

# Cancer Palliation: Layered Hypnotic Approaches Mending Symptoms, Minding Hope, and Meaning

Advanced cancer often produces significant symptoms such as pain, anxiety, insomnia, nausea, and cachexia; many symptoms require medication adjustments in dose and route of administration, and most patients have significant symptom burdens near the end of life. Treatment strategies that integrate mind–body approaches, such as hypnosis, to improve symptoms are increasingly being studied and utilized. The current article addresses the role for adjunctive hypnotic approaches to relieve suffering from pain and other symptoms, while fostering hope, even in the midst of advancing illness, similar to Snyder’s (2002) metaphorical painting of “a personal rainbow of the mind” (p. 269). We describe specific clinical indications, technical modifications, and imagistic language used in formulating hypnotic suggestions in the face of illness progression. Furthermore, we specifically describe formulation of layered hypnotic suggestions with intent to intentionally weave suggestions to modify symptoms and link to suggestions to enhance hope and alter time perception. This approach offers the opportunity to transform an experience often defined by its losses to one in which hidden opportunities for growth and change emerge within this transitional life experience.

Patients facing advanced medical illness often experience significant symptoms such as pain, anxiety, insomnia, nausea, or cachexia. Integrated treatment strategies that combine traditional pharmacological treatments with mind–body approaches are increasingly being utilized to improve outcomes. Patients must also work through the denial and anger that commonly accompany new diagnoses. Families often struggle to support the patient through physical and psychological symptoms of advancing illness. The demand for complementary approaches has dramatically increased, and

professional training in these therapies has become more generally available (Eisenberg, 1997 Eisenberg, D. (1997). Advising patients who seek alternative medical therapies. *Annals of Internal Medicine*, 127(1), 61–69. doi:10.7326/0003-4819-127-1-199707010-00010[CrossRef], [PubMed], [Web of Science ®], [Google Scholar]; Eisenberg et al., 2016 Eisenberg, D. M., Kaptchuk, T. J., Hrbek, A. L., O'Connor, B. B., Osypiuk, K., Wayne, P. M., ... Levy, D. B. (2016). Establishing an integrative medicine program within an academic health center: Essential considerations. *Academic Medicine*, 91(9), 1223–1230. doi:10.1097/ACM.0000000000001173[CrossRef], [PubMed], [Web of Science ®], [Google Scholar], 1993 Eisenberg, D. M., Kessler, R. C., Foster, C., Norlock, F. E., Calkins, D. R., & Delbanco, T. L. (1993). Unconventional medicine in the United States. *New England Journal of Medicine*, 328(4), 246–252. doi:10.1056/NEJM199301283280406[CrossRef], [PubMed], [Web of Science ®], [Google Scholar]).

Dr. Albert Schweitzer (1931 Schweitzer, A. (1931). *On the edge of the primeval forest*. Retrieved from <https://archive.org/stream/ontheedgeofthepro007259mbp#page/n9/mode/2up> [Google Scholar]) the Nobel Laureate astutely notes the origins of profound existential suffering frequently begins as an uncontrolled physical symptom such as pain: “We all must die. But if I can save him from days of torture, that is what I feel is my great and ever new privilege. Pain is a more terrible lord of mankind than even death himself” (p. 92).

Dame Cicely Saunders MD, the founder of modern palliative care (PC), then defines “total pain” as human suffering resulting from the summative distress within physical, social, psychological, and spiritual domains. Care for the whole person must address these multiple dimensions of experience to mend symptoms, support hope, and facilitate healing (Mount, Boston, & Cohen, 2007 Mount, B. M., Boston, P. H., & Cohen, S. R. (2007). Healing connections: On moving from suffering to a sense of well-being. *Journal of Pain and Symptom Management*, 33(4), 372–388.

doi:10.1016/j.jpainsymman.2006.09.014[[CrossRef](#)], [[PubMed](#)], [[Web of Science ®](#)], [[Google Scholar](#)]). Hutchinson (2012 Hutchinson, T. A. (2012). Whole person care. In T. A. Hutchinson (Ed.), *Whole person care. A new paradigm for the 21st century* (pp. 1–8). New York, NY: Springer [[Google Scholar](#)]) reminds us that healing fundamentally derives from being in congruent relationship with the sufferer through “the best intuitive use” of our self.

Healing is one response to suffering, the wounding the sense of one’s core identity, and can be “fostered by hope.” Healing derives from one’s sense of connectedness with self, connecting one with deepest meaning and purpose and often fostering deep attachment to others and the natural world (Mount et al., 2007 Mount, B. M., Boston, P. H., & Cohen, S. R. (2007). Healing connections: On moving from suffering to a sense of well-being. *Journal of Pain and Symptom Management*, 33(4), 372–388.

doi:10.1016/j.jpainsymman.2006.09.014[[CrossRef](#)], [[PubMed](#)], [[Web of Science ®](#)], [[Google Scholar](#)], p. 384).

The current article addresses the role for adjunctive hypnotic approaches to relieve suffering from pain and other symptoms, while also fostering hope even in the midst of advancing illness, similar to Snyder’s (2002 Snyder, C. R. (2002). Target article: Hope theory: Rainbows in the mind. *Psychological Inquiry*, 13(4), 249–275. doi:10.1207/S15327965PLI1304\_01[[Taylor & Francis Online](#)], [[Web of Science ®](#)], [[Google Scholar](#)]) metaphorical painting of “a personal rainbow of the mind” (p. 269). By restoring one’s sense of connectedness and integrity, healing becomes possible even in the face of terminal illness. This article discusses clinical strategies designed to simultaneously address symptom modification and altered meaning of symptoms, while also enhancing personal integrity and responsiveness to other treatments. This requires intentionally layered suggestions directed at each level of suffering, and offers the potential for personal and transformational growth in the face of advancing illness.

