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CLINICAL REPORT

PARTICIPATING IN THE CULTURE OF CANCER: A DEMILITARIZED APPROACH TO TREATMENT

Douglas G. Flemons and Judith A. Shulimson*

Nova Southeastern University

ABSTRACT

This case study describes the use of hypnosis with an anthropologist diagnosed with breast cancer. The therapist utilized the client's sense of identity as a qualitative researcher, as well as her knowledge of and respect for indigenous cultures, to help her actively engage in her chemotherapy treatment and to help her better tolerate the side-effects of the medication. He also used hypnosis to attempt to improve the functioning of her immune system, employing, at her request, an alternative approach to standard military-based images. Considering immunity to be a *cognitive* process, the therapist designed metaphors that focused on improving the immune system's ability to perceive, learn, and achieve balance.

The second author (JS) approached the first (DF) in the summer of 1990 with a request for hypnosis. JS had been diagnosed with breast cancer a few months earlier, and had, at the time of her call, undergone a lumpectomy and one round of chemotherapy. The experience had left her despondent. Feeling betrayed by her body and depersonalized by the attitudes of her doctors and medical technicians, JS found herself fighting the treatment regime. She was distressed and angry at, and afraid of, what she deemed 'the aggressive chemical warfare' called for by her oncologist. A journal entry at that time reads:

> I need time to think through this chemotherapy thing. I can't continue with it unless I can change my attitude about it. . . . [It] seems like such a brutal way to treat a body. . . . The cure is worse than the disease, especially since the disease hasn't really caused me any problems so far; it's the treatment that has made me so sick. . . . The first chance I get to think about continuing with chemotherapy I start thinking of running away. . . . Chemotherapy: metaphors of aggression, destruction, violence, warfare.

JS felt like a character in someone else's novel. Buffeted about by the whims of some insensitive and controlling author, and not at all liking the way the plot was unfolding, she wanted out. It had begun to feel more human, more 'right' just to let the cancer take its course. Surely, she reasoned, there would be more dignity in dying than in submitting to the 'military mentality' of the medical professionals. She thought about

*Dr Shulimson died of breast cancer on January 26, 1993. The original draft of this paper was written collaboratively.

giving up, about refusing to eat, but she recognized that her husband and her doctors would not let her romantically swoon into death. There would be IVs and machines and nurses and recriminations. And the thought of being hooked up to tubes and machines scared her as much as, or more than, dying. Feeling hopeless and helpless, she called DF for an appointment.

During our first session, we agreed to work towards minimizing the side effects of the chemotherapy and helping JS engage in her medical treatment in a way that didn't leave her feeling like a victim. A few hours after this appointment, JS received further bad news. A CT scan of her chest revealed metastasis: she had three nodules in her right lung. This prompted us to discuss the possibilities of also using hypnosis to help bolster her immune system. JS was intrigued by the Simontons' work on visualization with cancer patients; however, she was distinctly bothered by their characterization of white blood cells as 'efficient killers' (Simonton, Matthews-Simonton & Creighton, 1978). She wasn't squeamish about death, but she didn't like their war-tinged metaphors and imagery.

The medical anthropologist Emily Martin (1990) investigated the predominant images used in popular and scientific explanations of the immune system and found that military and police-state metaphors pervade the thinking of lay person and scientist alike. Our culture views the body as a 'nation state at war over its external borders, containing internal surveillance systems to monitor foreign intruders' (Martin, p. 410). In the realm of this imagery, cancer becomes 'an illness experienced as a ruthless secret invasion' (Sontag, 1978, p. 5) or as an attack by 'the self's malignant traitor cells' (Haraway, 1989, p. 26). Martin (1990) interviewed a number of biological scientists for her study, but she found none who could offer alternative imagery for the current 'warfare/internal purity model' of the immune system (p. 418). JS despaired, not only about her own situation, but about this general orientation of medical science. A cultural anthropologist and folklorist, she was sensitive to the metaphoric nature of language, to the way it orients and influences our thought and action (Lakoff & Johnson, 1980). She recoiled from her doctor's militarized understanding of her immune system, and she certainly didn't want us, in our hypnosis work, to fight death with images of infantry, armored combat units, mines, missiles, bombs, annihilation, assault, execution, and cannibalism (Martin, 1990).

As a systems-oriented therapist, DF had a theoretical foundation from which an alternative set of immunity-enhancing hypnotic suggestions could be developed (e.g., Flemons, 1991); however, the first step was to help JS engage differently with her doctors and her chemotherapy treatment, to help her stop feeling like a victim. DF suggested to JS, a professor strongly committed to her discipline, that she was missing an invaluable research opportunity. Why did she not apply her qualitative research skills to the culture of *cancer*? What would happen if she were to become a participant observer of her interactions with her oncologist, radiologist, laboratory technicians, etc., as well as with the chemotherapy itself? Could she not keep field notes and write an account of her investigation? And why not, while she was at it, conduct a qualitative study of our hypnosis sessions? JS was intrigued by the idea. She became actively engaged in our hypnosis work (to be described below), developed a variety of research and writing projects for herself, her classes, and with DF (including the writing of this paper), and became an active 'co-author' of her experience with her doctors, treatment, cancer, and, ultimately, death.

