

**NORTH TEXAS SOCIETY FOR CLINICAL HYPNOSIS
SPRING 2003 WORKSHOP
MAY 16, 2003
DALLAS, TEXAS
APPLICATIONS OF CLINICAL HYPNOSIS: A MIND/BODY
BEHAVIORAL APPROACH**

ADVANCED WORKSHOP ON PAIN MANAGEMENT

SIX-STEP METHOD IN SELF-HYPNOSIS OUTLINE

Richard B. Garver, Ed.D., A.B.P.H.

- 1.) Plan the suggestion first, before entering trance and make it a positive one.
 - a.) Time - up to 2 hours.
 - b.) Activity.
 - c.) Desired response.
- 2.) The entry cue.
- 3.) Count 100 – 95.
- 4.) Give suggestion.
- 5.) Count 95 –90.
6. Exit cue.

and hold it, release the breath, and let their eyes close). Once in hypnosis, the third step is to count slowly backwards from 100 to 95. When they are counting, they cannot be thinking or worrying about the suggestion. As soon as the number 95 is reached, the suggestion is given (Step 4) as it was planned, in a positive and simple statement. As soon as the suggestion has been given, the fifth step is to count 95, 94, 93, 92, 91, 90. When they are counting they cannot think about or criticize the suggestion. As soon as the counting reaches 90, the exit cue is given. This may be an exit (awakening) cue that the patient has learned to come out of a hypnotic state.

These six steps are explained intellectually to the patient, and then modeled while the patient observes. Next, the patient is taken step by step through these self-hypnotic procedures before he leaves the office.

Garver, R.B. (1984). Eight steps to Self-Hypnosis. American Journal of Clinical Hypnosis, 26 (4), 232-235.

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THE 6-STEP METHOD IN SELF-HYPNOSIS

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At the end of two weeks, the patient returns for a session in which he/she is taught self-hypnosis, which should help him/her during and specific times that have remained difficult. It is explained that he will be able to use the self-hypnosis technique in many other situations. Reference is made here to the article that I published (Garver, 1984). The eight steps proposed there have been modified to six simple steps that I go over with each patient. The steps are designed for the patient to do the self-hypnosis exercise in one minute or less, and to limit the conscious screening that often occurs (e.g., thinking too much about the suggestion before it is given and critically thinking about it after it is given).

The six steps are as follows: The first step is to plan the suggestion before going into hypnosis. This reduces the tendency, once in hypnosis, to do too much thinking. It is also suggested that patients plan the suggestion, thinking about the event or time that they are planning, which should ideally be within the next hour or two. They are instructed to think of themselves in the situation, responding to the situation exactly as they would like to respond. For instance, suppose they are concerned about an important meeting and being too anxious or nervous. Instead of saying they will not be anxious or nervous, they will picture how they would like to respond, and the positive suggestion may be given: "I will go to that meeting and I will feel comfortable. I'll feel relaxed, calm, and in control, and will remember everything that I have planned for."

After the planning of the positive suggestion, the second step is the entry cue. This is a cue that they learned for entering hypnosis (for instance, to focus on a spot, take a deep breath

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SUGGESTIONS WITH SLEEP DISTURBANCE

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Your unconscious mind has a memory for virtually everything you do, and this includes your sleep behavior. It has a memory for good, high quality sleep, and it has a memory for sleep disturbance. Your unconscious will be selective in reviewing your sleep behavior, and will focus on the memory, the very positive memory, of good quality sleep, sleeping deeply and continually through the night and waking up refreshed in the morning.

[Always include the protective suggestion:] If you need to awaken through the night for an emergency of any physiological need, of course you will do so, but otherwise you will sleep through the night with good, comfortable sleep. Any memories of disturbed sleep will be ignored, and unless there is anything that's important that we need to know about that's keeping you from sleeping, you can sleep comfortably. If it is important that we need to know something that is interfering with your sleep, which is known by your unconscious mind, I suggest that it will surface into your conscious awareness before we meet again, so that you can tell me about it. Or, if we need to at another time, we can ask your unconscious mind exactly what it is that is interfering.

EXPLORATION OF UNCONSCIOUS DYNAMICS. I think it is important to explore unconscious dynamics only if necessary, and not just because the patient is very curious to know what might be interfering. I believe the unconscious mind usually wants to accept a more positive, comfortable, efficient, and effective program, so long as it does not cover up a problem or coerce a symptom away.

