My personal approach to cancer care and some useful techniques
Hypnosis in the context of end-of-life issues

Below are some of the handout notes given on a course I taught on a hypnosis MSc at UCL in 2006. They are not inclusive and my work with patient health beliefs is not included.

Why use hypnosis? Because:-

> **"**No problem can be solved from the same level of consciousness that created it".
> Albert Einstein

For many years six coping mechanisms in the stages of dying identified by Kubler-Ross (1969, 1986) have served as a model guiding clinicians to help their patients achieve an accepting hopeful state despite disease progression. According to the Kübler-Ross model there are five stages that a dying person goes through when they are told that they have a terminal illness. The five stages go in progression through denial, anger, bargaining, depression, and acceptance and whilst many feel that this linear progression is too rigid it is still accepted that the terminally ill experience many, if not all, of the models' stages.

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> "current psychiatric practice does not offer much to the terminally ill patient beyond support and compassion" …….symptom control, and supportive care (whilst laudable) "ignores the very active and dynamic work that many terminally ill pts need - may require before they can die peacefully" (Frederick 1998, p149)

Guiding patients to a dignified and peaceful death using hypnosis is now considered.

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Denial
For some this is a coping strategy and caution should be used when patients are using it. To remove a coping strategy without replacing it will lead to more distress not less, yet it is important not to collude with the denial.

Anger
Anger is common amongst those who feel cheated out of an expected life span. Helping patients work through their anger is usually the most useful approach.

Bargaining
Many terminally ill patients engage in bargaining. They bargain with their god, their medical team and their families. Hypnosis is a means whereby personal insights can be gained and bound up in self-awareness is the ability to set realistic goals. When patients can set realistic goals bargaining tends to cease.

Depression
Some believe that the extent and commonality of depression to be found in those who know they are dying is a problem not properly addressed in modern medicine.

Acceptance. In my experience not every patient achieves this

Fear and loss
An individual may keenly feel the loss of a loved one e.g. parent, sibling or friend, but we need to remember that the dying person is loosing everyone in their lives at one time. At one time paternalistic medicine and the church between them provided support to the dying and their families. Modern medicine demands that patients take responsibility for themselves and their healthcare (indeed many patients expect this, no longer agreeing to passively submit to medical dictats). At the same time faith in orthodox religions has and many people feel as though they are floundering in a void when death is approaching. Voids are frightening places to be in.

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Extract from
Douglas Flemons:(2002): *Of One Mind the logic of hypnosis the practice of therapy*: USA: W.W. Norton & Company: ISBN 0-393-70382-7 **pp31-39 and p233**

Having heard of my hypnosis practice through a mutual friend, Alec called one morning to ask whether I could help make his father eat again. His dad, Mac, was seventy-four and dying of cancer. Following an operation three months earlier to remove a tumor from the base of his spine, Mac had all but stopped eating, complaining that he couldn't swallow without a great deal of discomfort. He had contracted thrush while in the hospital, but it had cleared up, and an endoscopy and other tests had revealed no physical cause for the pain in his throat or for his inability to eat. Although the doctors had found no tumors in this part of his body, Mac couldn't help but wonder whether the cancer had spread.

X-rays had revealed lesions on Mac's ribs, and chemotherapy had been ordered. But Mac hated the side effects of the chemo, and he didn't wish to prolong his dying, so he had decided to discontinue treatment. He also had decided to quit taking medication for his dangerously low blood pressure, as well as the antidepressants and appetite stimulants that had been prescribed. He continued to take a painkiller every four hours for the "hot spots" on his spine and ribs; unfortunately, it made him sleepy all of the time. His oncologist gave him six months to two years to live.

Each day Mac managed to sip half a cup of coffee and a glass of root beer, and he could get down an eight-ounce cup of blueberry yogurt, but that was his limit. The doctors were concerned about dehydration and the physical complications resulting from Mac's diet - he had lost thirty-five pounds since the operation. Every day Mac's wife, Hanna, cooked him tantalizing meals and chided him to at least taste what she had made, but his throat refused to cooperate, so he had no choice but to decline.

I told Alec when he called that I couldn't and wouldn't try to make his dad eat, but I would certainly meet with the family and see what, if anything, could be done. Mac was too weak to come into my office, so I went out to his and Hanna's home. Laura, their daughter, happened to be in town visiting, and Alec and his brother Jack were also available. I stayed two and a half hours that first visit; Mac joined the conversation for about an hour, after which he got fatigued and needed to lie down. He believed his wife and children were

making too much of a fuss about his not eating. They accused him of giving up, of not trying, but, he said, such was not the case. He would eat if he could, but he couldn't. For whatever reason, his throat wouldn't open up, and he found it too upsetting to try to force anything down, so why, he demanded, didn't they all just back off?

Everyone agreed that Mac had always been the head of the house-hold. All of them had a stubborn streak, but Dad, as Jack put it, was "Chief Billy Goat." He was a fiercely independent man who had encouraged the same in his children. In fact, he was irritated that Laura was flying in too often to see him.

