Hypnosis for pain and palliative care

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What is a hypnotic state?

• A feeling of ease or relaxation (a letting go of tensions or becoming at ease)

• An absorbed and sustained focus of attention on one or a few targets

• An absence of judging, monitoring and censoring

• A suspension of usual orientation towards time, location, and sense of self

• The experience of one’s own response as automatic (without deliberation or effort)


A bit of physiology

Dorsal root ganglion
1st neuron

Fibres A α and β

Fibres A δ and C

Gelatinous substance of Rolando

Posterior sensitive root

Anterior motor root

Grey Matter

White Matter
Cerebral activity during pain

Rainville et al., Médecine Science 16 (2000)
Hypnosis and modulation of pain

Different mechanisms could take place:

- Cortico-cortical interaction between the dorsal and ventral part of the cingular anterior cortex and the prefrontal cortex

- Cortical influences on the thalamic projections to the cingular anterior cortex and the somesthesic area $S_1$

- Intervention of the inhibitory descending controls: the periaqueductal grey, the autonomic system, and the RIII reflex

- These mechanisms could also take place during other interventions such as distraction or placebo.
Cortical integration of pain

Laurent B. Peyron R. La lettre de l’Institut UPSA de la Douleur 2002; 17

• Pain, like any sensorial stimuli is submitted to the influences of attention, anticipation, mental imagery, previous conditionning…

• The fronto-cingular areas, activated by analgesics like morphine, or by cortical stimulation, are the same as those solicited by complementary therapies like hypnosis

• We therefore see how the dichotomy between the anatomobiological approaches and the psychological approaches to pain are reduced
Importance of first procedure (LP, BMA)

Placebo first time followed by fentanyl on all subsequent procedures

Fentanyl for all procedures

Two types of memories

**Implicit memory**
- Unconscious
- A « lost » souvenir can be « recalled » by a similar experience, modulating new sensations and emotions
- Active at all ages, but is the only memory in small children,

**Explicit memory**
- Conscious
- The child can speak about his past pain (location, intensity, length or duration)
- Active after the age of 3 or 4

Both explicit and implicit memories play a role:

- anticipating the next experience
- long term consequences of memorized pain
Descending analgesia – When the spine echoes what the brain expects

P Goffaux, WJ Redmond, P Rainville, S Marchand
Pain 2007, 130 : 137-143

- Expectations regarding pain radically change the strength of spinal nociceptive responses in humans.
- Expectations of hyperalgesia completely block the analgesic effects of the descending inhibition on spinal nociceptive reflexes.
- The effects of expectations depend as much about what takes place in the spine as what takes place in the brain.
- Complete suppression of the analgesic response normally produced by descending inhibition suggests that anti-analgesic expectations can block the efficacy of pharmacologically valid treatments.
Memory of a procedure

• Erickson :
  – 1/3… 1/3 (the procedure)…. 1/3

• Bad memories lead to
  – Anxiety
  – Phobia
  – Hyperalgesia due to negative expectations
  – Higher need for analgesics

• Access to memory : depends on the emotional context
Hypnosis in children

• A lot of papers:
  – Olness K et al. Pediatrics 1987; 4 : 593-597
  – Anbar R Pediatrics 2000; 106 : 339-340 asthma
  – Vlieger AM et al. Gastroenterology 2007; 133 (5): 1430-6 RAP IBS
  – Rutten JM et al. Arch Dis Child 2013; 98 (4) : 252-7 RAP IBS
  – Gottsegen D. Am J Clin Hypn 2011; 54 (1); 56-69 RAP IBS
  – Kuttner L. Paediatr Anaesth 2012; 22 (6): 573-7 pre, peri, post anesth
Hypnosis and acute pain

• The patient is already focused: on his pain, his anxiety, the words that are said… he is already in a hypnotic transe

• He puts an « amplifier » on the area of his pain

• Be aware of his expectations (Goffaux et al. Pain 2007, 130 : 137-143)

