patient's interest in learning self-hypnotic techniques and willingness to use them provide a valuable index of his or her motivation for actively participating in recovery, as well as a means of assessing broader psychological issues, such as attitude toward pain and readiness for self-care. The pleasure of being nurtured can be threatened by what may be perceived as the demand for self-care.

Although hypnotic analgesia is a relief, self-hypnotic training and treatment may feel emotionally empty and, therefore, aversive.

Hypnotic treatment may recall a patient's earlier experiences of nurturing and care, so self-hypnotic training may feel like abandonment.

Hypnotic treatment feels virtually effortless, but self-hypnotic treatment may feel unpleasantly effortful.

CURRENT THEORIES AND EVIDENCE

The two main current theories of hypnosis are those of neo-dissociation and dissociated control, the former postulated from Janet's theory and maintaining that responses are due to a division and co-existence of consciousness into two or more simultaneous streams which are separated by an amnesic barrier preventing access to suggestion-related executive functions, monitoring functions, or both, but which maintain realistic, logical relations among themselves. The dissociated part in Hilgard's theory is the postulated "hidden observer," i.e., that part of a person's mind knowing about the presence of pain but which that other conscious part of him knows nothing about. From this theory arose an advanced modified version known as the dissociated control theory of hypnosis, which maintains that hypnotic inductions weaken frontal control of behavioral schemas, thereby allowing direct activation of behavior by the hypnotist's suggestions.

Support for this is found in two recent dissertations by Hughes and Miller respectively, which show that hypnotic behavior can be purposeful (i.e., the suggested state of affairs is [or can be] achieved) and nonvolitional (the suggested state of affairs is not achieved by high-level executive initiative and ongoing effort), thus making it easily integrated as a concept with current views of frontal executive function - i.e., the representative two-tier control model of volition. Briefly, this model maintains that multiple subsystems interact to coordinate goals and actions, which are controlled by two qualitatively different mechanisms, i.e., the decentralized lower-level contention-scheduling mechanism which handles relatively routine selections and behaviors not requiring conscious or attentional control, and the higher-level supervisory attentional system (SAS) which intervenes in novel or competitive situations to govern non-routine actions in a qualitatively different, centralized manner. So the SAS, posited to involve the frontal lobes and limbic system, influences behavior indirectly by modulating the lower-level system and by contributing extra activation and inhibition to particular schemas, consequently biasing the schema selection process of the contention-scheduling system.

According to this model, the experience of volition (i.e., will) is associated with SAS involvement in the initiation and control of behavior, and if the SAS is actively modulating the selection of schemas (what can be interpreted as conscious filtering), the individual has the phenomenal experience of will, or deliberate volitional control. Alternatively, if the SAS neither modulates nor monitors the contention-scheduling system, then the person experiences the action as automatic, i.e., as immediately following the idea of it in the mind - a circumstance termed an ideomotor act. However, such a model is only partially in keeping with findings from experimental intracranial electrophysiological studies, because these have shown that deliberate volitional control - the phenomenal experience of will - is not as free as traditionally defined (i.e., taken to include a conscious intention to act, and a conscious ability to control such an act), because results of investigations of cerebral "time-on" theory (this states that the transition from an unconscious mental event to one that reaches awareness and is consciously experienced, can be a function of a sufficient increase in the duration or "time-on" of appropriate neural activities) have demonstrated that the performance of even a freely voluntary act is initiated unconsciously, some 350 msec before the individual becomes consciously aware of wanting to move, and that it is the

conscious control of whether to carry out the act, which will actually still be performed during the remaining 150 to 200 msec before activating the muscles. This theory is also indirectly supported by the presence of an error detection system operating at an early, i.e., possibly pre-conscious stage during Stroop-like tasks with hypnosis, and which was not found to be compromised by the latter.

So since conscious (volitional) control appears only after awareness of the wish to move has developed - the control process depending upon prior awareness of the volitional direction, but not being an awareness in itself - in the case of the SAS its activation is also unconsciously-initiated, because volitional process starts with unconscious cerebral activity: the transition between psychological detection of a sensory signal without awareness, and detection with awareness, has been found to be controlled simply by differences in duration of repetitive ascending activations of the sensory cortex, with a minimum duration of up to approximately 500 msec being necessary to elicit a conscious experience of an event, while appropriate neural activity having a duration briefer than that required for awareness mediates unconscious mental functions, but without any subjective awareness of them. Therefore, although the role of free will is not excluded, Freud's deterministic stance is somewhat supported, as free will is changed from being an initiator of the voluntary act as commonly believed to one of only controlling the outcome of the volitional process, after the individual becomes aware of an intention or wish to act. This also provides indirect support for the dissociated control theory of hypnosis, physiological support for which has been even more forthcoming from the rCBF increases in the caudal part of the right anterior cingulate gyrus (i.e., Brodmann's area 32 - a powerful behavioral part of the limbic system), and the fact that hallucination of auditory stimuli also activates this area similarly to the actual hearing of such stimuli, but not similarly to what happens in imagined hearing - in fact, there is activation of the temporal areas, which is considered to reflect acoustical attention. The anterior cingulate gyrus, found to be engaged in the processing of pain, is a portion of the limbic system that communicates between the prefrontal cerebral cortex and subcortical limbic structures - the limbic system being the entire neuronal circuitry controlling emotional behavior and motivational drives, and performs executive functions which are subdivided into affective and cognitive components - the former being involved in the regulation of autonomic and endocrine functions, assessment of motivational context, and the significance of sensory stimuli and emotional valence, while the latter are involved in response selection processing such as Stroop interference. Metabolic activity in this gyrus has been found to increase when people generate semantic associates to words, and when a situation requiring divided attention is present, as evidenced by divided-attention versus elective-attention tasks. Therefore, since divided-attention conditions require a higher-level attentional system which simultaneously monitors information across the specialized modules, this function conforms to the attributes of an SAS, causing the anterior cingulate to be implicated during planning or decision-making, error correction, novel and not-well-learned responses, situations regarded as difficult or dangerous, and the overcoming of habitual responses - during a PET study of language where activation in a repeat condition was subtracted from the generate condition, greater blood flow was found to consistently occur in the dorsolateral prefrontal cortex and anterior cingulate, a result similar to the rCBF increases found during hypnosis. So activation of the anterior cingulate gyrus