"There's no reason for it," he grumbled, "I'm not about to croak yet. When I get close, okay, why not, but it's stupid for her to be spending all this money now."

Laura, of course, stubbornly refused to stay away, and she and her brother Jack lent their voices to Hanna's effort to convince Mac to be more reasonable about taking care of himself. Since he couldn't swallow, his health was deteriorating quickly, so they wanted him to agree to intravenous feeding or a feeding tube. He thought their suggestion ridiculous.

"This isn't a life anymore. What's the point? I feel like a nothing- why should I prolong this? For what? I've had a good life, and now I'm ready to die. End of story."

Tears filled Laura's eyes as she angrily denounced Mac as a quitter. "All my life you've pushed me to try. If I came to you for comfort, you told me not to be weak, to get back on my feet and keep fighting. So now it's your turn, and you just want to quit."

Hanna joined in. "The doctors say you could have two more years. But you're starving yourself to death. They say you've stopped eating because you're depressed. But you won't take the pills they gave you. They say there is nothing wrong with your throat. If you would just try to eat. Why can't you try?"

"I have tried goddamn it! If I could eat, I would, but I can't. My throat doesn't work, okay? After the first swallow, forget about it-it closes up. And anyway, I'm not hungry."

Alec seemed to be the only person who wasn't battling with Mac. He wanted his dad to enjoy his last days, but he wasn't pushing him. I wondered what would happen if others took the same approach. I asked the family many questions, but I think the most relevant one for them, the one that turned the discussion in a new direction, had to do with whether any of them could tell the difference between quitting and acceptance. I wondered how long before death arrived they would deem it appropriate for Mac to stop fighting. "If the doctors had said to you that Mac had only weeks, rather than months or a few years to live, would you consider his stopping the chemo and the medications a sign of depression and giving up hope, or evidence of his strength, his ability to stare death in the eye without flinching?"

Most of the family members agreed that if he had only a few months left, not fighting would be a sign of strength and acceptance. But what if, they asked, he still had a couple of years? Then his not
eating and not fighting could only be seen as the actions of a quitter. So what was he, strong or weak? It all depended on how much time he had left. "What if," I asked, "Mac's body knows something that the doctor's don't? What if it is telling him that it is time to start preparing for death?"

Mac had to go lie down at this point. He was exhausted, and he wanted a cigarette. I continued the conversation with his children and, when she returned from settling Mac into bed, with Hanna.
They told me that Mac had the disturbing habit of not calling for help when he needed to go to the bathroom. He would pull himself out of bed and wobble across his bedroom by himself, despite the fact that with his blood pressure so low, he could easily faint and, given how frail he was, fall and break a hip. This didn't sound, I suggested, like the action of a broken, depressed man, but rather that of a proud and stubbornly independent one. If he had given up, why was he able to keep all of them at bay so effectively? None of them had been able to convince him to budge an inch on any of the decisions he had made. I wondered aloud if the frustration and anger they all felt was a measure of just how strong and stubborn Mac still was.

I asked if this self-reliant man had ever compromised on anything that mattered to him. All concurred:… Absolutely not!" They all, at various times in their lives, had gone head to head with him, and he had always stood his ground. Chief Billy Goat. Not that he wasn't sensitive and caring, they assured me-his and Hanna's marriage had been one of equals, and he often had made changes in response to her suggestions. But if push came to shove, no one was a match for him. It was ironic, I suggested, that if they were successful at convincing him to eat, it would be because he had lost the strength to fight back. It thus made sense, given Mac's signature stubbornness, that the only
way he was likely to begin eating again-if he ever did-would be if it were his idea. The family agreed.

I reflected with them on how difficult it would be for each of them not to cajole Mac to eat. They loved him dearly, and if they were to stop fighting with him over food, it could very well feel, at least at first, that they were giving up, that they were contributing to his early death. This was a very real risk. What if, when they stopped pushing, Mac simply relaxed into the decision he had already made? Would they then feel like collaborators? However, it seemed to me, I said, that Mac would only begin fighting for his life, if he did so at all, when he was given the freedom to do it for himself. If his wife and children wanted to find out whether or not he could begin eating again, they would have to let it be his discovery. This would also help him to save face: Would it not be easier for a proud man to begin eating again because he had discovered his throat had somehow mysteriously figured out how to work again, rather than because he had been forced into it by his family?

Hanna agreed to continue cooking tantalizing foods, but not to directly encourage Mac to try them. She would let the aromas do their own convincing, and she would ensure that, if he felt the urge to
sample something, it would be available. The children, too, would provide their father with the opportunity to discover on his own whether or not food would be something he could enjoy again before he died. I reassured them that I would show the same respect for Mac as they did, and thus I would do nothing to "make" him eat. I would be willing, however, to explore with him whether it was possible for his throat to find a different way of working.