• Avoid an emotionnally negative memory +++

• Hypnosis allows the child to focus on something else, and to less « listen » to his pain
Hypnosis: a fabulous tool to help the child in pain

- Our words (conversational hypnosis)

- Distraction

- Guided imagery with MEOPA (Equimolar Mixture of Nitrous Oxide and Oxygen)

- Hypno-analgesia

Knowing that when you are afraid or in pain, you already are in hypnosis, focalized on an area of your body
Useful tips

• During a procedure, the child is already in a hypnotic transe
  - use this « natural » dissociation
  - use what he brings or says (a toy, a teddy bear…)

• Make him participate actively +++ : the technique is more efficient
  – Use touch (Aα et Aβ), the imagination of a touch, a movement
  - Use interaction (play with fingers…crush feet… blow bubbles….)

• Do whatever you can so that he remains concentrated on something else

• Do not give him the choice, do not abandon the child even if he cries or yells…. 

Reduce anxiety and make the procedure a pleasant one
Words to use
The brain does not hear negative words

« do not be afraid … »
« do not worry … »
« it will not hurt … »
« I am doing the prick and I will warn you.. »


• Please trust me..

• What you are going through is not easy…

• We are doing what we have to do but I want you to stay concentrated in the world of……
How to speak to a child?

- Adapt to the age of the child:
  - 0 to 2 years: soother, a song, cuddles...
  - 2 to 4 years: speak to a child through his toy or teddy bear, tell a story, blow bubbles..
  - 4 to 6 years: tell a story, blow bubbles, do « as if »...
  - 6 to 11 years: speak of a favorite place (room), tell a story, look at the clouds or the mountains....
  - 11 to 18 years: favorite place or hobbie, sport....
Distraction and attention

• Most frequent method used by parents
• Must be adapted to the cognitive level of the child, his fatigue…
• Using the different sensorial modalities (VAKOG)

• Parent attention versus distraction : impact on symptom complaints by children with and without chronic functional abdominal pain.
  – Pain complaints were doubled if parents showed attention
  – Reduced by half in case of distraction
  – The parents of the sick children thought that distraction had a negative effect on their child

• Virtual reality : snow world (HITlab) C.Kleiber, R. Berberich…..
• Buzzy
Virtual Reality

VIRTUAL-REALITY THERAPY

Patients can get relief from pain or overcome their phobias by immersing themselves in computer-generated worlds. BY HUNTER G. HOFFMAN
Virtual Reality
The Buzzy
The Buzzy
Hypnosis and MEOPA (1)

Largely used at Robert Debré Hospital:

- dental procedures
- lumbar punctures
- bone marrow aspirations
- renal biopsies
- dressings
- dislocations, fractures
- early physiotherapy
- vaso-occlusive crisis in sickle cell patients
- venepunctures
- anxious or phobic children
Hypnosis and MEOPA (2)

- MEOPA ensures: surface analgesia, conscious sedation, anxiolysis, anti-NMDA effect

  - Anxiolysis and sedation helps the child to focus more easily on something else during the procedure

  - While inhaling, the patient keeps a verbal contact and interacts with the person who is accompanying him
Hypnosis and MEOPA (3)

• Avantages :
  – Helps focus better on something else
  – Active participation
  – Playful method
  – Seems as if in a dream
  – Little or no fear for the next procedure
  – Children find this technique superior to MEOPA alone
Indications of hypnosis: chronic and acute pain

- Hypnosis is complementary to analgesics.
- It helps reduce pain and anxiety and develops the patient’s resources.
  - Headaches, migraines
  - Abdominal pains
  - Muscular pains
  - Post surgical pains
  - Post traumatic disorders and pains
  - Chronic pathologies (Crohn, Sickle Cell, leukemia…)
  - Amputations
  - Skin problems
  - Asthma
  - Etc.…

- All hypnosis is self hypnosis

All procedures:

- LP, BMA
- Dressings
- Venepunctures
- Taking out drains
- Anxious or phobic children
- Hypno-sedation for surgery
- Etc.…

And all acute painful crisis
Hypno-analgesia: the patient

- Adapt to the cognitive age of the child and to his sensorial preferences (VAKOG....)

