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# ERICKSONIAN APPROACHES TO PAIN CONTROL

The richness inherent in Ericksonian approaches to hypnosis combined with a thorough knowledge of the field of pain control will prepare most clinicians to be highly effective in reducing pain and suffering. The key highlight of the Ericksonian approach is that it is cooperative and individualized to the patient. Hypnosis is seen as an interactive approach between the therapist and patient, and certainly not something that is "done" to the patient. In terms of individualization, the therapist is often following the patient and capitalizing on the strengths that he or she may have. In this view, resistance is seen as a problem of the therapist rather than the patient. Specific to pain control, the Ericksonian approach emphasizes what every good clinician knows: that how a patient responds to pain has to do not only with the present but also with the patient's historical responses to pain, as well as anticipatory responses likely to occur in the future. Ericksonian concepts may seem frustratingly complex to the clinician who wants to intervene quickly with a patient in pain. However, the process of truly listening to patients and reflecting back to them what they need is also often simple. One way of looking at this approach is that the patient is giving the clinician the answer to the test before the clinician even takes it.

One chapter cannot do justice to the breadth of hypnotic suggestions for pain relief, be they from Erickson or from any other source. A central theme of this book is that drastically different interventional approaches are warranted by different types of pain. Whereas acute clinical pain can respond well to simple direct hypnotic interventions without many potential complications, chronic pain typically requires far more intricate assessment and intervention; the thoughtless application of hypnosis to chronic pain may exacerbate the problem more than help it. Whereas some types of chronic pain are held in place by the environment, lifestyle, and personality factors, other types of chronic pain may be more a matter of some type of disease process or ongoing nociception feeding into the patient's suffering.

Much of this book has to do with understanding how pain and related psychological factors cause the patient to suffer. Some chapters discuss how to address pain and suffering that primarily requires a change in lifestyle. Most clinicians working in pain control are anxious to have a series of suggestions that have a direct impact on reducing the pain itself, and providing this information is a primary purpose of this section. However, it is critical that clinicians understand that adequately treating pain usually goes far beyond suggestions for pain control. Again, understanding a biopsychosocial approach to pain control and how hypnosis fits into it is far beyond the scope of this chapter and is discussed in greater detail later in the book.

The most comprehensive and creative list of hypnotic suggestions for pain control in the literature has arguably evolved from Erickson's writing, and these are the focus of this chapter. In discussing such approaches, it is useful to understand how Erickson himself viewed hypnotic approaches to pain. It is interesting to note that, as powerful an impact that Erickson had on the field, his expectations for the effect that hypnosis might have on pain were usually quite modest. Erickson viewed eliminating all pain though hypnosis as an untenable, unrealistic goal in most circumstances. At one point, he gave the example that an increase in scholastic test scores from 70% to 85% might be a joyous accomplishment but that clinicians do not seem to be satisfied with a 15% reduction in pain in their patients.

Erickson frequently wrote about a fractionalization approach to pain reduction in which pain was gradually reduced (e.g., Erickson, 1983). Much of Erickson's work in hypnotic pain reduction reflected the time-honored behavioral concept of *successive approximations*. Seldom did he try to remove all pain at once. Instead, he saw pain control as being on a continuum, and he tried to move the patient to the range of more comfort. Perhaps one of the classic examples of this is a patient who had excruciating abdominal pain from malignant cancer. Erickson was able to treat this by suggesting to the patient that he would experience an irritating mosquito bite where the pain was located. So rather than eliminating all sensation, or even all unpleasant

sensation, he was able to substitute a more acceptable sensation for one that the patient could not tolerate. Erickson also cited this example with a patient who has severe breast cancer pain who was provided with the suggestion for an annoying, minor itching-burning sensation in the sole of her foot (Erickson & Rossi, 1979).

## TYPES OF SUGGESTIONS FOR PAIN CONTROL

What follows is a series of hypnotic procedures for reducing pain that were described by Erickson. His original description of these techniques can be found in his book *Innovative Hypnotherapy* (Erickson, 1980b) as well as his chapter in Rossi's edited volume of Erickson's collected papers (Erickson, 1948/1980a, Volume 4, Chapter 24).

### Direct Abolition of Pain

As described previously, Erickson generally discouraged direct abolition of pain as a type of hypnotic approach. Sweeping suggestions for the elimination of pain go against the successive approximations of pain reduction, which is a far more realistic way to approach this clinical issue. Also, he felt that direct suggestions for pain control could interfere with the self-generated solutions that arise out of indirect suggestions.

