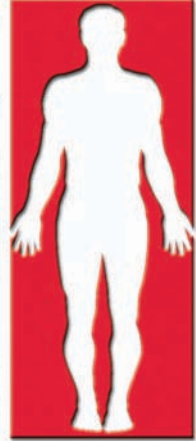


# **HYPNOSIS & COUNSELLING** in the **treatment** of **CANCER** and other **CHRONIC ILLNESS**




**“One of the most important works written to date  
on the true therapeutic properties of hypnosis in the  
treatment of serious and life threatening illness.”**

**David Slater, The Hypnotherapist**

**David Frank & Bernard Mooney PhD**

**HYPNOSIS &  
COUNSELLING**  
in the treatment  
of **CANCER**  
and other  
**CHRONIC ILLNESS**

A white silhouette of a human figure stands against a dark grey rectangular background on the right side of the title.

**David Frank & Bernard Mooney PhD**



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# *Introduction*

## *Hypnosis Can Treat Cancer*

*If hypnotherapy is so good why are the doctors not using it?*

In 1953 a British Medical Association Subcommittee reported that hypnotism “is a proper subject for enquiry by the tried methods of medical research and that it should be taught far more widely than it is”.<sup>1</sup> There are pockets of medical practice and individual practitioners who use, and have used for many years, hypnosis for a variety of successful treatments. David Waxman’s book, *Hartland’s Medical and Dental Hypnosis*,<sup>2</sup> illustrates this thoroughly. However, generally speaking, hypnosis and hypnotherapy are left to the lay practitioner.

The *New York Times* of 24 April 1988 asserted that survival rates for cancer sufferers had not markedly improved for 40 years. It was a bit of a shock to read. In certain categories there have been small improvements, but alas in some the opposite is true. This is despite all improvements in surgical techniques, the increase in chemotherapy and the improvement in the precision of radiation treatment. These improvements have decreased side effects and discomfort in general, and have led to better pain control. However, the survival rates have hardly altered.<sup>3</sup>

More recent statistics published in 1999 by Professor M Coleman cover 1971–1990 for England and Wales. This book, recommended by a librarian at Cancer Research, recognises 48 cancer sites. It seems that such complicated and extensive statistics need nine years to assemble and publish. We include some approximate figures to illustrate the complexity:

<b>Cancer site</b>	<b>Cancer sufferers</b>	<b>Increase in 5-year survival rates 1971–1990</b>
Lung	≈ 1 in 4	≈ 1%
Breast	≈ 1 in 6	≈ 13%
Colon	≈ 1 in 10	≈ 17%
Stomach	≈ 1 in 13	≈ 5%
Rectum	≈ 1 in 14	≈ 12%
Prostate	≈ 1 in 14	≈ 11%
Bladder	≈ 1 in 14	≈ 18%
Pancreas	≈ 1 in 28	≈ 1%
Skin melanoma	≈ 1 in 200	≈ 2%
Liver	≈ 1 in 200	≈ 1%
Salivary glands	≈ 1 in 400	≈ -0.1%

To claim any of these as a marked improvement seems ambitious for a period of nearly 20 years. If you have cancer of the lungs, pancreas, liver or salivary glands, improvement in survival rate is 1% or less.

Our theory is that many organic (purely physical) illnesses, including cancer, are in fact stress-related and can be effectively treated by counselling; and, as one of the therapeutic methods, *hypno-therapy* seems to be the most effective.

