CONTEMPORARY HYPNOSIS
27(4): 291–302 (2010)

AN INTERVIEW WITH LONNIE ZELTZER

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ABSTRACT

This article summarizes the key points of a conversation between Mark P. Jensen and Lonnie Zeltzer, in which Dr Zeltzer discussed her views of hypnosis and the strategies she uses to help children with chronic pain and other distressing symptoms learn to use self-hypnosis. To make hypnotherapy most effective, she has found it helpful to (1) use very absorbing images and suggestions, (2) trust patients' abilities to develop a hypnotic image that is just right for them, (3) think creatively and playfully, and (4) enjoy the process and not take too much responsibility for the outcome. The specific techniques and exercises that she has found particularly useful in her work include: (1) using special place suggestions, (2) mutual storytelling, (3) central control station for sensory control, (4) post-hypnotic suggestions for making beneficial changes that occurred during the hypnosis session last beyond the session, (5) making time after every session to discuss what happened during hypnosis, (6) avoiding effortful suggestions, and (7) using hypnotic-like suggestions outside of formal hypnosis. At the end of the article, Dr Zeltzer describes the evolution of her clinical work (from more structured to less structured) and the effects of her experience in hypnosis on how she interacts with others in her day-to-day life.

Key words: hypnosis techniques, paediatric hypnosis, chronic pain, cancer, sickle cell disease, post-hypnotic suggestions

INTRODUCTION

Lonnie Zeltzer's interest in mind–body issues became a focus when she was working as a fellow in Adolescent Medicine at the Children's Hospital of Los Angeles and observed the great variability with which children responded to chronic disease. Some children with cancer, for example, seemed relaxed and even comfortable during bone marrow aspirations, while others had to be held down—a fairly common practice at the time—throughout the procedure. Similarly, she noted that some children who received chemotherapy did not generalize the nausea associated with this treatment to other situations, while others became so conditioned that virtually any cue associated with the treatment (such as seeing the oncology nurse in the supermarket) would make them feel nauseated. Dr Zeltzer

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believed that the way children coped with the procedures was a part of why they differed in their responses, and began to teach relaxation strategies to her paediatric patients to help them develop more control over how they felt. At about this time she attended a pain management workshop led by Paul Sacerdote, MD and sponsored by the Society for Clinical and Experimental Hypnosis. Dr Sacerdote had asked for local patient volunteers, so Dr Zeltzer brought an adolescent who was struggling with pain associated with sickle cell disease. She was extremely impressed with Sacerdote's ability to help this patient gain a greater sense of control over his symptoms. Although she had been getting some good results with relaxation training, she recognized that hypnosis had even greater potential for benefiting her patients, as it did much more than merely allowing them to relax.

To learn more about using hypnosis, she obtained supervision from Marty Reiser, PhD, who was chief psychologist for the Los Angeles Police Department and also an active member of the American Society of Clinical Hypnosis and the Society for Clinical and Experimental Hypnosis. She began using hypnosis to help her adolescent patients manage chronic pain as well as pain and other symptoms associated with medical procedures. As she published the findings from her initial work, she began a programme of research, funded by the National Institutes of Health, into the efficacy of hypnosis for pain and symptom management in children. Her groundbreaking research is amongst the most important work in the field for helping to understand the effects of hypnosis for medical conditions.

Mark Jensen: *How do you view hypnosis?*

Lonnie Zeltzer: I see hypnosis as a strategy for helping a person learn how to be very present and have a narrow focus of attention. This enables patients to use their imagination in adaptive ways. Meditation can provide a way to learn how to be present, but it does not include the extra step of using that focus to facilitate the use of imagination to alter how you feel. The goals of meditation and hypnosis differ. With meditation, the goal is to *be present*. Hypnosis adds to meditation in that it is more directive and uses the focused attention in the service of a specific goal—to alter a symptom or change how the patient views himself or herself.

I view hypnosis as a type of unconscious or automatic processing, as opposed to a more effortful conscious activity. It is also a strategy for coping, for feeling more effective and competent. Using hypnosis to control chronic pain or other symptoms can provide individuals with a way to become more able to function. Physiologically, there is evidence that hypnotic reduction of the suffering component of pain is linked to decreases in activity in the anterior cingulate cortex, and hypnotic reduction of the sensory component of pain has been linked to decreases in activity in the sensory cortex (Rainville et al., 1999, 2005; see also Newberg & Iversen, 2003; Rainville & Price, 2003; Grant & Rainville, 2005). So

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27:4 291–302 (2010)
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hypnosis does more than just alter perception. It also clearly has physiological effects and correlates.

