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## **Hypnotherapeutical Treatment of A Cancer Patient**

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I would like to present the case of a woman, who suffered from and died of cancer. Her disease began as a sarcoma of synovialis (connecting tissue) in her right foot and when she died the cancer had spread to her lungs, almost preventing her from breathing.

At first glance it does not seem to be a case of successful hypnotherapy, because she did not survive. I feel, however, this case is worth discussing, because it adds another approach to the variety of different ways of treating cancer patients, especially in helping the patient to:

- experience a state of profound relaxation,
- increase his sense of being in control of his life,
- and assist in finding new understanding of life.

As I understand this case it includes a lesson I had to learn about therapeutic relationships on a very deep level, and it shows some mistakes I made, when I tried to match the client's internal model of the world.

Though the client died she had made peace with herself and there was no unfinished business left at the end of her life.

### 1. INTRODUCTION

At some point in the mid eighties, I began to work with cancer patients who come to see me from time to time in my private practice. Even today it is not really clear to me why I chose to work in this particular field instead of doing research, let's say, in experimental hypnosis or in the area of Psychoneuroimmunology which always fascinated me a lot. In those days I had read the book 'Getting Well Again' by the Simontons, and "it blew my mind". So I intended to put my understanding of the Simonton approach into psychotherapeutic practice. I felt the most important elements of this approach were:

- getting into a profound state of relaxation
- visualizing one's fight against cancerous cells
- getting new frames to understand one's own biography.

From the concept of B. Newton I adopted the following hierarchy of objectives:

- improvement of the patient's quality of life
- prolongation of life
- recovery

I, however, saw myself mainly as a fighter **against** cancer in those years. Like many other psychotherapists I enthusiastically hailed each incremental improvement of the average life expectancy, shown in the psycho-oncological statistics, e.g. the results given by Newton's statistics for breast cancer as opposed to those of Simonton's.

I've somewhat dissociated myself from this approach since then. I owe a great deal to the Simonton and Newton concept of that time. Books authored by LeShan or B. Siegel have influenced me too.

During the second half of the eighties I tried to develop my own approach to deal with cancer patients, based on the therapeutic concepts, devices and tools which were available to me at that time, including Ericksonian hypnotherapy and Neuro Linguistic Programming (NLP).

## 2 - THE MODEL

The basic ideas of the model I came up with are very simple:

- (1) Whenever a client complains about symptoms - for instance of cancer - which are beyond his conscious control, an unconscious part in his inner self "must exist" which has good reason to cause these symptoms. That is the first presupposition of the model. This idea can be traced back to some of Erickson's cases; it can be found in David Cheek's hypnotherapeutic concept, and it is the basic assumption of the classical six-step reframing model of Neuro Linguistic Programming.
- (2) Supposing this holds true, this unconscious part should not be fought against. On the contrary, the client should get help which enables him to communicate with this part of his inner self in order to get to know and step by step understand the good reasons it has. The successful negotiation between both of them creates new "psychosomatic" solutions (in the original sense of the word 'psychosomatic'). That is the second presupposition of the model.

If I decide to use this model as a guideline for doing psychotherapy I induce my clients into a trance and get in touch with their unconscious part responsible for the symptoms. During the following sessions, the therapy aims at the client's reconciliation with this part. When he has done so, the patient will hear and learn from this part what he should change in his life - so that some day the symptoms are no longer necessary (if at all possible). This includes that the unconscious part must be involved in the client's orientation towards the future and that a visualization of the client's physical recovery and healing must be developed under its guidance (again: if at all possible).

In my point of view, this model is just another example of Erickson's statement "Trust the Unconscious" or Roger's statement "Trust the wisdom of the organism".

## 3 - BEGINNING OF THERAPY

As requested by her physician, a very successful attractive business woman in her mid-forties came to see me for psychotherapy. She had been suffering from cancer, from a sarcoma of synovialis in her right foot. After an operation the foot did not heal well and she had been suffering from severe pain for a long time and walked with a limp.