Suggestions for complete removal of pain is an approach that clinicians should avoid, except in rare circumstances. The expectations that clinicians put on themselves and communicate to their patients have a great deal to do with their clinical effectiveness (Kirsch & Lynn, 1995; Turner & Chapman, 1982); certainly, going into a patient relationship with an expectation that one can reduce pain will potentially increase clinical effects. However, communicating to the patient that all pain will be removed raises hopes and expectations beyond what is reasonable and will be of little benefit to the therapeutic relationship. Clinicians should communicate realistic expectations to the patient; any clinician who asserts that hypnosis will remove all pain—in even a small number of patients—is likely being disingenuous. Even Erickson seldom reached this benchmark in his work.

Erickson stated that direct suggestions for pain abolition could be useful in some rare circumstances; an example of this is with major surgery. Hilgard and Hilgard (1975) reported more than 20 different types of major surgery that have been done with hypnosis as the sole anesthetic. The majority of these cases likely used direct suggestions for the elimination of all pain. It is also likely that the majority of these patients were highly hypnotizable.

A clinical scenario in which direct suggestions for pain relief, not necessarily total pain elimination, come into play is the intensive care unit (ICU). In the ICU typically there is a narrow window of time to work with patients before confusion or drug effects dominate their conscious presentation. With a reduced sensorium, patients are often incapable of grasping the subtleties of indirect suggestions; they are quite literal in their thinking. Thus, short inductions with direct suggestions are often preferable. In the ICU scenario, the suggestions actually can be targeted to pain elimination, but it is important that the patient is left with some sensation to replace pain. Stating to patients who fear for their survival that they will "feel nothing" or "feel no pain" might elicit death anxiety, so stating that they will "feel nothing but comfort" is preferable. As such, in the ICU situation, it is far preferable to make suggestions along the lines of "you will feeling nothing but comfort and complete relaxation."

**Permissive Indirect Hypnotic Abolition of Pain**

Erickson was more comfortable making suggestions for complete abolition of pain when they were done in a permissive rather than direct fashion. His writings did not describe exactly how he would recommend doing this for pain, but, of course, he wrote volumes on permissive, indirect approaches. This would often involve the use of questions, which Erickson believed would stimulate patients' searching into their unconscious resources. An example of this might be, "And you don't know exactly how the pain will be suddenly eliminated, do you?" Beyond this example, it is difficult to describe permissive, indirect suggestions, because they are much more a matter of the entire interaction with the patient rather than a matter of a few statements. As described earlier, when the cooperative approach is used, the entire process is designed to elicit problem solving from the patient. This involves not only the use of questions but also utilization and other techniques to draw upon the patient's resources.

**Amnesia**

An increasingly popular drug that is used during brief threatening medical procedures is midazolam (Versed), which has no impact on pain itself but can be administered before a medical procedure as an amnestic. Patients are conversant and cooperative while the medical team is at work, but they come out of the procedure with no recall and no pain, providing that no tissue damage has occurred. If a patient goes through a surgery on Versed alone, he or she will wake up in pain from the residual trauma to the body. At its best, hypnotic suggestion can work in a similar manner. Erickson pointed out that

more threatening or emotionally salient events can cause patients to forget their pain. Certainly, this can pertain to a soldier in a combat situation, which has gained recognition as a concept through Beecher's (1959; see also Melzack & Wall, 1965, 1973) work. As mentioned in an earlier chapter, Hoffman and colleagues have reported that patients sufficiently captivated by an immersive virtual reality environment seem to forget about their pain (Hoffman, Doctor, Patterson, Carrougher, & Furness, 2000; Hoffman, Patterson, & Carrougher, 2000; Hoffman, Patterson, Carrougher, & Sharar, 2001).

Erickson advised that such amnesias can be partial, selective, or complete. There is a wide range of wording that can be used to accomplish amnesic suggestions, such as, "And wouldn't it be interesting if you found yourself so absorbed in your comfort that you seemed to forget about everything else?" Or, "I am wondering how it would feel if several hours passed and all you seemed to remember is how pleasant you seemed to feel during that period?"

