she walked with a cane, had limited movement in her head and neck, and continued to be depressed. Since she had received little relief from traditional medical treatments, she had begun to study the principles of self-hypnosis from library books. She slowly learned how to manage her pain through a self-induced state of hypnosis. While seated, she would close her eyes and visualize her pain as a lake. She became progressively more relaxed by continuing to use mental imagery to reduce the size of the lake. She used these techniques to make the pain more manageable and to deal with her anxiety over the exercises physical therapists asked her to do. The doctors at the Behavioral Medicine Clinic encouraged her to continue with the self-hypnosis on a daily basis, to be as physically active as possible, and to try to live without pain medications.

Within seven months, she:
- was nearly free of all pain
- was not taking any pain medications
- had increased her physical activity and was walking without the cane
- had returned to work part-time
- was no longer suffering from depression

Conclusions
Cases such as the one described here are helping to shift the focus of the medical community toward a biopsychosocial approach to the treatment of pain. This approach combines traditional medical treatments with psychological and social approaches to treatment. The most common alternative treatments are group therapy, relaxation therapy, biofeedback, guided imagery, and hypnosis.

The National Institutes of Health support these alternative treatments, especially relaxation therapy and hypnosis, for chronic pain sufferers. Several studies over the past 30 years indicate that hypnosis is especially effective at controlling both acute and chronic pain and at relieving the accompanying depression. Self-hypnosis is the technique preferred by many physicians and psychologists. It allows the patient more control and responsibility. It also lessens the chance that the physician or psychologist will be seen as a manipulator.
Understanding the Case Study

1) What is chronic pain?

2) Why did the woman in the case study learn self-hypnosis?

3) What imagery did she use for her pain?

4) How did she use this image to reduce her pain level?

5) What types of treatment are combined in the biopsychosocial approach to pain management?

6) Why do you think self-hypnosis relieved pain when all the other treatments failed in this instance?

7) If given the option of hypnosis or self-hypnosis to manage pain, which would you prefer? Why?