But even more dramatically, with hypnosis patients are able to substantially alter their phenomenological experience of pain and suffering. Pain can be 'moved' from one part of the body to another, so that, for example, if it bothers you less in your hand than in your head, you can move headache pain to the hand, so that you can function better. It can be used to separate people from their experience of pain, so that it becomes *the* arm that hurts instead of *my* arm that hurts.

Hypnosis taps into an ability to substantially alter the interconnectivity of the brain. And I think that, for patients with chronic pain who can sustain an experience of pain relief, hypnosis can be used to undo established pathologic pathways and then develop new pathways that lead to ongoing pain relief and comfort.

True hypnosis is effortless. I remember a teenager who had to use a wheelchair because of chronic pain, but with hypnosis she was able to do a handstand. I have a picture of her doing the handstand, and in the picture she is smiling. It is clear that she is experiencing the handstand as effortless. At first, achieving 'effortless' pain relief might in fact take some effort—when you are hurting, everything is an effort—but then some kind of shift can occur where pain relief just becomes your way of being, as opposed to trying to make something happen. Part of the pathway to achieve this includes a paradox of initial focused concentration followed by letting go. In this process—whatever is used to allow altered perceptions of symptoms and time—there are very real metabolic changes. We see the heart rate slowing, respiratory rate slowing, and changes in systolic blood pressure. I think there is also something that happens physiologically in central brain activity; metabolic changes that, if sustained for long enough, become the default mode or baseline. It is a way of shifting your way of being into another way of being. Hypnosis can change what you feel and how you feel.

Also, the positive changes that can occur with hypnosis might first happen just during treatment sessions, but they can and do become permanent for some patients. In this way, hypnotic responses can move from being states to traits. Hypnotic work can have profound and lasting beneficial effects.

MJ: What kinds of problems do you use hypnosis for?

LZ: I have used hypnotherapy primarily with children who have chronic diseases—for example, sickle cell disease or cancer—and children with chronic pain, such as pain associated with complex regional pain syndrome or fibromyalgia, to help them better manage these conditions. I also use it with children who are undergoing medical

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procedures, such as injections or blood tests or procedures related to cancer (e.g. bone marrow aspirations, chemotherapy) to help them manage the pain and side effects associated with these procedures.

MJ: What do you seek to understand about or observe in patients as you develop your hypnosis treatments/interventions?

LZ: It is important to observe how patients respond to hypnosis, and then adjust the treatment accordingly. For example, I remember an adolescent who used a wheelchair and had severe chronic pain. She was referred to me for pain management, and when I began using hypnosis with her I asked her to start paying attention to her breathing. She immediately got anxious and told me that she had a history of asthma, so paying attention to her breathing increased her anxiety. So I immediately switched gears.

I had understood that she liked to paint, so asked her if it would be okay if she imagined herself painting as a way to get into a hypnotic state. After she agreed, I asked her to sit with her eyes open, paying attention, being in control, and monitoring, and I just talked about buckets of paint lined up against a white wall or a big canvas. Noticing the colours and a bunch of brushes, and beginning to take a brush and placing it in one of the buckets, whatever colour, and then putting it across the wall or canvas and noticing the feeling of flowing as she painted a line. It might be a thin line or a thick line. She might be painting up or painting down. I kept talking in this way until she seemed to become relaxed and absorbed. When we talked about the session afterwards, she told me that it was very helpful at first, but then she said that she was allergic to paint fumes, and so started feeling that her chest was tightening and then that she was beginning to wheeze from the fumes.

So in the next session, I talked about the non-allergenic paint that is totally odourless. And then, after the imaginary painting, I invited her to go to a favourite place, and I spoke with her about beginning to imagine and work with a protective colour that surrounded her. I said that she would notice the colour, and that the colour would be her protective shield. She could make that whatever colour she would happen to notice, and be in control regarding how thick it was, how protective it was, and whether it was just over her legs (where the pain was) or her whole body. And these images and suggestions just came at the time because we happened to be talking about painting, which I started doing because she was initially so resistant to focusing on breathing. And this worked very well for her.

MJ: What are the key elements of effective hypnosis?

