

Complementary Hypno-Oncology

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A Summary Prepared for the APA Chapter of the National Guild of Hypnotists

Introduction

This curriculum is an addition to the Complementary Medical Hypnotism Certification program of the National Guild of Hypnotists. It is intended to expand the training offered in that program to include the specific techniques to use when working with persons living with cancer. Therefore, all persons receiving this training are encouraged to also take the actual Complementary Medical Hypnotism Certification. Wherever possible I have avoided duplicating materials that are part of the Complementary Medical Hypnotism certification program.

The techniques shared in this curriculum are those developed as part of the I Can Act Now (ICAN) Program at LaGrange Memorial Hospital in LaGrange, Illinois. Founded in 1991, it was the first hospital-based, medically approved program in America for the hypnotic treatment of cancer. I have been the director of that program since its beginning.

When some hypnotists seek out a training program such as this, what they are hoping to obtain is what amounts to a “spellbook,” a collection of scripts they can read to clients with specific disease conditions. That is not what this program is about. Script creation is not a difficult task and every hypnotist should be able to create his or her own material. Knowing what to say in such scripts is what is important. This curriculum will teach you how to analyze the core issues of a client with cancer and show you how to help a client deal with those issues. Improvement in the quantity and quality of life nearly always follows in the wake of such interventions.

As we begin this journey I want to remind all hypnotists about two rules:

- The Golden Rule of Hypnotism: Do No Harm
- The Silver Rule of Hypnotism: You Cannot Take Your Client Where You Have Not Gone.

Notions and Nomenclature:

- Persons Living With Cancer
- Complementary Medical Hypnotism
- Hypnosis, Hypnotism, Hypnotist
- Acuity Levels
- Anecdotal Accounts v. Controlled Research
- Statistics v. Particular Client Outcomes
- Medical Pessimism
- The Insurance Trap

The Profile of Persons Living With Cancer

While each individual is unique, the approach taught in this curriculum is built upon the foundation of the work of Bernie Siegel, M.D., and the Exceptional Cancer Patients Organization he founded. While the specific development of the material presented here is my own work, the guiding theory comes from ECaP.

Core Concepts:

- It is normal for a person living with cancer to be sad (depressed) and worried (anxious)

- While it is denied by the manufacturers, many chemotherapy agents seem to cause or increase sadness.

- Persons living with cancer are an infirm constituency. That is, they often do not know how they will feel until they get up that morning. Therefore, hypnotists working with this population must accept that there will be frequent last-minute cancellations of appointments.

- Chemotherapy damages short term memory (this is often called “chemo-brain”). Therefore, hypnotists working with this population must accept that there will be frequent no show appointments, or clients arriving at the wrong time.

- Repeated studies of this patient population have shown that they **tend** to be the care-taking members of their families who put everyone else first and themselves last, and may have other personality problems. This creates special problems in working with this population. Specifically:
 - Persons living with cancer will often feel that they are not worthy of the expenditure of money for a treatment not covered by their insurance company (i.e. that isn’t “for free”). Some quickly discontinue or fail to comply with their hypnotic regimen, even when it is obvious that it is working and they are benefiting, or will discontinue prematurely.

 - Some persons living with cancer are so unhappy or angry with how their lives have gone that they regard their cancer as the solution to their problem. They will often terminate hypnotism at the first sign of meaningful benefit.

- Dr. Siegel developed his techniques in the 1970s by studying those persons living with cancer who beat the odds. He discovered that these people had spe-

cific personality characteristics in common. He further discovered that if you could teach these characteristics to persons who did not have them, they would also begin to do better medically. The profile of a “good responding” patient is represented by the following acronym:

C – Crazy (maintain a sense of humor)

U – Unconventional (willing to explore options)

R – Self-Referencing (maintain a healthy self-interest)

E – Exceptional (maintain a positive expectancy)

In general, you will want to aim your coaching and hypnotism to encourage these traits in your clients living with cancer.

The Basics of Cancer

One out of every two men, and one out of three women will have cancer at some point. To understand what this means it is important to know that there are really more than 100 separate diseases that we call “cancer.”

Cancer is defined by:

- Site—the location where the cancer first occurred. This defines what general sort of cancer it is. Even if it spreads to other parts of the body, the disease will continue to be called by its original site. For example, a woman who has cancer in her bones may be said to have breast cancer, even if her breasts have been removed and the cancer can only be detected in her bones. Cancers that arise in different sites have different outcomes and different characteristic patterns of spread.
- Stage—whether or not the cancer has spread (formed metastases) from its original site, and if so, to what degree. Different cancers have different staging systems, but in general:
 - Stage One—the cancer is confined to the original site;
 - Stage Two—there is early spread to surrounding lymph nodes and tissues;
 - Stage Three—there is confirmed spread to surrounding organs;
 - Stage Four—there is substantial spread to surrounding tissue;
 - End Stage—the body has passed the threshold where it can repair itself and the dying process has begun.
- Type—the specific subclass that the cancer belongs to. Cancers in the same site on different people may be different types. Some cancers are very aggressive while others are not.
- Grade—the degree of aggressiveness for a particular cancer type in a particular patient. It is possible for two patients with cancers in the same site, at the same stage and of the same type to have very different outcomes depending on the grade of the tumor.

