

# OHA Northwest

Oregon Hypnotherapy Association



# CRPS

Complex Regional Pain Syndrome

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# Greetings!

By Joni Brewer, President  
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I'm happy to announce that our 2023 Spring Event will be a hybrid meeting. You will have a choice to zoom in or come in person. I'm really looking forward to once again being able to meet in person. Meeting face-to-face is something that you've been asking for and I'm glad that we're able to finally do it.

Of course, I'm also glad that we're going to be having this event as a hybrid so we can welcome people from other parts of the state and world as well as have a presenter joining us from New Hampshire.

Our new venue is the Best Western hotel in Wilsonville. The Best Western gives us more space to grow and spread out and is easier to see the presenters.

We've been practicing our hybrid meeting skills and are as confident as you can ever be when using technology that the meeting will go smoothly. Of course, your patience and flexibility are much appreciated.

Our book club, spearheaded by Tish Paquette, continues to meet each month. In February, we read "Atomic Habits" by James Clear. Many of us have habits that we want to develop and certainly we help our clients develop habits too.

Here are a few things that I gleaned from the book that I hope you find useful too.

In the book, James Clear says "Ultimately, it is your commitment to the process that will determine your progress."

He goes on to talk about the 4 steps of the process:

1. Cue
2. Craving or desire
3. Response
4. Reward

It's really easy to see these steps when we look at a dog trained to sit.

1. Cue: "Sit"
2. Desire: the treat
3. Response: Plunking her bottom on the ground
4. Reward: Getting the treat

What does this look like with our client that wants to exercise more?

1. Cue: exercise shoes right by the door
2. Desire: To run a marathon or play with the grandkids or go backpacking
3. Response: Put on the shoes
4. Reward: Dopamine release as they congratulate themselves for keeping up the habit

The idea behind Atomic Habits is to make these things easy to do.

1. Cue: make it obvious - shoes by the door, a book that you want to read in your chair, foods that you want to eat are easy to get.
2. Desire: make it desirable - use an anchor for a desired state, and pair the action to something that you want to do such as watching Netflix while riding the stationary bike, or looking at social media after clearing the table.

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# Partnering Medicine

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## Partnering Medicine with Hypnosis and Psychology: Treatments for CRPS and Other Illnesses

As an Anesthesiologist specializing in pain management, one of the conditions that I treat is Complex Regional Pain Syndrome (CRPS), formerly known as Reflex Sympathetic Dystrophy (RSD).

Briefly, CRPS is a broad term for a pattern of symptoms including excess and prolonged pain and inflammation, often following an injury to an arm or leg. CRPS has both acute (recent, short-term) and chronic (lasting greater than six months) forms. One treatment for the debilitating pain is an injection of a local anesthetic into sympathetic nerves supplying the affected area. Although symptoms and signs are relieved by such treatment, long-term remission from such management is rare. The response to anesthetic confirms that sympathetic nerve activity is involved with this illness.

Sympathetic nerves are a component of the Autonomic Nervous System, which controls many bodily functions including heart rate, skin perfusion, digestive changes including salivation, and many more. Salivation is controlled by autonomic function and, since simply thinking about food can lead to salivation, I was led to ask if autonomic function-driven illness might be reversed using suitable imagery. Many well-designed studies exist supporting that this is indeed the case.

I began exploring this and was amazed to observe that of all patients referred to me, 85% were highly hypnotizable, and most were able to

reduce both symptoms and labile physical signs of the illness. Relief sometimes faded rapidly, but in other cases often persisted until the next visit to the clinic. Long-term remission did occur with continued treatment. One outcome was difficult to understand – approximately half of the patients able to reduce symptoms and signs would not re-attend for a continuation of treatment, training, and monitoring of symptoms

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## About

Dr. David Flemming was born in the Midlands of the UK and lived with his parents who were both educators and his three-year older brother Peter. When he was 3 years old, his father moved them to South Wales during WWII for their safety since the bombings and air traffic were more concentrated to the north.

The countryside was idyllic for two growing boys out exploring. Many fond memories were spent walking the grounds and climbing the walls of Llansteffan Castle.

Living in the rural community it was not uncommon for their local doctor to travel to their abode when necessary. It was in those moments that Dr. Flemming felt the lure and tug for medicine. With that idea running in the background throughout his school years, he invested his energies in the sciences: Biology, Physics, and Chemistry. In fact, it was such a beautiful connection for him he even won

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3. Response: Make this easy. Make it small. Quit before it becomes a chore. Focus on the action - Go to the gym for 5 minutes and leave, have 1 less cookie each day, or write just 1 paragraph.
4. Reward: This can be the dopamine release from the action itself, remembering how it felt to do the activity (playing with the grandkids, hiking, etc.) that was enabled by the action, or it can be the ability to do the action that you paired it to.

