

# *Diagnosis*

## *Cancer*

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## Cancer

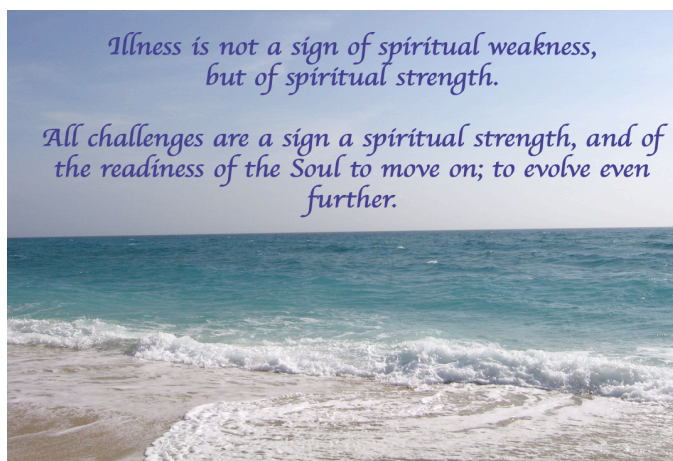
Okka Holthuis

### ❖ The Diagnosis

For most people the world can seem to come to a crashing halt when they receive a life threatening diagnosis. Whether it is cancer or some other process or trauma, a patients' life becomes office visits, therapies and surgeries, while riding physical and emotional roller coasters.

As practitioners we can begin to assist our clients by bringing to their attention, that even though the diagnosis will have an impact in their lives, **THEY ARE NOT THE DIAGNOSIS!** Remembering this simple understanding can change the entire experience.

At some point in their journey cancer patients will recognize that they have changed forever: it might be in the early stages of the experience, or perhaps later, but life is change and this experience is often quite memorable. Even years later, doctor visits, routine exams, or blood tests that prior to the diagnosis were easy to do, can seem scary and fearful. Understanding these fears and being able to assist our clients to stay calm is a big asset.



## THE INNER AND OUTER HEALING TEAMS

### Accessing Resources for Healing

When we begin to consider the resources available to promote the best-case scenario for our clients we can assist them to recognize the roles of the Inner and Outer Healing Teams. Imagine them as the inner and outer resources. The doctors, nurses, therapists, family, friends and others make up the outer healing team. The inner doctor, Spiritual Guides and other resources make up the inner team.

#### ❖ The Outer Healing Team

Doctor visits become a regular part of life when diagnosed with a severe illness. As specialists, these doctors are quite familiar with the different diagnoses and their probable outcomes, and will explain in great detail what kind of procedures or treatments they feel need to be done. Often their language sounds very technical and abstract. They are treating the disease and are using all their experience and expertise of the medical aspects of the diagnosis in order to help. They are also required to inform the patient of possible outcomes that may result from doing or not doing the treatments. This can create a challenge and while more and more doctors are becoming aware of the power of their words, there is often room for improvement.

Most people, especially when dealing with a life threatening illness, want and need to be seen as a person rather than a diagnosis. As practitioners we can begin to help our clients by:

- Bringing awareness to the **'role of a patient'** (the word "patient" has its roots in the Latin word *patientia* "patience, endurance" and implies passive behavior) and assisting them to change their attitude.
- Developing an understanding that most of the doctors, nurses and therapists chose their profession because they want to help people: they are **allies**.
- Teaching communication skills that allow a more personal relationship with the doctors, nurses and therapists, to incorporate them as the members of the **Outer Healing Team**.

As in any team, communication is the key for a team to work well together. Remember; we cannot - not communicate: the communication can be lousy, but it still is communication.

How do we actively engage the doctor or nurse in a conversation about something other than the diagnosis or ‘the patient’? When we begin to show interest in their lives by asking simple questions about *them*, like:

- How are *you* doing today?
- Has it been a long day for *you*?
- What did *you* do over the weekend?

We will begin to establish a different kind of rapport – a more personal one.

In Okka’s experience this approach made all the difference and it was a win-win situation:

- She learned quite interesting things about the people that worked with her
- She was remembered by name and treated as someone they knew
- We laughed and had fun regardless of the serious situation that brought us together
- By focusing the attention away from herself for a while, she felt better.