When I returned a week later, Laura had flown back home, and Alec and Jack were at work. Hanna met me at the door. Before ushering me into Mac's room, she told me that she had been making food for him, but with the attitude that "if he eats it, fine, and if he doesn't, fine." She realized that she had been angry much of the time, and that their arguments over food had gotten them both upset. This past week they had both been much happier.

I then met alone with Mac. We talked about cancer and death. I told him about my run-in with cancer a couple of years earlier: It was so strange to realize that my tumor had been growing for a long time without my having had any clue what was going on. In response, he told me a story about touring an army hospital ward during WW II. The colonel who had shown him around told him, "Mac, you can never tell how sick someone is by looking at him. That first guy you saw looked good, but he isn't going to last long, and the one who looked like he was on his last legs isn't nearly as sick as he thinks he is."

"Right," I said, "and you don't know if the new pains you are feeling are from new tumors, or from the healing process following your operation." Pain from healing can be a lot more tolerable than pain from something that is slowly killing you. I went on to tell him stories about how some people are able to feel sensations that aren't attached to anything physical (such as phantom limb pain), while others (such as mothers who manage to have pain-free childbirths) are able to do the reverse. In so doing, I was indirectly introducing the idea that the sensations he was experiencing could be unhooked from their physical source. This laid the foundation for the hypnotic diminishment of his
pain and the freeing up of his throat to work again.

Mac reiterated that he wasn't afraid of death but was afraid of dying too slowly. We talked about whether not eating would hasten the process. He told me that he really wouldn't mind eating if his throat allowed it. We agreed that he would talk to his oncologist about whether he would recommend hypnosis-if he did, we would meet for a subsequent appointment. I then walked him through the various ways he might find himself able to eat again, if that were to become possible. I didn't formally invite him into concordance, but I offered my ideas in a way that appealed not only to his understanding, but also to his body's experience:

"Your body has been on a long fast, and I'm not sure, if a reawakening of your ability to eat becomes possible, how it will come about. Hypnosis might be helpful, but you may notice changes in your eating and drinking even before we meet to do that, or even if we never get around to your going into a trance. If your ability to swallow changes, and whether that happens before hypnosis, after hypnosis, or without hypnosis, it could come about in a whole variety of different ways. There is no predicting just how such a thing might occur, just how a person's fast is brought to a satisfactory completion. I don't have any idea how your ability to take in and enjoy food and drink would be reawakened… it could be that you start finding the aromas wafting out of the kitchen becoming interesting again. Your appetite may not change, you may still not, at this point, be able to swallow anything other than root beer and yogurt, but your sense of smell may become sharpened, your appreciation of smells heightened… Or you may hear your stomach gurgling and suddenly realize you smell bacon frying. Or you may first notice the sizzling and only then notice the complementary gurgling… Then again, the first sign may well not be a heightened sensitivity to the smells of bread baking or steak grilling. And you may continue not to be interested in the sounds associated with cooking-with the sound of a spoon stirring batter in a glass bowl, or of the clanging of a frying pan, or of popcorn popping. Ever been in a movie and eaten the popcorn without quite knowing that you were doing it? It may be that you are sitting at the table talking with Hanna and, without realizing it, you start munching on something on the table. You might not even know you've been eating until you see an odd look, a look of surprise in Hanna's eyes… So too, you might simply find yourself thinking about food-thinking about it at odd times, or about odd foods at mealtimes, or odd foods at odd times, like when pregnant women get it in their heads that pickles and chocolate ice cream are a perfect combination… It could be that you don't start thinking about food, or start eating it with that automatic enjoyment of someone watching a movie, or get intrigued with the sounds or aromas of cooking, but you just start feeling hungry. Maybe you'll be lying in here and you'll just, out of the blue, remember some special meal from your past. Perhaps it will be a romantic meal with Hanna, a birthday party when you were little, your first hot dog at a baseball game, the first good meal you had when you got out of the army… Or maybe you will just notice some subtle change that happens when you swallow your saliva, some small, almost imperceptible shift in how it feels to swallow, something that suggests to you that swallowing something other than blueberry yogurt is now possible. Perhaps you'll just decide, out of the blue, that you're interested in peach yogurt, or vanilla, or some other flavor. Your appetite may not change, but your interest in some sort of variation of flavor may be the first sign of some-thing different… I don't know what will be the first sign that your body is ready to swallow something different, and I don't know how it will come about, but if you decide to have another appointment, I'll be interested in what happens. It will be important for you to take care, though, because breaking a fast takes time and patience. You won't want to overburden your digestive system…"

Hanna called me a few days later and told me that Mac wanted to schedule another appointment. His doctor had told him that he could have anywhere from one month to ten years to live, so Mac figured hypnosis was worth a shot. When I arrived at their house, Hanna told me that soon after I left the last time, Mac suggested that she wheel him around the neighborhood in his wheelchair. He hadn't been outside, except to go to doctor's appointments, since his operation, and he had consistently refused to go for strolls with her when she had suggested it. They had gone out a number of times since. She also mentioned that Alec's wife, who hadn't seen Mac for a few weeks, had been over to visit and couldn't believe how upbeat her father-in-law had become.

