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Madelyn Isom
Brigham Young University - Provo, madelynisom@gmail.com

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Chronic Pain Interventions: Considering Hypnotherapy as a Viable Treatment Option

Madelyn Isom

Brigham Young University

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Professor Dawn-Marie Wood

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Abstract

Chronic pain is a widespread and debilitating condition, demanding advancements in current interventions. Conventional medical paradigms have traditionally treated the mind and body separately, but advancement has advocated shifts toward more integrated mind-body approaches to address holistic health. Despite prevailing skepticism and friction within patient-doctor relationships surrounding hypnosis, there is substantial support for its use as a pain management tool (Declercq, 2023; Thompson et al., 2019). This analysis explores the potential of hypnosis as a viable treatment for chronic pain, highlighting its merits and addressing current research limitations. Noteworthy findings underscore hypnosis’ distinctive influence on the physical body through mental suggestion, its broad applicability, its cost-effectiveness, its potential as a precursor to analgesic drugs, and its utility in augmentation of psychotherapies (Jensen et al., 2020; Kaczmarska et al., 2023; Pascalis et al., 2000; Vanhaudenhuyse et al., 2015). Using hypnosis as an adjunctive treatment may substantially reduce dependence on pain medications, improve sustainability, and empower patients (Eason & Parris, 2019; Noergaard et al., 2019; Vanhaudenhuyse et al., 2015). However, constraints exist concerning the efficacy of hypnosis for specific chronic pain types and the prevalence of misconceptions (Adachi et al., 2014; Declercq, 2023). Further research is warranted to comprehensively understand hypnosis mechanisms and its nuanced role within diverse treatment contexts.

Keywords: adjunctive treatment, analgesia, chronic pain, holistic health, hypnosis, mind-body connection, subconscious
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When hypnosis is mentioned, it is common to visualize an eccentric performer, dazed expressions, and a swinging pocket watch. Popular opinion suggests that hypnosis is hokey, unscientific, or something out of a fictional cartoon. However, experts suggest that hypnosis has merit for treating a variety of conditions (Mills, 2023). Hypnosis is not mind-control. Rather, it is a means of tapping into the often-unappreciated power of the subconscious and amplifying one’s capacity to bring about positive life changes otherwise out of reach.

The APA Dictionary of Psychology defines hypnosis as “the procedure, [or state] … in which suggestion is used to evoke changes in sensation, perception, cognition, emotion, or control over motor behavior” (American Psychological Association [APA], n.d.). In this state, consciousness is maintained but altered such that the subconscious is more suggestible. Hypnosis can be applied through a variety of techniques, including clinical hypnosis, self-hypnosis, and hypnotherapy. But all share the same basic components: a relaxation technique followed by a series of suggestions. During most hypnotic interventions, control over behavior, awareness, and memories of the event are retained (Mayo Clinic, 2022). The recipient has the power to stop the session at any time and can ultimately choose to accept or reject the suggestions. Most importantly, hypnosis creates an environment conducive to introducing the subconscious to ideas that elicit changes in the brain and body (Del Casale et al., 2015; Fernandez et al., 2021). Much remains to be understood about how hypnosis works, but it has been shown to be effective in treating a host of mental, emotional, and physical conditions, such as chronic pain.

The prevalence of chronic pain among individuals is cause for concern, and the consequences of this ailment can significantly hinder one’s quality of life. Pain is considered chronic after about three months of sustained discomfort (National Institutes of Health [NIH],
Chronic pain affects the physical, psychological, social, and emotional well-being of those suffering; they often have difficulty carrying out normal daily activities, depend on others for economic support, and suffer social isolation (Dueñas et al., 2016). According to a study reported by the NIH (2023), “the rate of chronic pain and high-impact chronic pain among adults [in the United States] is approximately 21% and 8%, respectively…. The links between the widespread burden of chronic pain and the country’s opioid epidemic underscore the urgency to understand and address the issue of pain” (para. 3). Despite such alarming rates of chronic pain and the burden it typically places on those suffering, current interventions are thought to be lacking. While necessary, medication presents substantial risks and frequently takes precedence over other modes of treatment. Improvements should continue to be developed and implemented. Hypnotic intervention may be one of these as it has garnered substantial support for pain management (Thompson et al., 2019). Additionally, addressing a long-term condition calls for a method that prioritizes safety, long-term well-being, and holistic health. For these reasons, hypnotherapy presents an intriguing solution.