during hypnosis is related to the cingulate's establishing a node in the working-memory system of the lateral prefrontal cortex to hold representations retrieved from longer-term semantic representations of word meanings in the posterior cortex (presumably Wernicke's area), and as processing spreads among the latter's semantic network, the working-memory system inhibits representations of irrelevant associates, allowing task-relevant associates to be sufficiently activated. This permits the SAS to allow the task's goal to influence interactions between working and long-term memory and is in keeping with the neuropsychological translation of hypnotic induction where hypnosis is initiated by engaging anterior executive control systems which orchestrate top down changes influencing thalamic and brainstem mechanisms. The anterior cingulate gyrus and the dorsolateral prefrontal cortex are also implicated in the volitional system - a totally different system from stimulus-driven action, so under hypnosis it is considered that anterior, frontal lobe functions become engaged through instructions of focusing attention (left hemispheric frontotemporal processing) and once engaged become inhibited, with such inhibition underpinning the suspension of reality testing, abdication of planning functions, and reduced attentional monitoring of external cues. Even more support for the dissociated control theory is provided by the hypnotic responsiveness of high hypnotizables, who respond non-volitionally when compared to lows who seem to respond more intentionally (King and Council 1998), making the former group's responsiveness more likely to result from dissociated control. In this case, hypnotic suggestions more often directly activate subsystems of cognitive control in keeping with Norman and Shallice's model, while compliance and social influence is more apt to account for the low hypnotizables' responsiveness. Such agrees with evidence of dissociations between explicit and implicit memory and perception in hypnosis and is confirmed by the deterioration in performance by low hypnotizables when the structure of hypnotic suggestions precludes the use of absorption rather than dissociation. This implies that lows respond to suggestions only by assimilating the and not by dissociation, a finding supported by evidence showing that highs use imagery to dissociate effectively, while lows perceive and assimilate suggestions by means of mental math (Ray 1997), which can also be considered to account for the greater levels of emotional experiences of highs in comparison to lows, the former group's increased ability to access affect, as well as their ability to reduce both the sensory and motivational components of pain achieving better pain control, conversely to lows who are less able, or unable, to reduce the sensory-discriminative component of pain.

Excerpted from:

<http://www.uclm.es/inabis2000/posters/files/037/session.htm#inicio#inicio>

University of Iowa News Release

March 14, 2005

Brain Imaging Studies Investigate Pain Reduction By Hypnosis

Although hypnosis has been shown to reduce pain perception, it is not clear how the technique works. Identifying a sound, scientific explanation for hypnosis' effect might increase acceptance and use of this safe pain-reduction option in clinical settings.

Researchers at the University of Iowa Roy J. and Lucille A. Carver College of Medicine and the Technical University of Aachen, Germany, used functional magnetic resonance imaging (fMRI) to find out if hypnosis alters brain activity in a way that might explain pain reduction. The results are reported in the November-December 2004 issue of *Regional Anesthesia and Pain Medicine*.

The researchers found that volunteers under hypnosis experienced significant pain reduction in response to painful heat. They also had a distinctly different pattern of brain activity compared to when they were not hypnotized and experienced the painful heat. The changes in brain activity suggest that hypnosis somehow blocks the pain signal from getting to the parts of the brain that perceive pain.

"The major finding from our study, which used fMRI for the first time to investigate brain activity under hypnosis for pain suppression, is that we see reduced activity in areas of the pain network and increased activity in other areas of the brain under hypnosis," said Sebastian Schulz-Stubner, M.D., Ph.D., UI assistant professor (clinical) of anesthesia and first author of the study. "The increased activity might be specific for hypnosis or might be non-specific, but it definitely does something to reduce the pain signal input into the cortical structure."

The pain network functions like a relay system with an input pain signal from a peripheral nerve going to the spinal cord where the information is processed and passed on to the brain stem. From there the signal goes to the mid-brain region and finally into the cortical brain region that deals with conscious perception of external stimuli like pain.

Processing of the pain signal through the lower parts of the pain network looked the same in the brain images for both hypnotized and non-hypnotized trials, but activity in the top level of the network, which would be responsible for "feeling" the pain, was reduced under hypnosis.

Initially, 12 volunteers at the Technical University of Aachen had a heating device placed on their skin to determine the temperature that each volunteer considered painful (8 out of 10 on a 0 to 10 pain scale). The volunteers were then split into two groups. One group was hypnotized, placed in the fMRI machine and their brain activity scanned while the painful thermal stimuli was applied. Then the hypnotic state was broken and a second fMRI scan was performed without hypnosis while the same painful heat was again applied to the volunteer's skin. The second group underwent their first fMRI scan without hypnosis followed by a second scan under hypnosis.

Hypnosis was successful in reducing pain perception for all 12 participants. Hypnotized volunteers reported either no pain or significantly reduced pain (less than 3 on the 0-10 pain scale) in response to the painful heat.

Under hypnosis, fMRI showed that brain activity was reduced in areas of the pain network, including the primary sensory cortex, which is responsible for pain perception.

The imaging studies also showed increased activation in two other brain structures -- the left anterior cingulate cortex and the basal ganglia. The researchers speculate that increased activity in these two regions may be part of an inhibition pathway that blocks the pain signal from reaching the higher cortical structures responsible for pain perception. However, Schulz-Stubner noted that more detailed fMRI images are needed to definitively identify the exact areas involved in hypnosis-induced pain reduction, and he hoped that the newer generation of fMRI machines would be capable of providing more answers.

"Imaging studies like this one improve our understanding of what might be going on and help researchers ask even more specific questions aimed at identifying the underlying mechanism," Schulz-Stubner said. "It is one piece of the puzzle that moves us a little closer to a final answer for how hypnosis really works.

"More practically, for clinical use, it helps to dispel prejudice about hypnosis as a technique to manage pain because we can show an objective, measurable change in brain activity linked to a reduced perception of pain," he added.

