



A newsletter designed to explore alternative models in holistic health care disciplines – with insights from expert practitioners around the world. Brought to you by the International Association of Counselors and Therapists.



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Working with Clients Who Have Been Diagnosed with Cancer

An Interview with Arthur Emrich

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IACT: Hello Art. What an important and relevant topic to discuss. Let’s begin our interview with a brief history of your work and how you’ve come to find success in assisting clients diagnosed with cancer.

AE: Thank you again for this opportunity to share my profession and passion with other colleagues.

I was first introduced to the possibilities and potential of hypnosis in Washington, DC, in 1980. I was attending a nuclear safety conference and selected a presentation on "Organization Transformation (OT)." Although the presenters never mentioned hypnosis directly, their concepts sent my brain into overdrive. I was employed at that time by a large company with a government contract to produce nuclear materials, and I began to practice my new skills there. The OT presenters conducted additional workshops, with me sitting on the front row. Finally, they acknowledged that they had translated hypnotic language patterns into applications for large organizations.

I continued to practice my new skills with that company, retired after 30 years, and then went to work in Chicago for a small, but global, information technology company. Eight years later I retired again, having participated in helping to grow that company from 200 employees to over 7,000. All my work up to that time was focused on business development – leadership, sales, career development, and of course OT. My wife and I then moved to Sarasota, FL, and

I moved my practice here and began to respond to new client needs, moving away from only business related topics.

For some reason clients began to contact me with health concerns – for example: Lyme disease, ulcerated colon, alcohol addiction, and cancer. With no background in the medical field I had to become re-educated quickly. When someone calls and asks if you can help with benign essential blepharospasms you need a helpful group of MD's to consult with to find out what that even means.

My work with clients diagnosed with cancer prompted an extensive research initiative to find out what other hypnotists had been doing. I was interested to find a number of books written by MD's who turned to hypnosis to treat the whole person, not just the physical body. A characteristic that was of interest to me in most cancer discussions was the use of a combat warfare model. Cancer was an "invading enemy" to be "attacked and destroyed" by "armies of white blood cells" and on and on. My having a business rather than a military background made that standard approach seem confined to a conflict model, not a conflict resolution model. It set up a "battle to the death" mentality, with a win/lose end result.

My training in business is based more on a competitive/cooperative model, seeking a win/win outcome for all stakeholders. That approach seems to bring out more opportunities for a holistic engagement with cancer cells that integrates the best attributes of our mind/body system working together to regain a stable living environment.

IACT: You have our attention! Please continue by expounding on the competitive/cooperative model you previously referenced.

AE: I started out by making a metaphor about what happens when cancer develops into a major life problem. As I understand it, we have cancer cells or pre-cancer cells in our bodies all the time since birth. The problem occurs when the number of cancer cells exceeds the ability of our immune system to handle them, or when they begin to interfere with the operation of a critical organ. So I just imagined a group of strangers moving into my house, inviting their friends to join them, eating all the food, sleeping in my bed, having children, inviting more friends, and just living in my space with no intention of leaving. If this happened my first action would not be to kill them all, although that would certainly be tempting. But what could I do? How about turning off the heat? Not buying any more food? Inviting my friends over (big ones!) and shoving some of them out the door? So it looked like doing things to their environment, not to the strangers themselves, would be a place to start. How to make their environment less attractive, comfortable, and healthy – but one I could still live in, too?

I must confess to constructing many of my interventions based on allowing my inner child to play with whatever facts I can gather to generate a different approach or a new (to me) insight. So I decided to "become" a cancer cell in order to get to know the "competition" better. This competition would then be for a comfortable place to live, with lots of food, a great neighborhood to have children and raise my family, and not too much interference from outside influences. Obviously other cells probably want this same thing, so I have to figure out a way to successfully compete with them.

So as a cancer cell I realized that I am just doing what cancer cells do. I have lost the apoptosis process (programmed cell death), and that means I get to live a really long time. I have also lost the value-adding function that other healthy cells have – contributing something useful to the community of 50 to 75 trillion cells that make up the community we call "self." I don't really have to do anything but eat and reproduce. Wow! What a great life. Yes, there is that constant torment from the immune system, but hey, if we get enough cells we can overpower that nuisance.

With that mentality working I think I have some useful hypnotic insight about how to successfully communicate directly with cancer cells. Fear, anger, and hate are not useful foundations for healthy relationships, so I want to really understand my competition at this point. Once I can truly do that there may be a basis for cooperation at some level where we both see a solution for long-term survival.

IACT: Please continue. How then do you communicate successfully with the cancer cells?

AE: I begin every engagement with a new client with an extensive interview to understand their issue as they experience it. If it is cancer I require a referral from their oncologist before starting any work with them. Having received the referral, I conduct a 2-hour power-point slide assisted discussion about hypnosis – what it is, how it works, why use it as a complementary support to their existing program, and answering their questions. We also talk about capabilities of our conscious and our unconscious minds. Much of the content of this discussion is from Robert Otto, one of my personal favorite gurus. Some is also from the author of "The Biology of Belief," Dr. Bruce Lipton, one of our best champions of hypnosis from the field of cellular biology.