I went into the bedroom. Mac told me he had been surprised the night before when he found himself enjoying a cup of chicken noodle soup and some crackers. A few days earlier he had tried unsuccessfully, to eat a sweet potato, but he did pretty well with the brisket and gravy. He didn't understand how his throat had managed, the last three nights, to swallow something as dry and hard as pretzels, but he had enjoyed eating them, along with some ice cream.

At this point, I invited Mac into concordance with me, his surroundings, and himself, and I told him a number of stories that related to eating, swallowing, relaxing, body learning, changes in body sensation (for pain management), ending fasts, and so on. One of the stories had to do with how a friend of mine, a plumber, had managed, in a way that I didn't understand, to unplug a clogged drain in my house. Now I could put anything down it. Once he had finished clearing the pipe, my friend broke the news that he was moving soon, and he invited me out for breakfast the following week. We met and ate and reminisced about the times we had shared and what we had learned from one another. My friend's way of saying good-bye-the

sharing of a meal and memories-had meant a lot to me. He told me he had been having many such breakfasts, saying good-bye to each of us who mattered to him!

When we finished hypnosis, Mac said, "That was soft." His family didn't call for another appointment. I learned through our mutual friend that over the next six weeks, Mac was able to enjoy eating once again with Hanna, and that the family was warmed by his turnaround. He then began to decline, and a month later he died, after a short stay in hospice.

Alec told me a year or two after his dad's death that he and Mac had had some meaningful talks in those last weeks. Mac, a man whose rough-hewn exterior had sometimes kept people he loved at a distance, had had the time and strength to "get a grip on things," to rethink and reevaluate his life and his choices, and to say what he felt to those who could listen. When death came, Mac took his time chewing, and then he swallowed it whole. He held on until the day after Hanna's birthday-
a last testament, in Alec's view, to his love for his wife.

Had I agreed, when Alec first called me, to use hypnosis to try to make Mac eat again, I would have found myself in the same position as those who loved him, creating a separated connection between the two of us by rejecting his throat's rejection of sustenance. Butting heads with Chief Billy Goat, I would surely have lost. But I also would have failed had I ignored what was going on between Mac and his wife and kids. How could his throat relax into changing when its curious behavior was under such impassioned attack from his family members? Without freedom in the relationship between Mac and these important others, freedom in the relationship between his throat and food and drink would have been difficult, if not impossible, to achieve.

Thus, before entertaining the possibility with Mac of his throat becoming open to change, I first helped Hanna and her kids re-categorize their understanding of Mac's behavior, allowing them to consider his not eating as a sign of legitimate strength rather than as illegitimate weakness. By shifting from condemnation to acceptance, the family transformed their separated connection with Mac into a connected separation: They gave him permission to die. And by stopping trying to stop his throat from stopping food and drink, they gave it the freedom necessary to do something different.

Once the shift in the relationship between the family and Mac's throat had been shifted, I could then talk with Mac and get his take on dying. Had he told me that he welcomed his inability to eat and
drink as an opportunity to die more quickly, I would have respected his throat's way of facilitating his decline, and I would have advised his family that there was nothing I could do. I made it clear to Mac that I had no investment in his lasting any longer than he wanted to, regardless of what his family might wish. He appreciated my respect, and he relaxed into knowing that we were of one mind on matters of living and dying. Once he knew I wasn't going to try to make him do anything, he clarified that he wouldn't mind enjoying eating and drinking again. This gave me permission to suggest possibilities for reconnecting to smells, ideas, flavors, memories, sensations, body processes, and so on. From there, it was a matter of his body figuring out a personal, face-saving way of bringing his fast to a satisfactory end, of letting go of its constriction.

Faced with a separated connection in some therapy-relevant relationship, you, as a disentanglement consultant, need to know how to respond so as to invite connections and connected separations. In the next two chapters, I talk about how to do just that in the relationship between you and your clients.

P 233 Introduce New Ideas and Possibilities via Distinctions

Can you tell the difference between quitting and acceptance? This is the question I posed to Mac's family when they accused him of throwing in the towel in his fight against cancer (see Chapter 2). The difference depended, the family and I decided, on how long he ended up living. If he still had two good years in him, then he was clearly a quitter. But if death was imminent, then the attitude they'd been interpreting as "giving up" would actually be one of "letting go," of acceptance. Since no one could predict with any certainty the amount time he had left, they couldn't tell for sure whether they were seeing a sign of weakness or of strength.

Had I gone head to head with Mac's family, trying to force them to see Mac in a more positive light, I'm sure I'd have failed, for they would have had to defend their view from my efforts to change it.
But when I asked whether they were able to distinguish their perspective from one that was just a thin dividing line away from it, they were initially stumped.

All of us got curious together; looking closely at the belief they'd been holding in relation to one they'd previously not considered. What better way to safely explore an alternative understanding, to comfortably entertain a new possibility?