Susan Seliger in her book *Stop Killing Yourself*,<sup>4</sup> recounts the tale of a ten-year-old boy with an inoperable brain tumour. Radiation treatment did not halt the growth of the tumour. He was thought to be dying. At the Menninger Clinic, PO Box 829, Topeka, Kansas, USA, he was *taught to use his imagination* and see himself as an air force ace who attacks the planetoid (tumour) with torpedoes, each night. Eight months later, two months beyond his expected life span, improvements in his motor control were observed. Then one night, as he searched for his target, he could not find it. He told his father, "There are only some funny white spots where the planetoid is supposed to be." A CAT (computerised axial tomography) scan revealed a cluster of bony white chips, little calcium deposits. He was still alive in 1984 when Susan Seliger wrote her book. Seliger points out that today more and more of us are aware of the effect of our moods, personalities and attitudes on diseases. The name given to this profound effect is *psychoneuroimmunology*: the study of the interplay of the mind, the nervous system and the

immune system. Psychotherapy can boost the human immune system and can include meditation, guided fantasy, counselling and hypnosis. We see hypnotherapy, with the use of self-hypnosis, as able to maximise the healing powers of the mind, nervous system and immune system, in combination. This book has arisen from the seed of an idea. One of us, DF, through a personal observation, saw hypnotherapy increase the life expectancy of a woman who had twice had breast cancer. This experience led to a search in the learned literature, and other sources, for evidence of the effectiveness of hypnotherapy. We found successful treatments of what most people think of as organic conditions. This suggests that cancer is often emotional and stress-related (psychosomatic). There are many examples. This book presents the most dramatic case studies taken from the quoted sources, so as to initiate a debate, and hopefully promote a change of attitudes in the medical profession on this controversial subject. People can ask their own doctor for such treatment, which is available from qualified hypnotherapists.

It is our intention to show how hypnotherapy can be used to discover the psychosomatic reasons for the occurrence of cancer in some people. We shall detail some of our own cases, where hypnosis has provided an answer to the cause of cancer. We present case studies from a variety of sources where hypnosis has been used effectively to help in the treatment of cancer.

## Chapter 2

# *Hypnosis and Healing*

Hypnosis is sometimes misunderstood and undervalued. Although many people believe that hypnosis can be used for stopping smoking, reducing weight and making people on stage look ridiculous, there is more to it than that. If we look a little deeper into the work of hypnotherapists, we see them helping people with depression, addictions and phobias. Hypnosis has been effectively treating people with serious illness for hundreds of years, but reports in medical journals have somehow been overlooked. Why should this be?

We believe that it is due to the fact that it has been against Western medical expectation. The conventional view has been that the mind has little or no effect on the immune system (the body's ability to protect itself from illness). We believe the exact opposite. We think the mind has a dramatic and far-reaching influence on the body.

Many people recognise that, when they are feeling low, they are more susceptible to "bugs" and illness. When folk retire without alternative plans, they often go into a decline or even die because they feel devalued and useless. Sometimes when a partner dies the spouse left behind dies of "a broken heart" shortly after. What do people feel on Monday morning? Not too energetic and sometimes ill. We all know the trick whereby a group of colleagues say to one of their number, "You're not looking too good today" or some similar remark. After the fourth mate has said this, the poor victim really is wondering what's wrong.

Paul Martin, in his book *The Sickening Mind*,<sup>1</sup> mentions that the number of deaths resulting from the shrapnel and physical damage of the actual explosions on the first day of a Scud missile attack on Israel, was zero. However, the actual death rate was 147 for the whole day, 58 more than statistics would predict. Perhaps death from anxiety? How does this happen? Undoubtedly, fear can kill.



We use the term “I nearly died of fright”, but how do we protect ourselves from its actually happening?

Our immune system, we accept, is linked to our mind – every thought has a direct physiological result. Some of these effects we do not notice, some we do – when, for example, someone appears suddenly before us, without warning, and our heart leaps. How many death certificates state that fright was the cause of the demise? How many of the 147 deaths in Israel were so designated? They would be attributed to heart attack, stroke or lethal accident most likely. How often does this happen every day when some news item confronts our nervous system and precipitates a medical catastrophe, later labelled as above whereas it may be a post-traumatic reaction? Our immune system, at its best, depends on a healthy body and mind. How do we reduce our susceptibility to an overreaction to bad news?