**Analgesia**

Analgesia has to do with reducing pain, and it captures most drugs used to treat pain, such as aspirin, nonsteroidals, and opioid analgesics. Like this class of drugs, hypnotic analgesic suggestions reduce pain rather than eliminate it. Like amnesia, suggestions can be partial, complete, or selective. Analgesic suggestions are often accomplished by introducing sensory modifications to the patient: "Perhaps you will be pleased to notice feelings of growing warmth and heaviness in your back." Or, "You may find that the only thing you are able to notice is a deep, profound relaxation, and everything else seems to go away."

**Anesthesia**

Anesthesia is the elimination of pain. Erickson was seldom in favor of using such suggestions, just as he did not usually recommend the total abolition of pain. Common anesthetics such as lidocaine work by numbing an area, with the hope of eliminating any sensation of pain.

Glove anesthesia is a common hypnotic suggestion and can be used in this context. The patient might be told,

> And as I continue talking with you, notice if you begin to feel a sensation in your right hand here where I am lightly touching it. It is as if your skin is becoming covered with an electrician's thick leather glove, an increasing feeling of numbness. You might remember the sensation of your hand falling asleep and that is what seems to be happening now.

Once a glove anesthesia is accomplished, this sensation can be moved to different parts of the body. The line between anesthesia and analgesia can become difficult to distinguish at this point, but ultimately, the distinction is not important.

### Hypnotic Replacement and Displacement of Pain

As discussed earlier, Erickson was fond of replacing or changing a sensation rather than trying to eliminate pain altogether, so this category of suggestions is one that typified his work. Erickson offered a nice example of how he provided suggestions for replacement or substitution of pain to a patient with cancer:

> For example, one cancer patient suffering intolerable, intractable cancer pain responded most remarkably to the suggestion of an intolerable, incredibly annoying itch on the sole of her foot. Her body weakness occasioned by the carinomatosis and hence inability to scratch the itch rendered this psychogenic pruritus all absorbing of her attention. Then hypnotically, there were systematically induced feelings of warmth, of coolness, of heaviness and of numbness for various parts of her body where she suffered pain. And the final measure was the suggestion of an endurable but highly unpleasant and annoying minor burning-itching sensation at the site of her mastectomy. This procedure of replacement substitution sufficed for the last six months of the patient's life. The itch of the sole of her foot gradually disappeared, but the annoying burning-itching at the site of her mastectomy persisted. (Erickson & Rossi, 1979, p. 134)

### Hypnotic Displacement of Pain

Erickson liked to use the displacement technique to transfer pain from an area of the body that was perceived as threatening by the patient to one that was less so. One example he gives is of treating a man with intractable abdominal pain from cancer. Given that the patient perceived that the pain in the abdomen could destroy him, experiencing pain in his left hand was far more acceptable to him. For the 3 remaining months of his life, the patient experienced pain in his hand rather than his abdomen, and Erickson (1980b) reported that this promoted his functioning and relationship with his family.

It is well understood in the cognitive–behavioral literature that changing the nature or location of pain facilitates the patient's perception of control of pain overall. Any time a patient is able to change qualities of the pain experience, this will likely lead to improved pain control because to change pain sensations is to exert at least some control over them. Thus, when patients are successful in changing their pain through hypnotic suggestions,

it has the benefit of enhancing the patients' sense of control; such control, in turn, can lead to the ability to create other sensory modifications.

### Hypnotic Time and Body Disorientation

Patients who have experienced chronic pain for extended periods of times may have difficulty remembering periods when they were pain free; this is also the case in people with long-term depression. Patients experiencing very severe, untreatable pain lose all perception of what it is like to be pain free. In such cases, Erickson recommended orienting patients to periods in their life when they were either pain free or when the pain was certainly less of an issue. Patients do have such memories and resources within them, and accessing them can be a powerful form of pain control. Having patients return to such an earlier time to access such resources and then having them bring them to the present can be a very powerful technique. Similarly, patients can also be trained to imagine a future in which their pain is absent or more manageable. A later chapter presents a technique in which resources from the past are tied to images of comfortable functioning in the future.