Tracking the habit helps you keep your eye on the ball and focus on the process rather than the result. Keep the streak going.

Don't change too many things at once.

One of the things that really stuck with me is that behaviors create identity. So even if all you can manage to do is put on your exercise shoes, that's a win. Do it consistently and it builds the identity of a person that exercises and pretty soon you're walking out the door. Then down to the sidewalk. It won't be long before you're walking miles.

I have my clients answer the question "What's the best you can do on your worst day?" and use that as the standard.

So, the question for you is what's one habit that you would like to have and what are you going to do about it?

Please reach out if you have any questions. I look forward to seeing you either in person or by Zoom on March 25th.

## CRPS | continued from Page 3

and signs. The question, "Why would someone able to reduce symptoms and signs withdraw from treatment?" was difficult to answer from the standard medical perspective.

I met with psychologist Dr. Michael Gainer, whose specialty was in the treatment of dissociative disorders. Dr. Gainer published an article demonstrating relief of dissociative disorders using hypnosis. Three of his patients suffering from CRPS gained remission when the dissociative disorder resolved. After discussion, we formed an integrated team. I was providing standard medicine, checking diagnoses, examining existing treatments to remove therapy that might lead to the condition worsening, and applying standard medical processes known to be effective. Dr. Gainer's role was to investigate patients' mood issues, use hypnosis to reduce symptoms and signs, and evaluate the mood and dissociative issues that could serve as maintaining factors.

Most importantly, Dr. Gainer searched for reasons why patients having the ability to reduce symptoms and signs using internal methods were reluctant to remain involved. The reasons Dr. Gainer found often included dissociation into ego-states having an autonomic function as a component that drives the illness. Dissociation almost always was a result of emotional or physical trauma suffered in the early years of life. These and related issues are complex, often requiring a well-trained and experienced psychological approach.

A third component of this integrated service was myofascial or massage therapy. Pain associated with CRPS is frequently accompanied by muscle spasms. Massage, especially when associated with either medical or hypnotherapeutic symptom reduction leads to relaxation of tension and a further reduction in pain.

Dr. Gainer's opinion was that after trauma, especially during childhood, people learn to escape by dissociating. The dissociated ego-state can adopt behaviors and autonomic functions that, even though having some damaging features, protect, including symptomatic disturbances manifested by autonomic function. Communication with dissociated ego-states is not fluent. Communication between cognition and the dissociated ego-states can be established under hypnosis using advanced

dialogue leading to an understanding of the state's function and the restoration of normality.

In this talk, we will explore cognition and autonomic function, CRPS diagnosis and impact, and consider other illnesses that might fit a similar treatment pattern. A critical goal is to continue research leading to improved integration of different treatment methods for this and other illnesses that might fit this pattern.

## Dr. Fleming | continued from Page 3

a prestigious national prize for his theory and application regarding transformers.

After graduating high school in the 60s, he had the qualifications to enter medical school in London. Upon graduation from med school, he needed to choose his field. Uncertain exactly what he wanted to focus his practice on, a sudden opening was available in Obstetrics. Why not, he thought and filled the position. He eventually ended up in North London in general medicine which also included an emergency room. Over time, it was apparent that their needs in treating patients were limited, with no Orthopedic doctor or Anesthetist.

So, Dr. Flemming did what any responsible doctor would do, he learned, adapted, and filled in setting bones for the more simple procedures, as well as learning to administer ether for general Anesthesia.

During his academic experience he does recall attending a hypnosis class to wit he chose to debunk the whole idea and prove it was utter folly. He and his flatmate decided after leaving the pub they would attempt to "hypnotize," one another. Yes, you guessed it...no results...hypnosis doesn't work...They proved it had no merit.

Having finished his training by age 30, he wasn't eligible to obtain a full position until he was 35. He decided why not go to America for those five years and then return to London and seek out a full-time position. That is exactly what he did and ended up at the University of Pennsylvania where of all places a

hypnosis course was once again being offered. So, he decided to attend and show everyone how futile this process was. This changed his life. Not only did his previous experience fade away, but it was also replaced with the realization of how powerful hypnosis is and how he was able to develop his skills and use them in multiple areas of his medical practice and private life.

Dr. Flemming ended up specializing in anesthesia and the value of nerve blocks. Through this work, he began to make correlations between the efficacy of this process and hypnosis and was impressed with the efficiency and speed, and level of success hypnosis provided.

During his career, he had several experiences dealing with a condition called Complex Regional Pain Syndrome. He and a fellow colleague, Michael Gainer, Psy.D, Ph.D. joined forces and in 1985 opened a clinic to treat this condition.

Over the years his hypnosis experience expanded in his work with CRPS, and in pre- and post-surgeries. Committed to his work and dedicated to providing the best care for his patients, he was willing and open to exploring other avenues of treatment that perhaps weren't as mainstream in western medicine.