The White Room

Bernie Siegel, founder of e-cap (exceptional cancer patients, a global support group accessible via the net) suggested to me the concept of using a white room for those patients who hold fear and anxiety around loss of life (personal communication). I have utilised this often and have found it to be extremely useful.

In this intervention, after induction and deepening I do not allow the patient to find safe place imagery but rather I suggest that they find themselves in a plain white empty room. I ask them to sit in this room and describe how they are feeling to me. Rarely will those who are fearful report feeling calm and settled. Some therapists may choose to use hypno-analysis at this point but I usually get the patient to dialogue with their feelings to facilitate understanding calmness.

Often I will provide a door and invite the patient to go and sit or stand beside it and listen. I talk to them about a party that is taking place beyond the door. I suggest that whilst I have no idea who is attending the party the people there are relevant to the patient. It may be that previously departed loved ones are there, famous historical figures or simply strangers may make up the party. I instruct my patient to listen at the door while I talk to them about parties in general, how they are fun to attend, that often you meet up with friends and acquaintances that you haven't seen in a while and it's a time to relax and enjoy the company etc. Depending on the patient I may ask if they would like to join the party for a little while and if they do so wish, allow them to open the door and go inside. From here I ask them for as much detail as they can give me before bringing them back to the white room where I will give more suggestions based on what they have found at the party, before terminating the session.

For those people who have a religious faith I suggest that the door leads into whatever religious building is appropriate and allow them time to dialogue with their god, responding to them only as and when seems necessary. Post hypnotic suggestion for these people will always include considering making contact with their local religious minister.

Terminal restlessness is often due to fear. Using this, or indeed another appropriate, metaphor and adapting it to each individual can be produce dramatic calm and quiet within the patient. The skill is in knowing in when to use it.

LETTING GO WHEN THE TIME IS RIGHT ***Pages 205=212***

As we discussed earlier in this chapter, the journey through cancer some-times brings people to very different conclusions about where they are in life, and how they might wish to proceed. Most truly wish to do all they can to keep living and to improve their situation. Some, however, come to a point in their journey where they realize that they do not have the will or desire to fight their disease for whatever reason. When this occurs, I believe it is an important duty for us all to honor whatever choice an individual might make and to love them unconditionally.

When a person decides not to undertake a battle with his or her illness, a different kind of opportunity arises, which can be sacred and profound. It is an opportunity to ask, "If I am going to die, what can I do right now

to feel complete with my life? What do I need to do, or say, to those who have touched my life, so that I can die without any regrets or any fears? What do I need to do so that I can die with a full heart and a peaceful mind?"

Some people may need a great deal of assistance at such a critical time of their lives. Others might need help with only a few things. And still others may already feel complete, except for one issue that could touch anyone of us. That issue is the simple fear of death itself.

The following story shows how this part of the journey through cancer unfolded for one patient:

Mrs. Golashevsky was a lovely seventy-three-year-old Polish woman I was asked to see one day in the hospital for evaluation of newly diagnosed colon cancer. Before entering her room I stopped to read her chart and learned some important things about her.

She lived alone in a small apartment and had not seen a doctor for many years. She and her husband had escaped from Poland after World War Two to come to America. He had died two years earlier, and they had no children. After her husband's death she started visiting the local Polish American Club near her apartment, where she went regularly to eat. She had no other known relatives and only a few friends. One of those friends was a young Polish woman named Rachel Kosala who worked as a social worker and had brought Mrs Golashevsky to the hospital two days before.

Several months ago, Mrs. Golashevsky started to feel tired and began to lose weight. She seemed more withdrawn than before and came to the club less often. A few friends noticed these changes and asked her if she was okay, but she would always say, "Yes, I'm fine. Thank you." A few weeks ago, she started to look quite pale. Again her friends asked if she was okay, and she said, "Thank you, really, I'm fine."

A week ago she stopped coming to the club altogether. This was highly unusual, and her friends became alarmed. They tried calling her at home, but got no answer. No one had ever been to her apartment before, and they didn't dare go uninvited. So they called Rachel and told her what was going on.

Rachel took the initiative to go to Mrs. Golashevsky's apartment. She found her lying in bed, weak and pale, barely able to move. The apartment was a mess, and it was clear that Mrs. Golashevsky had not been eating for days. Rachel called 911, and accompanied Mrs. Golashevsky to the hospital where she was found to have a colon cancer that was nearly obstructing her bowel and was slowly oozing blood.

The next morning Mrs. Golashevsky underwent surgery to remove the tumor. Unfortunately, at the time of surgery her entire abdominal cavity was found to be full of cancer. Malignant cells had spread everywhere, and virtually every organ surface was covered with thick tumor nodules.

Mrs. Golashevsky had tolerated her surgery remarkably well. She was awake, alert, sitting up in bed, and appeared to be recovering without difficulty. However, the serious problem of her very advanced cancer remained. This was the reason I had been called to see her.