In addition to Schulz-Stubner, the research team included Timo Krings, M.D., Ingo Meister, M.D., Stefan Rex, M.D., Armin Thron, M.D., Ph.D. and Rolf Rossaint, M.D., Ph.D., from the Technical University of Aachen, Germany.

University of Iowa Health Care describes the partnership between the UI Roy J. and Lucille A. Carver College of Medicine and UI Hospitals and Clinics and the patient care, medical education and research programs and services they provide. Visit UI Health Care online at <http://www.uihealthcare.com>

STORY SOURCE: University of Iowa Health Science Relations, 5135 Westlawn, Iowa City, Iowa 52242-1178

MEDIA CONTACT: Jennifer Brown, (319) 335-9917
jennifer-l-brown@uiowa.edu60

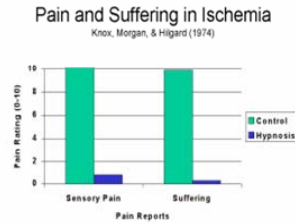
ABSTRACT: Using hypnotic suggestion, pain relief was attempted in 22 cases. 13 of these patients showed a decrease in narcotic requirements. Duration of effectiveness was from 1 week to 4 1/2 months. It is concluded that this method should be tried before resorting to either chemical or surgical procedures since it is relatively simple to perform, has no harmful complications, and is not unduly time consuming. From Psyc Abstracts 36:02:2117C. (PsycINFO Database Record (c) 2002 APA, all rights reserved)

ABSTRACT: A cohort of patients with sickle cell disease, consisting of children, adolescents, and adults, who reported experiencing three or more episodes of vaso-occlusive pain the preceding year, were enrolled in a prospective two-period treatment protocol. Following a 4-month conventional treatment baseline phase, a supplemental cognitive-behavioral pain management program that centered on self-hypnosis was implemented over the next 18 months. Frequency of self-hypnosis group training sessions began at once per week for the first 6 months, became biweekly for the next 6 months, and finally occurred once every third week for the next 6 months, and finally occurred once every third week for the remaining 6 months. Results indicate that the self-hypnosis intervention was associated with a significant reduction in pain days. Both the proportion of "bad sleep" nights and the use of pain medications also decreased significantly during the self-hypnosis treatment phase. However, participants continued to report disturbed sleep and to require medications on those days during which they did experience pain. Findings further suggest that the overall reduction in pain frequency was due to the elimination of less severe episodes of pain. Non-specific factors may have contributed to the efficacy of treatment. Nevertheless, the program clearly demonstrates that an adjunctive behavioral treatment for sickle cell pain, involving patient self-management and regular contact with a medical self-hypnosis team, can be beneficial in reducing recurrent, unpredictable episodes of pain in a patient population for whom few safe, cost-effective medical alternatives exist. International Journal of Clinical and Experimental Hypnosis Volume: 45 Issue: 4 Pages: 417-432 " Self-hypnosis training as an adjunctive treatment in the management of pain associated with sickle cell disease"

ABSTRACT: A randomized controlled trial was conducted to compare the efficacy of clinical hypnosis versus cognitive behavioral (CB) coping skills training in alleviating the pain and distress of 30 pediatric cancer patients (age 5 to 15 years) undergoing bone marrow aspirations. Patients were randomized to one of three groups: hypnosis, a package of CB coping skills, and no intervention. Patients who received either hypnosis or CB reported less pain and pain-related anxiety than did control patients and less pain and anxiety than at their own baseline. Hypnosis and CB were similarly effective in the relief of pain. Results also indicated that children reported more anxiety and exhibited more behavioral distress in the CB group than in the hypnosis group. It is concluded that hypnosis and CB coping skills are effective in preparing pediatric oncology patients for bone marrow aspiration. International Journal of Clinical and Experimental Hypnosis Volume: 47 Issue: 2 Pages: 104-116 "Clinical hypnosis versus cognitive behavioural training for pain management with pediatric patients undergoing bone marrow aspirations" The author states that reassurance of surgical patients in a preoperative visit may be enhanced with "the truly interpersonal relationship that hypnosis has as its foundation" (p. 131). He does not use the word "hypnosis" per se with these patients. Suggestions may be given that the patient will tolerate required procedures comfortably. Hypnosis supplements but usually does not replace anesthesia for an entire surgical procedure, but can be used in conjunction with regional techniques such as a nerve block, or in minor procedures on its own. A period of conditioning is necessary for producing true anesthesia, and that often is too time consuming for many anesthesiologists. Hypnosis can be used postoperatively for hiccoughs, for motivating the patient to become suitably active, etc. It is especially useful in a pediatric setting and in obstetrical procedures. He describes specific techniques used for conditioning obstetrical patients. The author also discusses pain management applications of hypnosis. Hypnosis in anesthesiology Periodical: International Journal of Clinical and Experimental Hypnosis Volume: 7 Issue: 3 Pages: 129-138

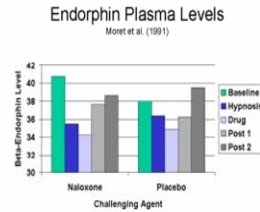
Statistics on Pain Control

Hilgard found that hypnosis alters both components of pain. In one study, involving ischemic muscle pain produced by cutting off the flow of blood to the forearm, both pain and suffering were reduced essentially to zero in a group of highly hypnotizable subjects (Knox, Morgan, & Hilgard, 1974).



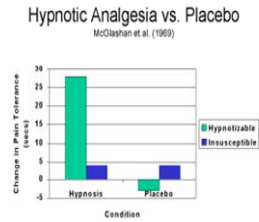
Statistics on Pain Control, cont.

One thing we know is that hypnosis is not mediated by stimulating the flow of endogenous opiates. In a collaboration with Jack Hilgard, Avram Goldstein, who originally discovered the existence of specific opiate receptors in the brain, showed that naloxone, an opiate antagonist, has no effect on hypnotic analgesia (Goldstein & Hilgard, 1975). This finding has been subsequently confirmed by other investigators (Barber & Mayer, 1977; Spiegel & Albert, 1983).



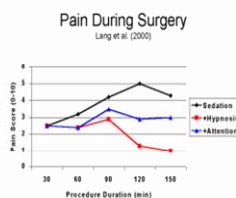
Statistics on Pain Control, cont.