SUGGESTIONS TO POTENTIATE MEDICATION. [If it has been deemed beneficial for the patient to be taking a sleep medication for a brief time, another useful strategy is to give hypnotic suggestions to potentiate that drug :] Your unconscious mind will make the best use of these medications, directing them, using them to help you experience a very good quality of rested, continued sleep, until awakening refreshed in the morning. And your unconscious mind will memorize the therapeutic effect of this, and perhaps even the chemistry behind it, so that when you taper off the sleep medication, your unconscious mind will continue to produce the therapeutic effects of that medication.

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HYPNOSIS FOR SURGERY PREPARATION

Richard B. Garver, Ed.D., A.B.P.H.

Pre-Op

1. Decrease anxiety
2. Increase ego, increase sleep quality
3. Screen out negative thoughts, comments, etc. (to include hospital)
4. Response to pre-op medications
5. Trust medical/surgical team to take care of you

Op

1. Anesthesia – your own and chemical
2. Deep tissue relaxation equals less trauma (knife through butter)
3. Deep safe sleep – trust unconscious mind to keep all vital signs WNL
4. Unconscious accepts only positive and neutral comments
5. Increase immune system – healing begins immediately
6. Minimal blood loss and edema

Recovery/Post-Op

1. Positive awareness, breathing on own, comfortable
2. Stomach settled, calm, comfortable
3. Glove anesthesia transfer
4. Patient analgesia and memorize pain meds.
5. Immune system/healing
6. Quality of sleep and increase energy
7. Positive mind set for rehabilitation

and better, culmination in the birth process so that you can transfer this analgesic effect as well to your abdomen, to the perineal, to any area of your body that feels uncomfortable, so that this feeling changes to perhaps pressure – just enough – tingling, of course, or even numbness – whatever you would choose to produce – and you can practice with this and you'll be able to do this every time. You shall never go into hypnosis or do any of these things at the command or direction of anyone else – only when you choose to do it. You will also respond non-verbally to medical people during this process, or during the practice of this process, by a touch on the right shoulder; slight pressure on the right shoulder will deepen your state or produce a profound hypnotic state, but only when you choose to allow it to happen, and it will facilitate it. If you are to awaken, for instance, when you would like to enjoy, fully enjoy, the contact of your child when it's first born, you can do so either spontaneously or with a touch on the left shoulder, but any time a person from the medical team or your husband, during this process or while practicing for this process, touches you on your right shoulder, you can immediately go into a deep hypnotic state, as deeply as you would like, and produce any of these sensations that we have discussed. Then, each time you return to full conscious alertness, as you will do in just a few moments, you will do so feeling refreshed, relaxed, and comfortable, and without any side effects other than good ones. And, you begin this process of alerting yourself now as I count from one to three; One – becoming more and more alert; two – becoming more and more alert now; and three – becoming fully alert, refreshed, relaxed, and comfortable.

some of it. In any case, you will enjoy what you produce and you needn't feel any pressure to produce any more than that. Your unconscious mind will take care of that. So you can participate in any part or all of this birth, and respond to suggestions either from me, if I am there, Dr. _____ or any other doctor that is there or any of the people from the delivery team, you can respond to these suggestions when you wish to. You're free to reject suggestions, of course. You're not a robot people are directing. You have free will and free choice, but, most importantly, you have now the ability, and you will increase this ability to receive suggestions and respond to them during the whole course of this birth – from your husband, from the doctors, from anyone who would help you – and free to reject the suggestions as well, but free to accept and act upon it, both consciously and unconsciously, and your unconscious mind is so much more productive. It represents so much more of your strong, healthy mind than does your conscious mind. It does so much more. So, participate in what you would like, ignore what you would like, and enjoy the entire procedure. You'll find that your body responds very well before, during, and after the birth process. You're going to be able to be very involved, to fully interact during the bonding time after birth and you're going to be involved as much as you would like throughout the whole process. Every time you go into hypnosis to practice with this, you're going to get better. The suggestions will get stronger and become self-reinforcing, and yet you should know that you will never go into hypnosis unless you decide to do so or it's with the guidance or supervision of someone medically trained in hypnosis or autohypnosis, as you begin to learn to become proficient in that technique, you can practice it. You can begin to produce analgesic effects in your limbs, particularly your hands. Perhaps you will even begin to feel this now as we talk about it – that your hands, one or both as you choose, can become thick and rubbery, feeling perhaps pressure, perhaps warmth, coolness, tingling, but no discomfort. An analgesic, anesthetic effect in your hands, which you will be able to learn better