LZ: *USE VERY ABSORBING IMAGES AND SUGGESTIONS*

One important key element is to be able to help the person turn away from awareness of his or her current environment and conscious cognitive processing, and move to a focus on images or sensations that allow him or her to just be. The more absorbing the images or sensations, the better. I often invite the child to go to a favourite place in his or her imagination, and then to really notice the details of that place: the feel of the ground underneath the feet, the feel of clothing, of socks (or no socks),

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the sun and warmth on the forehead. Really going through all of the senses. What happens is that patients begin to dissociate from the current or real environment and become increasingly involved in their imaginative experiences, so much so that they become able to use this focused awareness in a productive way. And this creates an altered state in which it becomes possible to work with the patient to create a paradigm shift in their experience of their symptoms and of themselves. The key is to help the individual become absorbed, using whatever strategy seems best for that patient, and then to make use of the capabilities that emerge in this engrossed state.

TRUST PATIENTS' ABILITIES TO DEVELOP A HYPNOTIC IMAGE THAT IS JUST RIGHT FOR THEM

The best and most effective hypnotic images come from the patient, not from the clinician. I remember an adolescent who had chronic osteomyelitis in his jaw. He was not eating because it was too painful. He had been in the hospital for a month, and he was on IV antibiotics. The infection was not getting better, and his sedimentation (SED) rate (blood test of inflammatory response) was continuously high. His treating physician referred him to me, thinking that perhaps I could help reduce his pain so that he could eat. He was Chinese-American, and had been doing very well as a member of the gymnastics team and as an advanced placement student. But now there he was in the hospital, not functioning. He was very withdrawn and depressed, was not communicating, and did not seem to trust anyone. When I came into his room he was just sitting, and did not say a word because his jaw hurt. I began just by sitting there and empathizing with him. Pretty soon he started talking, if only a little bit, and I told him that I use hypnosis. I told him that I do not know how hypnosis works, but for some people there is something about tapping into your imagination and inner wisdom. I told him that I was a novice (which I was at the time), and asked him if he was interested in exploring it together with me.

He said yes. I began using the inductions, deepening techniques, and 'favourite place' techniques I had been taught. Because it seemed to me that he was stuck (in his infection), I suggested to him that he become open to a part of his mind: his inner wisdom. I told him that whatever he became aware of, or did not become aware of, when he opened himself to his inner wisdom, would be fine. I told him that I was wondering what images might emerge for him to get unstuck, and asked him to just notice if something came up, to not get in the way of anything. He began picturing a cave filled with boulders, the whole entrance of the cave filled with these huge rocks. I then suggested that because the cave might open up someday, it might be good for him to get ready to function for when this happened. So I suggested that he start doing his gymnastic routines in his imagination in my office as a way to prepare himself for when he was well. He started developing these elaborate routines. After several sessions, he told me he had also started to remove the boulders from the cave. When about half the boulders were gone, his blood test results started showing his SED rate and his white count coming down. Eventually he had removed all of the boulders, and the jaw pain and inflammation had gone away. He was eating and chewing well, and his SED rate was normal. He was discharged on oral antibiotics. What this case taught me was that patients are usually able to develop the best and

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most effective images that are just right for them and their problems. My job is to provide an environment for them to do this work, and then keep out of their way.

MJ: What are factors that, although they may not be essential, make hypnosis more effective?

LZ: *THINK LATERALLY, CREATIVELY, AND PLAYFULLY*

The most effective hypnosis happens when clinicians are able to think laterally and creatively; to use what the patients give us and not always, or even usually, use the same text or script over and over. A good example is the image of odourless paints used with the patient described above who was interested in painting but got anxious when concentrating on her breath or thinking about paint fumes because of her history of asthma. Another adolescent who was receiving chemotherapy said she was hungry. So I asked her what her favourite food was. It was pizza, so we started to eat pizza (in her imagination) and talk about what was on the pizza. But then she said that pizza gives her gas, and as a result she gets bad stomach aches after eating it. So I said, 'This is special pizza. It's gasless. In fact, it really helps your bowel movements.'

I also try to be playful in general during my non-hypnotic interchanges with my patients, as a way to help them become able to laugh at themselves. This is not my laughing at them, but trying to allow them to see the humour in their situations, which is another way of separating from the pathos. So, for example, I remember a boy with irritable bowel syndrome who had gas, and I started out by saying, 'Wouldn't it be fun if each time you had gas, it made a little balloon, and so that pretty soon you had hundreds of balloons in the room, completely filling the room, and people start wondering where all the balloons are coming from?' And I continued on in this vein until he was laughing. Pretty soon we were in the hypnotic interchange, but it did not start out as formal hypnosis, but just being playful about his gas.

