

# Complementary Hypno-Rheumatology

## Helping Clients Living with Chronic Pain or Illness

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### Introduction

This curriculum is an addition to the Complementary Medical Hypnotism Certification program of the National Guild of Hypnotists. It is intended to expand the training offered in that program to include the specific techniques to use when working with persons living with chronic and painful conditions. Therefore, all persons receiving this training are encouraged to also take the actual Complementary Medical Hypnotism Certification. Wherever possible I have avoided duplicating materials that are part of the Complementary Medical Hypnotism certification program.

The techniques shared in this curriculum are those developed as part of my long association with the American Arthritis Foundation. I have been a regular speaker and workshop leader for their programs for many years. A good part of the reason for my interest in this area is that my wife is handicapped with severe osteoarthritis, and I have seen first hand the disruption that chronic pain brings into a life.

When some hypnotists seek out a training program such as this, what they are hoping to obtain is what amounts to a “spellbook,” a collection of scripts they can read to clients with specific disease conditions. That is not what this program is about. Script creation is not a difficult task and every hypnotist should be able to create his or her own material. Knowing what to say in such scripts is what is important. This curriculum will teach you how to adjust any hypnotic work to help a client with a chronic condition, and will show you how to help a client deal with those issues. Improvement in the quantity and quality of life nearly always follows in the wake of such interventions.

As we begin this journey I want to remind all hypnotists about two rules:

- The Golden Rule of Hypnotism: Do No Harm.

- The Silver Rule of Hypnotism: You Cannot Take Your Client Where You Have Not Gone.

#### NOTIONS AND NOMENCLATURE:

- Persons Living With Life-Changing Chronic Illness
- Complementary Medical Hypnotism
- Hypnosis, Hypnotism, Hypnotist
- Required Medical Referrals
- Therapeutic v. Palliative Care
- Medical Pessimism
- The division of kinds: Mechanical (Osteoarthritis, etc.), Autoimmune (Rheumatoid Arthritis, Lupus, Sclerosis, etc.), and Acquired: (Fibromyalgia, Chronic Fatigue, etc.)
- The client's motivations for seeking hypnotism are typically mixed. Clients normally bring an expectation that is about 50% skepticism and 50% unrealistic hope, often accompanied by a regression to a child-like ego-state.
- The human biochemical predisposition to negative thinking
- Holism—striving to help these clients with the issues of their whole lives, not just the particular disease, as there will never be a time in their whole lives when they are free of the disease

## The Conditions Seen

The Nature of Chronic Rheumatoid Conditions: The causes of almost all of these conditions are unknown. Most involve pain, and all involve serious restriction of activity and reduction in quality of life. In almost all of them there is little or no hope of cure. Therefore, the care of clients living with these sorts of conditions must focus on palliative relief.

Fibromyalgia: A set of nonarticular disorders marked by achy pain, tenderness in specific trigger points, muscle stiffness, pain in soft tissue structures and mental confusion and

slowness. Fibromyalgia is common, especially in women, and can be distinguished from Chronic Fatigue by the presence of pain as the major presenting issue. There is apparently a relationship between this condition and certain sleep disorders. The presenting complaint is usually **pain**.

Chronic Fatigue: Chronic Fatigue presents as a long-standing fatigue without muscle weakness. Its presentation can be very similar to Fibromyalgia except that the primary presenting complaint is **fatigue**, not pain.

Ankylosing Spondylitis: A painful condition marked by inflammation of the back and joints. It is much more common in men than in women (three times more common) and may vary in intensity. Posture is changed in this disease as an unconscious attempt to ward off back spasms. Reduced chest expansion and coughing are also commonly seen. The presenting complaint is usually **a combination of back pain and mobility impairment**.

Rheumatoid Arthritis: A chronic condition that presents with nonspecific and generalized inflammation of the joints. Joints thicken and distort and a pattern of progressive destruction is common. The presenting complaints are usually **joint pain and joint distortion**.

Lupus: While there are several kinds of Lupus, the most commonly seen is Systemic Lupus Erythematosus, which is a chronic inflammatory condition of the connective tissue, that can involve joints, kidneys and other tissue in the body. Ninety percent of such cases are in women and in some parts of the world it can be very common. The presenting issues are typically **flu-like symptoms, rash, photosensitivity, skin or mouth ulcers and pain**.

Sclerosis: A disorder four times more common in women than in men, this condition is characterized by degenerative changes in the connective tissue and fibrosis and vascular abnormalities in the skin and internal organs. The presenting problems usually are **thickening of the skin, swelling of the extremities, heartburn, difficulty in breathing and diffuse pain**.

Gulf War Syndrome: A set of poorly defined illnesses experienced by armed service personnel after the 1992 Gulf War. No clear pattern exists, but the presenting problems tend to be neurological: **mental confusion, memory and reasoning difficulties, insomnia, chronic sadness, fatigue, headaches, vertigo, impotence, muscle fatigue and weakness**.

Multiple Chemical Sensitivity Syndrome: A set of chronic problems attributed to low-level exposure to certain common chemicals in our environment. The existence of this syndrome is not universally accepted, and many experts argue that it is in fact an old psychological problem that used to be called neurasthenia. It manifests as a complex anxiety disorder with agoraphobia and panic. Some persons diagnosed with this syndrome do present with measurable abnormalities in cell counts and other chemicals

that suggest the presence of an allergic reaction. Symptoms often include **tachycardia, chest pain, sweating, shortness of breath, flushing, fatigue, nausea and mental confusion.**

Osteoarthritis: A condition caused by mechanical trauma to the joints resulting in a progressive loss of protective cartilage. It is characterized by presenting complaints of **grinding pain and loss of mobility.**

While the causes, clinical courses and outcomes of these conditions are quite different, typically the client coming for treatment for a chronic condition is coming out of concern for quality of life and comfort. Unlike acute diseases, such as cancer, where there is often the hope of a cure or an extended remission that will permit normal activities, the clients for Hypnotic Rheumatology know that no cure is possible and that they are facing a future of gradual loss and deterioration.