McGlashan, Evans, and Orne recruited subjects for a study comparing hypnosis to medication in the relief of ischemic muscle pain (McGlashan, Evans, & Orne, 1969). Unbeknownst to the medical student who was running the study, during the drug trials the subjects received placebo packed in Darvon capsules. Insusceptible subjects got equivalent pain relief from hypnotic suggestion and from placebo. However, the hypnotizable subjects obtained substantially more relief from hypnosis than they did from placebo. The study suggests that hypnosis, like all effective analgesics, has a placebo component mediated by expectancies of success. Placebos are important, and they're ubiquitous, but, in hypnotizable subjects at least, hypnosis is more than placebo.



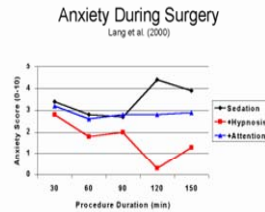
Statistics on Pain Control, cont.

Two randomized studies reported by Lang and her colleagues with patients undergoing a variety of invasive diagnostic and treatment procedures (Lang et al., 2000; Lang, Joyce, Spiegel, Hamilton, & Lee, 1996). All patients received standard patient-controlled conscious sedation for the procedure, with one third receiving hypnosis and another a structured attention manipulation. The addition of hypnosis afforded significantly greater pain relief than did conscious sedation alone.



Statistics on Pain Control, cont.

Patient anxiety levels were also lower with hypnosis. Finally, there were fewer adverse events, such as oxygen desaturation, hemodynamic instability, bleeding from the puncture site, oversedation, and vomiting to distract the surgical team. The surgical procedures took significantly less time for the hypnosis group than for the standard care group, by about 15 minutes on average.



MIND-BODY PAIN RELIEF

Helping Your Patients or Clients Take The
Unnecessary Suffering Out of Pain



Learning Objectives:

Participants will be able to:

- Explain the role of mind-body approaches in conventional and complementary and alternative medical practices.
- Explain the theory and demonstrate the practice of Hypnotic Pain Relief
- Explain the theory and demonstrate the practice of Meditation when used for Pain Relief
- Explain the theory and demonstrate the practice of Quantum Focusing
- Help their patients or clients take the unnecessary suffering out of pain

Abstract/Summary:

Mind-body medicine offers physicians and complementary and alternative health care professionals excellent resources for helping their patients increase their coping and pain relief skills and abilities

What is Mind-Body Medicine?

For purposes of this workshop, Mind-body Medicine is made up of a family of guided or self-directed techniques that focus peoples' attention in ways that give them significantly greater control over both mental and physical functions.

All of the mind-body modalities involve the practice of focusing attention or moving in ways that promote relaxation and a sense of well being. These techniques are evidence based. They are considered alternatives because so few licensed health care professionals use them or refer to practitioners who use these techniques. Although there is considerable evidence of their effectiveness they are not yet part of conventional medical practice.

Hypnosis, self-hypnosis, meditation, Quantum Focusing, biofeedback, Progressive Muscle Relaxation, autogenic training, yoga and tai chi are popular forms of Mind-body Medicine. Evidence suggests that these supplemental approaches have the potential to help people feel better and heal faster.

A comprehensive list of citations is included.

A Rationale for Mind-Body Medicine

People who feel better – Heal better And Are Generally More Effective

Learning and practicing self-hypnosis, meditation, Quantum Focusing and/or bio-feedback are ideal adjunctive modalities because we are designed to heal and rebalance ourselves in “Rest and Digest” states and these mind-body modalities are able to enhance the benefits of a wide variety of medical interventions.

Mind-Body Medicine is:

Mind-Body Medicine is evidence based for Pain Relief

Mind-Body Medicine is evidence based for Stress
Reduction

Mind-Body Medicine is evidence based for improving
Immune Function

Mind-Body Medicine is evidence based for Motivation
and Compliance

Mind-Body Medicine is evidence based for Improving
Moods

Mind-Body Medicine is evidence based for Empowering
people to take responsibility for their health.

Mind-Body Medicine can help with:

Migraine headaches, tension headaches, and many other types of pain

Disorders and diseases of the digestive system

High blood pressure and/or low blood pressure

Cardiac arrhythmias

Raynaud's disease

Stress related diseases and disorders like Diabetes and insomnia.

What is Hypnosis?

People experience hypnosis differently, but it is clear that it is a naturally occurring “state” experienced by almost all of us at one time or another. If you’ve ever suspended disbelief in a futuristic or fantasy entertainment, or driven while your conscious attention was elsewhere, you’ve experienced a self-hypnotic trance.

Regulation and Certification

The practice of hypnosis is self-regulated rather than being a state-licensed profession. These services are not yet covered by insurance and hypnosis clients generally pay for these services out-of-pocket. As with any profession, it is important to consider the qualifications and experience of the practitioner when making referral decisions.

The International Medical and Dental Hypnotherapy Association (IMDHA) has been training and certifying medical and dental hypnosis professionals for helping people to increase their coping and self-regulating skills and abilities since 1989.

The International Certification Board of Clinical Hypnotherapy (ICBCH) has offered hypnosis trainings and certification programs for licensed and non-licensed professionals since 2005

What is Self-hypnosis?

Self-hypnosis is a mind-body technique that teaches people how to focus their attention in ways that promotes relaxation and increases coping skills and abilities.

What is Meditation?

Meditation is a mind-body technique that teaches people how to focus their attention in ways that promotes relaxation and increases one's coping skills and abilities. Meditation is not regulated at this time. Licensed and non-licensed health care professional can teach meditation.

There are many forms of meditation and they all have benefits. Free meditations.com is a good introduction to these stress relief techniques :

<http://www.freemeditations.com/>

What is Quantum Focusing?

Quantum Focusing is a special blending of self-hypnosis, guided meditation and imagery. In theory and practice Quantum Focusing is a fast and resourceful skill set for relaxing, recharging and refocusing your attention in ways that promote feeling better, healing faster and generally being more effective.

These techniques can also help healthy people with every day challenges. Example, learning how to increase your coping skills and abilities and learning how to work and play in alert relaxed states of being can help you function at optimal levels.

