

# The use of Power Words when dealing with Chronic Pain



**Keywords:** Chronic pain, Communication, Quality of Life, Hypnosis, Powerful Words

## ABSTRACT

What do the pain clinics and the sales business industry have in common? The answer to this is attention and engagement during a conversation. Hypnosis has taught us throughout the years that this type of inexpensive, non-pharmacological intervention and safe procedure can be used in clinics to engage better with the patient. The use of the first stage of hypnosis is particularly relevant, more specifically the use of power words which can help achieve better and more effective communication, leaving an empowered client.

## 1. INTRODUCTION

20% of the adult population in Europe are affected by chronic pain.<sup>1</sup> This means that one in five Europeans suffers from pain that has been present for more than 3 months. Chronic pain adds up to 1.5 billion adults' worldwide.<sup>2</sup> The most important factor of these figures is that pain has an impact on the quality of life of the individual.

Pain is one of the leading causes of years lived with disability according to the Global Burden of disease in 2017.<sup>3</sup> Consequently pain is not only an individual problem but also a hurdle to the health care systems and the economy. This burden to the patient and society costs up to \$635 billion in the US<sup>4</sup> and €441 billion in Europe as stated by the Societal Impact of Pain.<sup>5</sup> These costs are greater than that of heart disease, cancer or diabetes.<sup>3</sup>

Pain, chronic pain in particular, is a very subjective symptom. Its complexity is since pain experience can be perceived and managed differently by each individual. Anxiety and stress usually co-exist with chronic pain which will increase sensitization to pain in certain areas of the brain, as well as increase cholecystokinin in blood which will act as an opiate antagonist. Further to this, stress hormones shuts down the dopamine systems which is the reward pathway.<sup>6,7</sup> Effective communication has always been of the utmost importance between a patient and the evaluating and managing pain physician. In keeping with this, having good communication skills helps in eliciting effective pain history and subsequent assessment leading to an accurate diagnosis and ultimately a patient-centred approach in a

realistic treatment and management plan.<sup>8</sup> This will ultimately help in reducing pain, empowering and motivating patients, resulting in better quality of life.

## 2. HYPNOSIS

Hypnosis, also known as hypnotherapy, is a type of alternative non-pharmacological medicine that can alter the consciousness by suggestion. It was James Braid, a Scottish neurosurgeon, in the late 1800's that invented the word hypnosis from the Greek word 'Hypnos' meaning sleep. He is considered as the first hypnotherapist. This type of therapy has flourished over the past two decades and is now a well-established treatment for managing pain in the adult population.<sup>9</sup> It has been defined as a state of attentive and receptive concentration generating changes in individuals' experiences of themselves and their environment.<sup>10,11</sup>

Hypnosis usually, but not always, involves relaxation methods.<sup>14</sup> It allows the individual to move into the unconsciousness and alter any mental impairment and function better in the conscious state. The theory behind this therapy is confirmed with neuroimaging studies in adults undergoing hypnosis. These studies have shown that during hypnotic experiences significant changes associated with sensory and perception of pain are involved, namely the somatosensory cortex, thalamus and insula as well as the supplementary motor cortex.<sup>13-15</sup>

The use of hypnosis has been increasingly used in multidisciplinary pain management. Studies have shown that hypnosis helped alleviate pain and anxiety before, during and after surgical procedures, both invasive and non-invasive.<sup>11,12</sup>

### 2.1 Hypnosis and Chronic pain

The interest in the use of hypnosis in treating chronic pain is currently increasing. An increasing number of studies have been published with confirms that hypnosis can help in managing chronic pain more safely with less side-effects than pharmacological and interventional treatments. Hypnosis in chronic pain starts with a hypnotic induction which proposes relaxation. This is followed by post-hypnotic suggestions including targeted verbal ideas that will help alleviate pain even after the session. Teaching the patient self-hypnosis can also help the patient in daily pain reduction.

The largest meta-analysis to date investigating the effectiveness of hypnosis as a technique for reducing pain was published by Thompson et al. (2019) which gathered evidence from 85 controlled studies worldwide, from 1970 till 2017 consisting of 3632 participants (hypnosis n=2,892, control n= 2,646, with crossover trials primarily used).<sup>18</sup> This meta-analysis aimed to quantify the effectiveness of hypnosis for reducing pain and identify factors that influence efficacy. Trials were systematically searched comparing hypnotic inductions with no-intervention control conditions in relation to pain ratings, threshold and tolerance. 3632 participants were analysed. Pain relief was strongly influenced by the use of direct analgesic suggestion as well as hypnotic suggestibility. These findings suggest that hypnotic intervention can deliver meaningful pain relief for high and medium suggestibles and therefore may be an effective and safe alternative to pharmaceutical intervention. Overall, the findings that hypnotic induction resulted in a reliable decrease in experimentally-induced pain suggest that hypnosis may represent a potentially effective and safe alternative or adjunct to pharmacological intervention for acute pain.<sup>18</sup>

## 2.2 The 4 stages of hypnosis

James Braid, in the 1800's describes the 4 basic rules required for a patient to reach a subconscious stage where one is able to alter the conscious mind as shown in table 1.