Therefore, as a hypnotist your goals for these clients must be realistic:

- Increased Comfort and Mood Elevation are the primary goals.
- You help the client accomplish his or her goals by teaching Coping Strategies (to cope with the limitations imposed by the disease) and Control Strategies (to learn a degree of control over the symptoms).

## Core Concept: Secondary Gain

Secondary Gain is an unfortunate result of an otherwise important capacity in the human mind. The human mind creates meaning in the same way that stem cells in the bone marrow create blood. Therefore, if a client has a major problem, such as a life-changing chronic disease, he or she will figure out a way to use that problem to resolve other pressing issues in his or her life.

- The fibromyalgia patient who is economically dependent on a husband she does not much like, learns to use her chronic pain to excuse herself from physical intimacy with her husband.
- The patient with osteoarthritis finds that his pain provides a way of avoiding household chores that he really does not want to do in any case.

In both of these examples the patient is using the illness for some other purpose. This is Secondary Gain. Secondary Gain is inevitable. All human beings do it to some extent about all problems. Any client that denies having some Secondary Gain in his or her life is either in denial or is being deceptive. The issue is not whether or not a person with a chronic illness has Secondary Gain, but to what degree.

## THE UTILIZATION PRINCIPLE

As hypnotic practitioners we help our clients deal with Secondary Gain in two ways.

First, we intellectually identify the phenomenon in a non-judgmental way as part of the Pretalk.

Second, we include patter and imagery in the hypnotism that addresses the issue. The most effective strategy for doing this that I have found is to use the Utilization Principle of Milton Erickson, M.D. This is a Coping Strategy.

The Ericksonian Utilization Principle is a term given to some of Dr. Erickson's conversations with clients by his students. Basically it is a strategy of never arguing with clients or forcing them to admit they are wrong. Instead, we simply accept whatever the client has said and use that to put the client into a Double Bind.

As an example, let us consider the two examples given above of a woman with fibromyalgia and a man with osteoarthritis:

- As is typical, the woman denied any Secondary Gain regarding her illness and claimed to love her husband and to regret the loss of intimacy her illness required. Therefore, this suggestion patter was given to her while hypnotized: *“You feel in this moment of quiet, a deep regret for the loss of intimacy with your husband. However, let me suggest that there may be in others a capacity to enjoy life apart from you. Imagine your husband doing the things he enjoys: golf, fellowship with friends and other intimates at a pub or club. Imagine the robust joy of laughter or the gentle, soft kiss of satisfaction and deep acceptance. Send your husband best wishes now—for he has been a good companion to you in the past—and know that his future is a happy one.”*

**Analysis:** Looked at carefully, this suggestion uncritically accepts that claim that she loves her husband. However, it also indirectly suggests that if she persists in holding sexual distance from him that he is likely to find another sexual partner with whom he can enjoy intercourse (*“...apart from you...intimates...soft kiss...satisfaction...deep acceptance...”*). It also suggests that his economic support for her may come to an end if that happens (*“...he has been a good companion to you in the past...”*). In this way she is placed in a Double Bind. She can continue to claim that she loves her husband and that her sexual reluctance doesn't exist. However, if she does so she is asked to imagine herself being pleased that her husband might find a mistress (*“...know that his future is a happy one...”*). On the other hand, if she doesn't want to imagine any such thing, she is challenged to find a way for him to have happiness that is not *“...apart from you...”*.

- The man with osteoarthritis also denied any Secondary Gain and professed regret that he couldn't be more helpful around the home. Therefore, the following imagery was used in his hypnotism: *“Imagine your wife as she goes about the*

*household chores. The work is hard and know that you do regret not being able to help. She becomes strong under the work. Her body trims and firms, you delight in the play of the muscles of her legs and thighs that you can see or sense beneath the clothing. Imagine it is a fine day and someone comes to the door and greets her while she is dressed in her working clothes. Imagine the color of her clothing, the flip of her hair, the relaxed ease in her voice and the feelings that are had. Or imagine she is outdoors and neighbors wave and chat as she goes about her chores, with the sunlight shining on her hair. Perhaps her work will pay her a social benefit you have not yet imagined, or perhaps her love for you can deepen as you express appreciation while doing what you honestly can in new and novel ways, to stay close to her.”*

See if you can find the Double Bind in this suggestion image.

## Core Concept: Self-Hate

Persons living with chronic illness often dislike themselves. In the case of those chronic conditions that are autoimmune disorders, I often find myself wondering if there is some connection between this dislike and the fact that the client’s body has turned on itself in self-destruction.

As interesting as this speculation might be, I caution against too much reflection upon it. Persons living with chronic illness have enough problems without their therapists holding them responsible for getting sick. Even if true, this observation is unhelpful to the client as the proposed mental cause of the illness is unconscious and therefore the client cannot do anything with his or her conscious mind to affect it. A better course is to help shore up the client’s self image. In all cases this will improve mood. If there is in fact an unconscious participation in the causation of the illness, this will also indirectly help to correct that as well.

It is not hard to understand why a person living with a chronic illness experiences an erosion of self-worth. Things that others can easily do, such as getting dressed without assistance, the client may not be able to do. The most private and intimate actions, such as the use of a toilet, may require the intervention of others. Few of us could hope to live such a life without feelings of lower self-worth and embarrassment. As the months of such incapacity stretch into years, the embarrassment transforms into a dislike of self.

### EGO-STRENGTHENING

The Hypnotic Approach to Enhancing Self-Esteem focuses on Ego-Strengthening. This is a Coping Strategy.

Ego-Strengthening was developed by John Hartland and published in his 1971 book, Medical and Dental Hypnosis (Second Edition, Balliere Tindall, London). Other observations about the technique appeared in an article entitled "Further Observations on the Use of 'Ego-Strengthening' Techniques" in the American Journal of Clinical Hypnosis in the same year.

Ego-Strengthening consists of giving a client standardized suggestions at each session that are intended to enhance the client's self-image and confidence, and to create in the unconscious mind of the client the expectation of being able to cope well with future challenges. When the Level Two training curriculum of the National Guild of Hypnotists was created, it included the Hartland Technique as a standard tool.