Body disorientation was another type of suggestion discussed by Erickson, and it is likely that such suggestions will often be limited to highly talented hypnotic patients or to those who are in so much pain that dissociative tendencies begin to come easily as a way to escape.[1]

> Thus one woman with the onset of unendurable pain, in response to posthypnotic suggestions, would develop a trance state and experience herself as being in another room while her suffering body remained in her sickbed. This patient explained to the author when he made a bedside call, "Just before you arrived, I developed another horrible attack of pain. So I went into a trance, got into my wheelchair, came out into the living room to watch a television program, and left my suffering body in the bedroom." And she pleasantly and happily told about the fantasized television program she was watching. Another such patient remarked to her surgeon, "You know very well, Doctor, that I always faint when you start changing my dressings because I can't endure the pain, so if you don't mind, I will go into a hypnotic trance and take my head and feet and go into the solarium and leave my body here for you to work on." The patient further explained, "I took a position in the solarium where I could see him (the surgeon) bending over my body, but I could not see what he was doing. Then I looked out the window, and when I looked back he was gone, so I took my head and feet and went back and joined my body

[1]Excerpt reprinted from *The Collected Papers of Milton Erickson on Hypnosis: Vol. IV. Innovative Hypnotherapy* (pp. 242–243), by M. H. Erickson (E. L. Rossi, Ed.), 1980, New York, NY: Irvington. Copyright 1980 by the Erickson Foundation. Reprinted with permission.

> and felt very comfortable." This particular patient had been trained in hypnosis by the author many years previously, had subsequently learned autohypnosis, and thereafter induced her own autohypnotic trance by the phrase, "You know very well, Doctor." This was a phrase that she could employ verbally or mentally at any time and immediately go into a trance for the psychological–emotional experience of being elsewhere, away from her painful body, there to enjoy herself and remain until it was safe to return to her body. In this trance state, which she protected very well from the awareness of others, she would visit with her relatives, but experience them as with her in this new setting while not betraying that personal orientation. (Erickson, 1980b, pp. 242–243)

### Hypnotic Reinterpretation of a Pain Experience

Reinterpretation of a pain experience has become a hallmark of cognitive–behavioral treatment of pain. In fact, in sociocognitive conceptualizations of hypnotic pain control, there seems to be little difference between altering such cognitions and hypnosis (T. X. Barber, Spanos, & Chaves, 1974; Chaves, 1989; Chaves & Barber, 1976; Spanos & Chaves, 1989a, 1989b, 1989c). Inducing hypnosis is not even regarded as necessary for such suggestions to be useful (Chaves, 1993). In the cognitive–behavior literature, catastrophizing has become a central concept in pain control. *Catastrophizing* refers to excessively negative thoughts about the meaning of pain. If a patient experiences a pain sensation and is convinced that it will lead to his or her death, or can never be changed, those thoughts will have a great deal to do with how he or she is able to cope with that pain. Modifying such cognitions can reduce pain, and such modifications can certainly be done in the context of a hypnotic induction.

Burn pain, one of the most intense and difficult-to-treat forms of nociception, provides a good example of how reinterpretation of sensations becomes particularly salient with burn injuries. It is well known that full-thickness burns are not necessarily painful because the depth of the tissue damage is severe enough to destroy the function of nerve endings. As full or partial thickness (i.e., second-degree) begin to heal, it is common for skin buds to appear on the epidermis. Such buds are extremely sensitive to touch and pain. This leads to some important reinterpretive messages to patients, both in and out of hypnosis. Patients can be told that the presence of skin buds is a sign of healing and the return of viable, nonscarring skin. It might very well suggest that the patient will heal without the need for a skin graft. This is excellent news for the patient, and while it may not make the pain go away, it certainly casts a more positive light on it.

This leads to a concept that is critical in the chronic pain literature: the difference between *hurt* and *harm*. If patients experience pain and believe that

it is harming them, their reaction will often be to guard themselves and restrict movements. Decreased movement typically leads to biomechanical problems and disuse syndromes that will only worsen chronic pain, but ultimately may be the only factors that keep it in place. If patients can be convinced that the pain they are experiencing, while hurting them, is not causing harm, this has profound implications for their participation in rehabilitation. Certainly, this is where a thorough medical workup is essential, because pain is often indeed a warning signal, and suggesting movement when protection is necessary can worsen the problem.

One of the better examples of reinterpretation of pain sensations came from a nurse working with patients with amputation pain. She explained to them that phantom limb pain or sensations can be overwhelming at first. However, she likened these experiences to going camping along a noisy creek. Initially, all one hears is the sound of the water, but eventually the sounds tend to move into the background of perception. Inherent in this suggestion is that phantom sensation is part of the hurting that goes with amputation and is no longer serving any type of warning or functional purpose.