### ❖ **The Inner Healing Team and the Archetypes**

When challenged with a disease or injury, we naturally become quite aware of the different physical aspects of the experience. However, there are also the mental, emotional and spiritual aspects of the experience to consider and when we begin to integrate these aspects, we not only respect ourselves as holistic beings, we also might discover resources we otherwise would have overlooked. Our subconscious mind, our imagination, our dreams harbor the riches of an inner world that goes beyond our personal experience, connecting us to the vast realm of the collective unconscious.

Carl Jung described in his work the collective unconscious as inherited. “...This collective unconscious does not develop individually but is inherited. It consists of pre-existent forms, the archetypes...”<sup>1</sup>

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<sup>1</sup> C. Jung ‘Archetypes and the Collective Unconscious’ (p.43)

One archetype most of us are familiar with by many different names, is the Shadow/The Unknown – also known as fear. There are various forms Shadow can take:

- The fear of death in its various forms such as disease or aging.
- The fear of losing control in some way.
- The fear of losing our identity or personality.
- The fear of losing the meaning of life.

When the conscious mind is in shock or confused, fear can become so real and overwhelming, that our thinking, as well as our actions can become paralyzed by indecision.

To stop the fear, we need to do what we think we cannot – pause and look at it. Many times we then will notice that the fears are related to the unknown and lie in the future. And every time we do the seemingly impossible and stop to look at the fear, the shadow becomes less, and we gain strength, courage and confidence.

Establishing an ‘Inner Healing Team’ can be seen as beginning to connect with archetypes or myths from around the world that have survived thousands of years. And in that, the ‘Inner Healing Team’ becomes a very valuable source.

For example let’s look at Dragon Lady, who showed up as the first member of Okka’s ‘Inner Healing Team’. As an archetype, the dragon relates to a number of human concerns like death, rebirth, healing, immortality, knowledge and wisdom. As a fire-breathing creature, Dragon can be interpreted as bringing a deeper connection to the fire of spirit. As a winged creature, Dragon could also signify a greater ability to connect heaven and earth. Symbolizing the four elements, Dragon carries a lot of duality and can also be seen as an icon of deep magic. To Okka, Dargon Lady began as the first expression of her fears and developed to be one of her greatest allies.

When we set about the journey into the subconscious and the world of archetypes with an open and curious mind, dismissing any judgments, we may discover that the images or conversations our clients might encounter can be surprisingly helpful.

As practitioners of the healing arts we are there to assist and guide our clients in their journey to health and well-being. We provide and hold the space, so that they can connect with their subconscious mind. When we remain open and curious to their experience, that very energy will allow them to discover the members of their ‘Inner Healing Team’.

As Okka was surprised to connect with such an ancient creature, our clients can be even more astonished when an image or idea they never assumed possible, floats up into their conscious awareness. When this happens, as the practitioner, it is our open-mindedness, our nonjudgmental attitude and our own curiosity that will allow the client to explore these archetypes further.

There are thousands of different expressions of archetypes to connect with, some of them might be scary the first time we meet them, some of them funny, and some of them might not tell us right away what they represent. So long as we remain open and willing to explore, we are provided with an opportunity to tap into an astounding, ancient and magic source, which can bring unexpected insights and understanding to the process of healing body, mind and spirit.

#### ❖ **Pre-Surgery preparation**

Guided visualizations are very helpful in the process of preparing for surgery, and here again, with the help of the 'Inner Healing Team', this is much faster accomplished. Using the imagery our clients bring, lets them feel empowered in an otherwise quite powerless situation. In our experience, doctors, nurses and anesthesiologists were very open to using established anchors, in order to support the beneficial outcome of the surgeries. **Keep the anchors simple and easy to remember**, for your clients and for the medical team, 3-2-1 has worked perfectly for us. Make a postcard sized note with any words or phrases you want to use and give it to the anesthesiologist.

## PATIENT ADVOCATE

Daniel F. Cleary

*“A friend in need is a friend indeed ...”* I’m not certain that I ever really knew whether this adage referred to; HAVING a friend who needed assistance... or having a friend who was there when you were in NEED... Honestly, I think it works both ways.