He works at being a bridge to introduce all possibilities of alternative modalities for the success of his patients.

Dr. Flemming lives with his wife Joy in New Hampshire. He has four daughters and grandchildren. His family enjoys music, medicine, and psychology.

# Hypnosis Through the Millennia

By Tish Paquette  
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Throughout the centuries, Hypnosis once termed Mesmerism, had been used for multiple issues. We are now privy to the many documents and statements of its veracity by well-known names throughout history.

History is such a relative thing, most of us relate to pass history as if it is somehow relevant to our current experience and decision-making. Perhaps we investigate mostly within the scope of the middle of the second millennium (1001-2000) forward and identify it more easily with centuries like the 16th or 18th and so on. The centuries for the 1st millennium are 1 through the 10th century. It sounds rather ancient to even say millennium, but would it surprise you to know that Hypnosis was a concept back in the 1st millennium (1-1000) and probably prior to that? What is exciting to notice is how the advancement of Hypnosis and its authenticity took such a stronghold in the middle of the second millennium, (1001-2000, the 11th-20th century), and weathered all its superstitions and “black magic” connections to the present time. It certainly speaks of its longevity pushing through lifetimes to enable us, the Hypnotherapists of today in assisting mankind. Be honored that we stand on the shoulders of those who struggled, were defamed, persecuted, and still fought in the belief of its concepts, methods, and usefulness.

One of the more interesting, recorded examples of hypnosis from the 1st and 2nd millennia, was from a Persian psychologist and physician named Avicenna an Islamic Philosopher who is said to be one of the earliest to make a distinction between sleep and hypnosis.

First of all, I didn't even think of anyone being termed a Psychologist back then but relegated that term as more “modern” in Freud and Jung’s time. However, in 1027 Avicenna published “The Book



of Healing”. In it, he states that one could create conditions in another person so that he/she accepts the reality of hypnosis. Amazing for someone back then to research, test and come to that conclusion. So why the walk down memory lane? It is always a good idea to realign our thoughts and practices and investigate the whys and wherefores of what we are doing, and to follow the progress of hypnosis so we may still be encouraged to learn and grow and not become complacent.

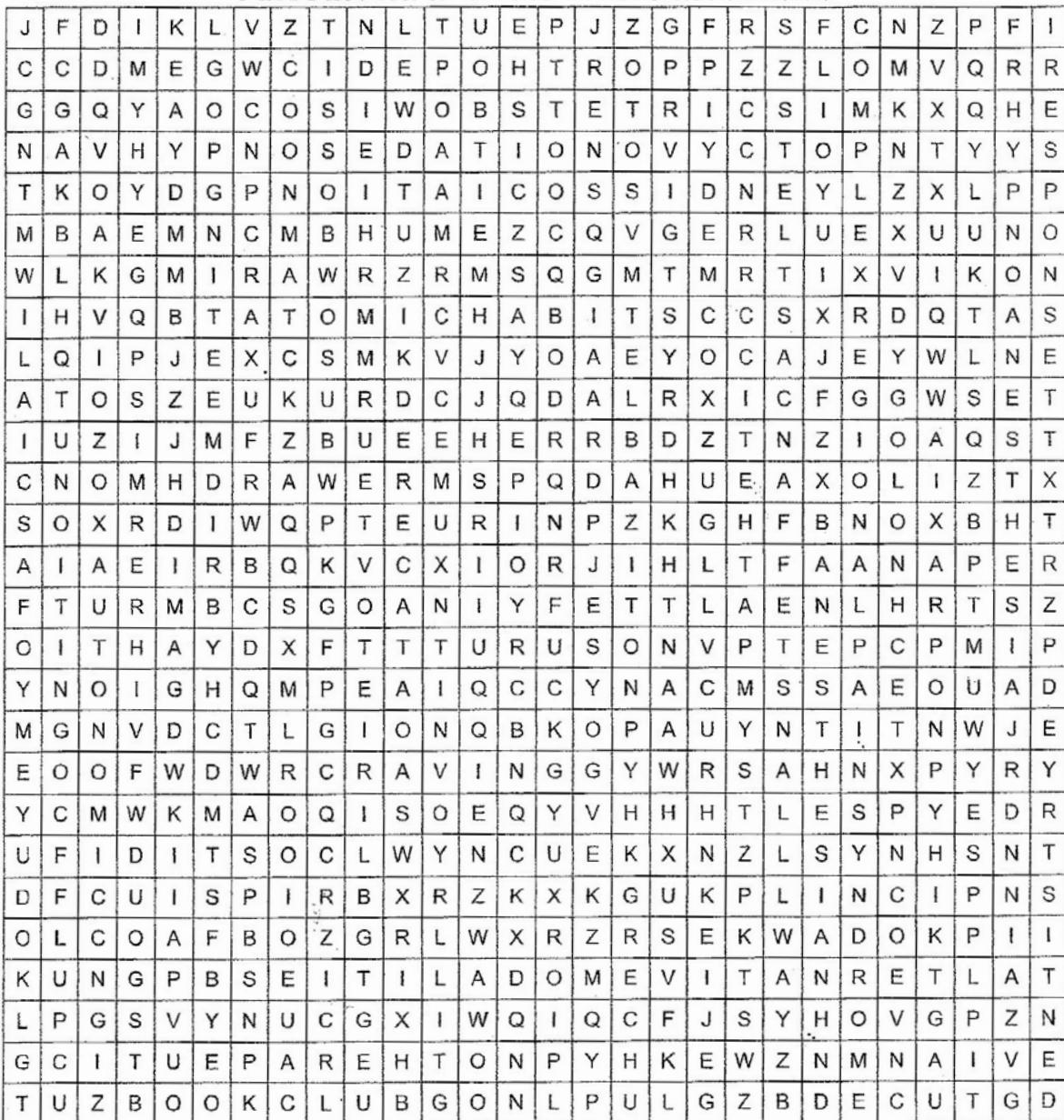
When we follow those greats from Mesmer and Mesmerism; Braid coining the term Hypnosis; Puysegur and Somnambulism; Esdaile 345 pain-free surgeries and hypnotic coma; Civil War operations; Charcot and Janet regarding dissociated personalities; Liebault with rapport; William James Neuroplasticity work in Psychology; Emile Coue “every day in every way I’m getting better and better;” Sidis and Le Bon suggestibility; Freud recover repressed memory and abreaction; Plantov and Pavlov for obstetric hypnosis; Milton Erickson Psychologist and Psychiatrist medical hypnosis, President of American Society Clinical Hypnosis, Psychiatric and Psychological Associations and Psychopathological Association; Dave Elman medical uses and rapid inductions, trained physicians and dentist; and Ormond McGill, Stage Hypnotist and Dean of American Hypnotists. We need to stand in awe of their work and dedication and belief in the effectiveness of our profession.