I knocked softly on the door and heard a voice say, "Come in," before I entered the room. Upon entering, I saw a sweet and gentle-looking petite lady with curly gray hair. She was sitting up in bed with several pillows behind her. A nasogastric tube emerged from her left nostril and was hooked up to a suction apparatus on the wall. She looked very tired and very sad. Sitting on a chair close to the bed was a younger woman, about thirty-five years old.

"Good morning, Mrs. Golashevsky," I said, smiling at her. "I'm Dr. Geffen. Dr. Cooper, your surgeon, asked me to come and see you today. I'm pleased to meet you."
I offered Mrs. Golashevsky my hand, and we shook hands gently. Her hand was very small and warm. She looked at the other woman, who said something to her in Polish.

Mrs. Golashevsky then looked at me, and said, "Thank you," with a thick Polish accent.

We looked across the bed at each other, and even though she was only a few feet away, it seemed as if we were separated by a thousand miles. I realized that she had lived through events that I could only try to imagine and now she was undergoing yet another tremendous challenge. She seemed so tired and lonely. I tried to silently embrace and reassure her with my eyes, and my thoughts: Its okay, Mrs. Golashevsky. You don't have to be scared I won't hurt you. I'm here to love and care for you, and to help in any way that I can.

I turned to the other woman in the chair, and introduced myself again. "Hi, Dr. Geffen," she said. "My name is Rachel Kosala. I'm a friend of Mrs. Golashevsky, from the Polish American Club. Thank you for coming. She's a bit nervous right now, but I'm sure you can understand."

"Of course," I replied.

At that point I wanted to sit down and talk with them some more. Glancing around the room, I noticed that there were no other chairs. So I asked Mrs. Golashevsky if I could sit down beside her on the bed. She was staring at me intently, sizing me up. I smiled at her and waited to see if I would pass the test. Luckily I did. She slowly nodded and motioned to where she wanted me to sit.
I carefully sat down at the appointed place.

"How are you feeling today?" I began.

Before answering me, Mrs Golashevsky turned to Rachel and spoke to her in Polish, and Rachel responded. Listening to them, I felt as if I had been transported to somewhere in Eastern Europe, in another time and place. I enjoyed the sound of their language. It reminded me of when I was a child, hearing Russian, Polish, Yiddish, and Hebrew spoken in my grandparents' home.

Finally, Mrs. Golashevsky looked at me and replied to my question. "I feel okay," she said in her thick accent.

"Do you have any pain?" I asked.

"No, thank God," she said.

"Do you feel nauseated?" I asked.

“No"
“Are you comfortable in your room?"

“Yes”.

"Have you had any vomiting?"

"No."

"Any other problems?"

“No"

After asking a few more questions like these I felt reassured that she was not having any acute problems that needed to be addressed rightaway. I also felt that she was beginning to develop some trust in me, so I decided to try to go to the next level in our discussion.

"Mrs. Golashevsky," I asked gently, "do you understand why you are here in the hospital?"
She paused for a long time before answering, "Yes."

"Why?" I asked.

She exchanged a few words back and forth with Rachel before answering, “Because I have cancer”.

"That's correct," I replied. “And do you understand why I am here to see you today?"

Once again she and Rachel spoke in Polish before she answered.

“Yes. Because you are a cancer doctor”.

Another long pause. Then Mrs. Golashevsky spontaneously asked, "Can you help me, Doctor? I am so afraid."

"What are you afraid of?" I asked.

This time, she paused for a very, very long time.

"I am afraid that I am going to die."

I also paused, before asking, "What is it that makes you feel you are going to die?"

Mrs. Golashevsky again turned to Rachel, and they spoke together in Polish before she turned to me and said, "Because the cancer has spread throughout my abdomen. Dr. Cooper said it couldn't be cured with surgery. He said I needed to see you. When I asked him if you could cure me, he said he didn't know but he didn't think so. So I am afraid I am going to die".

I took a deep breath and started to think about how to respond in the most sensitive and appropriate way. This was a tough situation. Colon cancer that has spread so extensively is generally incurable with any known means, particularly in someone as frail and weak as Mrs. Golashevsky. Fortunately many patients can have the quality of their life improved with chemotherapy treatments that are relatively mild and easy to tolerate. Some may even have their lives extended as well.

I explained all of this to Mrs. Golashevsky and asked if she was interested in talking further about some chemotherapy treatments that might help her.

I was surprised when she said no. And then, she began to sob uncontrollably.

I took her hand and tried to soothe her. After a minute or two she stopped crying, and I asked, "Why are you crying, Mrs. Golashevsky?"

"Because I am afraid to die."

"Then why don't you want treatment for your cancer? It might help you to live longer."

"I don't want any treatment for my cancer. I am all alone. My husband is gone, and I have no children. Why should I go through this? I have lived a good life, and have been blessed in many ways. But I am ready to go now. There is nothing to keep me here any longer."

I was impressed by her clarity, and by her honesty with herself and me. This is not such a common thing to see.

"Okay, Mrs. Golashevsky," I said. "I understand how you feel, and I can accept it if you are sure that is what you want. But I don't understand, then, why you were crying so."