I have had a friend in need. The opportunity to be there for her has taught me things as a friend and as a hypnotist that have made my life more full. The experience has given me pause to wonder about things that will continue to have an effect on everything else that happens in my life. So you see, I have been blessed to have had a friend in need.

When my friend was diagnosed with breast cancer it seemed natural that I would do whatever I could to assist her in the journey that lay ahead: I became her advocate. I don’t know another word that fits so well and so poorly at the same time. She is first and foremost my friend and yet that term is also inadequate, perhaps because ‘Friend’ is so quickly used and abused: *‘Be my friend on Facebook ...’* I’ve never met most of my Facebook friends and now there is a new word which evolved from social networking: ‘UNFriend’ which is, well, telling some dear *‘Facefriend’* who you never met, that you’d like to keep it that way.

I digress. As an advocate we assume the mantle of doing literally whatever comes up to assist our friend. Driving to appointments, grocery shopping, sitting quietly watching the shadows of fears beyond our imagination reflect through the eyes of your friend and just being present. No words of wisdom, no platitudes. Just being there is often the most difficult task. Silence is the test.

For me words are my playground: I am a hypnotist and one of my areas of specialty is pain relief. I never signed on for this; I was thrust into it ... literally, over the handlebars of a motorcycle more than thirty years ago. It is through my work as a hypnotist that I met this friend and certainly my training and experience has proven helpful, yet an advocate can be anyone who cares enough to step up. Yes, attention to language can be a powerful tool, yet, as I mentioned above: Just being there is the most important aspect. Combine presence with the ability to listen without comment and you have a winning combination.

**First job of an advocate: REMEMBER – *THEY ARE NOT THE DIAGNOSIS!***

They are whoever they are, the diagnosis and treatment will affect who they become as they navigate the landscape of diagnosis, treatment and recovery and the advocate will assist in ways that are amazing to all. This is HUGE. It doesn't mean denial of the diagnosis or the severity of the situation. It simply means remembering to treat them as the PERSON they are. THEY are not 'SICK' even if there is a disease process happening: they are the PERSON who is dealing with the process.

**Second job of an advocate: PAY ATTENTION.**

You are the eyes, ears and voice of your friend. Especially in the beginning, there will be doctors, therapists and countless other faces spilling words, appointments and instructions that jumble into messy heaps of nonsense everywhere.

Simple words like 'POSITIVE' suddenly have a negative meaning. Doctors who live their lives assisting patient after patient with similar conditions often lose sight of the individual. They know the drugs, the treatments, the time lines, and so many complicated equations of the mathematical probabilities when  $X = Y$  except after T... A patient can often just go numb in the face of it all. Denial is not a river in Egypt and it isn't even a matter of denial as much as overload: the circuits can only handle so much before they begin to shut down in self defense.

**Listen.** This is advocacy in action. Make it clear that the patient is in charge (the medical teams are employees!) and that you are there as witness, companion, bodyguard if necessary. Speak with the doctors; remember the names of the nurses and therapists. Listen to your friend, help clarify what is said. Little details like: "side effects may be ... or first you take the ..." can become confused and their meanings magnified, distorted or overlooked entirely.

For me one of the most difficult aspects was to avoid making suggestions in the decision process. The difference between suggesting an outcome or treatment and making sure to remind the friend of the options was a fine line: opinion and observation. Whether the advocate agrees with the decision of the patient should not influence the support they give.

Listening to the patient mull over the benefits, risks and probable outcomes of treatments is important, as is the ability to guide the patient away from thinking about these things to the point that they lose sight of their life. Distraction and diversion are restorative. Go to a movie; get them to laugh, ask for their advice about your problems - anything to lighten the load.

There is no step by step guide to patient advocacy. Certainly an advocate has things to do in the sense of going to doctor appointments and taking care of simple chores, perhaps cooking or sharing meals. Yet the patient needs to feel empowered by this attention rather than incapable of doing the simple tasks. The role of the advocate, like any relationship, constantly changes and it is impossible to always get right. Being there is the first step.