Given below is a variation of the Hartland Ego-Strengthening Technique scripted for hypnotic use. The words in capital letters are intended to be pronounced with special emphasis. The use of ellipses indicates a place where the client's name may be salted into the patter. Specific direct suggestions for a client are to be inserted at the place provided. The Ego-Strengthening is typically done after trance induction and deepening.

#### THE HARTLAND TECHNIQUE

You have now become SO profoundly relaxed...SO profoundly relaxed that your mind has become SO sensitive...SO receptive to what I say...that EVERYTHING that I put into your mind...will sink SO completely into the unconscious part of your mind...and will make SO complete and lasting an impression there...that NOTHING will erase it. In this condition, your unconscious mind is NOW at the forefront; it is NOW readily accessible to my suggestions to you.

Consequently...these things that I put into your unconscious mind...WILL begin to exercise a greater and greater influence over the way you THINK...over the way you FEEL...over the way you BEHAVE. And...because these things WILL remain...firmly embedded in the unconscious part of your mind...after you have left here...when you are no longer with me...they will continue to exercise that same great influence...over your THOUGHTS...your FEELINGS...and your ACTIONS...JUST as strongly...JUST as surely, JUST as powerfully...whether you are at home or anywhere else...as when you are actually with me in this room.

You are now so VERY PROFOUNDLY RELAXED...that EVERYTHING that I tell you...that is going to happen to you...FOR YOUR OWN GOOD...WILL happen...EXACTLY as I tell you. And EVERY FEELING...that I tell you that you will experience...you WILL experience...EXACTLY as I tell you. And these same things WILL CONTINUE TO HAPPEN TO YOU...EVERY DAY...and you WILL CONTINUE TO EXPERIENCE these same feelings...EVERYDAY... JUST as strongly...JUST as surely...JUST as powerfully...when you are back home...or anywhere else...as when you are with me in this room.

*[Optional Hartland Midsection]*

As a result of this profound hypnotic experience...YOU are going to feel physically STRONGER and FITTER in every way. You will feel MORE alert...MORE wide awake...MORE energetic. You will become MUCH less easily tired...MUCH less easily fatigued...MUCH less easily discouraged...MUCH less easily depressed. EVERY DAY...you will become SO DEEPLY INTERESTED in whatever you are doing...that you will no longer DWELL NEARLY SO MUCH UPON YOURSELF AND YOUR DIFFICULTIES...and you will become MUCH LESS CONSCIOUS OF YOURSELF...MUCH LESS PRE-OCCUPIED WITH YOURSELF AND ABOUT HOW OTHERS MIGHT FEEL ABOUT YOU. EVERY DAY your nerves will become STRONGER AND STEADIER...your mind CALMER AND CLEARER...MORE COMPOSED...MORE PLACID...MORE TRANQUIL. You will become MUCH LESS EASILY WORRIED...MUCH LESS EASILY AGITATED...MUCH LESS FEARFUL AND APPREHENSIVE...MUCH LESS EASILY UPSET.

You will be able to THINK MORE CLEARLY...you will be able to CONCENTRATE MORE EASILY. You will be able to GIVE YOUR WHOLE, UNDIVIDED ATTENTION TO WHATEVER YOU ARE DOING...TO THE COMPLETE EXCLUSION OF EVERYTHING ELSE. Consequently...YOUR MEMORY WILL RAPIDLY IMPROVE...and you will be able to SEE THINGS IN THEIR TRUE PERSPECTIVE...WITHOUT MAGNIFYING THEM...WITHOUT EVER ALLOWING THEM TO GET OUT OF PROPORTION...EVERY DAY...you will become EMOTIONALLY MUCH CALMER...MUCH MORE SETTLED...MUCH LESS EASILY DISTURBED EVERY DAY...YOU will become...and YOU will remain...MORE AND MORE COMPLETELY RELAXED...AND LESS TENSE each day...both MENTALLY and PHYSICALLY...even when you are no longer with me. And AS you become ...and AS you remain...MORE RELAXED...AND LESS TENSE each day...SO...you will develop MUCH MORE CONFIDENCE IN YOURSELF...more confidence in your ability to DO...not only what you HAVE to do each day...but more confidence in your ability to do whatever you OUGHT to be able to do...WITHOUT FEAR OF FAILURE...WITHOUT UNNECESSARY FEAR OF CONSEQUENCES... WITHOUT UNNECESSARY ANXIETY...WITHOUT UNEASINESS. Because of this...EVERY DAY...you will feel MORE AND MORE INDEPENDENT, MORE ABLE TO STICK UP FOR YOURSELF...TO STAND UPON YOUR OWN FEET...TO HOLD YOUR OWN...no matter how difficult things may be.

*[Insert specific suggestions here]*

EVERY DAY...you will feel a GREATER FEELING OF PERSONAL WELL-BEING...A GREATER FEELING OF PERSONAL SAFETY...AND SECURITY...than you have felt for a long, long time. And because all these things WILL begin to happen...EXACTLY as I tell you that they will...more and more RAPIDLY...POWERFULLY...and COMPLETELY...you will feel MUCH

HAPPIER...MUCH MORE CONTENTED...MUCH MORE OPTIMISTIC in every way. You will consequently become much more able to...RELY UPON and DEPEND UPON...YOURSELF... YOUR OWN EFFORTS...YOUR OWN JUDGMENT...YOUR OWN OPINIONS...You will feel...MUCH LESS NEED...to have to RELY UPON...or to DEPEND UPON...OTHER PEOPLE.  
[modified from John Hartland]

While the Hartland Technique is a classic, the hypnotism practitioner need not limit him or herself to using it. There are many other scripts that could be created to accomplish the same purpose. The Handbook of Hypnotic Suggestions and Metaphors edited by D. Corydon Hammond, Ph.D. that appeared in 1990 (American Society for Clinical Hypnosis; Norton Press) gives many such examples. Ego-Strengthening should become a standard part of your hypnotic work with clients with life-changing chronic illness.