And all of these experiences, most importantly, you will interpret as a positive message that the birth process is going on and that soon it will culminate in the appearance of your child, and you interpret these things in a very positive way. If you choose to go somewhere else—and you may choose to do this—part of the time or all of the time, you can do so. You can choose as you are doing now to go to another place and become deeply involved in another experience, totally consumed by another experience and allow your unconscious mind to continue with the birth process while you refresh and relax yourself consciously. You can refresh and relax yourself for all of this period of time or part of this period of time, and then come back and participate once again in the sensations of birth, but comfortably. Whatever the procedure is your unconscious mind will accommodate. If it's a natural vaginal birth, your unconscious mind will accommodate that. If that is a possible alternative, it would be nice if that was the way your child was born, and your unconscious mind can control every bodily process. It can facilitate this; this is what you would like to have and, yet, if there is some good physiological or medical reason why your child can be born another way, if you need to have a caesarian section, you can still participate in that if you wish, or you can again dissociate and go somewhere else, and you can be comfortable throughout that procedure as well. Whatever is necessary, you can understand and appreciate and enjoy, and be comfortable with because the process – whatever it is – produces a healthy, productive child, and that's all you're really interested in, except it would be nice for you to enjoy and be comfortable in the process, and you can do this. You can tolerate quite easily any of the discomfort associated with this birth and, in fact, if need be, you can feel perfectly good and positive about asking for any additional chemical anesthesia and understand that there will be knowledgeable medical people there that will respond to this. You needn't feel that you need to produce any more chemical analgesic or anesthesia than you're capable of producing. You may produce all of it or you may produce

relaxed and aware of all the events surrounding that birth. And you're going to be able to do that – your unconscious mind is going to center all your behavior, all your learning in that next several days and several weeks, culminating in that experience. There are many things to learn and your unconscious mind is capable of learning all of them. Some of them you will even learn consciously and be aware of, but the ones that you are not aware of, you will still know and you will still learn, and you will still be able to do because your unconscious mind is programming it to do those things. You're going to be able to enjoy every experience leading up to that birth, to feel confident and calm, and relaxed and in control, but not a conscious, trying control—a confident, unconscious control, knowing that everything is alright, being controlled by your own unconscious mind. You'll be able really to experience from now and through the birth a sort of psychic unity with the infant, to respect the spirituality of the birth event. You'll be reminded of the reality of your baby and when you become very close to the time of labor and birth, you begin to experience labor—when you begin to experience the first contraction, you'll realize that each subsequent contraction will bring the birth and the appearance of your baby closer—that will be a very pleasurable thought and you'll feel quite comfortable during all of this. You will not experience any more discomfort than you are willing to bear or tolerate; in fact, you may really experience none at all. But, what you will experience, if any, will certainly be tolerable and you can experience these sensations in whatever way you wish. If you choose to pay attention to any of these sensations involving birth—and you may want to pay attention to all of them—they will be pleasing sensations. You will interpret them in a very positive way. You will not be afraid of pain or afraid of any complications because you are in good medical hands, and you can interpret the sensations any way you want—as warmth or coolness, tingling perhaps, pleasure, but not too much contractions—these are all sensations that you might experience rather than any discomfort.