Cancer is treated by:

- Prevention/Early Detection;

- Surgery (typically only possible in early stages of cancer);
- Chemotherapy (there are multiple “lines” of chemotherapy);
- Radiation (Radiotherapy);
- Gene Therapy (for those cancers that have a genetic cause, or for those people who have a genetic inheritance that prevents their body from properly repairing itself);
- Monoclonal antibodies (Usually used in addition to surgery, chemotherapy and radiotherapy, these are artificial proteins that stimulate the immune system to attack cancer cells);
- Vaccines (the patient’s own tumor cells are removed, killed by radiation and re injected to stimulate the immune system to attack such cells);
- Antiangiogenesis (As most cancers need a blood supply to keep growing, drugs can be given to inhibit the ability of the body to create new blood vessels. The most promising of these drugs are Thalidomide, Angiostatin and Endostatin.).

At the present time most persons living with cancer will survive it. Childhood cancers are about 70% curable. Presently 54% of adults with cancer will reach the five year survival point. On the other hand, the incidence of certain cancers in the population is increasing.

The cause of cancer is unknown. In some animals cancer clearly has a viral cause and some human cancers may have it too. Chinese medicine hypothesizes that cancer is actually a symptom of a disruption in the body’s energy fields. Most contemporary medical thought subscribes to the “oncogenic” theory. That is, the belief that cancer does not have any single cause. Instead, our bodies produce cancer cells routinely as part of the normal mutation in dividing cells. Usually our immune system detects and destroys these cells quickly. However, in some individuals a cluster of risk factors come together in such a way to inhibit the immune system and a cancer becomes established. Some of these risk factors may be genetic, environmental, behavioral or emotional.

It is important for the hypnotist to know that while studies do show that once a person has cancer his or her state of mind is important in outcome, no studies show that state of mind alone is causal for the onset of cancer.

Research

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Exploratory Techniques; Unconscious Awareness

When making a hypnotic approach to a client living with cancer you need not only to get a general understanding of what is happening medically and to do a normal assessment, you must also conduct an exploration to determine what meaning the client is making of his or her illness.

In general, the human mind creates meaning as one of its primary functions. It attempts to connect events into some sort of a pattern that might allow one to control aspects of one's life. Therefore, when a person has a life-changing illness, his or her mind will make an interpretation of events and "decide" what the illness means.

Sometimes this interpretation is conscious and a client can easily tell you why they think they have gotten ill. Here are some examples:

"I was so upset over my divorce that I'm sure my immune system broke down and that's why I have cancer."

"Every man in my family has had cancer, and I didn't expect to be an exception."

"I've just been so busy that I've never had time to take good care of myself."

In the cases where the client comes right out and tells you why he or she thinks the illness has come into his or her life your work is easy. You will just use that. A portion of your waking and trance hypnosis will be aimed at helping the client deal with the meaning the client knows he or she has. In the examples above you might:

- Work through the issues of the divorce, perhaps confronting an image of the divorced spouse in trance.
- Bonding with one's ancestors through trancework that emphasizes family connections other than illness
- Creating the habits of good self-care.

However, in most cases the meaning the client has made of the illness will be unconscious, and you must excavate to uncover it. This section describes some techniques which are known to be effective for this purpose.

One metaphor for this process used by Dr. Siegel is to propose that the client's unconscious mind has a image of what sort of person he or she was supposed to be. The client's failure to live in accordance with that image is often felt by the client to be respon-

sible for difficulties in the client's life. Therefore, uncovering this "unconscious blueprint" and helping the client realize it in his or her life is often helpful.

The importance of this exploration cannot be overstated when working with clients living with cancer. Time and again I have seen clients rally and improve physically and emotionally when the client feels that he or she is really "on track" with who he or she was created to be.

Exploratory Methods

Drawing Analysis

Dream Analysis

OH Cards, etc.

Automatic Writing

Pendulum Analysis

Sentence Completion/Word Association

The psychosomatic methodology (e.g. Louise Hay)

Waking Hypnosis

Remember that hypnosis and trance are not the same. Hypnotism really is the art of suggestion. Hypnotists use trance because it increases a client's receptivity to suggestion. However, it is possible to deliver suggestions without trance. Such use of suggestion is called "Waking Hypnosis."