#### THE AUTHORITATIVE VOICE EGO-STRENGTHENING TECHNIQUE

As effective as the Hartland Technique is, there are several obvious problems with it:

- First, it is long. The Hartland patter will add about ten minutes to a hypnotic experience. If, like many professional hypnotists, you are attempting to keep your sessions down to sixty minutes, a ten minute extension of the hypnotic time may be more than you wish to do.
- Second, it requires the hypnotist to maintain a fairly authoritarian manner for a long time. Perhaps when John Hartland developed the technique in the 1960s and 70s people were not as attuned to object to an authoritarian tone as they are now. However, in contemporary society many clients will object to ten minutes of being told by a hypnotist about what the client is supposed to feel and do.

In my initial attempts to adjust the technique, I tried to create a lower-key, permissive (and shorter) version of the Hartland Technique. Many contemporary hypnotism practitioners have done this. I quickly discovered that these adjusted versions all failed. These failures led me to conclude that part of why the Hartland Technique works as well as it does is that it speaks to the client's mind in a parental way, and that in hypnosis a client is often in a child-like ego-state that is receptive to such parental scolding. However, ten minutes of scolding was perhaps too much.

Therefore, I formulated a shorter ego-strengthening technique that did make use of the authoritarian voice, but not to the same degree as the Hartland Technique. I call this the Authoritative Voice Ego-Strengthening Technique. I have used it for seven years with good success.

The basics of this technique are as follows:

1. The ego-strengthening suggestions to the client are formulated as affirmations or as releases—short, simple, positive, unproblematic English declarative sentences that express ego-strengthening in the present tense, as if the client had already done things that demonstrate his or her strength of character and coping ability.
2. The suggestions are supplied to the client in writing along with some hints and tips for a regular self-hypnosis practice. This is only done once, and all that is on the written report given to the client are the general ego-strengthening affirmations and releases that are used over and over as you hypnotize the client.
3. The affirmations are delivered to a hypnotized client using a standard patter: *“And now allow my voice to be heard by your mind as if it were the voice of the most respected authority you know. It may be the voice of a spiritual figure, or the voice of your Higher Self. It may be the voice of a trusted friend or parent, or it could be your own interior voice, which often speaks to your unconscious mind with the greatest authority. And hear that voice as it says...[repeat the ego-strengthening affirmations]”*

I have been amazed at how effective this technique is. The use of a pseudo-authoritarian voice is well tolerated by clients, but still speaks to the unconscious process with power. Phrasing the ego-strengthening suggestions as affirmations or releases tends to program the affirmations or releases into the unconscious mind in a way that invites the client to reflect on them. Often clients find the affirmations or releases coming readily to mind at times of stress and trouble.

You can also use this technique as a vehicle for presenting whatever specific suggestions you want to make to a client as well. Hartland proposed inserting such suggestions in the midst of his ego-strengthening patter. In this modified technique I suggest that specific suggestions for change be incorporated into this process by creating affirmations or releases that express those suggestions, and simply salting those affirmations into this ego-strengthening patter. However, if you do this it is best not to include these specific suggestions on the written copy given to the client. The written material is intended as a memory aid to help the client recall only the more general ego-strengthening suggestions, and these are all that should be on the written account the client receives. In general you will want to create about a dozen general ego-strengthening affirmations or releases for a client and use them over and over in the hypnotism you do for that client. These are all that should be on the written summary.

## Core Concept: Personal Effectiveness

In the case of a life-changing chronic illness the “victim” of the illness is not just the patient. Every significant relationship in the patient’s life is also affected and the other people in those relationships can also feel themselves to be victimized. This is especially the case where the illness appears after the relationship is already established.

### COUPLE'S HYPNOTISM (USING HYPNOSIS TO DE-TRIANGLE RELATIONSHIPS)

Family therapists use the concept called “triangles” to explain a potentially destructive dynamic in relationships. A triangle is a relationship between three people, or two people and some abstract entity. Here is an example that will clarify the concept.

- A husband and wife have tension in their relationship regarding their feelings for each other. However, it is uncomfortable for them to deal with this problem. Therefore, they distract themselves from it by an excessive focus on their son. For whatever reason they decide that their son has a learning problem. Soon all of their time is spent “helping” the young man with his homework or overseeing his friendships, sport activities, and hobbies. All of their conversations quickly orbit around their offspring and the “problems” they convince themselves he has. However, in reality there is nothing amiss with the young man (except that he now has the stress of two overly involved interfering parents). But by making his life uncomfortable because of their over focus on it, the husband and wife are able to ignore the tension between them. This is a triangle. In this case the three players are the husband, wife and the son.

Triangles are common and normal. Triangle behavior can even be observed among animals. However, while the purpose of a triangle is to make some of the people in it feel better, it actually resolves nothing. The triangle accomplishes its purpose by clouding the real issue.

There is a special case of a triangle, often called the Dramatic Triangle because it always has three specific players: a supposed *victim*, a *rescuer* and someone or something that plays a *persecutor* role.

The Dramatic Triangle is most commonly seen in addictive situations. For example:

- Bill is an alcoholic who does not admit that he has a drinking problem. He claims that his boss is an evil person who always has it in for him and that the stress of his job is unbearable. He says he drinks to overcome that stress. He comes home drunk and passes out in the hallway in a pool of his own vomit. His wife, Sue, gets him up, cleans him off and washes the floor. Feeling herself to be a good wife in a bad situation, she puts Bill into bed and calls his boss the next day to tell him that Bill is ill and cannot come to work. In this triangle there are three players. Bill is the victim, Sue plays the rescuer and the boss is in the role of the persecutor.

In the example cited, Bill, the supposed *victim*, is actually in the most powerful role. Everyone else dances to the tune he plays. He is the only person who can actually alter the situation in a healthy way and his behavior is what is causing the problem. Sue is in the role of his *rescuer*, and she is really the true victim of this situation. She is powerless

so long as she continues to take care of Bill. The boss is in the *persecutor* role, and is probably not even aware that this triangle exists.

