LAUNCHING the start of what it is hoped will be a regular series of Case Notes with a difference. The difference being that they will include not only detailed description of the techniques employed by the therapists but also reports from the clients themselves – and they will usually not be anonymised.

The intention is to provide an insight into treatment from two perspectives and thus greater understanding of how it works. Understanding how the therapy is "experienced" by the client can too easily be ignored.

Hypnotherapist ***Chris Russell*** *describes how he*

Struck a deal with the Deep Inner Mind to relieve long term pain

Chris Russell

Is a hypnotherapist practising in Fareham, Drayton and Southsea, England.
Now 50 years old, he has been involved in clinical hypnosis for ten years following a 24-year career in the Royal Navy.
Married, he lives with his wife in Portsmouth and as well as an active practice he conducts occasional weekend workshops.

Outline of the problem

THE CLIENT, Malcolm Western, is 57 years old, a former British Royal Artillery Marine Para in the British Army and an ex-Rugby player. He is used to working hard and playing hard. Currently he runs a successful public house and restaurant.

He suffered pain in his right knee and elbow but was reluctant to see his general practitioner. Eventually however the pain became so severe he was unable to continue working and was persuaded to consult his doctor.

He had previously been prescribed Voltarol – an anti-inflammatory drug – and by the time he presented to his GP, he was taking about double the prescribed amount.

At examination he was found to have recurring pain in his right ankle and upper foot, although there appeared to be no physiological reason.

He had in fact endured this for about 15 years following an old rugby injury. He was further diagnosed as having gout in the right knee and arthritis of the right hand and elbow.

His general practitioner saw him several times and the prescribed treatment was having little effect before he was advised to seek hypnotherapeutic help from the author.

Malcolm Western presented as a cheerful intelligent man who had an open mind about hypnotherapy. He had already heard of me through several sources. At the time of presenting he was unable to carry on his business himself and his lifestyle was also being severely curtailed by the pain he was suffering. He was therefore highly motivated for a successful outcome to therapy and was willing to co-operate with anything that might relieve his suffering!

During assessment it became apparent that Malcolm's lifestyle had changed little over the years, in that he enjoyed smoking four or five cigars a day, enjoyed his food and regarded himself realistically as an average to heavy drinker.

Needless to say, the patient was overweight! Whilst I will advise my patients concerning their dietary and drinking habits, unless these are related to their presenting problem or they specifically request help in these areas I do not force this upon them but concentrate on their presenting problem(s).

Mr Western complained firstly, of pain in the top of his right foot and ankle; secondly, that his right knee was tender with the upper leg swollen, inflamed and painful; and thirdly that he was developing arthritis in his right hand and elbow. Nothing of significance was attributed to the fact that all the pain was on the right side.

The following plan for therapy was outlined, provided of course that the Deep Inner Mind (DIM) acknowledged that it had the knowledge and power to effect the changes:-

1 To remove most of the pain from the right foot.

2 To relieve the Gout.

3 To relieve the Arthritis.

I planned to take this therapy slowly, one step at a time, because this seemed to be a case where I could test some of the ideas that had come to me.

Session One:

After the initial assessment and note taking it was time for Malcolm to enter his first trance. The particular method of induction I use is decided by what "feels right" at that time. I may use an Ericksonian induction or a more direct relaxation induction or at subsequent sessions a post-hypnotic cue. I always provide music in the background as this helps to mask other sounds (although of course sounds entering the room can be incorporated into the induction or at least remarked upon).

For the first session I used a progressive relaxation induction modelled on Tebbetts but with embedded commands marked out by voice tonality and direction. Trance deepening was effected indirectly by alteration in breathing and directly through raising the left wrist and arm with appropriate suggestions.

Deep Inner Mind

Mr Western relaxed into a profound trance, evincing many signs of being in trance.

At this point I should explain I firmly believe in the power and rich creativity of the Deep Inner Mind**.** It never ceases to amaze me how so many therapists pay lip service to the power of the DIM and then directly or indirectly try to impose what they believe the mind should be doing or talk down to it as though it were some retarded toddler. If we believe that the Deep Inner Mind is so powerful that it can create the presenting symptoms then surely we should believe that it has the power to remove them! What I endeavour to do in therapy is to ascertain from the DIM whether or not it has the ability and power to modify or remove the symptoms and, if so, to provide a rationale for the Deep Inner Mind to want to remove the symptoms or to amend the symptoms or to replace the symptoms.

So now, with the patient profoundly in trance and an IMR having been established, I asked the DIM to consider what is the purpose and meaning of pain; it is surely a communication to the conscious mind that something is wrong, something has been hurt within the organism. Once the conscious mind is aware of the problem is there any need for the DIM to maintain pain at a high level? I asked the DIM to turn down the pain to a level at which the patient is just aware of it and to increase the pain only if there is a deterioration that the conscious mind should be made aware of. The DIM agreed to reduce the level of pain in the foot and ankle.

I then asked the DIM to go inside and find "the most comfortable part of the body" and signal when it has found it.