ENJOY THE PROCESS AND DO NOT TAKE RESPONSIBILITY FOR THE OUTCOME

When I am working effectively, I enjoy the process. It does not feel like performing. Also, it does not feel as if I am responsible for the outcome. I'm aware of a sense of it being the patient's responsibility to use or not use the suggestions I offer. And I think that I convey this sense of relaxed enjoyment in various ways—the sense that I'm happy to share this experience with the patient, and to help them develop a structure and scaffolding for making changes in their lives. I think hypnosis is more effective when I am relaxed and enjoying the session. It affects my tone of voice. And it is possible to do even in a busy clinic with people knocking on the door and coming into the room (despite the big 'Do Not Disturb' sign), with the phone ringing, or a pager going off. When I'm in the right place, all of these interruptions do not really bother me, and I think this is communicated also to the patient, and makes the whole process more successful.

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MJ: Are there specific techniques or exercises that you have found particularly useful that you use routinely in many or most cases, or in particular situations?

LZ*: SPECIAL PLACE SUGGESTIONS*

I often use a 'favourite place' to facilitate an induction, and also for hypnotic work. This can be an opportunity, especially for adolescents, symbolically to create an awareness of self-efficacy or confidence. When suggesting that patients create and then visit a 'special place', I will often incorporate suggestions for competence and confidence symbolically with the imagery. The favourite place can also be used to help patients accomplish something (in their imagination), or to help adolescents work through fears about separation. I will then build on this when discussing the session after hypnosis.

So the favourite place is not always, or even usually, just a nice safe place. It is also a place where the patient can work through a problem in a way that is adaptive and that builds some mastery for dealing with that problem. For example, one adolescent I worked with had complex regional pain syndrome in her knee. When I first saw her, she was in a wheelchair. We would go to a favourite place, and she would imagine herself swimming. At first she was unable to swim with her own knees and her bad foot, but she could imagine swimming with someone else's knees and feet. Then, gradually, she began to use her own knees and feet. It was a process of desensitization in her imagination. Following this, she started being able to exercise in her imagination, and as she did this in her mind, she also began to be able to do it in the real world.

I use this strategy quite a bit with children who have chronic pain and are not functioning very well. I find it useful as a way to practise desensitization and adaptive functioning in the imagination before or at the same time as trying them in the real world. Some of the benefit is in working on fears that are associated with these activities.

The special place is also a good place to encourage mastery. For example, if the child is a soccer player, and his or her favourite place includes a soccer field upon which he or she is playing, I might suggest, 'As you are playing, notice how good it is to feel the wind, to be there. Just notice how good it feels. Let me know, by allowing your finger to lift, when you have control of the ball … and then notice how good it feels to be in control. Notice how the other people are running around after you, and how you can even hear the roar of your teammates, being so excited because you are playing so well. And then let me know when you make the goal.'

After the session, I always try to talk about what the patient experienced during the session, what happened in the special place. What did he or she learn, and how might this affect what he or she will do in the real world? For example, after the session with the soccer player, and especially for kids who might feel out of control and have little sense of self-efficacy, I often spend time outside of hypnosis talking about how it felt to experience a sense of mastery. I think this enhances the feeling of mastery, and helps to generalize that feeling into the child's day-to-day life.

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MUTUAL STORYTELLING

I once spent a summer at Great Ormond Street Children's Hospital in London, working in the oncology unit. I had asked to work with children who had particularly poor prognoses and to be introduced to these children as 'the storytelling doctor from America'. I would pull a chair up to the side of the child's bed and ask, 'Is it okay if I sit here and tell a story?' If I did not get a 'no', then I would sit there and start a story. But I let the child fill in important gaps. For example, I might say, 'There is a boy who is going to go on a special trip, and is he going to go by plane, or maybe by boat, or maybe by something else,' and then I would pause. If I heard the child say 'boat', I would say, 'Yes, by boat. And he is going to bring someone with him,' and then wait for the child to say whom the boy will be bringing. I did not ask what the child thought, but rather paced the story so that it continued to flow, but it was clear to the child that it was his or her job to fill in the gaps. Once the story was started, I just continued with it, and let it go in whatever direction the child wanted it to go. When it was time for the session to end, I would say, 'Okay. That is the story for today, so far. I will be back tomorrow. And if your mind wants to continue with the story, that would be fine.'