So how can these layered hypnotic approaches capture hope and mend healing connections within the sufferer? The answer looms in the art and the process of therapy. Yapko (2014 Yapko, M. D. (2014). The spirit of hypnosis: Doing hypnosis versus being hypnotic. *American Journal of Clinical Hypnosis*, 56(3), 234–248. doi:10.1080/00029157.2013.815605 [[Taylor & Francis Online](#)], [[Web of Science ®](#)], [[Google Scholar](#)]) describes good therapy as “the artistry of knowing what to say, the artistry of knowing when to introduce an idea, and when to introduce a suggested idea” (p. 239), and Ewin (2009 Ewin, D. (2009). *101 things I wish I'd known when I started using hypnosis*. Carmarthen, Wales, UK: Crown House Publishing Company Ltd. [[Google Scholar](#)]) describes the role of formulating hypnotic suggestions: “We are treating people with words, so the dictionary and thesaurus are our pharmacopeias. What we say, what we omit, and how we say it matters very much” (p. 1).

The language of the sufferer opens “a doorway to another world—the world of the person sitting right there” (Gordon, 1988 Gordon, D. (1988). The role of language in therapy. In J. K. Zeig & S. R. Lankton (Eds.), *Developing Ericksonian therapy: A state of the art* (pp. 164–182). New York, NY: Brunner/Mazel Publishers. [[Google Scholar](#)], p. 180). Adjunctive hypnotic suggestions and metaphors that utilize patients’ words and imagery (Handel, 1998 Handel, D. L. (1998). Hypnotherapy and dying: Joshua’s journey. In W. J. Matthews & J. H. Edgette (Eds.), *Current thinking and research in brief therapy: Solutions, strategies, narratives* (pp. 119–136). Philadelphia, PA: Taylor & Francis. [[Google Scholar](#)], 2000 Handel, D. L. (2000). Pain therapies in cancer care. *Cancer Pain Forum*, 2(Winter), 9–10. [[Google Scholar](#)], 2001 Handel, D. L. (2001). Complementary therapies for cancer patients: What works, what doesn’t, and how to know the difference. *Texas Medicine*, 97(2), 68–73. [[PubMed](#)], [[Google Scholar](#)]; Kershaw, 1994 Kershaw, C. J. (1994). The healing power of the story. In S. R. Lankton & K. K. Erickson (Eds.), *Ericksonian monographs, number 9: The essence of a single session success* (pp. 146–149). New York, NY: Brunner/Mazel. [[Google Scholar](#)]; Néron, 1995 Néron, S. (1995). *L’Art et les voix de*



*l'accompagnement*. Montreal, Canada: Mediaspaul. [[Google Scholar](#)]; Néron & Handel, 2014 Néron, S., & Handel, D. (2014). *Hypnotic approaches in cancer and palliative care*. Québec, Canada: Presses de l'université du Québec. [[Google Scholar](#)]) have been shown to reduce cancer symptoms (Syrjala et al., 2014 Syrjala, K. L., Jensen, M. P., Mendoza, M. E., Yi, J. C., Fisher, H. M., & Keefe, F. J. (2014). Psychological and behavioral approaches to cancer pain management. *Journal of Clinical Oncology*, 32, 1–9. doi:10.1200/JCO.2013.54.4825 [[CrossRef](#)], [[PubMed](#)], [[Web of Science](#) <sup>®</sup>], [[Google Scholar](#)]) and to lessen symptoms and emotional distress throughout the trajectory of advanced disease (Mongomery, Schnur, & Kravitz, 2013 Mongomery, G. H., Schnur, J. B., & Kravitz, K. (2013). Hypnosis for cancer care: Over 200 years young. *CA: A Cancer Journal for Clinicians*, 63(1), 33–44. [[Web of Science](#) <sup>®</sup>], [[Google Scholar](#)]). Furthermore, it invites members of PC teams to integrate purposeful use of language to their routine care for patients (Néron & Handel, 2014 Néron, S., & Handel, D. (2014). *Hypnotic approaches in cancer and palliative care*. Québec, Canada: Presses de l'université du Québec. [[Google Scholar](#)]): “Hypnosis augments and complements other therapeutic strategies employed in palliative care, and palliative care team members can be taught to augment therapeutic benefits through the use of therapeutic language to activate previous hypnotic suggestions in trained patients” (p. 13).

In the current article, we describe how hypnotic suggestions to specifically enhance perceptions of connectedness, hope, and altered perceptions of time critically enrich quality of life during illness progression. We describe specific cues, technical modifications, and imagistic language used in formulating hypnotic suggestions in the face of illness progression.

## **The Multi-Dimensional Nature of Palliative Care**

As illness progresses, it increasingly invites a sense of threat to physical and personal integrity. PC addresses this threat through an interdisciplinary team to identify and meet the needs of patients, loved ones, and PC professionals.

Kelly and Morisson (2015 Kelley, A. S., & Morrison, R. S. (2015). Palliative care for the seriously ill. *New England Journal of Medicine*, 373, 747–755. doi:10.1056/NEJMra1404684[CrossRef], [PubMed], [Web of Science ®], [Google Scholar]) note that PC provides an added layer of support to patients and their loved ones by “treating pain, other symptoms, and psychological and spiritual distress, by using advanced communication skills to establish goals of care and help match treatments to those individualized goals, and by providing sophisticated care coordination” (p. 747).

### **Layered Sequential Suggestions to Relieve of Symptoms and Reconnect with Hope and Meaning**

Establishing a rhythm and a sequence of layered suggestions for symptom relief that can then metaphorically add layered suggestions for hope, reshaped sense of dignity (integrity of the self), and hope for a legacy of contributions. Nikolaichuk and Bruera (1998 Nikolaichuk, C. L., & Bruera, E. (1998). On the nature of hope in palliative care. *Journal of Palliative Care*, 14(1), 36–42.[PubMed], [Web of Science ®], [Google Scholar]) suggest that legacy is built from past, present, and future experiences can enhance hope and tolerance of uncertainty. They suggest that legacy is best manufactured and made sense of through “symbols, metaphors, stories, and images” (pp. 38–39).