First, hypnosis leverages the power of the mind-body connection through the subconscious mind. The subconscious is extremely powerful and closely linked to the autonomic nervous system (ANS). This relationship forms an avenue between the mind and body. Researchers have found that this connection is particularly important when considering treatment amid the complex framework of chronic pain (Kruglov & McGuckin, 2023). Through this connection, hypnosis may be particularly effective; it may even surpass several common chronic-pain treatments (Vanhaudenhuyse et al., 2015). Leveraging the subconscious through hypnosis may therefore offer a unique advantage in clinical practice.
Second, hypnosis presents a practical intervention for chronic pain because of its highly accessible and cost-effective nature. Many people can experience the benefits of hypnosis, even without a professional’s assistance (Pascalis et al., 2000). Additionally, sessions can easily be repeated and may be more effective and time efficient than other treatments (Eason & Parris, 2019; Vanhaudenhuyse et al., 2015). However, before the full advantages of hypnosis can be realized, false perceptions and patient-doctor friction may need to be resolved and can be by expanding the public’s understanding of hypnosis (Declercq, 2023; Krouwel et al., 2017). When hypnotic care is appropriate, accessibility, cost-effectiveness, and the dissolving of conflicting medical models will likely aid the delivery of hypnosis, thus making hypnosis an easily implemented treatment.

Third, hypnosis shows great capacity to improve patient well-being in comparison to other treatments. Analgesic drugs and psychotherapies are two of the most employed chronic-pain interventions. Hypnosis may be a valuable replacement to analgesics, or at least a predictor of their success (Kaczmarska et al., 2023; Presciuttini et al., 2018). And in terms of psychotherapy, hypnosis could be a valuable enhancement (Jensen et al., 2020). Using hypnosis in these modes could drastically improve patient outcomes and safety.

In response to the epidemic of chronic pain in the United States alone and the current situation of those suffering, there is a pressing need to improve current treatment strategies and quality of life. To improve efficacy and maximize safety, it may be necessary to reorient the hierarchy of chronic-pain treatment. Although conventional medical models continue to prioritize physical interventions, hypnosis should be considered a high-profile option, especially for individuals with chronic pain, because of its employment of the powerful subconscious, its practicality in clinical practice, and its capacity in comparison to other treatments.
Employment of the Powerful Subconscious

When considering treatment interventions for chronic pain, hypnosis demonstrates an effective method by its capacity to tap into the subconscious mind. The subconscious boasts considerable strength. Frequently unnoticed, one’s subconscious lies beneath awareness, storing information, analyzing memories, shaping beliefs, problem-solving, executing habitual behaviors, regulating emotions, and overseeing automatic bodily functions (Anbar, 2021). It is so powerful, in fact, that people can produce self-fulfilling prophecies because they strongly believe something (Priya & Jain, 2021). Moreover, a plenary address at Berkeley, California, by John F. Kihlstrom (2013), an expert known for his significant contributions to the field of cognitive psychology and for his focused research on hypnotic suggestion, discussed the relationship between the mind and body, particularly how thoughts and beliefs affect one’s physical health. He further presented the idea that hypnosis can demonstrate that a person’s belief or suggestion can directly influence physical conditions (Kihlstrom, 2013). While requiring further investigation, this notion suggests that hypnosis can harness the mind-body connection to influence the physical world—including the physical body.

The close relationship between the subconscious and the ANS forms the basis of the mind-body connection; it is what causes issues arising in the mind to be made manifest in the body and vice versa. The ANS is, in part, responsible for regulating homeostasis in the body and processing pain. This system elicits physiological responses and involves both sensory and emotional components. In a fascinating report, Weaver (2001) expounded that when exposed to a stimulus, the ANS reacts so quickly that the individual is usually not aware of the elicited emotion and physiological reaction until it becomes so intense that it breaks conscious awareness. Weaver continued to relate that though the ANS is subconsciously regulated, there
are still ways to consciously alter physiological processes, access subconscious information, and change the way the subconscious influences individual lives. Hence, leveraging this connection by hypnotic intervention could have strong effects on many aspects of an individual’s well-being—chronic pain included. In fact, Kruglov and McGuckin (2023) asserted that the relationship between pain and the ANS was integral to the dynamic of chronic-pain conditions and that ANS disfunction is thus an essential consideration when it comes to treatment. These findings indicate that if hypnotic suggestion can influence the subconscious and thereby the ANS, it may prove to be a useful method. Fortunately, it seems that hypnotic interventions indeed have power over the ANS through subconscious suggestion. Concerning chronic pain specifically, research examining hypnotic effects on the ANS is ongoing. Fernandez et al. (2021) recently conducted a literature review that revealed consistent effects of hypnotic interventions on the ANS (particularly, a reduction in sympathetic activity and higher parasympathetic tone), but few studies have analyzed the ANS under chronic-pain conditions. So, much remains to be learned about how exactly hypnosis influences the ANS of patients with chronic pain. However, these findings support the idea that hypnosis has power over the crux of the mind-body interaction and makes it a compelling candidate as a chronic-pain treatment.