away, perhaps to another experience. You can go anywhere that you wish, anywhere that you wish, enjoying that experience, becoming a part of it, sensing it in every detail, and enjoying every sensation to the exclusion of all other things, except that in this state you would always attend to sounds important to your safety or survival. Your unconscious mind would make you aware of these and have you respond to them in a timely and appropriate way, but any other outside sounds – other than the sound of my voice – would only be a signal for you to relax further, to go deeper into hypnosis, as deeply as you need to go to accomplish what you wish to accomplish. You're doing very well. Continue to go deeper if you would like ... and the purpose for which you enter this altered state of consciousness is a very important purpose for you; and yet as you're in this altered state, your conscious mind does nothing of any importance – it just drifts. It doesn't have to listen to me, for instance, or to try to understand or interpret or remember anything I say, for your unconscious mind will do that completely, totally; and your unconscious mind is so very strong – it contains so much information, so much strength, so much influence over your behavior; and of your physical skills, your motor abilities are there, without thinking about them consciously, you're able to do these things. All of your experiences are there, all of your intellectual abilities, your problem-solving abilities, your emotions, your bodily processes. Your unconscious mind can have you attend to any of these things. You can sort of plug into your unconscious mind and extract from it whole programs of behavior that you can use any time; you can for instance, block pain completely, and sometimes your unconscious mind gives chances for you to do that in situations where you'd need to attend to something else. And, the purpose of all of this is a very wonderful purpose for you – the most important purpose – the birth of your child, the most important thing to you, now and in the days and weeks to come, so that you will be able to experience a very wonderful occurrence, so that you will be able to participate fully and to feel calm and

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ADVANCED WORKSHOP ON PAIN MANAGEMENT

**HYPNOSIS FOR CONTROLLING DISCOMFORT IN PREGNANCY,
LABOR & DELIVERY**

Richard B. Garver, Ed.D., A.B.P.H.

Alright, now, as you relax with your eyes closed, I want you to begin the process of going into hypnosis; and I know that, consciously, you may not know how to do that – although you will learn gradually – but, the most important thing is that your unconscious mind does know you’ve been in these altered states of consciousness many times – with a boring speaker or a profound daydream. If you can drift into that state very easily, perhaps first by concentrating on your breathing, being aware of it, noting when you inhale and exhale, and as you become more aware of your breathing and less aware of outside distractions, and concentrate more on you, you go into this altered state, you change the rate of your breathing, the depth of your breathing – you control it, in fact. And now, I would like you to control it very definitely, even interfere with it by taking a deep breath and holding it. And, as you do that, you feel the tension build and you use that as a signal now to release and let go. As you release and let go, you go way down into a nice, deep trance – way down – you let go completely with your conscious mind and you allow your unconscious mind to take over completely for all your behavior, just as you’d do when you go to sleep – you don’t try to do anything – you simply let go completely, allowing your strong unconscious mind to take over completely. That’s right – and you just drift away, your conscious mind drifts away, just drifts

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other behavior, other sensations that are more acceptable." This is very important because the symptoms will often be there in one form or another unless all suggestions work perfectly, which they often won't.

But, if the symptom occurs, the patient usually expects more of that symptom. It is very valuable when the symptom can be used instead to produce other sensations, which are more comfortable.

The third suggestion is for a physical action cue. For example, by touching the forefinger and thumb together or touching the right ear, that will signal the unconscious mind to produce another sensation rather than the unwanted symptom. I tell the patient that this is very much like pushing the play button on a tape recorder so that the tape that you want played will begin to run. The physical action cue is the play button on the recorder.

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Many of the same pain strategies apply with cancer patients. However, for coping with the side effects of chemotherapy or radiotherapy, I suggest that the unconscious mind will potentiate the therapeutic effects of all treatment and minimize the adverse side effects. It is suggested that, in fact, "you can experience any number of different sensations instead of nausea or pain. A feeling of tingling, which often accompanies nausea, is one that you can focus on, and you will experience more tingling than nausea."

Other specific suggestions are: 1) You can remain perfectly calm and comfortable during the 1 1/2 to 2 hour chemo treatments; 2) You'll accept and welcome the drugs as allies in aiding your immune system; 3) Your unconscious mind will direct these drugs against the cancer cells, avoiding the healthy cells; 4) It will strengthen and mobilize your immune system to attack the cancer cells; 5) It will direct all other systems to join in the fight (i.e. cardiovascular system, endocrine system, nervous systems, gastro-intestinal system, etc.); 6) To provide energy and physical and emotional comfort during your waking hours and to help you sleep a deep, restful sleep when needed, awakening refreshed and with a positive mind set.