In the case of the person living with a chronic illness there are almost always two overlapping dramatic triangles in progress. The patient him or herself is in the role of the *victim*, while the spouse or other resident family member is in the role of the *rescuer*. The illness itself is in the role of the *persecutor*. This is the first triangle, and I usually call it the Client's Dramatic Triangle. This triangle is to some degree unavoidable as the illness is never going to go away. However, the destructive impact of this triangle is determined by the person in the *victim* role who is the only person that can affect the situation for better or worse by being more or less self-sufficient.

The second triangle is almost the same except that in it the players switch roles. The person who plays the *rescuer* in the first triangle (usually the spouse or care-taking family member) feels him or herself to be the *victim* in this one. After all, he or she experiences a major inconvenience in his or her life by taking care of the person who is ill. He or she is deprived of many enjoyments and satisfactions because he or she is helping the person who is ill. In this second triangle, the person who was the *victim* in the former triangle (the person living with the life-changing chronic illness) becomes seen as the *persecutor* in this one. After all, if he or she were not sick, the care giving family member would have a better life. I call this triangle the Caregiver's Dramatic Triangle. As a triangle always has three players, we must look to determine who the *rescuer* is in this one. Therein lies both the danger and the power of this triangle.

The third player in this second triangle is not clear. Too often it becomes an illicit romantic partner as the care giving spouse starts to look outside of the relationship for comfort and understanding. But it can also be a political cause, religious practice or hobby that allows the care taking family member to distract him or herself from how victimized he or she feels. This is the reason why so many relationships between a chronically ill person and his or her spouse are of poor quality.

On the other hand, if the person with a chronic illness can get control of his or her own feelings of victimization in the Client's Dramatic Triangle and become as autonomous as possible, the care taking family member will not feel as victimized. If this happens, the Caregiver's Dramatic Triangle dissolves or diminishes, and the relationship improves. The hypnotic technique I have found most effective to encourage the dissolution of the Caregiver's Dramatic Triangle is simply to blow the whistle on it. Done as described, this amounts to a Control Strategy as it minimizes the impact of the illness on relationships.

In my office I have two recliner chairs, side-by-side. When I feel there is a relationship problem I invite the care-taking family member to come to the office to participate (without extra charge) in a session with my client as a demonstration, so that the care-taker knows "what hypnosis is like." I hypnotize the client and the caretaker together. I then include suggestion patter like the following:

- *“In all things, no matter how difficult, it is important that we each do what we can to help ourselves. I know that when I feel bad about things that are happening to me I sort of regress to a child-like way of thinking and feelings. When I was a young boy and I was ill my mother would take care of me, and it felt good to be taken care of. So now, when I feel ill I want to feel taken care of again. I think everyone feels this way, perhaps even you do. It’s normal and natural. Unfortunately, it’s not a good idea if we’re dealing with something that will last a long time. When I help someone I care about I can feel good about it for a while, but if I have any thought that the person I’m helping could be doing more on their own, I feel resentful and that’s not good.”*

Note how resistance and defensiveness on the part of the hypnotic subjects can be avoided if the hypnotist phrases the suggestions as if they were about him or herself. In this suggestion patter I boldly tell the client that he or she needs to be as autonomous as possible or face negative relationship consequences. I also ratify any feelings of resentment the care-giving family member may already have, and help him or her identify the reason for those feelings. By working with both the client and the care-giver simultaneously I minimize any “interference” in their relationship that individual interventions might cause. As the care-giver is only an observer experiencing the hypnotism for general information instead of as a client, I am helping without actually doing marriage or relationship counseling, as that is outside of the normal scope of practice of a hypnotist. Admittedly, this is a strategy the involves a bit of behavioral “slight of hand” but I have found it effective in helping and therefore justifiable. To accomplish this ethically, care must be taken that all suggestions are primarily aimed at the client him or herself, and only incidentally involve the care-giver.

In many cases the client living with the life-changing chronic illness gets this immediately and no further attention is needed. However, often the client is deep in self-pity and denial and repetition is necessary.

A helpful book that I often recommend to men who are taking care of romantic partners is the Arthritis Foundation’s wonderful 1999 volume by Gregg Piburn, [Beyond Chaos: One Man’s Journey Alongside His Chronically Ill Wife](#). (Arthritis Foundation, Atlanta, Georgia). This is a no-holds-barred examination of what it’s like to be the loving husband of a person with a chronic illness. It covers everything from the temptation to adultery to suggestions for career management.

#### SUGGESTING FORTHRIGHTNESS

Another strategy for increasing the personal effectiveness of a client living with a life-changing chronic illness is to regularly suggest that forthrightness become a key value in the client’s life. This is especially the case with female clients, but it helps men too.

All persons in our society are socialized to get along with others. Most men have the experience in their boyhood of being part of a team. Most women are socialized to be

“nice” which often means “do not upset anyone by saying what you mean.” Because of these early learning experiences, we learn to conceal what we want from others, and instead try to get our needs met indirectly by manipulating others. This quickly results in dishonest personal interactions, unintentionally hurt feelings and anger.

Psychoanalytically oriented practitioners may go a step further and find the root cause of this behavior in infant learning. While an infant is, in fact, the most powerless of persons, the infant actually experiences him or herself as being all powerful. His or her wish is someone else’s command. All the infant has to do is express anger (crying) and someone comes who perfectly knows what the infant needs without having to be told, and perfectly meets that need. The infant feels omnipotent.

This is possible because the needs of an infant are few and obvious. However, the infant does not know this and it is during this time that the unconscious mind of the infant is being developed. The infant comes to feel that a promise of unlimited nurture has been made at the start of life and that this promise should be on going.