I try to use a good intuitive sense or creativity in storytelling, especially with younger kids, those who are really anxious, adolescents, or those who might have restricted imaginations. So I might ask the child if he or she would like to go on an adventure today, and if so, ask where he or she might want to go. And then we are off. I guide them on an adventure, allowing for more and more detailed imagery. I might say, 'Okay, we are going on a trip … and we are going through the forest … and we are going to feel so good in the sun, and look at the tree. Do you see the colour? Oh, look at that leaf … and did you see that right in front of us—is that a rabbit? Let's go take a look.' I try to appeal to the child's imagination and curiosity as a way of pulling him or her in, and developing the story together.

When I'm using this technique, I'm using the story as a metaphor for what I think this kid needs to overcome or needs to work on.

CONTROL STATION SUGGESTIONS FOR SENSORY CONTROL

Many children find the image of a central control station for feelings and sensations helpful for managing symptoms. After the hypnotic induction, I invite patients to 'look around' and find the place in their brains that is the central control station for feelings in their body. I tell them it might look like what an airline pilot would see, with all kinds of knobs and levers, or like computers. But whatever it looks like, I tell them to let their fingers tell me when they are there (usually by allowing the finger to lift). Then I say, 'Great. Now that you have found it, look around for the lever or levers that control the sensation to your stomach (if that is where the pain is; I name the body part rather than saying 'your pain'). Now, go ahead and start to turn down the volume. You do not want to turn it all the way off, because then your stomach would go completely numb. But go ahead and turn it down in order to have just as much feeling in the stomach that you would like to have. It's interesting as this happens … notice what happens in the rest of your system … you might find you have increased sensations in other parts of your body, like your fingers may begin to

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tingle ... or your toes ... and this is a signal that this process is starting to change ... and you are changing the central control.' I have used the central control metaphor to help with all kinds of problems. Mostly for pain, but also for improving functioning ('Find the knob that gives strength to your legs') or confidence ('Find the meter that tells you how much confidence you have, and notice the knob under the meter that controls this') or to reduce anxiety. Or even to help the person have more feelings of mastery in situations that evoke fear.

POST-HYPNOTIC SUGGESTIONS TO MAKE THE CHANGES THAT OCCURRED WITH HYPNOSIS PERMANENT

I do not make tapes for my clients and ask them to listen to the recordings. Once you tell a patient to 'take time to do this or that' it becomes homework; it becomes effortful and conscious. Instead, once we have had a successful hypnotic encounter, I tell patients something like, 'Okay, we've done this and your brain has experienced something useful. And now, it's a curious thing, because I don't know what will happen. Every person is different, but you might find yourself beginning to have moments when your mind is in a different state. It might be seeing pictures, it might be being someplace else, it might be just zoning out and just being, maybe just noticing sounds around you. And when that happens, just notice it. You don't have to do anything about it.'

The idea here is to set a state. It is pointing out that something has happened, something has changed. It is giving patients permission to be different in some way. And this is sort of appealing to kids' curiosity, noticing things like how your body feels. I would never suggest to children that they notice their pain. But I would say, 'Notice if your toes tingle.' I suggest that they simply allow the changes to happen. It is effortless effort. The effort is in the noticing; the changes themselves are effortless.

If they tell me that nothing happened, that they did not notice anything different, then I say, 'That's great, so we are learning some things.' Whatever happens, it's always great, always positive, because together we learn. Eventually, after trying different approaches, they come back and report some change. Then I say, 'Wow, that's really amazing, your brain is already beginning to make these changes. And now that this process has started, it will be very interesting to see how it unfolds.' It's always about how powerful their brains are, about the release of some intuitive sense of healing, and about noticing the positive changes. This appeals to their natural curiosity and expresses the clear expectation that things are going to be different, to change for the better. The idea is to communicate that what is happening during treatment is the beginning of a permanent shift. That it is the opening of the door for change. And the post-hypnotic suggestions are almost always about noticing the positive changes that are happening.

For someone who is having trouble sleeping, for example, at the end of the session, when I notice that the patient is deeply relaxed, I might try to encode that experience in his or her memory. So I might ask the patient to 'just notice how good it feels to feel good, how comfortable it feels to feel comfortable, how relaxed it feels to feel relaxed, just as you are now. And that feeling is forming itself in your

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27:4 291–302 (2010)
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brain … so that it can be called upon as a memory … by just counting very slowly from 1 to 10 with your body getting back to the comfortable and relaxed state as you are right now.'