Having gone through Rogerian therapy because of marriage problems a couple of years before she already knew the jargon when she came to my office. So, I quickly got some facts about her childhood:

She grew up in a small town, her parents had always been extremely busy with their work, and, on top of that, they had been alcoholics. She did not get along with her two elder brothers. Being only a girl her parents had refused to allow her to finish high school. Her working life began behind a counter in a post-office. Later, wanting more out of life and in order to prove her capabilities, she opened several boutiques which belong to her today. She had been married, for fifteen years, but she and her husband, an artist, were separated. She also complained about sexual problems. Having read a couple of books about cancer and how to get well again she wanted to know if there could be an unconscious wish to die which she would not be able to control; and also: what the deeper meaning of suffering from a sarcoma in the foot could be as opposed to suffering from cancer in a different part of the body. She talked a lot, but never complained about the severe pain in her foot, rather she treated it as a big joke.

We agreed to work together and to look at her life in order to find out about the psychological reasons which could somehow block the functioning of her immune system. I mentioned that there would be some interruptions, because I had to go from Berlin to West Germany to teach training seminars there on a regular basis.

The next step of the psychotherapy was to convince her that my belief system holds true, that there must be an unconscious part of her which is responsible for the ongoing disease in her body. Then I asked her "If you were able to see this part, what would it look like?". She developed a light trance in order to visualize this part and saw a light feminine figure, standing next to her apparently waiting for a dialog. She knew immediately that this part represented what she called "her better self". I supported both of them carefully in beginning an honest relationship, in working out the hostility and desperation, and step by step in starting the long overdue conversation about the positive intention behind the disease.

To summarise the long, very emotional dialog: she received basically two messages from her internal figure:

- (1) The way she lived was not satisfying and not in accordance with her own values, but, until now, she did not want to know about it. Being in her mid-forties she still hoped for better times, but didn't know how to create them by herself;
- (2) If she would begin to change her lifestyle, the part would assist her. So for the moment the general direction for change was for her to pay attention to her body and her feelings.

She gradually understood what she was told. Then she talked about an uncertain feeling of not being herself, of living her life according to the expectations of others or of trying to live like models in TV-shows. I learned that she was an alcoholic, addicted to champagne; and she talked about her fear of dying that would suddenly seize her and against which she could not defend herself. It seemed to be more than just the fear of dying from her disease.

Looking back I think, I did not completely understand then what she was trying to communicate. I took it as a kind of behavioral difficulty or problem of cognition and internal strategies. My intervention did not address what I call now the level of identity.

We both focused our psychotherapeutic cooperation (actually we were now three parties in a therapeutic triangle) on issues like:

- how to get into a profound state of relaxation
- how to find out about her own wishes
- how to pay attention to her body (especially the pain in her foot) and her feelings.

In order to accomplish these goals I trained her to do self-hypnosis, we did some regression work about situations of abuse in her early childhood, which we found out about under the guidance of the internal figure. The part was also very helpful in identifying and refining future goals, so it was easy to do some progression into difficult situations of her personal and professional life, in order to make her feel safe instead of putting up walls outside and within against feelings of anxiety.

I, of course, attached great importance to recording a relaxation tape for her with her personal place of rest (I adopted this idea from the Simontons) but using the linguistic patterns of hypnotherapy. One part of this trance cassette provided the possibility of meeting her internal figure in order to get help for handling daily problems, another one experiencing a possible future when her body was healed.

After a while she had learned to allow herself to be more herself in her professional life and she was able to experience states of deep relaxation under the guidance of her part.

#### 4 - THE FIRST RELAPSE

It seemed, that she was making progress, but a routine check up in autumn showed dissemination of cancer cells in the lungs, which had grown rapidly in the last 2 months - like an explosion. The statistical life expectancy was very low now; according to the diagnosis of her physician in Berlin, she would barely live to see Christmas. She had a kind of truth telling session with him; he told her, that from his point of view chemotherapy and radiation probably could give her a respite, but would not heal her in the long run (2). So if she decided to undergo medical treatment, she would probably gain time "to put her psychological problems in order" and that may provide a basis for healing. She talked a lot with medical doctors as well as with her internal figure before she decided to undergo chemotherapy.