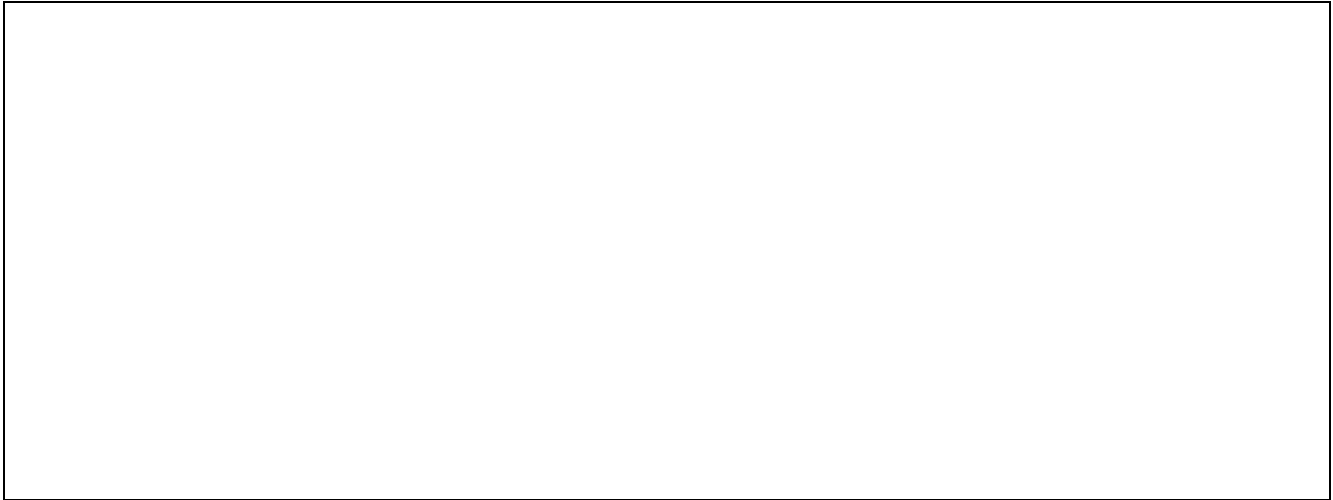
However, as events unfold, the infant is weaned, toilet trained and taught to moderate his or her demands or behavior. No longer is the infant’s every wish someone else’s command and to the unconscious mind this feels wrong. The “promise” of unlimited nurture has been broken.

Some scholars believe that romance is, at its root, an attempt by the unconscious mind to recapture the feeling of infantile omnipotence. One has only to look at a couple in the early stages of love to see how delighted and unrealistic they are being about each other. You often hear things like “we know exactly how each other feels...” or “...we finish each other’s sentences...” None of these statements is factual. What is actually happening is that the partners to the romance are unconsciously submerging their differences in order to experience again the wonderful omnipotent feeling of infancy where someone else perfectly knows your needs and meets them without having to be told or asked.

As this sort of interaction is based on an illusion—the infant was never actually omnipotent—it cannot last. However, the unconscious mind of the client can decide that it is being unfairly treated (the promise of unlimited nurture is broken again) and feel justified in using indirection, deception and emotional blackmail in getting its needs met. While all persons deal with this relationship issue, it is especially acute for persons living with life-changing chronic illness. Their relationships are already under stress and their need for assistance is greater.

The hypnotic solution is to program the unconscious mind to be forthright; that is, to realize that other people cannot read the client’s mind, and that the client must ask for what he or she needs or wants rather than relying on indirect methods.

Another way to put this is to say that the client needs to learn to turn his or her whining into requests. This can be accomplished hypnotically in the following way:



## MENTAL HYGIENE

It is not uncommon for persons living with chronic illness to present in the hypnotist's office with a whole list of emotional aches and pains regarding the unfairness of life. To some degree these feelings are normal. It is not fair that a person should have to live a life with a chronic illness. That said, it is always more important that a person learn to play the hand of cards life deals them in the best possible way, than to complain about the cards that have been dealt.

An effective strategy is to use Rational Emotional Therapy, or as it is often called, Cognitive Therapy. This is a helping philosophy based on the following principles:

- Most emotional problems are the result of incorrect interpretation of events.
- Only real problems can be solved.
- Once events are reinterpreted logically, the reasons for most problems vanish.

While it can seem like a cold and unfeeling style, cognitive therapy has a lot going for it. Of the two hundred information-carrying substances in the human brain, three quarters of them are involved in the transmission of dark, worrisome thoughts. Therefore, the human brain has a biological predisposition toward fear and negative thinking. The reasons for this are obvious—a fearless creature is a careless creature and careless creatures soon become food for other creatures. Fear makes us careful and that encourages survival. Over millennia the genes for negative thinking have been passed down and exaggerated.

Or, as I sometimes say, “Your mind does not have a mind, therefore, you must be smarter than your mind.” You have to understand that your brain is biologically programmed to favor a negative interpretation of events. Knowing this, you have to compensate for it by good habits of thought. I call this mental hygiene.

On the next page of this manual you will find a list of the most common mistaken and illogical thought habits people have. See how many of these you can identify in your own thinking and in the expressed thoughts of your clients.

### Checklist of Cognitive Distortions Rules for Poor Mental Hygiene

1. All-or-nothing thinking: You look at things in absolute, black-and-white categories.
2. Overgeneralization: You view a negative event as a never-ending pattern of defeat.
3. Mental filter: You dwell on the negatives and ignore the positives.
4. Discounting the positive: You insist that your accomplishments or positive qualities "don't count."
5. Jumping to conclusions: (A) Mind reading--you assume that people are reacting negatively to you when there's no definite evidence for this; (B) Fortune-telling--you arbitrarily predict that things will turn out badly.
6. Magnification or minimization: You blow things way up out of proportion or you shrink their importance inappropriately.
7. Emotional reasoning: You reason from how you feel: "I *feel* like an idiot, so I really must be one." Or "I don't *feel* like doing this, so I'll put it off."
8. "Should" statements: You criticize yourself or other people with "shoulds" or "shouldn'ts," "musts," "oughts," and "have tos" are similar offenders.
9. Labeling: You identify with your shortcomings. Instead of saying "I made a mistake," you tell yourself, "I'm a jerk" or "a fool" or "a loser."
10. Personalization and blame: You blame yourself for something you weren't entirely responsible for, or you blame other people and overlook ways that your own attitudes and behavior might contribute to a problem.

from David D. Burns, M.D., *Feeling Good: The New Mood Therapy* (New York: William Morrow & Company, 1980; Signet, 1981)

## Core Concept: Discomfort Management

In the Level I and II Curriculum of the National Guild of Hypnotists we teach a simple technique for pain management called Glove Anesthesia. This is an effective technique

to manage discomfort provided that there are few emotional issues attached to the source of the pain.