So where are we now? We are in the 3rd Millenia. (2001-3000) what can we continue to offer? It is certainly evident in the past two decades the advancement and acceptance of Hypnosis

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# Word Search

## Anesthesia and Alternative Modalities



ALTERNATIVE MODALITIES

ATOMICHABITS

COGNITION

CUE

DISSOCIATION

HYPNOANESTHESIA

HYPNOTHERAPEUTIC

LLANSTEFFANCastle

ORTHOPEDIC

SYMPATHETIC

ANESTHESIA

AUTONOMIC

COMPLEX REGIONAL PAIN SYNDROME

DENTISTRY

FOCUSED ATTENTION

HYPNOPRAXIA

HYPNOTIZABLE

MYOFASCIAL

RESPONSE

TECHNOLOGY

ASSOCIATION

BOOKCLUB

CRAVING

DESIRE

HYBRID MEETING

HYPNOSEDATION

INTEGRATION

OBSTETRICS

Reward

TRANSFORMERS

as a viable technique. Since the advent of Hypnoanesthesia, we now have Hypnobirthing, Hypnosurgery, Hypnopraxia, Hypnodentistry, and more continue to be added. In our modern era hypnosis is becoming a common partnership with the Anesthetist for surgeries in dental medicine, breast surgeries, brain tumors, hernias, hysterectomies, amputations, and more. Amazing what the seed of thought can accomplish.

Please note that Hypnoanesthesia, is not meant to eradicate the use of other forms of anesthesia but to complement it. Remember the effectiveness of the hypnosis process is predicated on the susceptibility of the patient. Therefore, not everyone can use this technique. Lastly, for these treatments and surgeries to take place, the Hypnotist/Anesthetist incorporates several sessions with the patient prior to surgery and it is then carefully monitored throughout the surgical process. There is also evidence suggesting that the post-hypnotic process has aided in faster recovery, less pain medication, and reduced days in the hospital.

This has proven to be a step forward in progress. I am sure our predecessors would be very proud of what has been accomplished in our field.

We have come a long way. What will the end of the millennia herald as our new advances in Hypnosis? The mind is limitless and stretches into all possibilities.

#### **Oregon Hypnotherapy Association**

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### **2023 Event Dates**

Spring Hybrid Conference: March 25

Summer Hybrid Conference: June 24

Fall Hybrid Conference: September 23

Earn 5 CE credits for each event you attend!

See you there!

### **Event Procedures & Protocols**

Microphone off except when speaking.

Mindful conversation, not a platform for: Politics, religion, or dispensing of medical advice.

Time is given at the end of session to promote your products (two minutes allowed).