I was shocked, since I had not expected such a bad result. I asked myself what I had overlooked in her therapy, and what I could possibly have done more effectively, but I could not find an answer. Her part answered the question and said, even though she really did make a lot of progress in terms of quality of life, she sometimes just doesn't believe, that on a deep level a change in her life is truly possible, she doesn't believe that she will be able to live a meaningful life.

We focussed our therapeutic cooperation even more intensively on her future and the long-term goals for the rest of her life.

Using the metaphor of a movie theater as a framework, she asked her part to show her scenes of a potential future in order to find out whether she would really like those possibilities. One of those pictures was as follows: She saw herself talking to a group of people and it seemed she was telling them something of importance. The place had a very affectionate and relaxed atmosphere. A meaningful day had ended. After the group had gone, she saw herself staying behind, alone, crying. As she observed the scene she was disappointed at first and thought "same old story again". After being requested, however, to 'take a closer look', she discovered that her tears had been tears of joy, namely the joy of having had such a beautiful and moving experience with other human beings, of having been at a place that corresponded to her values. She was happy with this outlook as well with the other scenes, created by her part.

She asked her part what else is preventing her from getting better. The answer:

- (1) Sometimes she is just doing, what other people are doing, because she does not know, what is really important to her (in the rest of her life). She labeled this kind of experience the "television life". Here again I think I missed the whole meaning of what she tried to communicate.
- (2) She should find about what time and life means to her.

I produced another tape focussing on the subject of life as a flow of many experiences while time elapses - and of life as a sequence of many answers that we are given without having consciously asked questions - one topic following another, perhaps like a piece of music with several recurring themes and melodies - so as time passes by it is often impossible to say what actually had been caused by what - so the question about the "why" can become superfluous in the end. The client listened to this cassette until she died because she kept discovering so many "shades" about the meaning of life in it.

In this period of time she sometimes she experienced the very strong chemotherapy "as a rape" and she had recurring doubts whether to continue with her therapeutic endeavors or whether she should just put an end to her life. In those situations she refused getting support by her part. At other times, going into trance and experiencing the supporting relationship with this internal figure helped her to deal with the side effects of the chemotherapy. Before she got the infusions, she visualized it standing at her sides, holding her and talking to her like a mother and most of the times she felt safe and relaxed. The same way she dealt with the intensive radiation treatment. Then her internal figure helped her to visualize her potential future and add more and more details to it!

This combined treatment had a suprisingly good outcome: Two weeks before christmas the medical diagnosis stated: the cancer was partly in remission, partly in stagnation.

## 5 - CRITERIA FOR "TRUE LIFE"

She felt good; not only about the diagnosis but also about the changes taking place in her personal life. So she decided to spend Christmas together with friends at the french coast. When she came back, she told me that she had experienced something like unconditional

love of her internal figures. She said "Feeling this love it was so easy to relate completely peacefully to the people there".

Another experience that she called 'intensive, affectionate human contact' was overwhelming for her. She had met a ten-year old boy with whom she had had the impression that she could meet him without pretence, without prejudice but with a "warm and relaxed stomach and with an open heart". She felt deeply connected with him. She said: 'To just call it talking to him, would miss the point completely.'

I asked her to find a label for this kind of experience, and she called it "true life", meaning the kind of life she really considered to be worth living. She felt that she was longing all her life for the ability to relate in a peace- and mindful way to other humans as well as to herself! Assisted by her parts, she identified and developed her criteria for true life. The parts provided the corresponding images, e.g.

- to be openhearted and respectful = sunflowers
- to feel connected to nature = a sunset
- to be able to follow the inner voice = a golden luminous path

Once the criteria were conscious she started to reconsider her relationships with many people by checking whether or not her conceptions of the relationship match the symbols. After re-evaluation she changed a lot in her personal as well as in her professional life. Personal relationships became more meaningful in terms of love and the professional relationships were easier to handle.

In a similar way we continued to create a possible future; her internal figure drafted a mental picture about on how she felt a true life partnership should be.