First, perhaps, we should accept the possibility that our mental health may need a boost. Perhaps we could start with a more positive outlook on the future and the present. Whenever some new situation is presented and change is needed, either in the family or with colleagues, some of us react by counting all the negative things about it. Some of us will see all the immediate advantages. Many people live in a pessimistic aura, induced by a low self-esteem, so they cannot see any good things happening for them and, even if good things were to come about, they would not expect them to last. This outlook will disadvantage their immune system.

This chapter suggests an outlook that is advantageous and is dedicated to case studies and research demonstrating actual successful treatments of cancer with hypnosis, mostly after the person has been diagnosed as “terminal”. We expect that there are many more cases that we were not able to find and very many more again that were never reported.

All the hypnotic methods described in this chapter are as effective today as the day they were written. This is even true of the last case study in this chapter, which was written over two hundred years ago. We believe that these treatments would be occurring daily, if it were not for the prejudice that has resulted in the lack of research.

E and A Green in their book *Beyond Biofeedback*<sup>2</sup> described our first case study. It shows a complete eradication of a terminal cancer with a remarkably simple hypnotic technique employed by Doctor H and a colleague. Doctor H, taking an opportunity to use hypnosis to control pain and blood flow, used hypnotherapy on a patient with bladder cancer. The cancer was originally thought to be operable, but preliminary surgery showed that it had spread throughout the whole body and the case was considered hopeless.

The man was sent to the cancer ward to await death. He was amenable to hypnosis and all suggestions for pain relief were effective, so Doctor H decided to suggest blood-flow control. While in hypnosis the patient was told that a control centre in the middle of the brain regulated all the blood vessels of the body. The patient was told to imagine the blood vessels as pipes. Could he do that? After a short time he said yes. Doctor H told the patient that one of the pipes controlled the blood flow to the cancer on the bladder and asked whether he could locate the pipe. The patient located that pipe and its control valve. Doctor H suggested that it would be beneficial to turn it off. This the patient did. The doctors decided not to discuss this event with their colleagues at that time, and especially not the ward doctor, who was against the idea of hypnosis for any purpose.

Their purpose in visiting the patient daily was ostensibly to control pain, but each day they hypnotised the patient and repeated their suggestions for blood-flow control as well as pain control. The bleeding was almost entirely stopped within a week, and the patient's appetite returned. After another week the patient said that he wanted to go home, and because he seemed so much better he was allowed to go home for two days. On his return, he said that the growth on the bladder, which he had described as being the size of a grapefruit, was now only the size of an orange. Eventually, he reported to the hospital only once a week, then had a month away. When the patient returned to the hospital the ward doctor made a cystoscopic examination of him and accidentally ruptured the wall of the cancerous tumour. He died of peritonitis within a few hours.

Autopsy showed that the cancer on the bladder had shrunk to the size of a golf ball and the secondary cancers had all disappeared.

## Chapter 4

# *Only a Placebo Effect!*

At one time or another, most complementary medicine has been said to be no better than a placebo – a “worthless” treatment such as a pill made of sugar. For many years, Victorian patients would be given a bottle of coloured sweet water because they seemed to be reassured with a bottle of “medicine” to take in their hand. It seems that this is still practised. However, on some occasions the placebo has been more effective than drugs, even curing an advanced cancer, as we show in the case of Krebiozen below.

The use of a placebo is standard practice in the testing of new drugs. One group of patients takes the drug being investigated, while another group receive a pill that looks the same, the placebo, and a third, the control group, receive nothing. The placebo always gets results, and the new medicine should be manufactured only if it attains better results than the placebo. As the placebo is only a trick, in theory it should achieve no results at all.

The power of the placebo should not be underestimated, however. We present a case history by S Kinklestein and M G Howard, called “Cancer Prevention – A Three Year Study” in the *American Journal of Clinical Hypnosis*<sup>1</sup> showing the placebo at work. It involved a controversial substance made from horse’s blood, named Krebiozen. A terminally ill cancer patient heard that a new drug was being tested in the hospital where he was lying, not expecting to live. He begged for the new medication, and eventually he was given some. Ten days later there were no traces of the tumours, which had been as big as oranges. He was discharged. Two months later he was back in hospital, his faith shattered by unfavourable press reports of the drug, and his cancer reactivated. A doctor then gave him an injection of pure water, telling him it was a new type of double-strength Krebiozen, whereupon the patient recovered even more rapidly than before and again was discharged. Two months later he again learned that the American Medical

Association had declared Krebiozen to be worthless. Within two days of returning to hospital, he was dead.