Some other very specific posthypnotic suggestions are also helpful. First, an environmental cue is established, for example, that when the patient enters the hospital or the treatment room or smells a particular odor, that will produce another effect (or several other effects) rather than any uncomfortable effects or sensations. A second very valuable suggestion is to establish a symptom awareness cue that is always present. It is suggested, "If you begin to feel even the slightest effect of unwanted symptom, whether that be pain or nausea, that will be a feedback cue to the unconscious mind to instead produce

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comfort and control-related behaviors is a useful one. All the behavior that the patient associates with pain will be programmed out, and all the behaviors that the patient associates with being comfortable and in control, both physically and emotionally, will be programmed in. A very good posthypnotic cue can also be used to reinforce this so that while the patient is in a normal waking state, he may use a cue such as touching his right ear, which tells his unconscious mind to program in that positive comfortable behavior. If the situation he is in produces pain, tension, or discomfort, he can touch his left shoulder, which is the unconscious cue for the unconscious mind to remember to program that behavior out. The exception to this, of course, is to always remind the patient that the unconscious mind will allow him to have pain that will keep him safe from injury, or that might prove beneficial for medical diagnosis. My emphasis with all of these pain patients is to emphasize and reinforce the fact that they are gaining more and more control of the pain, and that the pain is less and less control of them.

Headache Pain

I use more relaxation of the nerve and muscle fibers in the area of the pain for tension headaches, and have found cooling the head and warming the hands useful for migraine headache pain. To help patients learn this feeling of cooling the head and warming the hands, I tell them to actually put themselves in that situation, to put ice packs around the head, and to place their hands in warm water and memorize the sensations. Self-hypnosis will thereby enable them to reproduce this at another time.

Suggestions with Cancer Patients

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it on a scale of 1 to 10, with 10 being the most pain that you would ever be in. And the number that you feel will be the number you can see in your mind and in this pain reception area. If you feel an 8, you will see an 8. So the number you feel is the number you see, and the number you see is the number you feel. So see the number 7, and the number 6. As you lower the numbers, you will lower the pain. Remember the number you feel is the number you see, the number you see is the number you feel."

Time Distortion

"Your unconscious mind can also distort time. You can tell your unconscious mind that the time that you feel pain will be perceived as the shortest amount of time. Perhaps an hour can even be like a minute, and the time of comfort can be much longer. So, whenever you do feel pain, you know that it will be over a very short period of time.

Dissociation of Pain

"Also, if you like, you can leave the pain here and you can go somewhere else. You can leave the pain here, and go somewhere else where you are comfortable, and you can stay there for any amount of time that you would like. And, while you are gone, nothing will strengthen your pain; and so perhaps it will grow weaker and weaker, and by the time you return, there will be very little, if any, pain left at all.

Computer Programming Metaphor

The computer metaphor of programming out all pain-related behaviors and programming in all

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follow.

Suggestions Reinterpreting Pain Sensations

"You will experience other sensations that are more acceptable than pain, perhaps a gentle coolness or warmth, a lightness or heaviness, tingling, even numbness, or any combination of these that are more acceptable to you." [See the section on cancer patients below for further suggestions about reinterpreting sensations.]

Gate Control Theory Metaphor

"The more sensations that your unconscious mind has options to produce, the more likely these other sensations are to occur. Your unconscious mind can relax all the nerve and muscle fibers in the area of your body where there is tension or pain. It can also interrupt the pathways, which travel from the site of the injury to the spinal cord, up the back of the spinal cord, through the brain stem and into the pain reception area. There are many, many gates which these pain impulses must pass through, and your unconscious mind can close many of these gates, reducing the number of nerve impulses that will finally reach the pain reception area, and so, you simply will be aware of less pain.

Control Switch Visualization

"Your unconscious mind can also help you visualize this pain reception area, perhaps as a compartment or a lighted room. When there is a lot of pain being reported there, a light can be very, very bright; but you have a rheostat, a dimmer switch, which you can turn down. As you turn the light down, dimmer and dimmer, you will experience less and less pain. Perhaps you will even want to rate

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**CHRONIC AND PROCEDURAL PAIN
PAIN MANAGEMENT STRATEGIES**

Richard B. Garver, Ed.D., A.B.P.H.

It is important, first, to help newly referred chronic pain patients understand why they have been referred by a physician who determined that conventional medical treatment resources have been exhausted. In fact, the patient has often been told, "There is nothing more I can do for you; you have to learn to live with the pain." Although it is not meant to be so, this is often a negative suggestion.