HYPNOSIS FOR CHEMOTHERAPY SIDE EFFECTS AND FEELINGS OF HELPLESSNESS

JS had done the anthropological fieldwork for her dissertation among the Inuit in villages in Alaska, and she was deeply respectful of the healing practices of indigenous peoples. Accordingly, DF likened hypnosis for her to a shamanic journey. He asked JS, as part of one of his first inductions, to go in search of a talisman that could be used for both facilitating her shamanic travels and focusing her healing process:

> Once you can see this talisman, take it into your hand . . . and as you hold it, feel its texture and smell its scent. . . . Breathe it in. . . . This talisman can help you find the entrance to the tunnel down . . . the entrance to your journey into the darkness . . . and it can serve as your Rosetta stone, to help guide your way and guide your healing.

Deepening of the hypnotic experience was facilitated by offering images of the shaman finding new tunnels to descend, each one successively opening onto a different vista where a particular healing practice could be performed. DF drew analogies between the use of poisons in native cultures — particularly as part of shamanic practice and during rites of passage — and the chemicals used in cancer treatment:

> Many cultures have rituals that serve as crucibles, and the participants go through experiences they would never voluntarily undertake. Experiences of pain and fear and darkness and uncertainty are all necessary for feeling hope and power and healing and confidence. Some peoples take poisons, others cut flesh, still others use fire to inflict pain, to create a ritual, a crucible for transformation, for transmutation. . . .

JS's nausea and exhaustion became more tolerable when she was able to experience the swallowing of her chemotherapy pills as an active choice with personal meaning, rather than as a passive submission to the will of her doctor.

DF also addressed JS's feelings of victimhood by telling stories about the writing of stories, noting that characters in novels often surprise their authors, acting and changing in unique and unpredictable ways. He relayed the experience of a novelist whose characters started arguing with him about the situations he was putting them in and the actions he was describing them taking. The characters decided to take over the writing of the narrative, and luckily the author was wise enough to let them.

JS may have felt like a character in someone else's story, but if she couldn't escape, she could, at least, have a voice in the unfolding narrative. Over the subsequent weeks and months, JS became a proactive participant-observer in her cancer treatment, keeping a journal of her experiences and keeping her doctors on their toes. When she lost her hair, she went to work with exotic scarves draped around her head (or, at times, with nothing at all), and she helped her students, colleagues, friends, and family to look at death more closely, to not shy away from it. Cancer became a turning point: an opportunity to change her priorities, her way of relating to herself and others, her way of being in the world.

HYPNOSIS FOR IMMUNE SYSTEM ENHANCEMENT

According to Zachariae *et al.* (1994), it is still too early to determine the degree to which guided imagery can benefit people suffering from immune related diseases; the results from the various studies that have been conducted have been too inconsistent

for any firm conclusions to be drawn. The hypnotic work we describe below will not further clarify this murky experimental picture. We did not measure JS's hypnotizability with a standardized scale, we have not yet designed an experimental procedure to rigorously test the essential elements of our work, and we have no empirical evidence that the hypnotic procedures had a significant effect on the functioning of JS's immune system. Nevertheless, we offer the following description of what we did as a heuristic invitation to hypnosis researchers, therapists, and theorists to consider the implications and possible applications of changing the metaphors with which we construe the body, illness, and the processes of healing.

In response to JS's concerns, DF sought an alternative to the military-based metaphors used by researchers such as Ruzyla-Smith, Barabasz, Barabasz and Warner (1995) and clinicians such as Levitan (1990). The former asked subjects to imagine their 'white blood cells attacking and destroying germ cells' (Ruzyla-Smith *et al.*, p. 73) in their bodies; the latter offered the following as a helpful metaphor for cancer treatment:

> Feel the medicines going into your system. See them searching out anywhere in the body. . . . See them attacking those cells and destroying them. See the cancer cells dying. See the battle raging as one blow is delivered from one drug, then another blow from the other drug. Knocking out the cancer cells, destroying them totally. Then see your own defense mechanisms, your own white cells, your own antibodies going in there administering the final blows. (Levitan, 1990, p. 202)

It is obviously important to tailor hypnotic metaphors to the personal experiences, aesthetic sensibilities, and ethical values of one's client. However, if the biologists Francisco Varela and Antonio Coutinho (1991) are correct, it may also be important to use metaphors that accurately reflect the complexity and sophistication of the body's immune processes. According to Varela and Coutinho (1991), the immune system is better thought of in terms of *cognitive*, rather than purely *defensive* abilities. Thus, saying that

> immunity is fundamentally defensive is as much a distortion as saying that the brain is fundamentally concerned with defense and avoidance. Certainly we do defend and escape attack, but this hardly does justice to what cognition must be about — that is, being alive with flexibility. (Varela & Coutinho, p. 252)