On receving an IMR signal I asked the Deep Inner Mind to notice what colour the most comfortable part was, and then to notice what colour the area of pain in the right foot and ankle was, then change it until it was almost the same as the most comfortable part.

On receipt of the IMR indicating that the changes had been made I asked the Deep Inner Mind to re-interpret what I had said and suggested, *"in ways that are more meaningful and that will be more effective"*.

The next step was to make the DIM aware of the other symptoms and ask it to consider how it could reduce or change or remove them, explaing that our next session would be one week later.

All my clients receive a "Therapy Enhancement" tape to play between sessions. It is designed to help them relax into trance in the safety and comfort of their own home and also to go over the therapy we have conducted in previous sessions. It cuts down the number of sessions required, thus saving the patient time and money.

Finally I give post-hypnotic suggestions that the tape will take the client into a very deep trance and all that has transpired during our therapy session will be reinforced each time the tape is played.

Session Two:

At the second session I asked Malcolm how the week had gone. He said that although his knee and arm were painful, his foot and ankle had felt only uncomfortable and at a level of discomfort that he could live with. We decided to move on to the area of the "Gout" in the right knee and upper leg. This area was still swollen and inflamed and the joint was painful.

Trance was induced by activating a post-hypnotic suggestion and deepened by fractionation. The IMR was re-established.

I firstly thanked the DIM for all it had achieved since our previous session and then asked the DIM if it had considered the meaning of the pain and inflammation in the right knee and leg and whether it had the resources to remove the symptoms. The DIM responded by letting the conscious mind be aware that the symptoms were the result of years of overdoing things and that whilst willing to help, it wanted the conscious mind to agree to cut down on the physical activity as well as reduce the eating and drinking. Consciously Malcolm agreed to do this and this was relayed to the DIM.

This part of therapy was conducted not by asking the patient to speak while in trance but rather by asking the DIM to communicate with the conscious mind and give an IMR response when it had done so. The patient was then brought out of trance and asked what communication had been received. The question may have to be asked several times because the communication to the conscious mind may be in images which need interpreting.

Next I regressed Malcolm to a time when his knee and leg were completely well and free of all discomfort. Again the DIM was asked to go inside and see what colour the knee and leg were, asking the DIM if it was aware of the lubricant that made the knee comfortable and where and how that lubricant was produced. In addition the DIM was asked to become aware of how to increase or decrease the manufacture of this lubricant.

I framed all these questions in as visual a way as I could in order to get the DIM to "see" what I meant. If the patient never went to Medical College then his or her DIM never went to Medical College either and has no interest in correct medical terminology – although of course it could be taught!

The DIM agreed that it was aware of the lubricant, how and where it was produced and distributed. It agreed that the lubricant could be made to dissolve any crystallisation that had formed. Now I asked the DIM to bring Malcolm back to "this time and place"; to bring back the ability to manufacture the lubricant and to begin to manufacture it. **Further I suggested that the DIM would see the colour of the right knee and upper leg change in the coming week to be the same as it was before the symptoms had been produced and it agreed to do so.** The session was terminated in the usual way and the next session arranged for the following week.

Session Three:

Malcolm Western seemed much happier when he returned for his third session. One reason being that he found the three flights of stairs easier to climb. And yes … he had cut back on his eating and drinking!

Malcolm reported he had been playing his tape at least once each day and now found he only actually heard the beginning and could not remember anything until he woke up.

During the week the knee had become significantly easier to move and the pain had reduced dramatically so there was little discomfort despite the inflammation, which was also reducing,

but not as quickly as the pain had subsided.

We agreed that before tackling the right hand and elbow we would go back over some of the previous work we had conducted and strengthen what was happening. This was not an attempt to speed up what the DIM was doing – I believe the DIM works at whatever is the appropriate rate for the whole organism – but simply to re-enforce the therapy already undertaken.

Trance was induced using the same cues that had been used on the tape, and an IMR was once more obtained. **The DIM was thanked for all it had achieved and it was asked to ensure it carried on the good work.**

Having completed this we moved on to the right hand.

The DIM was asked if the arthritic pain in the right hand was amenable to change through the DIM and the IMR responded ***Yes.*** Having received this important response I proceeded much as follows :-

"I would like you, the DIM, to take Malcolm to that level of trance where it is possible to communicate with those parts of the mind responsible for producing the arthritic symptoms in Malcolm's right hand, and when you have done so to let that finger of the right hand lift up to let me know."

IMR

"Thank you. I would like the part that is mainly responsible for these symptoms in the right hand to take control of the 'yes' finger and then to raise that finger when you have done so".

IMR

"Thank you. So the 'yes' finger is now under the control of that part of the mind responsible for the arthritic symptoms in Malcolm' s right hand. Is that correct?"

IMR

"And you do know exactly why you have given Malcolm these symptoms, do you not?"