## 2.3 How can we use the first stage of hypnosis to achieve better communication?

The use of power words are an integral part in the first stage of hypnosis. These will unknowingly captivate the patient's attention. These words especially though repetition will make the patient feel empowered. Although these powerful words may sound natural in everyday use, such words, when used in the correct environment and at the appropriate time, will help the clinician to engage better with the patient and also, in this first stage, the patient will be able to express himself and understand the facts more effectively.

Obviously, this can vary from one individual to another but there are observable patterns in the way we communicate verbally that can allow us to envisage typical actions.

The knowledge of powerful words and their use in the correct setting is a skill which can be learnt. These are used frequently in the sales industry and are taught to representatives to market their product i.e. engaging with potential clients'.

## 3. POWERFUL WORDS

**"Imagine** if communication with patients is more successful.

**And you** can **remember** a time when it was natural to get a message across the patient without any problems. This is **because** you already know how..."

I have already used five power words to keep you reading.

These five powerful words that any individual can be associated with and trigger certain behaviour are the following:

### 3.1 'Imagine'

The word imagine immediately switches on imagination in an individual in which everything is possible in the subconscious mind. The use of their imagination helps explore options, limits and possibilities that they could have never considered before in reality. If this vivid imagination is done once, it is easier to do it again as this would have been also memorised too. This is an outstanding way of getting through resistances that occurred in the past and are memorized. Vivid imagination and reality is something that the brain can little differentiate between, so by actually switching on their imagination one can sense the feeling of being there and start exploring any answers or sensations. This allows us to be much more open to new ideas and lowers our guard.

### 3.2 'And'

The word 'and' automatically connects two ideas, that do not have to be related but will create a cause and effect situation or imply similarity. By linking these ideas, the first concept would be accepted more easily, and the second concept is likely to be received in a favourable way too. An example of such case would be: 'We can do physiotherapy and injections for this type of pain to improve'.

### 3.3 'You'

'You' or 'yours' immediately gets the individual's attention and directly activates the subconscious; which is where most of our decisions are made. This is even more empowered

**Table 1:** The 4 stages of hypnosis and their significance

<b>Stage 1</b> - Absorb attention	Attention and focus are captured by speaking and engaging with the patient.
<b>Stage 2</b> - Bypassing the Critical Faculty	Critical Faculty is the area of the brain used for reasoning and logic.
<b>Stage 3</b> - Activate an unconscious response	Unconscious responses are activated leading to a hypnotic state.
<b>Stage 4</b> - Leading the unconscious to desired outcome	Once all 3 states have been surpassed, the hypnotherapist is able to use hypnotic suggestions, in the form of commands and metaphors.

by using their own name, but it should not be exhausted and over-used since it may be interpreted as deceitful. Our name is the most familiar sound we have ever heard and it is acceptable, prior to the start of the session, for the hypnotist to ask how it is pronounced and then use it during the hypnosis to communicate effectively. This creates a very personal connection, based on trust and perceived environmental familiarity, which will ultimately raise the level of interest, becoming more open to shared ideas.

### 3.4 'Remember'

Reminiscing events from the past can make an individual able to remember events. If these are positive ones one can embrace and recall positive feelings such as love, friendship and enjoyable events that may help the individual reconnect with the positive moment. This may positively enhance their mood and then remove any negative feelings. You are not asking the individual to do anything, but you are asking them to remember and move to other situations where they have been more resourceful. An example is, 'Remember how much fun you had with your friends when you attended that meal?' Obviously, these statements would have been corroborated before the session.

### 3.5 'Because'

'Because' is a word where one is implying that there will be an explanation that follows. The reason that follows the 'because' should be brief, quick to respond and will work best for small requests or suggestions. Larger requests may not be able to surpass the critical factor in the brain and may not be accepted. An example of such case would be: 'weight loss in your case is ideal in treating back pain because there is arthropathy of the facet joints' instead of just saying 'you should lose weight.'

If no reason is suggested or even worse the over-used parentalistic statement 'because that what's needs to be done' will immediately shut the individual from listening and involving more in the conversation.

Example: taking these medications will help you sleep better because you have a sleeping problem' instead of saying 'Take this treatment because that what's needs to be done'.

When this lacks in communication, the individual will start looking for reasons and this will ultimately lead to more resistance. Therefore, by using the word 'because' followed by a reason, this will immediately fill that gap and the individual will recognise that reason and is able to take subsequent action.