Hypnotic suggestions to address symptoms should encourage a “variety of responsiveness in both type and intensity” (Spiegel, 2011 Spiegel, D. (2011). Intelligent design or designed intelligence? Hypnotizability as neurobiological adaptation. In M. R. Nash & A. J. Barnier (Eds.), *The Oxford handbook of hypnosis. Theory, research, and practice* (pp. 179–199). New York, NY: Oxford University Press. [Google Scholar], p. 191). Hypnotic pain control can effectively block or alter pain sensations through suggested analgesia or anesthesia, substitution of a sensation less bothersome than the pain, movement of the pain to a less bothersome area (such as suggesting the movement of an intense burning facial pain to a more distant toe), or altered

meaning of pain. More dramatic shifts might include temporal dissociation to an earlier or a later time; or spacial dissociation as the body part is separated from the pain or the pain is moved outside of the body part (Barber & Gitelson, 1980 Barber, J., & Gitelson, J. (1980). Cancer pain: Psychological management using hypnosis. *CA: A Cancer Journal for Clinicians*, 30(3), 130–136. [[CrossRef](#)], [[PubMed](#)], [[Web of Science](#)®], [[Google Scholar](#)], pp. 132, 135) or out of the body entirely; moving the pained body part farther from the focus of one's current awareness; or moving to a calmer environment. These suggestions surgically and selectively separate some aspect of self from the sensory experience or actively separate the pain from self. Erickson (1983 Erickson, M. H. (1983). *Healing in hypnosis: The seminars, workshops*. Vol. 1. E. L. Rossi, M. O. Ryan, & F. A. Sharp. (Eds.), New York, NY: Irvington. [[Google Scholar](#)]) reminds us that hypnotic suggestion can be enhanced with compounding strategies, such as the use of direct suggestions coupled with permissive and indirect suggestion. Alternately, combining permissive and indirect suggestions with powerful reinterpretations of the pain experience can powerfully facilitate important internal reorganizations to lessen suffering and enhance altered meaning-making of the pain experience. These artful and sometimes complex combinations can potentiate each other's impact, while offering to distract and disorient the subject sufficiently to dissipate resistance resulting from critical thought, thus encouraging the “therapeutic shift.”

You never know which measure will be useful, nor do you know to what degree any one of them is going to be helpful. But you ought to have them all on hand, so to speak, so that you can shift from one to another with ease. (p. 237)


Hypnotic approaches are best tailored for each patient using techniques known to and previously utilized by the patient (Hammond, 1990 Hammond, D. C. (1990). *Handbook of hypnotic suggestions and metaphors*. New York, NY: W. W. Norton & Company. [[Google Scholar](#)]) for pain and other symptom management (Iglesias, 2004 Iglesias, A. (2004). Hypnosis and

existential psychotherapy with end-stage terminally ill patients. *American Journal of Clinical Hypnosis*, 46(3), 201–213. doi:10.1080/00029157.2004.10403600 [[Taylor & Francis Online](#)], [[Web of Science](#)®], [[Google Scholar](#)]). In PC the clinician must “purposefully adjust language to the unique physical challenges, psychological demands, grieving process, and resilience of the human facing illness progression” (Néron & Handel, 2014 Néron, S., & Handel, D. (2014). *Hypnotic approaches in cancer and palliative care*. Québec, Canada: Presses de l’université du Québec. [[Google Scholar](#)], p. 237) in order to facilitate internal healing changes and quality of life.

Patients often act upon verbal and nonverbal suggestions with or without the help of hypnosis. The induction of hypnosis, however, is known to enhance patients’ responsiveness, to their own or to someone else’s suggestions (Handel, 2001 Handel, D. L. (2001). Complementary therapies for cancer patients: What works, what doesn’t, and how to know the difference. *Texas Medicine*, 97(2), 68–73. [[PubMed](#)], [[Google Scholar](#)]; Hilgard, 1973 Hilgard, E. R. (1973). A neodissociation interpretation of pain reduction in hypnosis. *Psychological Review*, 80(5), 396–411. doi:10.1037/h0020073 [[CrossRef](#)], [[PubMed](#)], [[Web of Science](#)®], [[Google Scholar](#)]). Hospice and PC practitioners can incorporate informal hypnotic suggestions in daily practice, as patients in ill health or dependent situations often exhibit behavior that readily responds to suggestion. The use of positive “healing language” and avoidance of negative suggestions promotes positive attitudes and beliefs by patients and families in such circumstances (Elkins & Handel, 2001 Elkins, G. E., & Handel, D. L. (2001). Clinical hypnosis: An essential in the tool kit for family practice. *Clinics in Family Practice*, 3(1), 113–126. doi:10.1016/S1522-5720(05)70070-2 [[CrossRef](#)], [[Google Scholar](#)]). Brief hypnotic training incorporated into medical visits can then be reinforced by healthcare professionals during pain-producing procedures, such as repositioning, bathing, enemas, toileting, or therapeutic procedures. Palliative and hospice care patients often report difficulties with the quality and amount of sleep due to pain, other symptoms, or emotional distress. Hypnotic suggestions can be



offered to entrain specific thoughts and feelings, linked to reinforce a relaxing experience and timed to facilitate sleep (Handel, in Elkins, 2016 Eisenberg, D. M., Kaptchuk, T. J., Hrbek, A. L., O'Connor, B. B., Osypiuk, K., Wayne, P. M., ... Levy, D. B. (2016). Establishing an integrative medicine program within an academic health center: Essential considerations. *Academic Medicine*, 91(9), 1223–1230.

doi:10.1097/ACM.0000000000001173[[CrossRef](#)], [[PubMed](#)], [[Web of Science](#) , [[Google Scholar](#)]):

As you take a few deep breaths and listen to my voice, you'll begin to notice a growing sense of loose relaxation ... a spreading wave of deep relaxation ... notice where that begins ... and how it feels as it settles into that part which had been a bother to you ... settling possibly into your mid and lower back ... and as that feeling spreads down ... deep into your muscles ... you'll feel more deeply relaxed and comfortable. You might be surprised tonight as this feeling returns more easily ... on its own bringing smooth relaxed comfort ... as you prepare for bed ... each part of you in the mirror ... relaxing ... easily and smoothly relaxing ... as you notice your image in the mirror ... preparing parts of you for rest ... noticing each movement in that mirror ... and how more relaxed that image becomes with each movement ... and as that image relaxes, notice relaxation spreading ... calming thoughts ... calming feelings ... feeling more and more ready for a deeply restorative sleep ... and later you will drift smoothly asleep, soundly asleep, and return easily to sleep ... after taking care of any necessary business ... should you awaken before the end of your sleep. (p. 363)

## **Layered Suggestion for Pain Relief Mindful of the Sufferer Perception of Time**

Time is not a unidirectional reality. Our experience of time is that when we perceive, we perceive everything as present (Le Poidevin, 2015 Le Poidevin, R. (2015, Summer). The experience and perception of time. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy*.