IMR

"Now Malcolm consciously has agreed to take things more easily cutting down on his intake of food and drink. Indeed he has already been doing these things since he came to see me. If he continues to do these things will you help him by removing the arthritic symptoms from his right hand, so that the quality of his life is improved?"

After some hesitation the finger rises.

"Thank you. I would like you to go inside now and find the most comfortable part of your body and when you have found it become aware in some way of what colour it is. And when you have done this, then let the finger rise."

IMR

"Thank you. And now I would like you to go inside and discover what colour the arthritic area of the right hand is, again letting your finger rise when you have done so."

IMR

"Thank you. So now, please change the colour of the arthritic area of the right hand to be the same as that of the most comfortable area and once again let that finger rise when the change is complete."

Eventually finger rises.

"Thank you. And that arthritic area is now feeling perfectly comfortable is it not? Good! I would like you now to go back in time to when the right hand was completely free of the arthritic symptoms and was supple and pain free and again let that finger rise when you have done so.

IMR

"Thank you. And are you aware of how the joints of the right hand are lubricated to allow them to be supple and to move easily?"

IMR

"Good. And are you able to manufacture that lubrication again, so that the right hand becomes supple and moves easily again?"

IMR

"Fine, and can you manufacture that lubrication so that it dissolves the crystals that have already formed?"

IMR

"*So please take all the time you need now to set everything in place so that you can once more manufacture that lubrication and dissolve whatever crystals have formed so that the joints once more can become supple and pain-free. And then let your finger rise when you have done so."*

IMR

"Thank you. So now please come back up through time bringing with you the suppleness and lubrication of the right hand in order that you may continue to produce that lubrication and enable the hand every day and in every way to become more and more supple."

Malcolm came out of trance reporting to his amazement that his right hand felt stiff but otherwise was no longer painful. At this point Malcolm was taught self-hypnosis so he could access the relaxed feelings he had received.

Session Four:

Malcolm was smiling when he entered the clinic a week later – he had had a good week. He could feel some discomfort in his right foot but his hand had been steadily becoming more comfortable.

He confirmed he had been playing his all important tape every day. Also he had been practising his self-hypnosis and found to his surprise it really worked. He was all set for us to go on to work on his right elbow.

I followed much the same procedure as with the hand. It seemed clear that if the DIM had helped with the hand then it could do so with the elbow. From experience I knew that such was not always the case and as everything had gone so well for Malcolm I didn't want to spoil things at this stage.

The DIM did agree to make the necessary changes in order that the elbow joint could once more move freely and painlessly.

I instructed Malcolm to continue to play his tape and to practise his self-hypnosis and we made his next appointment for two weeks later.

Session Five:

Malcolm had obviously lost some weight by the time of his next visit and he looked healthier in appearance. He reported a continuing improvement in his joints and felt healthier all round.

This session was devoted to re-enforcing our previous work and checking the DIM was happy with the progress being made.

We agreed to one more session a month later to ensure progress had continued. Malcolm knew of course he could always book an earlier appointment if he wished.

The Client

Malcolm Western, reports:

"I have to admit that although I professed an open mind, I was highly dubious about the outcome of this therapy.

"It was only the pain that I was in that persuaded me to see Chris Russel – but I am so glad that I did.

"What I learned has changed my life.

"I can now put myself into trance at will and know how to become calm and relaxed instantly.

"Apart from an odd twinge in my foot and one in my hand recently, everything has been fine.

"When I have had a twinge I have just played my tape and it has gone away.

"I am extremely happy with the therapy I received."

Session Six:

One month later Malcolm had lost even more weight and was happy to report his hand and elbow were pain-free. His foot by this time seldom gave him any trouble and when it did it was a dull ache rather than pain.

The final session was devoted to once more re-enforcing our work and checking that the DIM was happy to continue what it was doing. The answer was **Yes** but it took the finger a while to respond.

I asked the DIM if it wished to communicate anything to the conscious mind, which it did. The communication was to the effect that as long as Malcolm continued to take care of his food and drink intake then it would continue to help him.

I have monitored Malcolm's progress for the last nine months and recently visited him at his pub for the purpose of this article. Malcolm's wife said that she found the change in him to be "incredible" although she wished that he would lose more weight!

Malcolm reported that he had suffered no discomfort except for a twinge in his hand, the previous week after a really hectic week of entertaining. His response had been to play his tape and cut out his drinking and he had had no recurrence.

I have only used these techniques in this way with a limited number of patients and they all seem to be responding well. I have not conducted any clinically valid experiments using these techniques and make no claims for them. I simply offer this article in the hope that it may be of use to others.

Bibliography

[1.] *Tebbetts. Self Hypnosis and other mind expanding techniques. Westwood 1987.*

[2] *Rossi & Cheek. Mind-Body Therapy, Ideodynamic Healing in Hypnosis. Norton 1988.*

[3] *Erickson. Healing in Hypnosis. Irvington 1983.*

[4] *Ursula Markham. Hypnosis Regression Therapy. Piatkus 199hu1 .*

[5.] *Ursula Markham. The elements of Visualisation. Element 1989.*