



HYPNOTHERAPY WITH A LUNG CANCER PATIENT

I've included in this letter an outline for the Zacatecas workshop.

1. Dave introduces how the hypnotherapist often gets involved with dying cancer patients. The first concern is in meeting the patient's conscious needs which may include attempting to treat the cancer: Dhc describes one case. (1) Lung cancer patient named Anne who was given 6 months and lived 6 more years. She came to the first hypnotic session after she had started chemotherapy. In the first hypnotic session, Anne's unconscious mind revealed itself with the name "Coo". "Coo" stated that she needed to work secretly because there were parts of the personality that objected to reducing the size of the tumors because those parts wanted to hurt certain people in her life **with her death**. Before any further progress could be made, those "retaliation" issues needed to be addressed as well as Anne's "self-hate". Anne was then taught autohypnosis and instructed to make time for it everyday. During one of her auto-hypnotic sessions she recalled a childhood memory of her doctor, Dr. Dick, giving her a chocolate tasting medicine, which made her well. Anne was then introduced to the concept of "P53". In a trance she was dissociated for time and place and instructed to forget her name and everything about her identify. The following is a transcript of the operator's instructions to Anne while she was in a trance:

Now I want to talk with a very young but very, very smart little girl who knows all of the big words but doesn't know how she knows them. She might be 5 or 6. Even 7 or 8. An innocent little girl. One that hasn't got a "pit" of despair. One that is growing into a beautiful young girl. Whose body is healthy in every way, no matter what anyone may have said to the contrary.

You have a guardian angel in every cell of your body. They are actually repair enzymes: a protein called p53. P53 is like a complex molecular machine that moves along individual strands of DNA, inspecting for damage and repairing any defects that they find. These enzymes cut away a segment of the strand containing the damaged region and manufacture a replacement using the genetic code on the remaining opposite strand as a template.

If a cell contains damaged DNA, the repair protein stops the cell's internal clock that tells it when to divide. This prevents the start of the first step in cell division-DNA replication. If replication were allowed to proceed with damaged DNA, the genetic errors could be converted into a form that looks normal but would make the cell behave abnormally.

P53 is a quality-control officer, ensuring that every time a cell divides, each of the two daughter cells gets an undamaged copy of the original set of genes, free of mutations that could derange the metabolism of all future generations of cells.

Now when you grow up and have a child and that child gets to be around 17 years old, something is going happen to the good P53 in your body. Somehow it is going to be damaged and cancer is going to start in your lung.



I'm not telling this to frighten you because you don't have to die from this. But the adult Anne will find out what the problem is only after a tumor starts growing in her lung. By the time she finds out, the damage in the area of the tumor will be too extensive to repair, Your good P53 that you now have must be transferred to her body so that when it gets into her body it will switch from being the guardian of cells to protecting the integrity of whole body-the organism as a whole. Not only will it block the cancer cells from dividing, but it is going to tell all the cancer cells and only the cancer cells to kill themselves. In this way your good p53 removes all Big Anne's irreparably damaged DNA from her body. Now Dr. Dick has a chocolate tasting medicine that allows all your good undamaged P53 to be reintroduced to the grown up Anne's body. As soon as you take it will start to go to work and begin to tell the cancer cells to kill themselves where ever they are in the grown up Anne's body.

Put out a call for all available repair proteins and make sure the damaged DNA has been repaired.

We need to evaluate P53 within your body. We need to find out if the P53 in your body has been knocked out or damaged. If it is you need to use the backup systems available. I want you to understand that any cancer cells that escape treatment by P53 or the chemo, might grow into new tumors.

Talking about rewriting her will. Family dynamics=worth more dead than alive.

Body image issues. Transforming negative aspects of personality that resist treatment into positive force=white horse.

Self-hatred and building a fence around "pit of despair".

By the end of six months of therapy no tumor growth and swimming 140 laps

Afraid to get well because people are treating her so well.

Tumor has been same size (1/2) for seven months.

One year later new tumor in left lung. Started anti-depressants.

Taught her body dissociation...take head and leave room.

angiogenesis (cutting off the blood supply) to the tumors and many hours of silent unconscious work to which Dhc was not included.