Another concern with hypnotherapy may be placebic effects. As mentioned before, the capacity of the subconscious to bring about physical effects through belief may imply that simply believing that hypnosis is the cure will make it so. However, hypnosis is more than a placebo. Kihlstrom (2001) acknowledged that all analgesic agents, including hypnosis, can have a placebo component, but hypnotic suggestion ultimately offered more than what plausible placebos did for less-susceptible groups. Though not immune to placebic phenomena, hypnotherapy appears to offer a unique advantage in comparison to controls. Moreover, it seems to surpass several
treatments used in daily clinical work. In an expert tertiary pain center, the efficacy of physiotherapy, psychoeducation, and self-hypnosis/self-care learning were compared in their capacity to improve chronic pain; those assigned to self-hypnosis displayed the most prominent improvements to pain intensity, pain interference, anxiety, depression, and quality of life (Vanhaudenhuyse et al., 2015). Interestingly, hypnosis surpassed both a primarily physical treatment and a primarily mental one. Hypnosis, which straddles the mind and body, seems to offer better results. Thus, contrary to what may be implied, hypnotherapy does not appear to be just a placebo treatment, rather it may be a particularly rewarding clinical alternative.

In essence, because hypnotic interventions have direct access to the mind-body through the subconscious, hypnotherapy may be a convincing treatment option. As explained much remains to be learned about the specific workings of the subconscious and the state of the ANS in chronic-pain conditions. However, leveraging the strength of the mind-body connection, may yield novel results. The chief actors of the mind-body connection are thought to be particularly relevant when considering treatment plans; thus, hypnosis seems to offer benefits for chronic-pain patients beyond some treatments that address the mind or body alone.

Practicality in Clinical Practice

Hypnosis is thought to be a practical treatment for chronic pain because of its accessibility and cost-effectiveness. One of the things that makes hypnosis so accessible is the wide number of people who can experience meaningful hypnosis. As shown in Figure 1, about 70% of people in one study were found to be moderately to highly hypnotizable (Pascalis et al., 2000). Hypnotizability, or hypnotic susceptibility, refers to the capacity of an individual to enter a hypnotized state (APA, n.d.). Hypnotizability is complex and can vary greatly from person to person; however, this trait seems to be subject to a degree of manipulation though factors such as
social interaction, expectation, attitude, and inherent aptitude (Diamond, 1977; Kihlstrom, 2001; Kirsch, 2018). Therefore, hypnosis becomes accessible to a significant portion of the population, offering potential improvement even for those less responsive to its effects.

In terms of cost-effectiveness, hypnosis may also be a noteworthy option. Unfortunately, a disparity exists between current treatments and the affordability and efficacy of chronic-pain care (Centers for Disease Control and Prevention [CDC], 2023). Hypnosis may be a means of changing this, as it has been shown to require fewer sessions than other chronic-pain treatments, such as physiotherapy, and may produce more meaningful improvements (Vanhaudenhuyse et al., 2015). This may make hypnosis a viable option, especially because sessions can be easily recorded and repeated. Moreover, patients who learn to conduct self-hypnosis seem to be more successful using hypnotic methods than other treatments due to its portability, convenience, and efficacy (Eason & Parris, 2019; Vanhaudenhuyse et al., 2015). Such modes of delivery could dramatically cut costs of the patient and clinic. These findings suggest that hypnosis is highly cost effective given the potency of each session, as well as its ease of repetition, portability, and convenience.