Discussion:

Pain versus Suffering

Pain is the signal, the sensation. The nerve activity is called Nociception. Suffering is the persons “unconscious reaction to the signal”, the perception, the actual experience (which we can change).

Our painful experiences are mediated by our minds and brains

“All pain is real *and* all pain is imaginary”

Chronic Pain vs. Acute Pain

Acute pain is giving a meaningful signal –

Chronic pain is a neurological condition. Current medical opinion is that chronic pain is unrelated to the original cause or injury.

Your Patients or Clients at risk for learned helplessness/hopelessness with chronic pain.

Hypnosis is a persuasive healing art -

Give your patients or clients a reason to believe that you can help them. Expecting success is vital

Breakout Pain:

Can indicate an injury or disease that has not been recognized and often refers to pain that pain medications can no longer suppress

Pain Modifiers:

Stress

Chronic stress becomes transparent -- when it's chronic, you don't notice it.

Fight-or-flight was designed to be used on rare occasions. When it become frequent, and we stop fighting or running away the body does not metabolize the adrenaline, etc.— they become toxic.

Anticipation

Arousal

Deeply Held Beliefs

Expectations

Hypnotic Modalities

Self-hypnosis

Guided meditation

Imagery (using *all* the senses, not just visual)

Quantum Focusing

Changing Pain (Dan Cleary)

NLP or “NLH” (“H” is for “Healing”).

Conversational hypnosis: Making lemonade for pain relief:

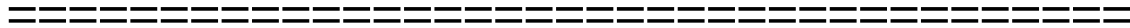
The “Lemon convincer” – is a simple demonstration that can convince clients that they are able to produce physiological changes using their imaginations. If your imagination can produce digestive juices your imagination can produce natural painkillers (*endorphins* - short for *endogenous morphines*)

Quantum Focusing Basics:

The Ellner/Barsky Mind-Body IQ Test

Imagine a lemon. See it, picture it, imagine it or think about it... smell it... imagine picking it up and holding it in your hand. Now imagine rolling it on a counter top. Now imagine slicing the lemon and putting a slice of the very juicy lemon into your mouth. Hear yourself tasting it. You probably actually changed your physiology by simply imagining tasting a lemon and, if so, you have a high Mind-Body IQ. But even if someone is unable to taste that imaginary lemon on their own, a certified hypnosis professional has the skills to help them or you develop their/your imagination and creative self-help skills.

In this case, by simply practicing the exercise with an actual lemon, and then practicing remembering and imagining that they/you taste it, just about anyone's Hypnotic IQ can be increased. In the same way, people can be taught to use their memory and imaginations to release feel-good peptides that help relieve pain and/or help them study or take exams more effectively.



Talking Points:

The word “positive” can have negative effects:

Takes on a negative connotation for people to whom “positive” has come to mean “positive on a pathology test”.

Entrainment:

Synchronization: people, even physical systems, in close quarters will synchronize. Common examples:
Menstruation, heartbeats, pendulums, breathing

Seriousness killed the cat:

Healing powers of a happy heart, peaceful mind and playful spirit--

Keep it playful, and take a light-hearted approach to serious issues.

Let the client know: “I am purposefully making light of this, in order to help you create a *shift*.”

Focus *your* attention on a client’s abilities (rather than their *disabilities*).

Tools:

Dissociation

Asking the client to describe “that pain there”, as an object, disassociates the feelings, as he/she begins thinking about how to describe it. Then you can manipulate it.

Have your patient describe his or her experience, using all the senses

In order to describe pain, have to put it aside (cognitive mode)

“What *if* it were a different size?”

Perspective

Events are experienced from our *point of view*. Any shift of perspective provides opportunity for a different outlook

Motivation

What floats your client's boat?

Relaxation

Hypnosis can help your patients or clients move out of fight-or-flight status and into rest-and-digest states.

Most people have limited experience with physical relaxation

Tension can be an anchor for referred pain. PMR exaggerating the tensing and relaxing can be very helpful

Sleep issues

Patients with chronic conditions often experience sleep-related problems.

Magic Bullet –

There are no freaking magic bullets!

Changing our mind changes our brain

Just thinking that a medicine will relieve pain releases natural painkillers. Benedetti found that morphine was 50% more effective when patients knew it was coming

Tips:

Paraphrasing what the client says:

Helps in understanding what they're saying

And opens the door for making suggestions and reframing

How much [relief] is enough?

Anxiety:

An emotion connected with an uncertain situation

Chronic pain ebbs and flows

We want to help our patients or clients recreate the times when it ebbs

Intractable/Persistent pain is continuous

We want to help clients focus their attention away from the discomfort

Migraines and other headaches

Hand warming is an effective biofeedback like approach to relieving the pain-

Hypnosis is a symbolic healing art

Acting out stuff in our minds produces hypnotic effects

Glove Anesthesia

Is still widely used and highly effective.

Dan Cleary's "pinky pump" – pumps anesthesia to any part of the body.

Number 1 requirement for being a successful hypnotic subject:

Ability to activate belief and suspend disbelief.

Fibromyalgia:

The Term simply means “muscle pain”

Formerly called “Fibrocytitis” and changed to myalgia in the absence of inflammation

What Did We Learn?

This Could Be Your Final Exam, Or Not!

1) Briefly explain²: "Functional pain" as a neurological disorder _____

2) Briefly explain: The Power of Suggestion _____

3) Briefly describe: The benefits of Imagery _____

4) Briefly explain how pre - surgery hypnosis helps patients and/or clients reduce fear and post-op pain

5) Briefly explain "Glove" analgesia? _____

6) Briefly, how do you create a "resource state" _____

7) Hypothetical Client - with diabetes (Circle correct answer)

A) Hypnosis can help

B) Medical NLP or Neuro-Linguistic Healing can help

C) QUANTUM FOCUSING® can help

D) All of the above can help

8) Briefly explain what is meant by calibrating pain: _____

9) Briefly explain the "placebo effect" and how it is like hypnosis

10) Briefly explain QUANTUM FOCUSING® _____

**11) Briefly explain the difference between Medical NLP and
Neuro-Linguistic Healing _____**

12) What is Dan Cleary's 10% solution? _____

13) Hypothetical Client - with IBS (Circle correct answer)

A) Hypnosis can help relieve or reduce pain

B) Medical NLP or NeuroLinguistic Healing can help relieve or reduce bloating

C) QUANTUM FOCUSING® can help relieve or reduce all of the symptoms of IBS

D) All of the above

14) Name 3 un-healthy behaviors hypnosis can help change

1. _____

2. _____

3. _____

15) Briefly describe a stuck state _____

Let's Review:

Pain Relief

Stress Reduction

Immune Function

Motivation and Compliance

Improve Moods

Empower themselves to take responsibility for their health.