[https://plato.stanford.edu/archives/sum2015/entries/time-](https://plato.stanford.edu/archives/sum2015/entries/time-experience)

[experience](#) [[Google Scholar](#)]). And this has an important consequence for building suggestions, even more dealing with “the time I have left.”

Perception of time is not based specifically on any of our senses. Since hypnotic suggestions often best employ strategies to alter sensory experience, how then can suggestions be used to alter time perception? Research supports the notion that time is perceived through “temporal illusions of duration, temporal order, and simultaneity” (Eagleman, 2008 Eagleman, D. M. (2008). Human time perception and its illusions. *Current Opinion in Neurobiology*, 18(2), 131–136. doi:10.1016/j.conb.2008.06.002 [[CrossRef](#)], [[PubMed](#)], [[Web of Science](#) ®], [[Google Scholar](#)]) resulting in an “internal clock” that results from this complex process (Droit-Volet, 2013 Droit-Volet, S. (2013). Time perception, emotions and mood disorders. *Journal of Physiology*, 107(4), 255–264. [[Google Scholar](#)]). Thus, hypnotic strategies can act upon perceived duration of experience, order of experience, and relationships between discreet elements of experience.

The advanced illness experience might well be closely associated with the subjective patient perception of time, or temporality: “Our immediate experience of the present moment is laden with an awareness of the past and an anticipation of the future” (Artisla & Lloyd, 2014 Artisla, V., & Lloyd, D. (2014). *Subjective time: The philosophy, psychology and neuroscience of temporality*. Cambridge, CBE: The MIT Press. [[Google Scholar](#)], p. 323).

Temporality, the subjective progression of time, transcends physical “clock” time. It results from the subjective experience of past, present, and future experience. Yalom (1980 Yalom, I. D. (1980). *Existential psychotherapy*. New York, NY: Basic Books. [[Google Scholar](#)]) framed existential psychotherapy using this temporal description of the human experience: “The present, not the future, is the eternal tense” (p. 161).

Murtagh (2015 Murtagh, F. E. (2015). What matters time? The importance of time for those with advanced progressive disease and their families. *Palliative Medicine*, 29(1), 3–4. doi:10.1177/0269216314559899 [[CrossRef](#)], [[PubMed](#)],

[Web of Science ®], [Google Scholar]) emphasizes the importance of considering “the journey through time” as an important factor in PC. He notes that while PC definitions frequently define its necessary domains of care (physical, psychological, social, and spiritual), they “rarely emphasize one of the most powerful and relevant domains in the provision of palliative care, namely, time. In advanced disease, this temporal domain of care is perhaps the most difficult and challenging of all” (p. 3). For example, Dr. Kalanithi (2015 Kalanithi, P. (2015). Before I go. Time warps for a young surgeon with metastatic lung cancer. *Stanford Medicine*, (Spring), 24–27. Retrieved from <http://stanmed.stanford.edu/2015spring/before-i-go.html> [Google Scholar]), a young neurosurgeon dying with lung cancer, notes the profound impact of his lived experience of illness as defined by time:

Time began to feel less like the ticking clock, and more like the state of being ... time for me is double-edged: Every day brings me further from the low of my last cancer relapse, but every day also brings me closer to the next cancer recurrence—and eventually, [to] death. (p. 27)

Ellingsen and colleagues (2013) summarize the altered sense of time in seriously ill PC patients in three points:

1. advanced cancer is akin to “entering a world with no future;”
2. while receiving treatment: “it is the body not the clock that structures and controls the activities of the day;” and
3. connection with and help from caregivers fosters two distinctly polar interpretations: “being offered help confers humanity, and having to ask for help is like taking others’ time and thereby revealing one’s own helplessness” (p. 165).

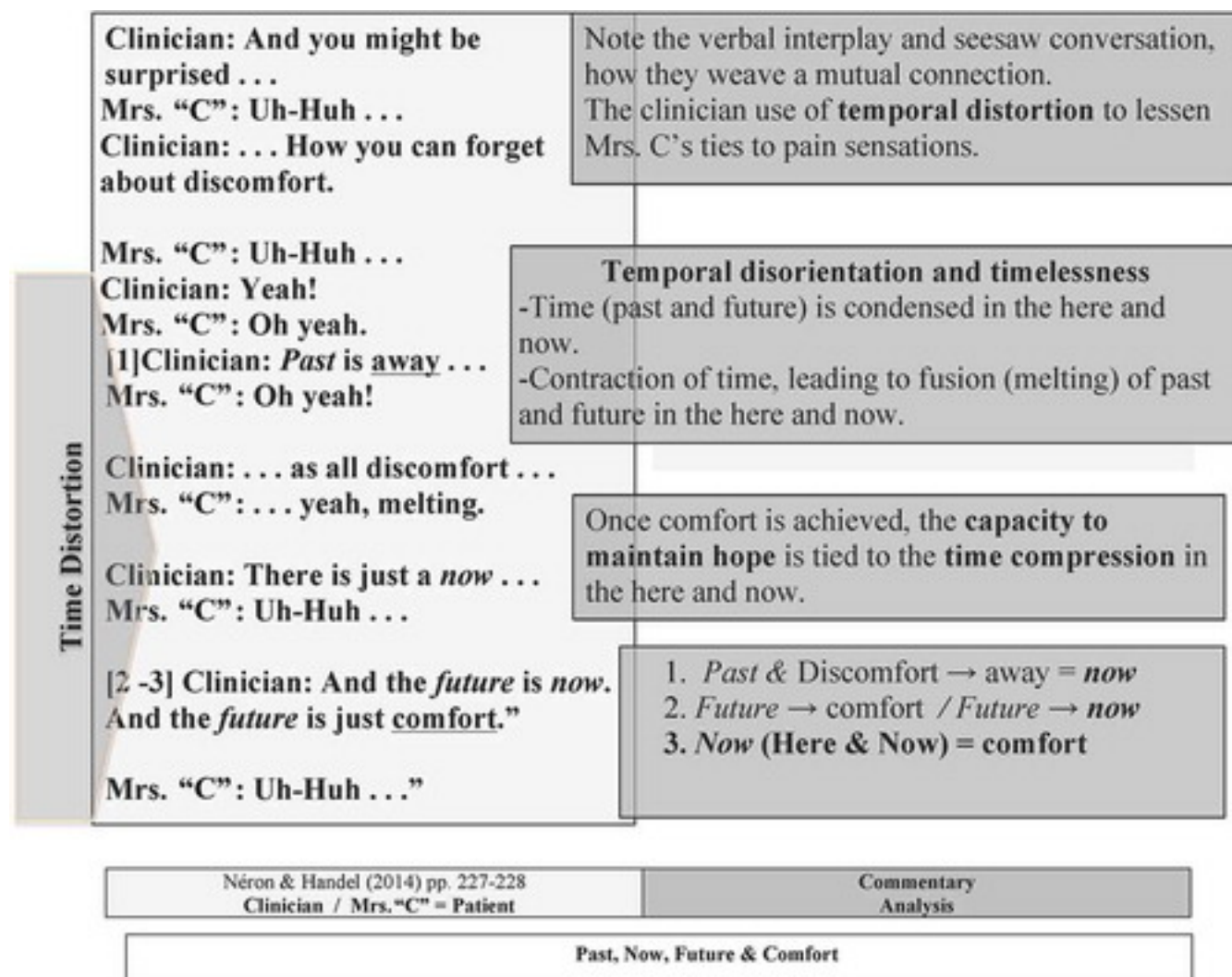
Another “temporal” dimension of PC relates to the shift from the focus on *quantity* of time (life) to prioritizing *quality of life*. Feudtner (2005 Feudtner,