Drawing on Bateson's (1972, 1979) ideas about cognition and complex systems, as well as his own systemic work on therapeutic change (Flemons, 1991), DF developed metaphors that were designed to encourage JS's immune system to *think*, rather than simply to kill, more effectively. Certainly the living stability of a system as a whole (such as a body or an ecosystem) is dependent on the ability of its components (cells or individual organisms, respectively) to die. However, rather than simply encouraging the killing capacity of white blood cells, DF suggested possibilities for JS's immune system to develop its *cognitive* abilities, for example, to discern more effectively the difference between the cells that 'belonged' and those that didn't; to act on and learn from that discernment; and to establish a dynamic balance between levels of organization within the immune system and between the immune system and the rest of the body. Some condensed examples of these suggestions follow:

> In order to perceive, we must distinguish foreground from background; somehow, though we know not how, we determine what is relevant, what stands out. An anthro-

> pologist first entering a new culture experiences only an amorphous blob; only gradually can she discern this word from that, this nuance from that, the shape of this ritual, the logic of that act; only gradually does she learn to find her way amidst the language and the customs. . . .
>
> I recently went jogging in a park with a biologist, and I was amazed at how much he noticed as we ran. I was simply putting one foot in front of the other, but he drew my attention to a fascinating growth on the side of a tree, and to a bald eagle floating high above us. I simply hadn't seen them. And you can begin to discern more clearly the landscape within your body, to find a place that needs healing. . . .

Ideas were also introduced that involved acting to eliminate what didn't belong and learning more about what did:

> You have there in front of you three almost identical paintings, two of which are forgeries. Scrutinize them carefully, and when you have found the original, protect it well as you set fire to the other two. You have no need for forgeries. Keep close and treasure the original — and notice the correspondences within it. The color here is echoed up there; this shape is repeated, with minor variations, in a number of places; the movement upward is contrasted, is made possible, by the calm silence below. . . .
>
> And isn't it curious how your learning to distinguish between paintings can be transferred to other settings, can make it easier, for example, for you to discriminate between vintages of wine? . . . Your talisman, your Rosetta stone, can help you here as well. . . . You can learn how to distinguish anything, and how to eliminate that which doesn't belong, that which doesn't fit.

Finally, metaphors such as the following were intended to address the network of necessary relationships comprising the immune system — including those between antigens and antibodies — and to connect it to other body systems. From a systemic point of view, illness and disease are part of an encompassing balance.

> How does healing take place? We might naively think that fires are bad for forests, but the forests have been around a lot longer than the fire-fighters. Ecologists have begun to recognize that fires and storms and floods and blizzards are all necessary for the maintenance of balance. The death of this scrub brush and that deer is part of the life of the woods as a whole. And there is the bi-cycling of the Northern populations of foxes and rabbits. . . .

At different times during JS's 'shamanic journeys', she was encouraged to enter her blood stream and once there to accompany various immune system cells in a search for the colour, size, texture, and temperature of cells, tissues, and organs throughout her body. It was suggested that given the networked nature of her immune system, a very small adjustment *here* — in the colour of a cell, the texture of a tissue, the warmth of an organ — could have important health benefits throughout her body.

Practitioners who suggest to cancer patients that they can alter their immune function also risk suggesting, albeit inadvertently, that the patients are somehow at fault for their physical illnesses and/or for their failure to rebound. If a person can, through altering his or her mood, diet, thoughts, focused images, life situation, etc., alter the course of cancer, then the implication arises: What was he or she doing wrong in the first place to have caused the cancer to start? And what if, in spite of the patient's best efforts, the cancer continues to progress? It helped us to talk openly about these issues and to engage in this part of our work together with the joint understanding that we would experiment (in the loose sense of the word) with conviction, holding

on to the certainty that we weren't sure what was possible. We did our best to balance hope with caution.

DISCUSSION

We worked together on a regular basis for eight months, until JS's chemotherapy treatment regime was completed. On the night she took what she thought was her last dose of chemotherapy, she wrote:

> Learning to live with uncertainty — a gift of this past year. . . . Until now I had always been 'saving myself', waiting for the *right* time, the *right* place, the *right* job, etc. Well, there is no more waiting because *now* is all there is. . . .
>
> I have to live with the uncertainty of a recurrence or metastasis. It is almost the end of this phase of my life. I do not know what other phases are possible or probable, but I do know that the future is created out of experiences in the present. And now I know *with certainty* that I can get through *anything* that might come in the future because I have survived these treatments with strength, courage, awareness, self-confidence, and dignity.

JS succeeded in becoming a skilled participant observer of her experience with cancer, and this application of her professional skills as a qualitative researcher helped her bring meaning and purpose to her personal life. She found a way to accept her chemotherapy treatment, tolerate the accompanying nausea, and change her life priorities. The disease stayed in remission for some time; it later reappeared in her bones. She underwent further chemotherapy treatments and continued to live with strength, courage, awareness, self-confidence, and dignity until her death in January of 1993. Near the end, DF used hypnosis, sometimes in person, sometimes over the phone, to help her with her pain.

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Address for correspondence:

Douglas Flemons,
Associate Professor,
School of Social and Systemic Studies,
Nova Southeastern University,
3301 College Avenue,
Fort Lauderdale,
FL 33314,
USA.
Email: douglas@ssss.acast.nova.edu

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