Was asked to provide a "treatment" dream for her cancer. The resulting dream was "re-dreamed" in the next hypnotic session and provided many metaphors,(i.e. grandmother's watch and magic frogs) which were used in the treatment. For the first year, weekly, 2 hour hypnotic sessions were held in which Anne worked at the unconscious level with such ideas as reintroducing healthy "P-53" (the quality control gene) at the cellular level.



Seis reconciliaciones necesarias para sobrevivir el duelo

Como un funeral autentico ayuda a las seis necesidades del luto (duelo)

#1. Reconozcamos la realidad de la muerte.

Cuando alguien muy querido muere debemos abiertamente reconocer la realidad y la finalidad de lo que es la muerte si queremos progresar en nuestro duelo (pesar).

Típicamente aceptamos la realidad en dos fases: primero reconocemos la muerte con nuestra mente; le decimos que una persona amada ha muerto. Lo hacemos por lo menos intelectualmente ya que entendemos el factor muerte. Según pasan los días y semanas y con la gentileza de los que nos rodean empezamos a reconocer la realidad de la muerte en nuestro corazón.

Las ceremonias con mucho significado en los funerales pueden servir como puntos de partida para el entendimiento de la muerte en nuestra mente. Intelectualmente los funerales enseñan que alguien a quien amamos ha muerto, aunque muchas veces neguemos el factor muerte aun hasta el momento del funeral.

Cuando hacemos una cita en la funeraria para planear la ceremonia, el servicio, ver el cuerpo, talvez hasta escoger la ropa y la joyería para el cuerpo no podemos negar y reconocer que la persona ha muerto. Cuando vemos que la caja fúnebre esta puesta dentro de la tierra o en un nicho estamos siendo testigos de que llego el final de la muerte.

#2. El progreso hacia el dolor de la perdida.

Según nuestro reconocimiento de la muerte progresa del "entendimiento en nuestra cabeza" al "entendimiento en nuestro corazón" nosotros empezamos a aceptar el dolor de la perdida otra necesidad de aflicción (duelo) que tiene que suceder para poder sanar.

Un duelo saludable significa expresar pensamientos y sentimientos dolorosos así mismo ceremonias saludables en los funerales permiten que pasen estas cosas.

Las personas tienden a llorar, sollozar, gemir en los funerales porque los funerales nos forzan a concentrarnos en el factor de la muerte y nuestros sentimientos vividamente dolorosos acerca de la muerte. Muchas veces por una o 2 horas más para la persona que lleva el duelo y que planea la ceremonia o atiende a las visitas. Los que atienden el funeral no están capacitados para intelectualizar o distanciarse del dolor del duelo. Para dar credibilidad, los funerales también proveen un espacio para ventilar nuestros sentimientos de dolor. En los funerales es talvez el único tiempo y lugar donde la sociedad perdona que abiertamente se exteriorice las expresiones de tristeza.



#3. Recordando a la persona que murió.

Para sanar del duelo debemos dar un giro a nuestra relación de la persona que murió y que estaba con nosotros físicamente con una que se vuelve memoria.

Los funerales auténticos, nos reaniman ha empezar a hacer este giro y para eso proveen un tiempo y lugar para que pensemos en los momentos que compartimos buenos y malos con la persona que falleció.

En ningún otro tiempo antes o después de la muerte el funeral nos invita a enfocarnos en nuestra relación pasada con esa persona en especial y que compartamos esas memorias con los demás.

En los funerales tradicionales el elogio intenta sobresaltar los eventos mayores en la vida de la persona fallecida y de las características que el o ella exhibían excepcionalmente. Esto ayuda a los que están de luto ya que tiende a promover mas intimidad y también individualiza las memorias.

Después de la ceremonia muchas personas que sienten pesar, informalmente compartirán memorias de la persona que falleció. Este evento también es significativo.

A través de nuestras jornadas de duelo mientras más podamos contar la historia de la muerte por si misma, nuestras memorias de la persona que falleció lo más seguro será resignarnos a nuestra pena. Mas que eso es compartir las memorias en el funeral ya que afirma el valor que le hemos dado a la persona que murió, y podemos justificar nuestro dolor. Otra cosa que sucede es que las memorias que otros escogen para compartir con nosotros son memorias que no habíamos escuchado antes. Aprendemos de la vida de esa persona cuando no estaba con nosotros y nos permite visualizar esa parte de su vida que compartiremos para siempre.