I realized that her point of view of looking at her whole life had changed. She was now able to see that it was a life full of experience, full of learning about issues which were very important to her.

## 6 - THE SECOND RELAPSE

Since she wanted to try everything to make herself healthy again, she decided to go to a hospital that, in addition to usual medical treatment also specialized in holistic treatment. Her part agreed but gave her the message: the most important issue she has to deal with is to learn to love herself. In early summer she returned from the hospital with the results that the disease had receded a little bit more. She told me that in the hospital she had initiated a group for the cancer patients and had talked to many of them about the concept of true life. She had been able to help some of them, but she herself had missed psychotherapeutic support there. She added, however, that never before in her life had she felt so much awareness.

A couple of weeks later, however, she had difficulties in her breathing again and the x-ray showed, that the cancer in her lungs had grown rapidly. Talking with her part about the reason for this relapse, she was reminded of a severe problem she hadn't talked to anybody about

including the part. Her best friend who, too, had suffered from cancer some time in the past and had fought against it, convinced of winning the battle, had died during the client's stay in hospital. To make matters worse, her husband had told her about this after her friend had died, so she was not able to say good bye to her. At the same time, she had learned from her husband that he had found a new partner. The part explained that since then she had partly given up believing in her future and so the cancer grew again. It had a second message for her: she should not panic. Instead of thinking about tomorrow she should try to totally and intensively live every moment of today, just to be in the here and now. Then the question of recuperation would not be that important any more.

She said she was sure that she would understand it somehow, because 'since the beginning of psychotherapy I've learned more than in the forty years before'. And for the first time in her life she had experienced unconditional love not only from her internal figure but also from some other people. Moreover, it had been the first time that she was able to perceive, without questioning, that she was loved by some people. But, she said, she still had sometimes this feeling of not being her actual self.

Assisted by her part we did some regression work, which led us to her fetal state: back to the fourth month of pregnancy, when her mother had tried a couple of time to abort her! Her father hadn't wanted the baby at all. At the end of this difficult intervention she made peace with her parents, and felt much more herself. The way she now looked upon her whole life became a sort of a paradox:

- on the one hand, it has been a life full of severe problems resulting in the terminal disease;
- on the other hand: it has been a life to learn about the deeper meaning of love!

## 7 - THE END

She went back into the clinic to continue with another variation of her chemotherapeutic treatment. But this time it was more the wish of one of her doctors rather than hers. I had been teaching workshops for 3 weeks in West Germany when she called me. Because the cancer had grown very rapidly, severely interfering with her breathing and because of her personal outlook regarding her life, she had decided to end her life, assisted by her internal figure and the ongoing communication with it.

Once she made that decision, her physician in Berlin provided oxygen to assist her in order that she could obtain closure with the people present in her life. I arrived the day before she died, after she had completed this work. A few close friends were with her. The atmosphere was peaceful, there was an absence of anxiety and stress. Although handicapped by her breathing she was more mind-ful, relaxed and clear eyed than I had ever seen her before. She told me, how she enjoyed the dawn and every moment of the sunset in her little garden that last morning; we talked about what living and dying meant to us; what we had learned together since we first met. We even joked about who would come to whom in the next lifetime to get help - and what psychotherapy might be like in the next century.

I would like to summarize some of her thoughts about the psychotherapy:

- the most important lesson for her (she was ashamed to say it because it is so simple and lots of human beings had stated it before) was: "love yourself and love the world around you!"
- her most important discovery was that she was loved unconditionally by some people, and was able to recognize that when she had been unable to before.
- her most important and final experience was that of peace. There was no unfinished business left in her life. It just was ... nothing more, and that was perfect.
- her most important expectation: Dying will be a journey to another level, on her goldenluminous path that she once experienced, with the assistance of her part as a guide.

Sometimes I wonder what would have been different for her if I would have been able to address my psychotherapeutic support to these issues (the level of identity and the meaning of life) right on from the beginning of our relationship. Looking back to that special day I just feel honored without thinking that we shared this kind of experience together. It might be a part of the answer to the question "Why do I work in this field".

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