C. (2005). Hope and the prospects of healing at the end of life. *The Journal of Alternative and Complementary Medicine*, 11(Supplement 1), s-23-s-30. doi:10.1089/acm.2005.11.s-23. [[CrossRef](#)], [[PubMed](#)], [[Google Scholar](#)]) interprets this as moving from “more time in one’s life” to “more life in one’s time” (p. 24). Perception of time can be altered through suggestions specifically aimed to distort time itself, regress to an earlier time, progress to a later time, or orient to a future (pseudo-orientation in time)” (Blakely, 1991 Blakely, T. A. (1991). Orientation in time: Implications for psychopathology and psychotherapy. *American Journal of Clinical Hypnosis*, 34(2), 100–110. doi:10.1080/00029157.1991.10402969 [[Taylor & Francis Online](#)], [[Web of Science](#)®], [[Google Scholar](#)], p. 103). This is accomplished by utilizing predicates such as “once,” “now,” and “will” (Bandler & Grinder, 1975 Bandler, R., & Grinder, J. (1975). *Patterns of the hypnotic techniques of Milton H. Erickson, M.D* (Vol. 1). Cupertino, CA: Meta Publications. [[Google Scholar](#)]). Utilizing such predicates with purposefully ambiguous references to past, present, and future tenses creates opportunities to reorient to time and concretely transition rapidly from one temporal tense to the next. Hence, a source of suffering (loss of the future due to terminal illness) can transform into a source of strength or learning (e.g., learning from one’s *past* discomforts will provide *present* comfort... all *past* discomforts will find no place in this *present* ... *present* learnings from one’s experience will strengthen *future* hopes for comfort and *will demonstrate* to loved ones a strength that they can learn from).

The following example (Figure 1) reflects a patient’s altered perception of her pain over time (“forget about discomfort”) and the therapist’s words that “play” with distortion of time, distortion of memory of pain, contraction of past time (memory of pain), thus melding and remodeling her past, present, and future time so as to foster hope for a more comfortable future (Néron & Handel, 2014 Néron, S., & Handel, D. (2014). *Hypnotic approaches in cancer and palliative care*. Québec, Canada: Presses de l’université du Québec. [[Google Scholar](#)]).



Figure 1 Past, now, future, and comfort.



## Addressing Existential Concerns to Reframe Death Anxiety and Restore Hope

Following the reframing of time into a comfortable “here and now” we can create “meaningful possibilities” (Yapko, 2014 Yapko, M. D. (2014). The spirit of hypnosis: Doing hypnosis versus being hypnotic. *American Journal of Clinical Hypnosis*, 56(3), 234–248.

doi:10.1080/00029157.2013.815605[Taylor & Francis Online], [Web of Science ®], [Google Scholar], p. 234) with suggestions that inject “more life in one’s time” (Feudtner, 2005 Feudtner, C. (2005). Hope and the prospects of healing at the end of life. *The Journal of Alternative and Complementary Medicine*, 11(Supplement 1), s-23-s-30. doi:10.1089/acm.2005.11.s-23.

[CrossRef], [PubMed], [Google Scholar], p. 24) using imagery as a suggestion. Use of metaphor and simile suggestions can facilitate a sense of comfort and safety in the present-oriented experience. The use of the “sail boat” metaphorically gliding to the infinite provides an example of such

layered suggestions. Suggestions oriented to present sensory experience, coupled with links to remembered or imagined experience, provides opportunity to remember connection, flow, and shared experience:

Part of you feels like this sailboat, floating comfortably, floating comfortably, floating comfortably. Smoothly supported by the surface of waters, on the ocean. Gliding effortlessly, gliding effortlessly, effortlessly ... it's so smooth ... yet the waters are aware about the passage of the sailboat. Gliding effortlessly ... touching water with millions of contact points. It is powerfully supported, yet gently, so gently supported. The boat feels safe. (Néron & Handel, 2014 Néron, S., & Handel, D. (2014). *Hypnotic approaches in cancer and palliative care*. Québec, Canada: Presses de l'université du Québec. [[Google Scholar](#)], p. 28)

## **A Sequence of Sensory Processes Suggesting a Pseudo-Orientation in Time (Distancing Up to the Horizon)**

To inspire a sense of healing in the patient, hypnotic trance reframes the sufferer's experience into the present moment so as to reframe the hypnotic experience as the "here and now" experience of reality. Yalom (1980 Yalom, I. D. (1980). *Existential psychotherapy*. New York, NY: Basic Books. [[Google Scholar](#)]) states: "The present, not the future is the eternal tense" (p. 161). That is, to live only in the present brings an eternity of "now" and "present" experiences, untainted by past regrets and future concerns. The following involves suggesting a pseudo-orientation in time. By framing the suggestions in the present tense, rather than future tense, invites one to attend less to the unknown future while focusing more upon present experience: "Part of you feels like this sailboat, always going forward, and leaving discomfort behind ... leaving discomfort behind ... It is so light that the sea feels its presence ... The sailboat safely gliding ... Up to the horizon" (Néron & Handel, 2014 Néron, S., & Handel, D. (2014). *Hypnotic approaches in cancer and palliative care*. Québec, Canada: Presses de l'université du Québec. [[Google Scholar](#)], p. 29).