- Explain what is hypnosis:
  - it is being relaxed or focused...you do it every day... when you look at the mountains... or the boats on the lake... or when you play with your play-station....

- Explain that we (the hypnotherapist) can make mistakes when we accompany a patient (adopt a low position)
Hypno-analgesia:

- Choose **one** goal at a time

- The patient must learn and train +++

- Personalise the method for each patient (his preferences, his world..)

- Make CDs for chronic or fatigued patients or children in palliative care
Hypno-analgesia

- 3 classical techniques are used:
  - **Suggestion on analgesia or the sensorial substitution**
    - The magic glove….
  - **Suggestions of dissociation**
    - Being elsewhere, in a nice place…
  - **Suggestions on the reinterpretation of the painful sensation:**
    - Making it less unpleasant (a big spider, a tarentula, and a migraine)
    - Taking a psychotherapeutic approach on the interpretation
Hypnosis for palliative care

- Useful for procedures
- Teaches the child how to lower his pain, and anxiety
- Helps build up energy
- Can be taught to parents of children with LLC
- Gives the child and family resources
Basile

- Cystic fibrosis, 15 years old
- Waiting for a lung graft
- Is expecting to die
- Physiotherapy painful (two broken ribs) and he becomes very cyanotic
- The physiotherapist is scared that Basile could die during physiotherapy
Basile

• First session:
  – A safe place
  – Relaxing
  – Little backpacks of energy
  – Use the energy on the bronchial cilia, the muscles, to bring out his sputum and cough strongly…
  – Physiotherapy performed without cyanosis, and efficiently
Basile

• Lung and liver transplantation in 2000
  – Hypnosis used to accept his new lungs (and his story helped so often with their children....)
  – Helps to lower the dose of analgesics

• He is now a computer specialist
  – Has trained in meditation
  – Uses mind techniques every day...
  – Says he can control his medication for his lung graft
Alexis
Alexis
Alexis

- Cerebral palsy with a neurological degenerative disease
- Spastic with very severe deformities
- Loss of weight: 42kg to 27kg
- Palliative surgery
- Very severe neuropathic pain and nociceptive pain
- Very anxious young boy…
Hypnosis

- Taught to Alexis
- But most of all taught to Mum
  - Loves fishing and has had several prizes
  - Mum takes him fishing and maes him choose the fish he is going to catch...
  - Changing from wheel chair to bed with less pain
  - Needs less analgesics
  - Has less anxiety
  - Is much happier..... Turned 18 in november 2013!
Prescription

- What is important comes first
- Prescription of hypnosis and self-hypnosis
- Explain the treatments
- Use verbal and non-verbal suggestions to intensify the action of the therapy
Conclusion

Hypnosis:

• Helps the patient to face pain and other health problems
• Helps him to keep control and discover and use his own resources
• Is complementary of all acute or chronic pain treatments
• Is always helpful in a palliative care setting
• Establishes a collaboration between the patient, his family, the nursing and medical team
• Helps us avoid a certain « burn-out »
CD on Hypnotic techniques for parents:
Sanofi-Aventis-Theraplix
Pour soulager une douleur aiguë, chronique ou gérer un traumatisme psychologique, Maimouna, Jordan, Coline, Amandou, ont bénéficié de séances d'hypnose. Ce sont des temps forts qui ont transformé leurs vécus. Mais comment fonctionne l'hypnose ? Est-ce un état naturel ? Quelle est son action sur le système nerveux ? Quel est son champ d'application ?

L'action antalgie de l'hypnose est maintenant reconnue. Il s'agit d'un outil de régulation du système de modulation endogène de la douleur.

Ce film a été conçu et réalisé avec le Dr Chantal Wood et Antoine Bioly, en collaboration avec l'équipe de l'Unité d'Évaluation et de Traitement de la Douleur de l'Hôpital Robert Debré.

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Un film de 38 minutes
Réalisation : Michèle et Bernard DAL MOLIN

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