I let patients know that I believe they are in pain, that they feel the pain, and that they are not seeing me because they are crazy or imagining things. But, I indicate that I am here to help them to change this pain pattern, that pain is a behavior like all other sorts of behaviors, and that we learn behaviors that are both productive and non-productive. Pain is sometimes a productive behavior when it protects us, but when it is reinforced and perpetuated by negative emotions such as anxiety and fear, it becomes self-perpetuating. Pain produces negative emotions. Negative emotions produce tension, and tension produces more pain. I also indicate that there is within the unconscious mind an established program of pain, which is reinforced by many things (primary and secondary gain), and this memory of pain adds to the perceived pain.

One of the first things that I do is to have the patients produce a glove anesthesia and help them understand that they are really doing this, not I. They have produced this analgesic effect in their hand. This, of course, can be transferred to the affected areas. Other useful pain metaphors and suggestions

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PAIN MANAGEMENT EVALUATION

Richard B. Garver, Ed.D., A.B.P.H.

Dr. Garver's standard pain management evaluation initially requires 3, 90-minute sessions.

The first 90-minute session is used for the patient's medical and psychiatric history with a formulation of diagnostic impressions.

The second 90-minute session within 1 to 2 days of the first, the doctor evaluates the patient's clinical responsiveness to specific pain management techniques which may include several different pain control modalities to include relaxation, clinical hypnosis, biofeedback, and other pain control protocols. The patient is administered a psychological test known as the Pain Patient Profile or P-3 test. This test has been extensively reviewed and authorized by the American Academy of Pain Management, and felt to be clinically advantageous. The results of this test will be discussed with the patient, and may further influence the doctor's initial diagnostic impressions and recommendations for a treatment plan.

The third visit is an additional 90-minutes for the doctor to evaluate the patient's response to the various pain management techniques presented during the second visit which allows the patient a two week period to practice the techniques. At this time, the specific treatment modalities to which the patient was most responsive are selected for further reinforcement sessions.

The next 6-8 45-minute weekly sessions are used for the reinforcement of these pain management techniques in such a way that the patient becomes less dependent upon the doctor and more autonomous in their own pain management. When these weekly sessions have been completed, the patient is then re-evaluated for successful treatment completion or further treatment recommendations are made.

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EGO-STRENGTHENING SUGGESTIONS

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I know you have a conscious memory of what you have experienced and learned, but your unconscious mind has a much more complete record of everything that you have ever learned or experienced of any significance since you were born. I want to ask your unconscious mind to review all of that material, and it can do that much more quickly and completely than you could do it consciously. Review all of your learning and experiences; scan all of them and select only positive experiences and feelings. Review them, and strengthen them, and begin to make them available to you as your inner strength to cope with whatever you need to cope with now. And although you won't be aware of most of this consciously, it will be going on beneath the surface, just as your unconscious mind works on problems and continues to operate beneath your awareness most of the time. Perhaps you will be more aware of some of this, a small sample of it surfacing into your conscious awareness – perhaps an experience, a positive experience, that gives you a good feeling. It may be one that happened last week, last month, last year, or many years ago, but the thought of it makes you feel good about yourself. Then, perhaps occasionally a good feeling will surface, just a positive feeling, a feeling perhaps of being secure, confident, happy; or perhaps this feeling may be unattached to any particular experience, just a good feeling and you can enjoy it again, a feeling of inner strength. You'll begin to feel much better about yourself, and you will have the inner strength it requires to pursue some positive strategies that we have talked about, and where some of these may have been threatening before, now they will represent a challenge to you, and you will feel positive about taking a bit of a risk in meeting this challenge, and feeling good about it.

21. When re-alerting the patient, again it is very helpful to help them feel this control, and to have some options regarding this process. For example, “in a few moments I am going to ask you to return from this altered state of consciousness. As I count from 1 to 3, you can use those numbers as a guide in making your transition of choice, either to return immediately to a full alert awakened state, or to stay in this altered state as long as you would like until you are ready to alert yourself by page eleven “Principles and Suggestions” counting from 1 to 3; or staying in this relaxed state as long as you would like and merging with natural physiologic sleep from which you would like and merging with natural physiologic sleep from which you would awaken normally. So, now you choose the transition that best fits this circumstance, and as I count one, gradually beginning this transition of choice; (pause), two, continuing this transition of choice, but at your own comfortable pace, (pause), and three, in your own time when ever your ready, you will complete this transition of choice, and you will bring the comfort and control with you, and a growing conviction that you can trust your unconscious mind to process all of these suggestions in a very helpful and meaningful way.”