When working with clients with cancer you will make extensive use of Waking Hypnosis. All of your professional conversations with your clients should include a steady flow of positive suggestions regarding good outcome, and suggestions intended to promote the characteristics of persons who do the best when living with cancer.

This section of the curriculum teaches you the basic strategies to use with your clients during Waking Hypnosis. While you can and should incorporate these themes into your hypnotic trance scripts, your conversations with your clients should be full of the following themes:

- Explanatory Style Improvement and Positive Expectancy (Mood Elevation)
 - Martin Seligman, Ph.D. (pups, students, cancer)
 - A client's "Explanatory Style" is the characteristic way he or she explains the world to him or herself. Clients must be guided to a relentlessly positive mental attitude and confidence in good outcome at all costs.
 - The goal is to help a person explain the world to him or herself in a compassionate and tender way. As participants develop an explanatory style that is consistent with compassion and tenderness, and inconsistent with distrust and pessimism, they experience a general improvement of mood and a sense of well-being.
 - Hypnotically this agenda is advanced by direct and indirect hypnotic suggestion that teaches reframing of childhood learning and beliefs and ego-strengthening. Time-Line interventions, future pacing, age regression to initial sensitizing events or to times of strength, Hartland techniques, forgiveness and releasing are common metaphors that are employed in hypnotism intended to address this issue.

§ Future Pacing

- Good responding patients living with cancer have both an enjoyment of the immediate present and a positive sense of something in the future to live for. Your conversations with your clients should keep before them a positive image of the future at the three, five and ten year points.

§ Maintaining the Locus of Control

- In order to encourage patients to comply with treatment everything in the medical environment is intended to encourage them to feel dependent and child-like. Good outcome clients with cancer do not fall for this. They ask questions, insist on being addressed properly and with respect, demand to know all options, and select the options they deem right for themselves. These behaviors are always to be encouraged.

§ Boundary Setting (Assertiveness Training) Persons living with cancer characteristically have difficulty putting themselves first and with standing up for themselves.

- The use of “You” v. “I” Statements.
- Emotional Communication (“I feel that....,” or “That makes me feel....”).
- Orientation to the External World

§ Relationship management

- One very dark reality of this work is that you will encounter clients who view their illness as the solution to a bad relationship. However, using good referral resources it is often possible to correct this with astounding results.
- The “Staying on the Line” model.

§ Management of Rebound Anxiety

- Nearly all persons living with cancer will experience this and need to be reassured it is normal.

§ Energy Conservation

- Draining Relationships (correct or complete them)
- Draining Tasks (do them, hire them, chuck them)
- Absolute Yes Items

Trance Hypnosis

The mainstay of hypnotic work is Trance Hypnosis. Ironically, for hypnotic oncology it is the least important skill. Your clients will expect you to induce them into trance and it is necessary that you do that well. However, my own experience has taught me that the real work happens during Waking Hypnosis. For your trancework you can easily adapt any hypnotic script to this purpose.

Here are the techniques you must master for your trancework when working with clients living with cancer:

- Guided imagery and visualization methodologies
 - O. Carl Simonton, M.D., Stephanie Matthews-Simonton, James L. Creighton, *Getting Well Again*
 - After some spectacular early successes, this methodology has been found not to fulfill its early promise. Still clients living with cancer will expect you to use it as it is a part of the popular cultural expectation. There is no harm in doing so. In addition to specific images of the body destroying cancer cells, be sure to add other imagery that captures the themes listed above in the Waking Hypnosis section.
 - Illness as Metaphor Technique
- Cell Command methodology
 - This is almost a kind of “Parts” technique. In this technique you verbalize your suggestions as if you were actually talking to the cells themselves.
- Pain Control. These techniques are a formal part of the Complementary Medical Certification Curriculum.
- Symptom Control
 - Nausea

- Lethargy (be careful you do not encourage a client to over-extend themselves; energy liberated by hypnotic means is to be used for rest and recreation, not work).1919

§ Physiological Regression Techniques

- Simple Trance
- Chemo Cap. This technique discourages hair loss during chemotherapy by either imagining the hair cells being sheathed in some protective material or by the image of coldness. This hypnotic intervention often works but is not recommended.
- Parts Analysis. This technique involves splitting the Self System of the client up into parts and working with the parts separately.
- Medical Regression. The technique allows you to undo the negative self-hypnosis that was likely done at the time when the client received his or her diagnosis and prognosis from the physician.
- Classical Hypnoanalysis
 - Initial Sensitizing Event (ISE)
 - Subsequent Sensitizing Events (SSE)
 - Symptom Producing Event (SPE)
 - Symptom Intensifying Event (SIE)

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