In the Complementary Medical Hypnotism Curriculum, a dramatically more effective technique is taught that will work to produce pain reduction, or analgesia, in most cases. This technique makes use of the Gate Theory and will not be reproduced here.

In this specialty supplement to the Guild Medical Curriculum, I want to share two techniques that are not included anywhere else, and which have a special application to clients living with chronic illness. All discomfort management techniques are control strategies as they seek to teach a client how to control a symptom.

## OBJECTIFICATION

While the first instinct of any hypnotic practitioner working with a client who is in discomfort is to try to get the client out of pain, the Objectification Technique begins by doing the opposite. We first ask the client to learn how to intensify the pain, and then show the client how to reduce it. This is a very effective technique; since it requires a training curve for the client (that is, relief is not quick) it is best to reserve it for persons living with chronic discomfort.

This technique has been around for many years and can be found described in slightly different ways by many authors. I give below the version I have found most effective. The hypnotic procedure goes as follows:

- In the Pretalk, help the client understand that this process involves retraining the nervous system and that the discomfort may temporarily get worse before it gets better. This training period may last for a few sessions.
- Hypnotize and deepen the client in any way that seems appropriate. Then lighten the trance to the point where the client can speak.
- Ask the client to focus on the discomfort, and to notice the nature of the discomfort. Ask the client to determine whether the discomfort feels warm or cool, if it is aching, throbbing, binding, burning, cramping, crushing, drilling, grinding, nagging, piercing, pounding, shooting, squeezing, tearing or twisting, etc. The task is to get the client to talk about the discomfort as if it were an object that could be described. Note this information down as the baseline of the client's self-report of the discomfort.
- Deepen the client's trance again below the level where the client can speak and ask the client's unconscious mind to imagine the discomfort getting larger. Make the symptoms "bigger" using images of inflating or blowing up the pain. The idea is to get any change from the baseline description.

- Ask the client to imagine the discomfort changing, pointing out that if they can imagine the pain getting larger, they can imagine it changing as well. In the first few trances, do not ask the client to reduce the discomfort. Instead, just make it different. This teaches the client that he or she has some control over the pain.
- After two or three hypnotic experiences where the client simply changes the pain from the baseline description to a different description, work to help the client change the discomfort into something less objectionable. For example, instead of pain, ask the client to feel pressure. Instead of burning, ask the client to feel the pain as an ache.

On average, after two or three trances where the client is asked to transform the discomfort into something less objectionable, the client can experience up to a 50% reduction in overall discomfort from the chronic condition.

As a further strategy, you can propose to the hypnotized client that the discomfort can become like a “cranky old friend” who may be troublesome but who also has a use. If the pain ever changes back toward the baseline description, that is a sign that the cranky old friend is trying to tell the client that something in the client’s life needs to be adjusted.

#### HYPNOTIC ACUPUNCTURE

Another very useful technique that I stumbled upon about ten years ago is hypnotic acupuncture. In my private life I am a martial artist, currently ranking as a second degree black belt. In my particular style of martial art, candidates testing for the brown belt (two belts below first degree black belt) are required to know the acupuncture points on the human body.

While it is surprising to many in the West, in Eastern culture there was never a separation between healing, warfare and religion. It was common for the same person in a village to be the village’s doctor, priest and martial arts instructor. This is seen nowhere as clearly as with the acupuncture points. These points all have a spiritual meaning, can be stimulated using needles or pressure to promote healing, and are the “pressure points” that a martial artist might use to control an opponent during a fight.

As I had to learn them I began to wonder if some way might be found to use the acupuncture points in a hypnotic process. I quickly found that they could be and added what I call hypnotic acupuncture to my professional toolkit at that time. When my practice became a specialty practice in working with persons living with various life changing illnesses, I worked with this technique on my clients and have always gotten excellent results.

The acupuncture points are arranged along 12 (in some systems 14 channels), called meridians, in the human body. The meridians run from the top of the head to the feet, including down the arms. The acupuncture points are arranged on these meridians.

Systems vary in the number of points they include. While systems vary, most acupuncture systems employ 365 acupuncture points, although I was taught to focus on a system that emphasizes only 79. All of the points have a traditional name, a number in a Chinese index system and can be found by following certain anatomical landmarks.

As it is not possible to teach the use of all 79 points in the context of this training program, I will focus on a subset of the 13 most useful. However, there is absolutely no reason why a hypnotism practitioner should confine his or her work to the subset of points given here. Books and descriptions of the traditional acupuncture points are widely available, and I urge you to consult them and add other favorite points to your toolkit if you find this technique helpful. For example, in my own self-hypnosis work I frequently make use of the “Above Tears” point. In traditional systems this is point 41 on the Gallbladder meridian, and is located on the top of the foot, between the fourth and fifth toes, about an inch behind the webbing. This is a point often used to treat tension headaches, an infirmity to which I am prone. However, the Above Tears point is not included in the subset taught here.

Unlike acupuncture itself (which uses needles or electrical stimulation), acupressure (which involves pushing on the client’s body), or thought field or similar energy work (which typically involves tapping on the points), hypnotic acupuncture is completely noninvasive. There is absolutely no physical contact whatsoever between the hypnotist and client when using this technique. Hypnotic acupuncture obtains its result purely from the power of suggestion, and is therefore not included under laws that regulate actual acupuncture, acupressure, physical therapy or massage therapy.

The basic idea of this technique is that you call a hypnotized client’s attention to a part of his or her body that contains the point. You describe the point simply enough so the client has a fairly good idea of where it is. Then you ask the client to imagine stimulation of that point in some way. Originally I made use of a hallucinated needle stick, but quickly found that most clients could not follow that image. Therefore, I shifted to an image anyone can use. I call it the “warm circle.” The patter goes like this:

- *“Imagine a circle of light surrounding (describe part of the body containing the point). Now imagine that you can feel a sensation of warmth from this light. Then, like the iris of the eye or the focus lens of a camera, have that circle of light and its warmth get smaller and smaller, until it is a point of very warm light, relaxing and stimulating the part of your body that is beneath it. Remember when you were a child and you played with a magnifying glass and used it to focus a beam of sunlight into a point? Well, this is just like that except it causes healthy stimulation and not a burn.”* I would then go on and tell the client that this is a traditional acupuncture point and what it does, and program a suggestion that the unconscious mind can stimulate this part of the body whenever it is necessary to achieve the effect desired. It is possible to adapt this for an image of coldness if that is better for a particular client.