Notes:

I hope these suggestions, techniques, and principles will be helpful to you in gaining further understanding of hypnosis and in your use of it with your patients.

20. With regard to arousal level and neuromotor facilitation effecting performance, I refer you to my article entitled “The Enhancement of Human Performance With Hypnosis through Neuromotor Facilitation and Control of Arousal Level” in the American Journal of Clinical Hypnosis, Volume 19, III, January 1977. Using the technique of controlling arousal level as described there, and in my presentation to you, you will find this extremely useful in treating various anxiety disorders; and the patient will find it much more specifically controlled than relying on anxiolytic medication alone. The combination of using this numerical cue ‘Inverted U’ technique along with an anxiolytic, will also be effective.

Notes:

19. A deep state of hypnosis may not be necessary to achieve complete age regression. The process of this age regression is, in fact, a deepening technique, and will usually produce a deep state of hypnosis when doing age regression. Once again, give the patient as many options for safety and comfort as you can. For instance, “And if you really need to, you can come out of hypnosis, you can come back here just as fast as you need to. I would rather that you tell me so that I can help you come back more gradually, but know that you can come back here and alert yourself as quickly as you need to. Another option is for you to find a safe place, even two or three places, near that situation where you will go, places that you know you can rest and be comfortable until you are ready to go back to that situation where you need to go. If you like, you can take me with you. Be my eyes and ears, and help me understand what is going on. You can take anyone else with you that you would like to take that would help you feel more safe and secure.”

Notes:

17. To increase the focus of attention in hypnosis, invite the patient to concentrate on something that fascinates the. For example, the police officer that could not be hypnotized to remember the license plate, but who quickly entered a deep state of hypnosis by describing to me his experience at the firing range, and describing to me all that he was doing there, and who then at the firing range, as an aside remembered the license plate.

Notes:

18. Tell the patient they needn't try to go into hypnosis or try to do anything in hypnosis. The word "try" implies that there is some doubt that they will be able to do something. The word "try" also implies conscious effort, which usually interferes with unconscious behavior. For example, trying hard to go to sleep, or trying hard to relax. The patient needs to learn to trust another part of them, their unconscious mind to help them do these things while their conscious mind observes.

15. When using hypnotic phenomena, or giving suggestions, a very useful question to the patient regarding the suggested phenomena is “Is that all right with you?” When they reply yes, this is tantamount to their accepting this suggestion.

Notes:

16. When using suggestions in hypnosis, give the unconscious mind as many options as possible. For example, “Your unconscious mind can change your awareness of pain to other sensations, such as a gentle coolness or warmth, a lightness or heaviness, pressure, or perhaps a gentle tingling, or a numb sensation, or any combination of these sensations that is more acceptable to you than pain; and again, Is that all right with you?” When you do this, there is a much greater opportunity for the unconscious mind to be successful, in contrast to the suggestion “Your pain will go away.”

Notes:

13. Control – as you feel your conscious mind moving aside, I want you to understand that you are not relinquishing conscious control to me, but you are allowing your own unconscious mind to be more involved, and you will observe it working for you.

Notes:

14. Use hypnotic phenomena such as glove anesthesia, hand levitation, dissociation appropriate to the purpose you are using hypnosis for, such as glove anesthesia transfer with the pain patient, or hand levitation with the dental patient, and so on. As the conscious mind of the patient observes the unconscious producing these phenomena, there will be within them a greater conviction of hypnosis, and that will facilitate further hypnosis. It becomes a pyramid of successive suggestions.

Notes:

11. Keep the time of induction as short as you and your patient can experience it. This will give you more time to do your work in hypnosis, and the patient will usually have more of a feeling of going into hypnosis when these unconscious behaviors all occur within a shorter period of time.

Notes:

12. How deep does a patient need to go in hypnosis. A useful suggestion “you will go as deep as you need to go to accomplish what you want to accomplish; you can trust your unconscious mind to take you there; also, you need not go deeper than you feel comfortable with, and once again you can trust your unconscious mind to take care of you in that way.”