## **Suggestion and Imagery for Reframing Time and Hope**

Much of suffering in advanced illness results from a sense of threat to the one's integrity invited by the perception of "limited life" time. Strength and resiliency are enhanced by fostering a different relationship to future, to uncertainty, which neutralize death anxiety. The future is suggested as a process, as an ultimate goal, an ongoing metaphorical journey in the "infinite;" therefore, by trance logic this journey is never ending ...always going forward. Limitless, endless and immeasurable are synonyms of "infinite." Life itself is linked to the awareness of this endless journey. The phrase "in this life, in that life, in every life" offers a suggestion linking what Frederick (1998) Frederick, C. (1998). The hypnotherapeutic relationship with the terminally ill patient. *Hypnos*, 25(3), 145–152. [[Google Scholar](#)] labeled as the patient's "life perspective" and their "death perspective" (pp. 151–152). The ego states therapy framework (Watkins, 1997) Watkins, J. G., & Watkins, H. H. (1997). *Ego states: Theory and therapy*. New York, NY: Norton. [[Google Scholar](#)] focuses on integration of parts to resolve neurotic conflicts. Metaphors can be used to negotiate and resolve conflicting existential concerns by selectively reshaping beliefs and feelings to lessen death anxiety. The "sailboat gliding to the infinite" metaphor invites "living to the fullest" within the context of one's dying, even into the moment of death, "safely gliding to the horizon and beyond," while connecting all parts of one's self.

The sailboat safely gliding ... up to the horizon ... always going forward, leaving discomfort behind ... safely gliding to the horizon ... and beyond, and again to the next horizon, and again, endlessly in safe waters ... supported ... gentle ... safe ... and then and later ... in this journey... In every way, in many ways ... in this life, in that life, in every life, gliding safely and comfortably to the infinite, safely and comfortably to the infinite ... and maybe even beyond.... (Néron & Handel, 2014) Néron, S., & Handel, D. (2014). *Hypnotic approaches in cancer and palliative care*. Québec, Canada: Presses de l'université du Québec. [[Google Scholar](#)], p. 29)

# Compartmentalization of Perceptual Experience

PC facilitates the shift in goals of care, thus reframing hope for longevity to quality of life. Important suggestions can be reinforced strategically by other palliative team members, woven into clinical discussions on goals of care, symptom control, anxiety management, sleep hygiene, and exploring patient concerns or wishes. Hypnotic language “part of you” also invites the perception of care provided by the PC team. Language such as “in every way, in many ways, there’s a part of you that very well knows how to...” (Table 1) and invites the remembered experience of care from the symbolic mother figure, suggested to be presently embodied within the PC caregiver, who “knows what the infant feels like and so is able to provide ...what the infant [needs]” (Winnicott, 1965 Winnicott, D. W. (1965). *The maturational process and the facilitating environment*. New York, NY:International Universities Press. [[Google Scholar](#)], p. 54).

## TABLE 1 Compartmentalization and Hypnotic Language

### Hypnotically Addressing Existential Isolation

Yalom (1995 Yalom, I. D. (1995). *The theory and practice of group psychotherapy*. New York, NY: Basic Books. [[Google Scholar](#)]) explores looming mortality’s impact upon existential isolation: “...even if in this world we feel alone sometimes ...it is comforting to see the lights of other ships sailing the same water” (p. 96). He suggests that even as every human must ultimately face death alone, the awareness of “others” sailing these same waters’ offers connection and support through shared human experience. Using this sailboat metaphor can again address existential isolation:

And... even if in this world, we feel alone in this world sometimes ... It is comforting to see the lights of other ships sailing nearby... other ships gliding in safe waters ...towards the infinite ...and even beyond ...some are before us ...some are after ...all gliding together ...feeling safely connected ...in their sailing ...settling into their infinite journey.... (Néron & Handel, 2014 Néron,



S., & Handel, D. (2014). *Hypnotic approaches in cancer and palliative care*. Québec, Canada: Presses de l'université du Québec. [[Google Scholar](#)], p. 31)

## **Accessing the “Timeless Healing Place”**

In advanced cancer when needs of PC sharply increase for symptoms or total pain relief, suggesting a perceptual shift to reframe hope as an “illusory healing place” in the core of the self can facilitate a subtle shift away from unnecessary struggle and toward acceptance of the present experience. This healing place has been described as “somewhat protective, internal, and self-soothing” (Ewin, 2009 Ewin, D. (2009). *101 things I wish I'd known when I started using hypnosis*. Carmarthen, Wales, UK: Crown House Publishing Company Ltd. [[Google Scholar](#)], p. 55). Rejection of this “special or favorite place” can sometimes result from anticipatory grief for loss of life's pleasures. However, most can successfully focus on an imagined internal space, a “place” that invites dis-attention to the “surrounding illness progression.” Protective, soothing suggestions can strengthen the experience within this internal; “timeless” attributes offer distraction from death anxiety and losses of pleasure and time associated with illness, and from hopelessness. Yalom (Miller, 2011 Miller, A. (2011). *Confronting death and other existential issues in psychotherapy with Irvin Yalom, MD*. Psychotherapy.net, LLC. Retrieved from <https://www.psychotherapy.net/video/yalom-death-existential>. [[Google Scholar](#)]) seeded the idea of being saved from “wounding by the illness” through the timeless (“forever in the here and now”) experience of one's core, internal, unburdened self, filled with freedom and vitality meant by facing your own “idea of death:”

The physicality of death destroys us; the idea of death can save us. Save us from what? How save us? What I mean by that, of course, is that it can change the way that we live, that we can live more authentically. (p. 25)

This directly suggests that one's suffering “hic et nunc” resonate with this state of healing connectedness, offering access to a deep “timeless healing

place.”