If you get comfortable with the technique, you can dress up the process by using the traditional name of the point—they are all colorful and lovely—in the hypnotic patter, and you can build imagery around them as well.

Here are several traditional acupuncture points that are helpful when working with clients living with chronic illness.

1. Bigger Rushing (Liver 3)—located on the top of either foot in the well between the large toe and the second toe. It is used to improve nausea, irritability and confusion.
2. Crooked Pond (Large Intestine 11)—located on the outside edge of either arm at the point of the elbow crease. It is used to manage pain from grinding bones.
3. Elegant Mansion (Kidney 27)—located on either side of the front chest, in the indent between the collarbone and the first rib. It is said to improve mood.
4. Gates of Consciousness (Gallbladder 20)—located on the back of the head on either side of the start of the neck, two inches to the left and right. It is used to improve all chronic conditions.
5. Heaven Rushing Out (Conception Vessel 22)—located at the base of the neck in the hollow where the neck joins the chest. It is said to promote general wellness and vitality, as well as helping with chest problems.
6. Joining the Valley (Large Intestine 4)—located in the web between either thumb and index finger at the spot that folds when the thumb and index finger are brought together. It is used to relieve joint inflammation. This point is never to be used with a pregnant person as tradition claims it can cause premature contractions of the uterus.
7. Letting Go (Lung 11)—located on the front of the chest, at the point on either side where the shoulder joint begins. It is used to help breathing.
8. Outer Gate (Triple Warmer 5)—located on either forearm two inches above either wrist on the top of the forearm, exactly between the two bones. It is used to help manage fibromyalgia or other connective tissue pain.
9. Sea of Vitality (Bladder 23 and 47)—located on either side of the spine in the lower back at waist level, two inches to either side. It is used to manage extreme fatigue, weakness, lightheadedness and confusion.
10. Sea of Energy (Conception Vessel 6)—located at the solar plexus on the front of the body. It is said to improve all mental difficulties that come with chronic illness.

11. Shoulder Well (Gallbladder 21)—located on either side, on top of the shoulder muscle about half way between the neck and shoulder. It is said to improve worry, fatigue, tension, poor circulation and headaches caused by chronic illness.
12. Third Eye (Governing Vessel 24,5)—located directly between the eyebrows where the nose joins the forehead. It is used to improve all conditions associated with chronic illness and promotes a philosophical acceptance of the limitations imposed by a chronic illness.
13. Three Mile Point (Stomach 36)—located five inches below either kneecap, about three quarters of an inch toward the outside of the leg. It is used to help improve fatigue.

In addition to traditional acupuncture points, there are currently several popular systems of energy work that involve tapping on a special subset of points to control emotions. I do not use such systems myself. However several people I have taught do make use of these systems and they report that the hypnotic technique works with them as well. For reference I give the sixteen most common of these points and their landmarks in an appendix to this booklet.

## Other Helpful Techniques

Sleep Induction

Light and Sound Machines

White Noise Production

Cueing in Evening Rituals

Energy Economy

Subjective Units of Distress Scales

Group Support

Inspirational Stories and Spiritual Activities

## Appendix: Other Acupuncture Points

### OTHER POINTS

The 16 acupuncture or energy points common to most systems of energy work are:

1. **Eye-brow Points**—located at the part of either eyebrow, closest to the nose. It is used to treat feelings of frustration and restlessness.
2. **Side of Eyes**—located at the end of the eyebrow, farthest from the nose. It is used to lower or remove feelings of anger.
3. **Under Eyes**—located directly below either eye. It is used to overcome worry and sometimes to overcome an addictive behavior.
4. **Under Nose**—located in the crevice under the nose and above the lip. It is used if the client feels embarrassed, has low self-image or is deeply sad.
5. **Under Bottom Lip**—located in the hollow between the lip and the chin. It is used if the client feels worthless, shameful or burdensome.
6. **Under Collarbone**—located about an inch below the base of the throat and one inch to either side. This spot is said to be helpful in the management of breakthrough pain. It appears identical to the Elegant Mansion point in traditional acupuncture.
7. **Under Arms**—located about six inches below the armpit. It is used to manage worry and dread.
8. **Under Breast**—located on each side at the place where the ribcage can be felt under the breast tissue. It is used to manage unhappiness and sadness.
9. **Side of Little Finger**—located on either hand, on the spot where the fingernail begins on the side of the ring finger. It is used to control anger.
10. **Side of Middle Finger**—located on the index finger side of either middle finger, next to the start of the nail. It is used to manage all strong hostile emotions.
11. **Side of Index Finger**—located on the thumb side of either index finger at the place where the nail begins. It is used to manage feelings of being burdensome to others.
12. **Outside of Thumbs**—located on the outside edge of either thumb at the point where the nail begins. It is used to manage feelings of victimization.

13. Back of Hands—located on either hand, about one and a half inched back from the juncture of the little and ring fingers. It is used to moderate discomfort.
14. Side of Hands—located on the outside of either hand, at the point where the palm creases when you fold your hand. It is used to elevate mood.
15. Forehead—located on the forehead between the eyes. It is used to promote general vitality and philosophical calm. It appears to be identical to the Third Eye point in traditional acupuncture.
16. Chest—located at the top of the chest, two inches down from the start of the neck. It is used to promote healing. It appears to be identical to the Heaven Rushing Out point of traditional acupuncture.

#### THE ACUPUNCTURE MERIDIANS

1. Lung
2. Large Intestine
3. Spleen
4. Triple Warmer
5. Stomach
6. Small Intestine
7. Heart
8. Conception Vessel
9. Kidney
10. Pericardium
11. Bladder
12. Gallbladder
13. Liver
14. Extra Point