The researcher, A K Shapiro,<sup>2</sup> says that a placebo is defined as “any therapeutic procedure (or that component of a therapeutic procedure) which is given deliberately to have an effect, or which unknowingly has an effect on a patient, symptom, disease, or syndrome but which is objectively without specific activity for the condition being treated”. The placebo is also used to provide an adequate control in experimental studies. A placebo effect is defined as the changes produced by placebos. Another researcher, A Grunbaum,<sup>3,4</sup> said that a therapy was a non-placebo, if it could be objectively proved that its effect on a disease depended on its characteristic factors; that is, if it operated according to the theory that described its activity. If a treatment has an effect that does not depend on the characteristic factors, but on other incidental factors, then the therapy should be called a placebo for these conditions. Grunbaum’s definition calls for process rather than outcome studies, to show the non-placebo nature of a treatment.

As we have seen, the original placebo was a simple bottle of coloured water given to patients, to reassure them of their treatment by the doctor. It was not thought to be scientifically curative except in a minor reduction of anxiety.

## *An Example from Medical Trials*

Here is an example of a placebo as used in medical trials. The researchers Lowinger and Dobie<sup>5</sup> tested the placebo response rate in four separate double-blind studies [where neither the doctors ordering the study nor the patients knew who received the drug and who received the placebo] between 1959 and 1962. The four studies were drug evaluations, each with a placebo control. The subjects of each study included 30 to 40 per cent schizophrenic patients, with the remainder being divided between those with personality disorders and psychoneurotics. The first study, in 1959, was a one-month evaluation of mephanoxalone, involving 17 drug subjects and 20 placebo cases. The placebo improvement rate was 24 per cent of the patients, while 30 per cent of the mephanoxalone patients responded.

This important work discusses the therapeutic use of hypnosis in the treatment of cancer and other life-threatening diseases. After setting out a brief history of hypnosis the authors present an invaluable series of case studies, in the course of which they examine:

- the science of hypnosis
- successful integration of hypnosis into cancer treatment programmes
- myths surrounding the subject of hypnosis in therapy

The book raises questions about the direction medicine has taken with regard to chronic illness and considers possible future developments in this field. Overall, it presents compelling arguments for offering hypnosis to cancer sufferers and provides crucial insights into the body's healing abilities. A work of immense importance to medical professionals and everyone else dealing with chronic diseases.

"A succinct work of substance, this book will both stimulate and inspire readers on either side of the therapeutic relationship. I unreservedly recommend it to all who are interested in the improvement of their own lives or the wellbeing of others."

William Broom, Chief Executive & Registrar,  
The General Hypnotherapy Standards Council

"Frank and Mooney have sifted through shelves of history, research and case studies to offer a quietly compelling treatise advocating the use of hypnosis as an integral part of a comprehensive treatment plan for chronic and potentially terminal illnesses. I am planning to pass this book along to a reluctant oncologist."

Deborah Beckman M.S., LPC, NCC  
The Milton H. Erickson Foundation Newsletter

"One of the most important works written to date on the true therapeutic properties of hypnosis in the treatment of serious and life threatening illness. I found it one of those books that I could not put down until completed. It is written in a very clear, uncluttered style with the minimum of unnecessary jargon and unpronounceable words. It is interesting and full of fascinating information into the bargain."

David Slater, The Hypnotherapist

**David Frank** is a published writer whose ten years experience of lecturing and counselling has seen him at further education colleges, medical centres, and general practitioner surgeries. He is a full member of The British Association for the Person Centred Approach to Counselling and Education, and The British Society for Clinical Hypnosis.

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