### Hypnotic Time Distortion

Erickson cited Cooper (Cooper & Erickson, 1959) as being one of the first to report time distortion techniques for pain control and discussed one compelling case as an example. A patient presented with "intractable attacks of lacerating pain" that occurred day and night for periods of 5 to 10 minutes, every 20 to 30 minutes. Between each episode, the patient lived in dread of the next attack. The patient was taught amnesia for the periods of the attacks. He was then taught to experience all of the pain in a 10- to 20-second trance state and then to forget that this might have happened. Thus the patient would be talking to his family, would go into a trance state, would scream in pain, and then would resume his conversation as if nothing had happened. It is interesting to note that, as discussed earlier, there was no attempt to eliminate all of this patient's pain.

Time distortion can be an effective suggestion for chronic pain, particularly when combined with confusion and amnesia. A patient may be told,

> Some time in the future—it might be a few hours from now, or perhaps a few days—you will look back and be surprised at the amount of time that you have been in a comfortable state, maybe initially that will be only for a few minutes, or maybe it will actually be a few hours. You might also find that the times during which you are in pain simply seem to shrink rapidly. What once seemed to be an hour will seem like 10 minutes or even 10 seconds. We have all had the experience of being so wrapped up in a wonderful activity that time seems to fly by,

and that is how it will seem, only the periods in which you are comfortable will just seem to slow down. Ultimately, you will look back and be amazed that you have difficulty remembering the last time you actually experienced pain.

### Hypnotic Suggestions Affecting a Diminution of Pain

For patients who are not fully responsive, Erickson recommended suggestions for diminution of pain—specifically, that the pain would diminish imperceptibly, hour after hour, without the patient's awareness. He argued that suggesting that the pain diminished imperceptibly made it harder for the patient to refuse what occurred in hypnosis. He stated that the diminution of the pain (or parts of the pain) would not be noticeable, that a 1% reduction would not be noticeable, nor would a 2%, 3%, 4%, or even 5% reduction. Over sessions, the amount of pain reduction is increased, but in gradual increments that are designed to be imperceptible to the patient.

Patients often respond well to the concept of a "dial" or "rheostat" that they can use to turn down their pain in an imaginative sense. They can be given the suggestion that there is a dial on their abdomen, back, or other part of their body, and that by turning down the dial they are able to reduce their pain, much like they are able to with a dimming light switch.

### Metaphors/Interspersal Technique

Erickson's use of metaphors to deliver suggestions, an approach that he often called the *interspersal technique*, was discussed in the previous chapter. In brief, suggestions for pain control are embedded in the context of a story or narrative. Erickson's most famous pain metaphor was reported with his treatment of a florist with terminal cancer pain and is reprinted below.[2]

> The author began: "Joe, I would like to talk to you. I know you are a florist, that you grow flowers, and I grew up on a farm in Wisconsin and I liked growing flowers. I still do. So I would like to have you take a seat in that easy chair as I talk to you. I'm going to say a lot of things to you but it won't be about flowers because you know more than I do about flowers. *That isn't what you want.* (The reader will note that italics will be used to denote interspersed hypnotic suggestions, which may be syllables, words, phrases, or sentences uttered with a slightly different intonation.) Now as I talk and I can do so *comfortably*, I wish that you will *listen to me comfortably* as I talk about a tomato plant. That is an odd thing to talk

[2]Excerpt reprinted from *The Collected Papers of Milton Erickson on Hypnosis: Vol. IV. Innovative Hypnotherapy* (pp. 269–271), by M. H. Erickson (E. L. Rossi, Ed.), 1980, New York, NY: Irvington. Copyright 1980 by the Erickson Foundation. Reprinted with permission.