## **Enhancing Therapeutic Presence to Address Suffering**

Frederick (1998) Frederick, C. (1998). The hypnotherapeutic relationship with the terminally ill patient. *Hypnos*, 25(3), 145–152. [[Google Scholar](#)] described therapeutic representation and presence in relationship to the terminally ill as including roles as facilitator, container, nourisher, helper, and witness (p. 152). This facilitates essential work, as Frederick (2002) Frederick, C. (2002). The vanishing ego and the emerging transpersonal self in the critically and terminally ill. In C. A. L. Hoogduin, C. P. D. R. Schaap, & H. A. A. De Berk (Eds.), *Issues on hypnosis* (pp. 41–50). Nijmegen, The Netherlands: Cure and Care Publishing. [[Google Scholar](#)] writes: “Between the two extremes of choosing life versus choosing death are patients who utilize ‘recovery’ techniques so that they can extend life long enough to carry out essential developmental, interpersonal, and/or spiritual tasks” (p. 41).

This presence, this alliance, becomes a safe place in the hypnotherapeutic relationship. Through the growth of a strengthened ego, this facilitates dealing with death anxiety, the grieving of losses including your own self, and ultimately allows the development “side by side” (Frederick, 2002) Frederick, C. (2002). The vanishing ego and the emerging transpersonal self in the critically and terminally ill. In C. A. L. Hoogduin, C. P. D. R. Schaap, & H. A. A. De Berk (Eds.), *Issues on hypnosis* (pp. 41–50). Nijmegen, The Netherlands: Cure and Care Publishing. [[Google Scholar](#)] of the transpersonal self “with the strengthened ego” (p. 48).

## **Hypnotically Addressing the Transpersonal Self**

Beyond the somewhat technical emphasis of hypnosis in symptom management, the hypnotic approach also plays a key role in addressing several dimensions of existential suffering (Kissane, 2012) Kissane, D. W. (2012). The relief of existential suffering. *Archives of Internal Medicine*, 172(19), 1501–1505. doi:10.1001/archinternmed.2012.3633 [[CrossRef](#)],

[PubMed], [Web of Science®], [Google Scholar]), death anxiety (Yalom, 1980 Yalom, I. D. (1980). *Existential psychotherapy*. New York, NY: Basic Books. [Google Scholar], 2008 Yalom, I. D. (2008). *Staring at the sun: Overcoming the terror of death*. San Francisco, CA: Jossey-Bass. [Google Scholar]), and spirituality (Brugnoli, 2009 Brugnoli, M. P. (2009). *Clinical hypnosis, spirituality, and palliation: The way of inner peace*. Verona, VEN: Delmiglio. [Google Scholar]; Frederic, 1998 Frederick, C. (1998). The hypnotherapeutic relationship with the terminally ill patient. *Hypnos*, 25(3), 145–152. [Google Scholar], 2002 Frederick, C. (2002). The vanishing ego and the emerging transpersonal self in the critically and terminally ill. In C. A. L. Hoogduin, C. P. D. R. Schaap, & H. A. A. De Berk (Eds.), *Issues on hypnosis* (pp. 41–50). Nijmegen, The Netherlands: Cure and Care Publishing. [Google Scholar]; Vaillant, 2008 Vaillant, G. E. (2008). *Spiritual evolution: A scientific defense of faith*. New York, NY: Broadway Books. [Google Scholar]). Mount (2003 Mount, B. M. (2003). Existential suffering and the determinants of healing. *European Journal of Palliative Care*, 10(2), 40–42. [Google Scholar]) reports on the importance of spirituality in the development the psychic and transpersonal levels of the self:

Not only is (spirituality) a significant determinant of subjective well-being and one's place on the total pain/integrity dialectic, it is also a reason for cancer patients ending their lives. Moreover, patients who are depressed or are experiencing existential meaninglessness may have a lower pain threshold... (p. 41)

Spirituality has been described as “all about emotion and social connection” (Vaillant, 2013 Vaillant, G. E. (2013). Psychiatry, religion, positive emotions and spirituality. *Asian Journal of Psychiatry*, 6(6), 590–594. doi:10.1016/j.ajp.2013.08.073 [CrossRef], [PubMed], [Google Scholar], p. 590), as a lifelong developmental task (Delgado-Guay, 2014 Delgado-Guay, M. (2014). Spirituality and religiosity in supportive and palliative care. *Current Opinion in Supportive and Palliative Care*, 8(3), 308–313. doi:10.1097/SPC.0000000000000079 [CrossRef], [PubMed], [Web of

[Science](#) <sup>®</sup>], [[Google Scholar](#)]), and as a “vital element connected to seeking meaning, purpose, and transcendence” (Delgado-Guay, 2014 Delgado-Guay, M. (2014). Spirituality and religiosity in supportive and palliative care. *Current Opinion in Supportive and Palliative Care*, 8(3), 308–313. doi:10.1097/SPC.0000000000000079[[CrossRef](#)], [[PubMed](#)], [[Web of Science](#) <sup>®</sup>], [[Google Scholar](#)], p. 309). Thus, spirituality fosters a perceived identity that is beyond self-centered concerns (Dambrun & Ricard, 2011 Dambrun, M., & Ricard, M. (2011). Self-centeredness and selflessness: A theory of self-based psychological functioning and its consequences for happiness. *Review of General Psychology*, 15(2), 138–157. doi:10.1037/a0023059[[CrossRef](#)], [[Web of Science](#) <sup>®</sup>], [[Google Scholar](#)]; Koltko-Rivera, 2006 Koltko-Rivera, M. E. (2006). Rediscovering the later version of Maslow’s hierarchy of needs: Self-transcendence and opportunities for theory, research, and unification. *Review of General Psychology*, 10(4), 302–317. doi:10.1037/1089-2680.10.4.302[[CrossRef](#)], [[Web of Science](#) <sup>®</sup>], [[Google Scholar](#)]).

Mrs. “C,” a 52-year-old single woman, is suffering from incurable, end stage, metastatic cancer and appeared to be in need of a protective mother figure. She described her father, a gospel singer, as a source of nurturing and protection (Néron & Handel, 2014 Néron, S., & Handel, D. (2014). *Hypnotic approaches in cancer and palliative care*. Québec, Canada: Presses de l’université du Québec. [[Google Scholar](#)]). Let us examine how her emotional needs for connection and protection were examined and addressed in the hypnotic trance work (Table 2).