By helping our clients take an active role in their own care we are help them generate A HEALING Cycle:

Intentional Relaxation and Stress Reduction leads to Pain Reduction and Mood Enhancement which Improves Immune Function

The World Has Changed Dramatically In The Last 25 Years. Do you think that the theories and practice have changed accordingly?

A clash of doctrines is not a disaster but an opportunity.

- Alfred North Whitehead.

A myth is a fixed way of looking at the world which cannot be destroyed because, looked at through the myth, all evidence supports that myth. - Edward de Bono

If you are possessed by an idea, you find it expressed everywhere, you even smell it. - Thomas Mann

It is useless to attempt to reason a man out of a thing he was never reasoned into. - Jonathan Swift

You can't convince a believer of anything, for their belief is not based on evidence, but a deep-seated need to believe. - Carl Sagan

It is in the nature of a hypothesis, when once a man has conceived it, that it assimilates every thing to itself, as proper nourishment; and, from the first moment of your begetting it, generally grows stronger by every thing you see, hear, read or understand. - Laurence Sterne, The Life and Opinions of Tristram Shandy (1760)

That which enters the mind through reason can be corrected. That which is admitted through faith, hardly ever. - Santiago Ramon y Cajal

Never go head to head against a core belief that someone holds deeply. It's very rare for people to change such beliefs...we suggest trying to find a different belief or point of view around which you can come together. - Mario Moussa, co-author with Richard Shell of The Art of Woo (Wharton).

Most men can seldom accept even the simplest and most obvious truth if it obliges them to admit the falsity of conclusions which they have delighted in explaining to colleagues, which they have proudly taught to others, and which they have woven thread by thread into the fabric of their lives. - Leo Tolstoy

There has never been anything, however absurd, that myriads of people weren't prepared to believe, often so passionately that they'd fight to the death rather than abandon their illusions. To me, that's a good operational definition of insanity. - Arthur C. Clarke

The comprehension of truth calls for higher powers than the defense of error. - Johann Wolfgang von Goethe

"There is a principle which is a bar against all information, which is proof against all argument, and which cannot fail to keep man in everlasting ignorance. That principle is condemnation without investigation." - Herbert Spencer

One dog barks at something, the rest bark at him. - Chinese proverb

Doubt is not a pleasant condition, but certainty is a ridiculous one.
- Voltaire

The quest for certainty blocks the search for meaning. Uncertainty is the very condition to impel man to unfold his powers. - Erich Fromm

There are no facts, only interpretations. - Frederich Nietzsche

That is the essence of science: ask an impertinent question, and you are on your way to the pertinent answer, - Jacob Bronowski, *The Ascent of Man*, 1973

The passion for truth is silenced by answers which have the weight of undisputed authority. - Paul Tillich

Men are most apt to believe what they least understand. - Michel Eyquem de Montaigne

It takes a very unusual mind to undertake the analysis of the obvious. - Alfred North Whitehead

New opinions are always suspected, and usually opposed, without any other reason but because they are not already common. - John Locke

Science commits suicide when it adopts a creed. - Thomas Henry Huxley.

Every great advance in natural knowledge has involved the absolute rejection of authority. - Thomas Henry Huxley.

If the greatest philosopher in the world find himself upon a plank wider than actually necessary, but hanging over a precipice, his imagination will prevail, though his reason convince him of his safety. - Blaise Pascal

Joyous distrust is a sign of health. Everything absolute belongs to pathology. - Friedrich Wilhelm Nietzsche

Truths turn into dogmas the moment they are disputed. - Gilbert Keith Chesterton

A sudden bold and unexpected question doth many times surprise a man and lay him open. - Sir Francis Bacon (1561 - 1626)

Truth can never be told so as to be understood, and not be believed.
- William Blake

The people cannot see, but they can feel. - James Harrington.

The strongest human instinct is to impart information, the second strongest is to resist it. - Kenneth Grahame.

We define genius as the capacity for productive reaction against one's training. - Bernard Berenson

Genius, in truth, means little more than the faculty of perceiving in an unhabitual way. - William James

A good scare is worth more to a man than good advice. - Edgar Watson Howe.

Less is more. - Robert Browning.

Healing Themes...

"They may forget what you said, but they will never forget how you made them feel."

Carl W. Buechner

"You need to teach patients to laugh off their grief and enjoy their pleasures... forget the past and look forward to the future... and, above all, put humor in what you do!"

Milton H. Erickson, M.D.

"Happiness is not a goal, it is a by-product."

Eleanor Roosevelt

"Happiness does not depend on outward things, but on the way we see them."

Leo Tolstoy

"When we are unable to find tranquility within ourselves, it is useless to seek it elsewhere."

Francois de la Rochefoucauld

"I never worry about the future. It comes soon enough."

Albert Einstein

Ancient Chinese Proverb: "Life is serious. But not THAT serious."

"Never be afraid to try something new. Remember, amateurs built the ark.

Professionals built the Titanic."

Unknown

"Reality is merely an illusion, albeit a very persistent one".

Albert Einstein

"I don't know whether the world is run by smart people who are putting us on, or by imbeciles who really mean it."

Hypatia

"If life was fair, Elvis would be alive and all the impersonators would be dead."

Johnny Carson

"Where there is life there is hope!"

Ancient Roman Saying

"Nobody can go back and start a new beginning, but anyone can start today and make a new ending."

Maria Robinson

"When you get into a tight place and everything goes against you, ... never give up then, for that is just the time that the tide will turn."