We also discuss the idea of having a clear goal to work toward – and the difference between "toward" and "away-from" motivation. The goal is a topic we revisit frequently to refine it for maximum positive value for their unconscious mind to use as a guide. This means it must be a specific, associated image (picture) connected to the most powerful positive emotional charge they are capable of generating. It is Robert's "Dominant Thought" idea. This becomes our focusing element throughout my work with them. We also discuss "change" – what it is and how the process of change works. This includes a detailed examination of their current beliefs about their condition. I show them a process of moving from "wishing" – that contains a small intent and a large amount of doubt, to "thinking" which is a little better, but still has too much doubt, to "believing" – now we are getting somewhere, and finally to "knowing" – which is the level most likely to produce the result they are working toward. So we move from, "I wish I could," to "I think I can," to "I believe I can," to "I know I can." Above that is the ultimate expression that contains no doubt at all, "I did it!" And that is what all of us hypnotists want to hear from our clients.

Back to your question – I tell the clients about my bias against the Newtonian view that separates mind from body, and my bias for the integrated mind/body system (quantum) approach that works with the ability of each to influence the other. I tell them about the idea that their immune system is an open system, able to be compromised by stress (mind negatively impacting body) and therefore able to be enhanced for accelerated performance through communication with their unconscious (mind positively impacting body). I ask them

for their permission to act as their spokesperson and change agent, and that I be allowed to communicate directly with their unconscious and also directly with their cancer cells. This could be either pre or post-surgical. Given that permission I enable them to achieve an appropriate level of trance (deep alpha or theta state), and then use the script that we have previously discussed to produce the change they are seeking.

IAC: Do you have a session protocol and if so, what is it?

AE: Here is an outline of a recent session with a client who is having surgery next week for cancer of the liver. I will include some general info and some quotes. There are no intended surprises here for the client. We have a review of the material in detail before any hypnotic work is done.

The trance is planned to last about 30 minutes. I use extended fractionation and focus on breath to begin the relaxation process. I then assign a task to occupy their conscious mind. In this one I used the "Whiteboard" and the alphabet. I have them go through writing and then erasing each letter from A to Z, changing colors with each letter. I then have them go from Z back to A. When they have completed that task then they can listen to what I am saying, or not. The "Let's Make a Deal" protocol would then go something like this:

I will now begin speaking directly to any remaining cancer cells in your body and to your immune system. I will be acting as your change agent.

"I believe that all of you remaining cancer cells are doing just what you are programmed to do. But you are quite different from my other healthy cells. Lately you have begun to multiply too fast for my body to keep your accelerated growth in check. And then you interfered with the functioning of my liver, and I need that organ to function properly, and all of my other organs, in order to live a long and healthy life. You are also different in that you no longer follow the process of apoptosis, programmed cell death. That means you no longer remember what your short life-span as a cell should be. And you are also different in that you have no value-adding function. All my other cells perform essential functions that make me healthy, but all you do is divide and multiply and consume food and energy. I also believe that you have no evil intent; that you are just doing what cancer cells do. I am now going to inform you of a serious consequence of this behavior that you might not yet be aware of. And that consequence is that if you continue to do what you normally do, this community of cells that you now live in, the one named (Client's Name), cannot survive and we will all die.

I want to make a deal with you - one that is in both our best interests."

IAC: In a prior conversation you mentioned using a metaphor entitled 'I've Got a Secret'. Can you explain this further?

AE: In the "I've Got a Secret" protocol I build my hypnotic suggestions around two interesting facts. One is that of the thousands of fish tumors in the collections of the Smithsonian Institution, only about 15 are from elasmobranchs, and only two of these are thought to have been malignant. The elasmobranch subclass includes sharks, rays, and skates. Cancer tumors are characterized by uncontrolled cellular growth. To support their very high

metabolism, tumors secrete a hormone called 'angiogenin' which causes nearby blood vessels to grow new branches that surround the tumor, bringing in nutrients and carrying away waste products. Research by Dr. Robert Langer of M.I.T. and other workers has revealed a promising anti-tumor agent obtainable in quantity from shark cartilage. Shark cartilage, it turns out, contains a compound antagonistic to the effects of angiogenin, called (cleverly enough) 'angiogenin inhibitor' – which does just what it sounds like: inhibits the formation of new blood vessels so that the proto-tumor starves or 'chokes' in its own waste products. I build on the idea that by creating the body's own version of angiogenin inhibitor – we can assist our human mind/body system to mimic a function that sharks have acquired through millions of years of evolution.