## 4. CONCLUSION

Increasing concern over the side-effects, addictive properties and costs of opioid medication has led to an urgent need to identify non-pharmacological interventions for pain that are effective and safe. Hypnosis has confirmed that there is a place for this well-established integrative, inexpensive, non-pharmacological intervention for chronic pain

management in adults; there is also a growing research interest in the management of chronic pain in the paediatric population.<sup>19,20</sup>

Hypnosis can change the way how individuals behave and think. By altering very little one can achieve great results and the use of powerful words will ultimately help in becoming a better communicator. Communication starts by building trust your product (in the case of selling items) or services (in clinics)

## DISCLOSURES

There are no conflicts of interest to declare.

## REFERENCES

1. Breivik H, Collett B, Ventafridda V, Cohen R, Gallacher D. Survey of chronic pain in Europe: prevalence, impact on daily life, and treatment. *Eur J Pain*. 2006;10(4):287-333. doi:10.1016/j.ejpain.2005.06.009
2. Yaqub, F., 2015. Pain in the USA: states of suffering. *Lancet* 386 (9996), 839
3. Collaborators, G.B.D.C.O.D., 2017. Global, regional, and national age-sex specific mortality for 264 causes of death, 1980-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 390 (10100), 1151-1210.
4. Gaskin, D.J., Richard, P., 2012. The economic costs of pain in the United States. *J. Pain* 13 (8), 715-724
5. Society Impact of Pain Annual Symposium 2017, Malta
6. Benedetti F, Lanotte M, Lopiano L, Colloca L: When words are painful: unravelling the mechanisms of the Nocebo effect. *Neuroscience* 2007; 147:260-271.
7. Jensen M : Hypnosis for chronic pain management: A new hope. *Pain* 2009; 146: 235- 237.
8. Taylor K. Paternalism, participation and partnership - the evolution of patient centeredness in the consultation. *Patient Educ Couns* 2009;74:150-5.
9. Adachi, T.; Fujino, H.; Nakae, A.; Mashimo, T.; Sasaki, J. A meta-analysis of hypnosis for chronic pain problems: A comparison between hypnosis, standard care, and other psychological interventions. *Int. J. Clin. Exp. Hypn.* 2014, 62, 1-28.
10. Hilgard, E.R. *Hypnotic Susceptibility*; Harcourt, Brace & World Inc.: New York, NY, USA, 1965.
11. Spiegel, H.; Spiegel, D. *Trance and Treatment: Clinical Uses of Hypnosis*; American Psychiatric Publishing: Washington, DC, USA, 1987; ISBN 978-1585621903
12. Amraoui J, Pouliquen C, Fraisse J, et al. Effects of a Hypnosis Session Before General Anesthesia on Postoperative Outcomes in Patients Who Underwent Minor Breast Cancer Surgery: The HYPNOSEIN Randomized Clinical Trial. *JAMA Netw Open*. 2018;1(4):e181164.
13. Lobe, T.E. Perioperative hypnosis reduces hospitalization in patients undergoing the Nuss procedure for pectus excavatum. *J. Laparoendosc. Adv. Surg. Tech. A* 2006, 16, 639-642
14. Jensen, M. P., & Patterson, D. R. (2014). Hypnotic approaches for chronic pain management: Clinical implications of recent research findings. *American Psychologist*, 69(2), 167-177
15. Crawford, H.J.; Horton, J.E.; Harrington, G.C.; Vendemia, J.M.C.; Plantec, M.B.; Jung, S.; Shamro, C.; Downs, J.H., III. Hypnotic analgesia (Disattending pain) impacts neuronal network activation: An fMRI study of noxious somatosensory TENS stimuli. *Neuroimage* 1998, 7, S436.
16. Rainville, P.; Duncan, G.H.; Price, D.D.; Carrier, B.; Bushnell, M.C. Pain affect encoded in human anterior cingulate but not somatosensory cortex. *Science* 1997, 277, 968-971.
17. Chambless, D.L.; Hollon, S.D. Defining empirically supported therapies. *J. Consult. Clin. Psychol.* 1998, 66, 7-18.
18. Trevor Thompsona, Devin B. Terhuneb , Charlotte Orama , Joseph Sharangparnia , Rommana Roufa , Marco Solmic , Nicola Veronesed , Brendon Stubbs. The effectiveness of hypnosis for pain relief: A systematic review and metaanalysis of 85 controlled experimental trials. *Neuroscience & Biobehavioral Reviews*, 2019, 99, 298-310
19. Montgomery, G.H.; DuHamel, K.N.; Redd, W.H. A meta-analysis of hypnotically induced analgesia: How effective is hypnosis? *Int. J. Clin. Exp. Hypn.* 2000, 48, 138-153.
20. Lioffi, C.; Hatira, P. Clinical hypnosis versus cognitive behavioral training for pain management with pediatric cancer patients undergoing bone marrow aspirations. *Int. J. Clin. Exp. Hypn.* 1999, 47, 104-116.