Harriet Beecher Stowe

"Faith isn't faith until it is all you have"

Unknown

"A strong, positive attitude will create more miracles than any wonder drug."

Patricia Neal

"All the technolog in the world will never replace a positive attitude."

Harvey Mackay

It is not the size of the dog in the fight, its the size of the fight in the dog

Mark Twain

"I haven't failed, I've found 10,000 ways that don't work.

Ben Franklin

"That which doesn't kill me, makes me stronger"

Fredrich Nietzhen

"The moment you commit and quit holding back, all sorts of unforeseen incidents, meetings and material assistance will rise up to help you. The simple act of commitment is a powerful magnet for help!"

Napoleon Hill

Courage is resistance to fear, mastery of fear---not the absence of fear

Mark Twain

"Fear defeats more people than any other one thing in the world."

Ralph Waldo Emerson

"Nothing in the affairs of men is worthy of great anxiety."

Plato

"We fear things in proportion to our ignorance of them."

Titus Livius

Never get so busy making a living that you forget to make a life.

Unknown

Work like you don't need the money. Dance like no one is watching. And love like you've never been hurt.

Mark Twain

"A good laugh and a long sleep are the best cures in the doctor's book."

Irish Proverb

"He is the best physician who is the most ingenious inspirer of hope."

Samuel Taylor Coleridge

"I often felt better as soon as I swallowed my vitamin C, long before it had time to take effect. Medical researchers call it 'placebo effect'; I prefer to call it magic, for it occurs when something -- a pill or a word -- is imbued with power and meaning, and so it becomes effective. That is alchemy."

Kat Duff

"Any treatment of an illness that does not also minister to the human spirit is grossly deficient."

Jerome D. Frank

"Natural forces within us are the true healers of disease."

Hippocrates

"The wish for healing has always been half of health."

Seneca

"The art of healing comes from nature, not from the physician. Therefore the physician must start from nature, with an open mind."

Philipus Aureolus Paracelsus

"The art of medicine consists of amusing the patient while nature cures the disease."

Voltaire

LOVE

People are unreasonable, illogical and self-centered.

Love them anyway.

If you do good, people will accuse you of selfish, ulterior motives.

Do good anyway.

If you are successful, you will win false friends and true enemies.

Succeed anyway.

The good you do today will be forgotten tomorrow.

Do good anyway.

Honesty and frankness make you vulnerable.

Be honest and frank anyway.

The biggest person with the biggest ideas can be shot down by the smallest person with the smallest mind.

Think big anyway.

What you spend years building may be destroyed overnight.

Build anyway.

People really need help but may attack if you help them.

Help people anyway.

Give the world the best you have and you might get kicked in the teeth.

Give the world the best you've got anyway.

- Mother Teresa

Pain Relief Exercises

Floating Away

Induce trance and ask patient/client to make contact with his or her body as a whole... Feel what it feels like. Picture it in your mind. Listen to the sounds it makes. You may even get an idea of odors and tastes. Use whatever comes to you. Now, specifically locate the area of discomfort... “Picture, hear and sense the discomfort. Notice how it is like, and how it is different from your body as a whole. Mentally surround the discomfort with a colored light that matches the intensity of the sensations, e.g. red for searing, black for throbbing, etc. Let the colored light contain the sounds and the sensations (feelings, smells and/or tastes) of the discomfort. Let the color take on a harsh, or sharp, or throbbing, or searing, or whatever shape.

Now, mentally change this colored light into a brilliant white light. Watch the change as it occurs. You may notice that, first the sounds, then the sensations of the discomfort also change as the color changes; other times

the changes in sensations will precede the sounds. You may even see the color change shape into a more comfortable shape several full seconds before the discomfort subsides. The feelings turn into mild discomfort as they begin to leave your body. Then, see the package of brilliant white light simply floating up and out of your body, taking the residual discomfort with it. See the discomfort floating in the light, going farther and farther away. Listen to the sounds as they fade into the distance. Notice how the smell or taste fades away. Feel the increasing comfort filling in the space left for it.

Again, imagine your body as a whole. Notice how the picture has changed. Listen to the more comfortable sounds it now makes. And, most importantly, feel how much better it feels.” Now bring your client or patient back to full conscious alertness feeling peaceful and so much better...

Dropping Off

Guide your patient/client into a relaxed state and ask them to make contact with their body as a whole...

“Picture your body in your mind. Feel what it feels like. Listen to the sounds it makes. Now, specifically locate the area of discomfort. Picture, hear and sense it. Notice how it is like, and how it is different from your body as a whole. Mentally surround it with a very heavy cover.

Now imagine that, enclosed in this covering, the whole package of discomfort - its appearance, its sound, its smell, its taste and its feeling is sinking through your body and into the floor. That’s it . . . just sinking right through your body, through whatever you are sitting (Or laying on) and right on through the floor. Sinking deeper and deeper into the floor. Watch the cover as it slips away until it is

Completely out of sight. When you no longer feel the discomfort you may signal me by wiggling your fingers and I will guide back to full conscious alertness. I wonder how quickly you will notice how much better you are feeling.

Migraine and Headache Relief

Induce trance:

Imagine: “It is a very warm day. The sun is shining brightly. There is almost no breeze whatsoever. It is a very lazy day . . . and you have nothing to do but relax and enjoy the warmth. You are so very relaxed. You are sitting in one of your favorite places in the whole world. You are enjoying the peace, warmth and relaxation and getting kind of drowsy, just relaxing and enjoying the warmth that fills your body. You enjoy the feel of the sun warming you. The sun’s gentle rays bathe your body in warmth. You are wearing exactly the right amount of sun lotion to protect your kind of skin, so you can relax and enjoy the sun’s energy. Your skin is protected against burning. You feel the sunlight warming your chest and stomach. It is so soothing and calming. The sunlight warms your back and shoulders. Your arms are getting warmer and warmer. You feel it especially in your hands. They have begun to warm from the sun's gentle heat . . . and it feels so good. . . this soothing warmth and relaxation.

Now, start repeating "My inner sun is shining on me today" to yourself in the privacy of your mind,

Remembering to feel the warmth of the sunlight in your body, especially in your hands... Wait a few minutes and bring your patient/client back to every day awareness, with the suggestion they are feeling so much better and lighter and brighter.