In terms of implementation, current perceptions of hypnosis frequently fuel friction between patients and medical professionals. Overcoming this challenge will likely require effort, but explaining the relevance of hypnosis can dissolve misunderstanding and ease widespread application. One source of patient-doctor friction is conflicting medical models. As the Western medical model shifts from a dualistic perspective, which separates the mind and body, to a biopsychosocial perspective, recognizing the intricate interplay of biological, psychological, and external factors, some patients may resist the idea that interventions beyond the physical can lead to improvements in their pain (Declercq, 2023). So, history of typical pain interventions makes
hypnotherapy an atypical option, resulting in confusion or rejection of its consideration. But this does not mean expanding the use of hypnotherapy is impossible. Krouwel et al. (2017) demonstrated that many people have a positive perception of hypnotherapy and that those who would not consider it, would upon further explanation. But it was further noted that acceptance seemed inversely related to the severity of intervention and postulated that a minority will reject hypnosis completely (Krouwel et al., 2017). Consequently, rejecting hypnotherapy will likely be subject to the discretion of the patient and doctor.

However, when the primary obstacle is false perceptions, a comprehensive explanation of the benefits of hypnosis and the reasons for its use, either by a doctor or other authorities, can dissolve friction where its application is suitable. As public perception evolves and research continues to deepen society’s understanding of hypnotherapy, combined with its accessibility and cost-effectiveness, implementing hypnosis as an alternative to conventional methods will likely improve its general acceptance and the practicality of chronic-pain treatments.

**Capacity in Comparison to Other Treatments**

Another reason for the consideration of hypnosis is its capacity to improve patient well-being in comparison to other chronic-pain treatments. Hypnotherapy neatly enhances and, in some cases, is thought to be a superior replacement for other interventions. Two important comparisons include analgesic drugs and psychotherapies. It is common to prescribe medications to curb pain intensity and provide relief. However, these drug options are frequently overused, costly, limited, and highly addictive (Trang et al., 2015). Trying hypnotherapy before medication (or even as a replacement) presents potential improvements to patient well-being and safety. A study conducted by Presciuttini and colleagues (2018), investigating relationships between genetic bases and opioid receptivity, found that those who carried the minor allele 118G were
less responsive to opioids; furthermore, highly hypnotizable people were more likely to carry G than those of lower hypnotizability. These findings suggest that for those not taking opioids and hoping to avoid their risks, genetic screening can be done to predict their efficacy. Hypnotizability may indicate a similar prediction, thus it may be wise to try hypnosis before attempting opioids, as it presents a much lower risk to the patient and may even correlate with opioid effectiveness.

Emerging research conducted by Kaczmarska et al. (2023) further suggested that the absence of analgesic drugs during hypnosis improved the productivity of patient outcomes. Their results indicated that the use of analgesics may dampen hypnotizability and consequently the benefits of hypnosis. Further, the absence of analgesics during hypnotherapy was associated with more improvements in pain intensity compared to those taking pain medication concurrently with hypnotherapy. Additionally, those without medication maintained their improvements past the first session (Kaczmarska et al., 2023). Such findings indicate that using either hypnosis or medication as treatment may productively improve patient outcomes—but probably not both. Again, because of its highly accessible and inexpensive nature, using hypnosis rather than medication may be preferrable, especially because it presents little or no risk. And, for those already taking opioids and not finding success, hypnosis may prove an especially helpful replacement.

In terms of the preservation of resources, hypnosis has the potential to reduce pain medication consumption by 21%-86% during minimally invasive procedures without adding costs in time or side effects (Noergaard et al., 2019). These findings further indicate that, rather than using analgesic drugs first, it may be more beneficial to begin with hypnotherapy for the sake of sustainability. Thus, using hypnosis as a precursor to pain medication could potentially
improve patient safety and significantly reduce drug consumption. Further, if the individual does indeed require medication, the effectiveness of treatment may present itself through hypnosis.

Hypnosis may also significantly enhance psychotherapies. In a seminal study by Kirsch et al. (1995), it was strongly suggested that hypnosis proved to be a useful adjunct to cognitive behavioral therapy (CBT). The study compared outcomes of CBT alone to CBT with hypnotherapy. Results showed that hypnotic treatment increased the effectiveness of CBT by 70% compared to those who received no hypnotic treatment (Kirsch et al., 1995). This stunning statistic supports the idea that hypnosis has the capacity to enhance CBT treatments. Regarding chronic pain specifically, so far research shows promising results. For example, hypnotic cognitive therapy (CBT combined with hypnotherapy) seems to trump other psychotherapies when treating chronic pain. This was found by Jensen and colleagues (2020), who tested four kinds of cognitive therapies and found similar improvements across the board, with results lasting at least 12 months, but hypnotic cognitive therapy showed the biggest improvement in pain intensity overall. This aligns with what Adachi and associates (2014) found through a meta-analysis that suggested the possibility that hypnosis trumps the effectiveness of psychological therapies (even CBT) for a variety of chronic-pain conditions. These findings suggest that not only is hypnosis a good adjunct in more general cases but the same seems to apply to chronic pain, as well. This conclusion is still being investigated and may not apply to all types of chronic pain. For example, Adachi et al. (2014) clarified that hypnotic treatment could be less beneficial for individuals with chronic headache pain. But, for cases in which hypnosis is effective, evidence suggests that it may provide more relief to patients in combination with psychotherapies.
Conclusion