This is an application of Dr. Bruce Lipton's message from his book, "The Biology of Belief" that we can change our DNA and are not victims of our genetic heritage. While I am suggesting that we learn from sharks, I also mention that sharks seem to possess only one class of broad-spectrum serum antibody – similar to that found in human infants. In humans, this broad-spectrum class of antibody is replaced by more specific antibodies as the child matures and is exposed to a greater variety of pathogens. Conversely, sharks retain their non-specific immune response throughout their lives. Their generalized immune system is one of the reasons sharks are able to detoxify many potentially harmful compounds quickly without need of prior exposure. Sharks injected with carcinogens, coliform bacteria, and – most recently – exotic fungal toxins at concentrations that would kill most vertebrates outright, have detoxified these pathogens and survived, apparently without ill effects. If we have had that capability as infants, I see this as an opportunity to suggest that what we could once do in our infancy, we can still do. The utilization portion of my hypnotic work is filled with Ericksonian-style time distortion reclaiming of resources like learning to walk. It's a good thing that adults do not have to learn to walk, because we would probably give up after the first few thousand "failures." Children however are not guided by "feedback" but by their dominant thought – I will walk, too! I am engaged in helping clients be guided by new dominant thoughts about their ability to recover their health.

It has even been suggested that sharks may represent the Great Grey Hope in our fight against HIV and AIDS. This was originally 'poo-pooed', as no one could see why a shark would develop an immune response to something it is very unlikely to encounter. However, considering the generalist nature of the shark immune system, perhaps this would be a worthwhile research area after all. In my hypnotic work I seek to engage the human immune system in a more creative approach to dealing with the rapid and overwhelming incidence of toxins from our modern industrialized society that it, as a slow evolutionary survival mechanism, is not prepared to cope with. So in this case it is the shark that has a secret – one that we can use to help clients loosen up their beliefs that their human mind/body system is confined only to evolutionary human solutions to sustain their health.

The other "secret" is that cancer of the heart is extremely rare. In a study of 12,487 autopsies performed in Hong Kong, seven primary cardiac tumors were found, an incidence of less than 0.1 of 1%, most of which were benign, according to Mayo Clinic. At Mayo Clinic, on average, only one case of heart cancer is seen each year. So in this example, our heart obviously has a secret. How is it that the heart, that often pumps blood filled with cancer cells, does not itself develop cancer? I use this information to encourage the client's heart to share its secret with

the rest of the neuro-peptides (neuro-transmitters) in the body so that their immune system can magnify its power to control the uncontrolled growth of cancer cells.

Fundamentally what I am championing for our profession with these examples is more creative metaphors for working with clients who have been diagnosed with cancer. The typical military battle/conflict/kill the invader metaphor may work well with some clients, but there are many who instinctively reject this approach for bringing peace to their own body as much as they reject it as a way to bring peace to the world. We can contribute a unique value to the mix of physical cancer interventions – powerful, sudden, and unnatural ones from the allopathic community (surgery and drugs), powerful, gradual, and natural ones from the homeopathic community (herbs and vitamins), healthy dietary regimens from the oncological nutritionists (alkaline foods, classes of foods to delete/add/decrease/increase). That value is our ability to engage the mental/emotional elements of the mind/body system in becoming increasingly involved and responsible for sustaining our own health, and not becoming a victim, or delegating our health to others.

IACT: In closing, what final thoughts would you like to leave with our readers?

AE: I would first like to express appreciation to so many courageous and creative people from whom I have learned much. First, of course, to the people who are not willing to have someone else tell them how long or how well they will live – someone like Lance Armstrong, from his book, “It’s Not About the Bike,” where he says, “What is stronger, fear or hope? It’s an interesting question, and perhaps even an important one. Initially, I was very fearful and without much hope, but as I sat there and absorbed the full extent of my illness, I refused to let the fear completely blot out my optimism. Something told me that fear should never fully rule the heart, and I decided not to be afraid.”

And then to many of the professionals who work with them. People like Andrew Weil, M.D., and his “Spontaneous Healing;” Jeffrey M. Schwartz, M.D. and his “The Mind and the Brain: Neuroplasticity and the Power of Mental Force;” David Servan-Schreiber, M.D. and his “Anti-Cancer: A New Way of Life;” Steven Locke, M.D. and his “The Healer Within: The New Medicine of Mind and Body;” O. Carl Simonton, M.D. and his “The Healing Journey” and “Getting Well Again;” and Richard Shames, M.D. with his “Healing With Mind Power.” All these and many others are helping to reunite mind and body from their particular education and experience backgrounds.

And finally, and certainly for me most of all, to each one of you who are IACT, who provide the opportunity for serious practitioners of hypnosis to meet, and learn, to share our discoveries, and participate in the most hopeful advances of our day in bringing relief and hope to those who have personally heard three of the most dreaded words in our current human experience, “You have cancer.”

IACT: This interview has been both informative and enlightening. Thank you for your time and extension of knowledge. Your insights are gratefully accepted. We look forward to seeing you in May at our annual conference.