Self-hypnosis for a great night's sleep:

As you prepare for a restful, healing night's sleep. Get as physically comfortable as you are able, close your eyes and just be with all the emotions and feelings that you had during the day. You could think about the different events that occurred, or you could just feel the sum total of the day's emotional load. It is best to try both ways, and see which way works better for you and stick with it as you condition yourself for a great night's sleep...

Now take a deep breath and start groaning out loud. Just let those big deep groans flow from your diaphragm . . . and continue to groan until you feel a shift and notice that you are beginning to feel at ease.

Very good, now just start to moan (which is a far gentler type of groaning) and moan away any long- held emotional wounds which added to the day's stress. In other words, just moan away the hurts and resentments that toxify you simply by intending to do so, without any need to identify or deal with the underlying experiences. Just moan away the lingering emotional toxins until you feel another shift from being at ease to feeling completely relaxed, at which time gently shift your attention to what you need to do tomorrow.

Think about everything planned, allow some room for the unplanned, and tell yourself that, as you sleep on it, you will clean out the old and prepare yourself for anything and everything that comes up. Now give yourself a long sigh of relief knowing that tomorrow will creatively take care of itself. So go to sleep . . . that's right . . . it will all take care of itself while you enjoy . . . a good . . . restful . . . cleansing . . . sleep. Sweet dreams...

Here's an example of healing via a story telling:

Here is an example of a modified "Parts" like approach that uses storytelling to promote health, healing and wellbeing.

Pre- talk:

Hypnotic healing is a symbolic healing art and as soon as I guide you into an enhanced state on mind - I will be telling you a story that will speak to your unconscious mind in way that promotes health, healing and well being in rapid and powerful ways and all you have to do is enjoy the story and leave the healing to your unconscious mind....

I guide clients into an enhanced state and tell them a story:

An elderly Cherokee Medicine Man was teaching his grandchildren about health and healing. He said to them, "A fight is going on inside everyone who has a health challenge. It is a terrible fight and it is between two wolves."

"One wolf promotes pain and disease--he feeds on fear, anger, envy, sorrow, regret, self-pity, guilt, and resentment."

"The other wolf promotes healing and well-being--he feeds on joy, peace, love, hope, serenity and faith."

The grandchildren thought about this story for a minute and then one child asked his grandfather, "Which wolf will win?"

The old Cherokee simply replied, "The one they feed."

Now it's time to ask your clients to take three deep breaths and begin to bring themselves back to waking consciousness with the understanding that before they open their eyes they will think, feel, and act as if they completely understand that people who feel better . . . heal faster.

This is a powerful image to leave with your clients, Empower by the suggestion and enhanced by the delightful story.

Note: This healing story is an adaptation of an anonymous Native American tale. It's too bad we don't know who to give credit to for it.

Resources:

Use *Google Scholar* to find scholarly articles and studies on hypnosis

Meditation meets behavioural medicine. The story of experimental research on meditation. Journal of Consciousness Studies Vol. 7 Numbers 11-12, 2000, pp.17-74(58

Recommended books:

IBS RELIEF: A Guided Self-help Workbook for IBS

Michael Ellner and Alan Barsky

Medical Meditation: How to Reduce Pain, Decrease Complications and Recover Faster from Surgery, Disease and Illness. Richard Nongard, Ph.D .

*The Relaxation Response: Updated and Expanded 2000
by Herbert Benson*

A Critical History of Hypnosis, by Saul Marc Rosenfeld

In Conclusion:

There is a considerable body of scientific evidence showing that Mind-Body Medicine can help people reduce and manage negative stress making it a viable supplement for conventional medical practice. Recently published research that shows that one in four people postpone surgery because of their irrational fears about anesthesia and report a \$30.5 billion annual price tag on back pain paid for by Americans. Darvon and Darvocet have just joined the growing ranks of painkillers withdrawn because of life-threatening adverse effects. Hypnosis modalities can help reduce, and even eliminate, pre-surgical fears and anxieties and that pre-surgical hypnosis can relieve post-surgical stress and pain which speeds up the healing process. The evidence is clear hypnosis, self-hypnosis, meditation can help reduce and even alleviate pain. The \$30 billion annual price tag paid for by Americans just reported by the Agency for Healthcare Research and Quality is yet another reason that certified hypnosis professionals should be allowed to take their rightful place as a supplement to the anthology of conventional medical practice.

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People who feel better – Heal Better:

Stress 'hinders healing process' Story from BBC
NEWS:

<http://news.bbc.co.uk/go/pr/fr/-/2/hi/health/4499080.stm>

About Michael Ellner:

Michael Ellner, MSH, CHt, is a certified medical hypnotist in private practice in New York. He teaches advanced courses in medical hypnosis at schools throughout North America and South Africa and is a featured instructor of Hypnotic Pain Relief at the annual PAINWeek conference. Ellner has conducted webinars in Patient Interaction and Rapport Building for radiologists, internists, psychiatrists, ophthalmologists, cardiologists, plastic surgeons, and doctors for ExecSense, the world's leading webinar publisher for medical and top business professionals.

For more information you can e-mail him at michaelellner@verizon.net or visit his websites:

<http://ellner.info/>

<http://www.nycanxietyhypnosis.com/> or

http://www.quantumfocusing.com/Click_for_Self-Hypnosis_eBooks_Page.html

Thank You!

Michael Ellner

E-mail: michaelellner@verizon.net

Websites:

<http://ellner.info/>

<http://www.nycanxietyhypnosis.com/> or

[http://www.quantumfocusing.com/Click for Self-Hypnosis eBooks Page.html](http://www.quantumfocusing.com/Click_for_Self-Hypnosis_eBooks_Page.html)

Scott Sandland

E-mail: scott@gohypnotherapy.com

Website: <http://www.gohypnotherapy.com/>

HypnoThoughts: www.hypnothoughts.com

Roger Moore

E-mail: roger@hypnosishealthinfo.com

Websites:

www.hypnosishealthinfo.com

www.slenderforlife.com

www.mooreabundance.com

www.rogermooreinstitute.com