Despite popular perception, hypnosis is more than a hokey performance act. Rather, it may be a fundamental treatment option for individuals with chronic pain and it can substantially improve currently lacking interventions. Chronic pain is afflicting individuals in epidemic proportions, which emphasizes the importance of holistic health in treatment approaches that address the practicality and sustainability of pain management (CDC, 2023; NIH, 2023).

Although current practices prioritize methods addressing the mind or body separately, hypnosis may provide an effective option for those afflicted with chronic pain because of its attention to the whole mind-body, its practical implementation, and its potential in conjunction with other treatments.

As discussed, hypnosis addresses the mind-body through its suggestions to the subconscious mind. These suggestions, if accepted, can have physical effects (Kihlstrom, 2013). The connection between the ANS and the subconscious are particularly relevant to the treatment of chronic pain and lends itself to addressing the holistic health of the patient (Kruglov & McGuckin, 2023). It is important to continue research on the direct effects hypnosis has on the ANS of individuals with chronic pain specifically, because knowledge in this area is limited. But enough is known to suggest that addressing the mind-body through hypnotic intervention may be better than treating each part separately (Vanhaudenhuyse et al., 2015). These findings provide ample evidence advocating the use of hypnosis and other mind-body interventions.

Hypnosis is highly practical because it is both highly accessible and cost effective. Hypnosis is particularly accessible because hypnotizability is strong in most people, and this trait can potentially be improved (Kihlstrom, 2001; Pascalis et al., 2000). Employing self-hypnosis can even open another dimension of portability and convenience. This treatment is also cost-
effective, as it seems to surpass other treatments in efficiency and efficacy (Vanhaudenhuyse et al., 2015). Appropriate implementation will require demystifying hypnosis and embracing a medical model that appreciates the strong interconnectedness of the mind and body. Consequently, the accessibility and cost-effectiveness of hypnosis make it a practical solution, and this, in combination with better understanding generally, will likely ease its implementation.

Lastly, hypnosis shows promise in conjunction with other treatments, particularly in comparison to pain medication and psychotherapy. Hypnosis can improve patient outcomes and safety if implemented as a precursor to trying addictive pain medications; doing so could even reduce drug consumption (Kaczmarska et al., 2023; Noergaard et al., 2019). Additionally, using hypnosis as an adjunct to psychotherapies for chronic pain can significantly improve pain intensity and long-term management (Jensen et al., 2020). But hypnosis should still be considered on a case-by-case basis and may not apply to all types of chronic pain.

As evidenced, hypnosis could greatly improve the lives of many wrestling with chronic pain and address the many detriments to which this condition contributes. If hypnosis were to supersede pain medications, many severe addictions and expenditure of resources could be avoided, relieving costs in time and money, which may ultimately result in greater sustainability for this long-term condition (Kaczmarska et al., 2023; Noergaard et al., 2019). The research outlined additionally portrays the value in other mind-body interventions, which hold much in common with hypnosis. Further, these do more than address chronic pain alone; could also be expanded to treat a variety of mental and physical ailments.

In sum, research offers substantial support for the applicability of hypnosis in cases of chronic pain. And as research continues to fill the gaps in current knowledge and replicate past findings, the benefits and caveats of hypnosis will be clarified to further improve chronic-pain
treatment methods. Hypnotic treatment should ultimately be considered on a case-by-case basis, but adding it to the list of primary interventions for chronic pain could significantly enhance patient outcomes.
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Appendix

Figure 1

Hypnotizability Levels as Measured by the Standford Hypnotic Susceptibility Scale

Note. This pie chart shows the percentage of participants at various levels of hypnotizability in a sample of 356 individuals who were administered the Stanford Hypnotic Susceptibility Scale. As depicted, 27.5% of people displayed low hypnotizability, 26.7% displayed medium hypnotizability, and 45.8% displayed high hypnotizability. Adapted from “Italian Norms for the Stanford Hypnotic Susceptibility Scale, Form C1” (Pascalis et al., 2000).