## **TABLE 2 Mrs. “C:” Emotional Containment and Spiritual Enrichment**

### **Mending Symptoms, Minding Hope, Reframing Opportunities, and Accessing Meaning**

First, let us examine hypnotic reframing of illness perceptions that result in



suffering through hypnotic suggestions for relief of “bother” from a cancer symptom such as advanced cancer cachexia (Table 3). Comments indicate the patient’s perception that lack of energy is difficult to tolerate, and his treatment (which often exacerbates this symptom in the short term) feels like “torture,” and he feels challenged to feel distance from this sad experience. Hope is offered through the benefits from future research, while hypnotically constructing his “laughing place,” (Ewin, 2009 Ewin, D. (2009). *101 things I wish I’d known when I started using hypnosis*. Carmarthen, Wales, UK: Crown House Publishing Company Ltd. [[Google Scholar](#)], p. 48) and hope fostered by memories of his beloved father that fill his hours of chemotherapy. Here again the patient’s comments guide the direction and types of suggestions, and suggestions are layered to relieve symptoms, fortify new more hopeful beliefs and attitudes about illness and its treatment, and hypnotically recall or create images that build resiliency.

Let us examine the purposeful use of “healing language” and the avoidance of negative suggestions (Handel, 1998 Handel, D. L. (1998). Hypnotherapy and dying: Joshua’s journey. In W. J. Matthews & J. H. Edgette (Eds.), *Current thinking and research in brief therapy: Solutions, strategies, narratives* (pp. 119–136). Philadelphia, PA: Taylor & Francis. [[Google Scholar](#)], Lang et al., 2008 Lang, E. V., Berbaum, K. S., Pauker, S., Faintuch, S., Salazar, G. M., Lutgendorf, S. K., ... Spiegel, D. (2008). Beneficial effects of hypnosis and adverse effects of empathic attention during percutaneous tumor treatment: When being nice does not suffice. *Journal of Vascular and Interventional Radiology*, 19, 897–905. doi:10.1016/j.jvir.2008.01.027 [[CrossRef](#)], [[PubMed](#)], [[Web of Science](#)®], [[Google Scholar](#)]; Lang et al., 2005 Lang, E. V., Hasiopoulou, O., Koch, T., Berbaum, K., Lutgendorf, S., Kettenmann, E., ... Kaptchuk, T. J. (2005). Can words hurt? Patient-provider interactions during invasive procedures. *Pain*, 114(1–2), 303–309. doi:10.1016/j.pain.2004.12.028 [[CrossRef](#)], [[PubMed](#)], [[Web of Science](#)®], [[Google Scholar](#)]) that were used with Mrs. “Zel”’s acute coping (Lang & Laser, 2009 Lang, E. V. & Laser, E. (2009). *Patient sedation without medication: Rapid rapport and quick hypnotic techniques. A resource guide*

for doctors, nurses, and technologists. Bloomington, IN: Trafford. [[Google Scholar](#)]; Lang, 2014 Lang, E. V. (2014). *Managing your medical experience*. Brookline, MA: Hypnalgescics, LLC. [[Google Scholar](#)]) in preparation and during a stem cell transplantation (SCT) but also widely used addressing existential challenges while illness progressed until her death.

Mrs. “Zel” (Néron & Handel, 2014 Néron, S., & Handel, D. (2014). *Hypnotic approaches in cancer and palliative care*. Québec, Canada: Presses de l’université du Québec. [[Google Scholar](#)]) is a 50-year-old woman who was diagnosed, and ultimately passed away, with acute myeloid leukemia (AML). She was trained in using hypnosis at several points of her treatment trajectory in preparation and during several bouts of chemotherapy and procedures like marrow biopsies. Table 4 details the formulation of hypnotic suggestions that derive from typical language encountered by patients throughout the SCT process. This offers opportunities for unconscious post-hypnotic reinterpretations by the patient during subsequent medical encounters. The autologous SCT involves removing (harvesting) your own blood-forming cells and after chemotherapy the blood is returned to the patient with stem cells that develop into a healthy bone marrow. Mrs. “Zel” was not only terrified of the procedure itself but also about how this was critical about prolonging her life. Therefore, the hypnotic suggestions included chaining of suggestions addressing both symptom management and her existential challenges in the same layered delivery style. Examine in Table 4 the emphasis on ego-strengthening to fortify hope generally (Frederick, 1998 Frederick, C. (1998). The hypnotherapeutic relationship with the terminally ill patient. *Hypnos*, 25(3), 145–152. [[Google Scholar](#)], 2002 Frederick, C. (2002). The vanishing ego and the emerging transpersonal self in the critically and terminally ill. In C. A. L. Hoogduin, C. P. D. R. Schaap, & H. A. A. De Berk (Eds.), *Issues on hypnosis* (pp. 41–50). Nijmegen, The Netherlands: Cure and Care Publishing. [[Google Scholar](#)]) and suggestions specifically formulated to maximize response in the context of transplant procedure, while suggesting “automatic healing” through the truism of “restored harmony.”

## **TABLE 3 Suggestions Layered to Relieve Cachexia and Fortify New Hope About Illness**

## **TABLE 4 Layered Suggestions of an Imaginal Healing Stem Cell Transplant Process**

### **Conclusion**

Patients with progressive illness face many challenges including physical symptoms; existential challenges brought through isolation, infirmity, reduced activity, and challenged self-identity; and spiritual distress enhanced by death's inevitability and proximity. There is growing evidence that hypnotic training, introduced early and reinforced throughout PC, can improve symptoms, address suffering from existential and spiritual concerns, and build resiliency through a sense of enhanced mastery and self-efficacy. This training can also prepare for and improve response to medical procedures. Individual studies demonstrate efficacy in managing individual symptoms such as pain, nausea, hot flashes, anxiety, and insomnia. Through therapeutic relationship and multi-level communication, hypnotic suggestion can enhance acceptance and peacefulness, thus promoting personal growth even at the end of life. Utilizing the art of layered hypnotic suggestions and connecting to the sufferer's heart and deep mind as a container of death anxiety, as a guide reframing hope and as a facilitator in accessing a "Timeless Healing Place" using an intuitive, imaginal, and metaphoric language, the clinician becomes a healing voice pacing our journey when cure becomes care.