Post-hypnotic suggestions for feelings of self-efficacy can almost seem like cognitive behavioural therapy (CBT) in hypnosis, which can be used outside of the session when the patient is aware of being anxious or breathing faster. The patient can use the experience he or she had during the hypnosis session to replace uncomfortable feelings that might come up outside of the session. Let's say that the patient had imagined running with a ball during the session, and found this comforting and relaxing. I might suggest that the patient can 'feel like you do now, any time you wish. You can notice yourself running with the ball, and then just notice what happens as the image of you with the ball comes forth on its own. Notice that when this happens your breathing slows down, and your whole body begins to change.' As opposed to an effortful stopping of thoughts followed by an effortful attempt to replace the thoughts with more adaptive ones (classic CBT), here I simply ask the patient to feel differently, and notice how feelings of comfort and relaxation occur naturally and effortlessly.

MAKE TIME AFTER EVERY SESSION TO DISCUSS WHAT HAPPENED DURING HYPNOSIS

After every session of hypnosis I take time to talk with the patient about what happened. I think this is very important because it consolidates the experience in a conscious way. This is especially so for younger kids who think more concretely, since abstract thinking develops during adolescence. It clarifies it in some way. This discussion is not a replacement for hypnosis, but rather an addition to it.

With young kids, I might just talk with them about what happened and how they felt about it. If a child was watching Bugs Bunny in his or her imagination, and was laughing, I would say something like, 'Well, it sounds like it really feels good to laugh. Gee, I wonder if you might be laughing more this week. It might be funny to see if the giggles erupt.' And then the parents might later ask me what is going on because their child is giggling all the time. In some ways, this is an extension of the post-hypnotic suggestions. It is a suggestion, made outside of hypnosis, but also made in the context of what the patient experienced. It's another opportunity to emphasize a suggestion made or to make another suggestion.

AVOID EFFORTFUL SUGGESTIONS

When working with children, I tend to avoid any language that suggests active effort or homework—words like 'practice'—because I think such language implies an extra burden, especially in chronic pain where kids and families already feel like they are carrying more of a burden than they deserve. I avoid language that implies adding something on top of what they are already dealing with. So the language I use has more to do with replacement or noticing changes: 'Notice that your breathing may suddenly start getting slower and easier … the out-breath is the relaxing breath, and the in-breath is the energy breath … and you may notice at times when you are

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feeling really tired, you may be taking longer in-breaths, because your body feels the energy or needs the energy … and if it does, just notice it.'

USING HYPNOTIC-LIKE SUGGESTIONS OUTSIDE OF FORMAL HYPNOSIS

I now use hypnotic-like suggestions during clinical interactions with patients in ways that I might not have done before. For example, when setting up a patient-controlled analgesia for acute pain management in a post-operative patient who would benefit from being aware of being hungry, I might simply say, 'Okay, now we are going to give you a very powerful medicine that you can use to feel more comfortable … and it might also make you really hungry.' During acupuncture for pain management with someone who is also fatigued, it might be useful to say, 'Some people who are tired find that they get very energized with acupuncture. I don't know why it is.' This is not formal hypnosis, but I think that it may use some of the same mechanisms involved in hypnosis for the benefit of the patient.

MJ: Anything else?

LZ: When I first started doing this work, I was much more structured in the way I worked with patients. I would begin with one of several inductions that I had memorized, then move on to deepening suggestions, then a favourite place, followed by a central control station, and then I'd finish with a post-hypnotic suggestion. But I think that with the structure came a loss of power. With experience, I have become much less structured, which means that each session is unique and much more individualized. Even though I may, and often do, use a central control station or favourite place, I might not always put them in the same order, and *how* I use them is tailored to the individual. I think this makes for more effective treatment.

Another thing I have learned is to not take myself too seriously. It's best to try to avoid feeling so responsible for the outcome that you get performance anxiety. The outcome has much less to do with your performance than with how you feel when you are with the patient.

I also think my work in hypnosis has affected how I interact with people in my day-to-day life. It alters your conversation. For example, I am much more conscious about when I use the word 'try'. This word invokes a challenge to the person and suggests a lack of control. I would not use that word now unless I want someone *not* to do something, and I would use it deliberately. Before my work in hypnosis, I might have used this word much more often, and remained unaware of its effect on people.

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27:4 291–302 (2010)

274 final.indd 302 02/12/2010 15:49