Notes:

9. The process of hypnosis involves the conscious mind moving out of the way so that the unconscious mind can learn. The conscious mind moves out of the way not only from relaxation, but from distractions such as counting backwards, listening, or using imagery. In the state of hypnosis or post-hypnotically, the conscious mind can observe unconscious behavior (hypnotic phenomena) such as glove anesthesia, arm catalepsy, arm levitation, and so on.

Notes:

10. In hypnosis, relaxation is not a sinequanon. Patients are often worried that if they do not relax, hypnosis will not happen. I reassure the patient that though they will probably relax as a result of what we do in hypnosis, even a deep state of hypnosis can occur without relaxation. An example of that is an age regression to a very traumatic event where the patient often is very animated and not at all relaxed.

Notes:

Page 4 – Principles and Suggestions

7. In this state of intense focus, every occurrence in therapy is intensified, both positive and negative. Positive therapeutic responses are often experienced more intensely and usually happen more rapidly. Transference and counter-transference are intensified.

Notes:

8. Therapy is a partnership, a team effort. Allow yourself to learn from the patient – use their terminology and descriptions not always yours.

Notes:

5. Hypnosis has many faces. The state of hypnosis depends heavily on the purpose for which it is being used for example, using it for part or all of anesthesia for various surgical procedures. The patient is dissociated and can enjoy being somewhere else. Childbirth using hypnosis (vaginal birth), the woman wants to be associated with that event, and so is very much oriented to this time and place. Every day spontaneous experiences that are similar dissociative – listening to a boring speaker and drifting away in a day dream vs. listening to a very charismatic speaker, and being totally focused on that person here and now.

Notes:

6. Regardless of whether associated or dissociated, or intermittently fluctuating between the two, a given principle that there is always an intense focus in this altered state which diminishes perceptions other than that focus.

Notes:

3. To the patient – “Though I may have expertise in hypnosis and behavior, I am not an expert on you.” I need your expertise about you. I ask the patient to take a very active role in our therapy. One way is to have them make a list of very specific behaviors that they would like to program out (negative), and a list of what they want to program in (positive).

Notes:

4. Give patient several mind-body examples in every day living to help them understand how hypnotic suggestion can affect not only their psychological state, but their physiological functioning as well, like watching a scary movie, and immediately feeling the physiological feelings that take place in our bodies such as cardiovascular, gastro-intestinal, and so on.

Notes:

**NORTH TEXAS SOCIETY FOR CLINICAL HYPNOSIS
SPRING 2003 WORKSHOP
MAY 16, 2003
DALLAS, TEXAS
APPLICATIONS OF CLINICAL HYPNOSIS: A MIND/BODY
BEHAVIORAL APPROACH**

ADVANCED WORKSHOP ON PAIN MANAGEMENT

PRINCIPLES & SUGGESTIONS IN CLINICAL HYPNOSIS

Richard B. Garver, Ed.D., A.B.P.H.

Principles and Suggestions

1. **We treat patients in hypnosis, not with hypnosis.**

Notes:

2. **I tell my patients hypnosis is the easiest part of what we will do; the most difficult part is knowing what to do in hypnosis.**

Notes:

**NORTH TEXAS SOCIETY FOR CLINICAL HYPNOSIS
SPRING 2003 WORKSHOP
MAY 16, 2003
DALLAS, TEXAS**

**APPLICATIONS OF CLINICAL HYPNOSIS: A MIND/BODY
BEHAVIORAL APPROACH**

8:30 - 9:15 a.m.	Introduction: Principles and Suggestions – Garver
9:15 – 10:00 a.m.	Ego Strengthening - Logan
10:00 -10:15 a.m.	Break
10:15 – 11:00 a.m.	Chronic Pain Management: A Team Approach – Garver
11:00 – 11:45 a.m.	Coping with Depression and Anxiety – Logan
11:45 – 1:15 p.m.	Lunch
1:15 – 2:00 p.m.	Unconscious Questioning – Logan
2:00 – 2:45 p.m.	Specific Clinical Symptom Management – Garver
2:45 – 3:00 p.m.	Break
3:00 – 3:45 p.m.	Ethics – Logan
3:45 – 4:30 p.m.	Case Presentation/Consultations- Garver & Logan