"Because I am afraid to die," she said again.
"Please tell me," I said, "why are you so afraid to die?"

Rachel translated for me: "Even though Mrs. Golashevsky feels she has had many blessings in her life, she has also suffered a great deal. She lived through so many deaths, and so many horrible things, especially during the war. She has terrifying images of death in her mind. She is terrified that when she dies she will suffer again. And she has seen so much suffering. How could she not be terrified?"

I looked at Mrs. Golashevsky. She was trembling with fear.

"Please tell her," I said to Rachel, "that she is not going to die right now. And when her time to die does come, she won't have to suffer. Tell her I will make sure she is comfortable."

Rachel translated and Mrs. Golashevsky seemed to understand. She calmed down, and we resumed talking about her current situation. At first everything went well, but soon she started to cry uncontrollably again.

I soon realized that I had to do something significant to shift her focus and her emotional state. The depth of her fear and her negative associations of death and dying were overwhelming her and dragging her deeper and deeper into despair. She kept on crying and sobbing, and was not responding to anything that Rachel or I said to her. But I knew I had to do something, *now*. I silently asked for some kind of inner guidance: *How could I help her*? *What could I possibly say or do that would be of help? How could I ease her pain and relieve her overwhelming fear?*

Then, in a flash, I remembered a beautiful story that I had once heard, and I thought, *This is it. This will work.*

I took a deep breath and looked at Mrs. Golashevsky, still crying and shaking before me.

"Mrs. Golashevsky," I said, "may I please ask you a question?"

She didn't hear me, so I repeated myself again, louder this time.

Mrs. Golashevsky continued crying, saying, "No. No. No."

I looked at Rachel, and pleaded with my eyes for her help.

"Katrina!" she shouted. "Katrina, listen! Dr. Geffen wants to ask you a question!"

Mrs. Golashevsky stopped crying for a moment and looked at me, still shivering in fear.

"What?" she asked.

"Mrs. Golashevsky, please tell me something. It is very important. I need to know. When you were a very little girl, did you go to school?"

I watched the question enter Mrs. Golashevsky's consciousness, and I saw it start to work its magic. At first she looked confused, with an expression on her face that seemed to say, Of course I went to school. Why in the world are you asking me that? What on earth does that have to do with anything that is happening right now?

This is exactly what I had hoped would happen. She was no longer thinking of her horrible fears about death.

"Yes," she finally replied.

"Good," I answered. "Now I need to know something else. This is also very important. When you were a little girl, did you like going to school?"

I continued to watch her carefully as she thought about my question. I could see from the expression on her face that she was beginning to call up new images in her mind, images of when she was a little girl, before the war.

Slowly, as the expression on her face continued to change, I could tell we were on the right track. After a moment or two, she started to smile, tentatively.

"Great," I said. "Now, this is really important. I really need to know, so I will ask you again. When you were a little girl, did you like going to school?"

Now, Mrs. Golashevsky broke into a smile, and nodding her head, said, "Oh yes. Very much."

Rachel and I both breathed a big sigh of relief. It was clear that her focus had now changed significantly. The tension in the room lifted, and Mrs. Golashevsky stopped shaking and trembling altogether.

I decided to go further.

"Great. Now, Mrs. Golashevsky, I have another question. When you were a little girl, did you ever get a new pair of shoes?"

Once again Mrs. Golashevsky looked puzzled by my question. Rachel and I sighed as her eyes seemed to light up, and she nodded yes.

"Did you ever get a new pair of shoes that you really loved a lot ?"

"Yes," she answered.
"Can you remember what they looked like?"

“Oh yes,” she said.

"How old were you then?" I asked.

After a few moments she said, "Ten years old."

Mrs. Golashevsky's eyes were now starting to actually sparkle. We could see she was there, reliving the memory of being ten years old and getting her new pair of shoes.

"What color were they?" I asked.
"They were black, " she said, "and very shiny. My father bought them for me. They were my birthday present. He worked so hard to get them."

"Do you remember the first time you wore them?" I asked.

"Yes, I remember it very well. It was the first day of school."

"Great," I said. "Do you remember how it felt wearing them to school for the first time?"

"Oh yes. I loved them, and felt so proud wearing them."

"Let me ask you another question. Were your shoes a bit tight and stiff the first time you wore them?"

“Yes.”

"Did they hurt to walk around in when they were new?" I asked.

“Actually, yes," she replied.

"I can imagine that very well. Very often that is how shoes feel when they are new, when you wear them for the first time. Now, Mrs. Golashevsky, I want to ask you another question. On that first day when you wore your new shoes to school, did you wear them all day?"

She closed her eyes and remembered the day. "Yes," she said.

"And can you remember walking home in your new shoes?"

“Yes.”

“And can you remember how your feet felt when you finally got home from school that day?"

“Yes.”

"How did they feel?"

"They hurt. *A lot*. By the time I got home my feet were really hurting."

"Exactly," I said. "Now I want to ask you one last question, Mrs.Golashevsky. Do you remember when you finally got home, and you took your shoes off? Do you remember that moment? Do you remember how it felt?"