about. It makes one *curious. Why talk about a tomato plant?* One puts a tomato seed in the ground. One can *feel hope* that it will grow into a tomato plant that *will bring satisfaction* by the fruit it has. The seed soaks up water, *not very much difficulty* in doing that because of the rains that *bring peace and comfort* and the joy of growing to flowers and tomatoes. That little seed, Joe, slowly swells, sends out a little rootlet with cilia on it. Now you may not know what cilia are, but cilia are *things that work* to help the tomato seed grow, to push up above the ground as a sprouting plant, and *you can listen to me Joe* so I will keep on talking and *you can keep on listening, wondering, just wondering what you can really learn,* and here is your pencil and your pad but speaking of the tomato plant, it grows so slowly. *You cannot see* it grow, *you cannot hear* it grow, but grow it does—the first little leaflike things on the stalk, the fine little hairs on the stem, those hairs are on the leaves too like the cilia on the roots, they must make the tomato plant *feel very good, very comfortable* if you can think of a plant as feeling and then, *you can't see* it growing, *you can't feel* it growing but another leaf appears on that little tomato stalk and then another. Maybe, and this is talking like a child, maybe the tomato plant does *feel comfortably and peaceful* as it grows. Each day it grows and grows and grows, *it's so comfortable Joe* to watch a plant grow and *not see* its growth *not feel* it but just know that *all is getting better* for that little tomato plant that is adding yet another leaf and still another and a branch and it is *growing comfortably* in all directions. (Much of the above by this time has been repeated many times, sometimes just phrases, sometimes sentences. Care was taken to vary the wording and also to repeat the hypnotic suggestions. Quite some time after the author had begun, Joe's wife came tiptoeing into the room carrying a sheet of paper on which was written the question, "When are you going to start the hypnosis?" The author failed to cooperate with her by looking at the paper and it was necessary for her to thrust the sheet of paper in front of the author and therefore in front of Joe. The author was continuing his description of the tomato plant uninterruptedly and Joe's wife, as she looked at Joe, saw that he was not seeing her, did not know that she was there, that he was in a somnambulistic trance. She withdrew at once.) And soon the tomato plant will have a bud form somewhere, on one branch or another, but it makes no difference because all the branches, the whole tomato plant will soon have those nice little buds—I wonder if the tomato plant can, *Joe, really feel a kind of comfort.* You know, Joe, a plant is a wonderful thing, and *it is so nice, so pleasing* just to be able to think about a plant as if it were a man. Would such a plant *have nice feelings, a sense of comfort* as the tiny little tomatoes begin to form, so tiny, yet so *full of promise to give you the desire to eat* a luscious tomato, sun-ripened, it's so *nice to have food in one's stomach,* that wonderful feeling a child, a thirsty child, has and can *want a drink, Joe* is that the way the tomato plant feels when the rain falls and washes everything so that *all feels well.* (pause) *You know, Joe,* a tomato plant just flourishes each day *just a day at a time.* I like to think the tomato

plant can *know the fullness of comfort each day. You know, Joe, just one day at a time* for the tomato plant. That's the way for all tomato plants. (Joe suddenly came out of the trance, appeared disoriented, hopped upon the bed, waved his arms and his behavior was highly suggestive of the sudden surges of toxicity one sees in patients who have reacted unfavorably to barbiturates. Joe did not seem to hear or see the author until he hopped off the bed and had walked toward the author. A firm grip was taken on Joe's arm and then immediately loosened. The nurse was summoned. She mopped perspiration from his forehead, changed his surgical dressings, and gave him, by tube, some ice water. Joe then let the author lead him back to his chair. After a pretense by the author of being curious about Joe's forearm, Joe seized his pencil and paper and wrote, "Talk, talk.") "Oh yes, Joe, I grew up on a farm, I think a tomato seed is a wonderful thing, *think, Joe, think* in that little seed there does *sleep so restfully, so comfortably* a beautiful plant yet to be grown that will bear such interesting leaves and branches. The leaves, the branches look so beautiful, that beautiful rich color, *you can really feel happy* looking at a tomato seed, thinking about the wonderful plant it contains *asleep, resting, comfortable, Joe*. I'm soon going to leave for lunch and I'll be back and I will talk some more. (Erickson, 1980b, pp. 269–271).

## SUMMARY

A premise of this book is that directly focusing on pain reduction during hypnosis may not always be the best way to facilitate the patient's comfort and well-being. Using hypnosis to change the patients' lifestyle, encourage him or her to move therapeutically, or simply improve his or her sleep may ultimately have the strongest impact on the well-being of a patient reporting chronic pain. However, there are many instances in which focusing on pain can be of tremendous benefit, particularly if the pain is driven by some type of lesion or ongoing nociceptive signals. Even if the goal is to get at lifestyle changes of the patient or underlying dynamics that are driving the pain, using hypnosis to increase comfort can increase rapport and invest the patient in the more comprehensive treatment process that is often necessary to control pain.

It is interesting to note that the creative list of hypnotic analgesic suggestions developed by Erickson seldom had the purpose of eliminating pain. Rather, the goal of his suggestions was usually to change the perception of pain and gradually reduce rather than eliminate it. What we still do not know is what type of suggestion is going to work with a given patient at a particular time. The several types of creative suggestions offered by Erickson can be put in a multiple-choice format as is consistent with indirect suggestions.