She closed her eyes once again and went back in time to that moment as a ten-year-old-girl, taking off her stiff and tight-fitting shoes, Then she started to smile and opened her eyes to look at me,

“Yes,” she said “I remember.”

"How did it feel?" I asked.

"Ahhh," she said, "it felt so good. It felt wonderful."

"That's right, Mrs. Golashevsky," I said. "I can imagine how good it felt. And guess what?" I asked.

"What?" she replied.

"Dying is just like that. Dying is like taking off a pair of tight-fitting shoes. It doesn't hurt at all. It is completely safe. And there is nothing to be afraid of"

Mrs. Golashevsky smiled back at me, and her eyes sparkled and filled with tears. She got it. She understood. She nodded, and said in Polish, "I see. 1 see."

Soon we finished up our visit for the day. We had covered a lot of ground, and she needed to rest. 1 said good-bye and promised to return the next morning. We talked more each day while she remained in the hospital. During this time she continued to say no whenever I asked her if she wanted to consider receiving any further treatment. After about a week she left the hospital and returned to her apartment, feeling much stronger.

A few days later she came to my office to talk further about her situation. Rachel, who brought her in, had many new questions. Mrs. Golashevsky's abdomen was starting to fill up with fluid, and we talked about things that could be done to help relieve this. However, Mrs. Golashevsky was still not interested in treatment. She wasn't having any pain or discomfort and didn't want the fluid drained off. And she definitely didn't want chemotherapy.

What she really wanted was to see me every week, and have a chance to talk.

And so, we did. Each week she would come in for a visit, and 1 would examine her carefully and review how she was feeling. During these visits we talked about everything, including her childhood, and so many of the things she had lived through. We would also occasionally talk about that beautiful pair of tight-fitting shoes that she loved so much, which had now developed a new and even deeper meaning for her. Little by little, even though her body was slowly dying, inside she seemed more alive. And little by little, each time we talked, her fear of death diminished.
After a while Mrs. Golashevsky decided that she would allow me to drain off the fluid in her abdomen, which had started to make her uncomfortable. This provided her great, and instant, relie£ She was amazed at how dramatic the effects were. But she still refused to consider undergoing treatment with chemotherapy to try to extend her life.

The fluid soon re-accumulated in her abdomen, and she needed to have the procedure performed weekly. Initially, she didn't mind at all. It got her out of the house and kept her going.

During this time we openly discussed the fact that her cancer was inevitably going to take her life. I asked Mrs. Golashevsky if she wanted to be at home when her time came to die, or if she would prefer to be in the hospital. By now she was no longer terrified of dying and was quite clear about her wishes. "I want to be at home," she said without hesitation. "And I want Rachel to be there with me." I asked Rachel if she agreed, and she said, "Yes, of course." So Mrs. Golashevsky was enrolled into the hospice program, and all the appropriate arrangements were made so she could be at home, safely and comfortably, until the end.

A week later the swelling in her abdomen increased dramatically -- much more than on previous occasions. She started to have severe pain and felt much weaker than before. Moving around now required great effort. Her interest in eating, or in doing anything at all, faded and disappeared. But she insisted that Rachel bring her to see me one last time.

She arrived in a wheelchair, a blanket wrapped around her legs, looking so thin and frail. Her eyes were tired but also filled with determination to see me. While examining her I felt heartsick, because there was no question that her cancer had now reached a very advanced stage. When I explained this to her and Rachel, Mrs. Golashevsky softly asked, "Am I going to die now, Dr. Geffen?"

"Probably not today, Mrs. Golashevsky, but I'm afraid probably soon," I replied. We reviewed everything one last time, and she confirmed her feeling that she had made the right choice for her. She also confirmed that she didn't want any more treatments of any kind, and that she was now truly ready to let go. She had insisted on coming in today only because she wanted to hear from me directly what she intuitively knew was happening. And she wanted to say good-bye, in person.

We hugged each other, then sat quietly together for a few minutes. We spoke again about her life, and how we had met in the hospital all those weeks before. We talked about all she had been through, including her impending death, which no longer terrified her. And we talked once more about her childhood, and that pair of beautiful shoes she loved so much.

Finally, it was time to go. I promised her again that I would make sure she was comfortable all the way till the end, and that she would have no pain. We laughed, cried, and hugged once more, and said good-bye one last time.

As she and Rachel left, my heart was sad, but also filled with love and appreciation for her. What a beautiful, courageous soul Mrs. Golashevsky was. I knew I was blessed to have met her.

Two weeks later I received a letter from Rachel.

Dear Dr: Geffen,
Last Tuesday morning, at 2:30 A.M., Mrs. Golashevsky took off her shoes, as I held her hand
Thank you for everything.
With love,
Rachel

Geffen J MD: (2000): *The Journey Through Cancer An Oncologist's Seven-Level Program for Healing and Transforming the Whole Person*: New York: Crown Publishers: ISBN 0-609-60450-3