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Mini Review

Reaching People Through Different Therapies

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Abstract

The first half of my conceptual paper describes the unexpected changes in treatment I made to cure my cancer when my life was threatened by death. The paper describes my diagnosis, treatment and the reasons I switched my allopathic cancer therapy to holistic immunotherapy that saved my life. The paper describes personal, ipsative and normative changes that I considered necessary for recovery from cancer, especially 'patient advocacy.'

The second-half of the paper describes my work as a college professor and my spiritual transformation through Anthroposophy. I will introduce two unusual therapies: Participation Therapy and Covert Hypnosis treatment. I developed these therapies to improve the treatments of my patients and clients. The first patient was helped to reduce hallucinations and the second client was helped to improve her marital sexuality coitus. The psychospiritual process can be used to reduce side effects, headaches, pain, and other conditions.

Keywords: *Cancer, advocacy, Holistic, Allopathic, Chemotherapy, Immunology, Hypnosis*

Introduction

Psychologists and psychiatrists sometimes think about creating new models of reaching people in need of medical or psychological help and support. Most practitioners in the 'helping professions' settle down in their career to familiar, acceptable methods of treatments and support. This paper here is to remind practitioners that sometimes we forget to include the patient's self- knowledge and feelings in deciding what is the best cancer or other treatments. I was diagnosed with cancer in 2002 (Bone and prostate). I was treated with hormones, radiation and drugs by oncologists for 9 years. I switched from Oncology to Immunology when I became Stage-4 critical and someone in the clinic decided I 'needed' chemotherapy! I flew to Germany to see a new doctor, a world renowned AIDS researcher and immunologist who started me on intensive holistic treatment of dendritic cell therapy, hyperthermia and vitamin infusions in 2011. I am cured now for 11 years! [1-3].

I cannot assume that most cancer patients can ' take over' their treatments like I did. Most patients or clients may not have the courage or the skill to 'take over' treatments, and are happily 'passive' with their trusted doctors, counselors and support personnel. Many practices include support group activities, meetings with peer counselors and information useful for prognosis. However, three things are sometimes missing, 1) Comprehensive patient feedback as integral part of diagnosis and prognosis, 2) Ipsative analysis of patient's inner strengths and weaknesses, and 3) Normative statistical data on outcomes of various therapies and treatments, for better prognosis for individual patients.

I had none of these sources of information available. My professional ability to decide to switch my cancer treatments from Oncology to Immunology was solely dependent on my ability to form and activate a new nursing specialty of 'patient's advocacy' that my oncologists

graciously accepted as fete' *accomplice*, recording the changes I requested in their treatment decisions. My training and experience as a cancer patient, nurse and psychologist made the difference. I am alive today because of that!

In general, cooperation between oncologists, psychologists and nurses was adequate in all areas of medical treatments, except were absent in immunology or immunotherapy. The active areas were patient counseling, radiation choices (Proton and Photon), psychosomatic medicine, side effects, depression, anxiety, prescription drug dose modifications (Abiraterone Acetate) and hormone choices. Let me suggest in this article for medical doctors to think about adding two new practices, 'patient advocacy' and immunotherapy; it may improve prognosis, as in my case!

I was a college professor of psychology and parapsychology for almost 30 years. The teaching, counseling and research aspects of my career evolved slowly from clinical and behavioral interests to educational, holistic and spiritual interests. Over the years I developed a holistic model of therapeutic relationships that included person-centered therapies such as hypnosis and participation therapy, with emphasis on empathy over sympathy, human orientation over doctor-patient relating, interactive medicine over handing out prescriptions. In short, reaching people through their spirituality. I was educated by my immunologist who saved my life in his clinic in Germany in 2012, after lecturing on medical anthroposophy and treating AIDS patients at San Francisco hospital and State University (SFSU). Anthroposophy is the Science of Spirituality as researched by clairvoyant Dr. Rudolf Steiner (1861-1925).

Here are two examples of person-centered therapies that I have used effectively:

1. Participation therapy: The patient was a thirty year old single female, diagnosed with schizophrenia who improved enough to be transferred from the mental hospital to a Half-Way-House for a few weeks on her way home. We met in a facility room. The hallucinating patient said, "Doctor, I am from the Yellow Marble planet and I'm going home for Christmas." I responded, genuinely, "Mary, I would like to travel with you to the yellow marble planet." After two weeks of participation therapy, Mary said, "Dr. Eli, I hate to disappoint you but I was born in Inglewood" (A town next door). Prognosis improved.

2. Covert hypnosis: A 38 year old married female patient named Jane came to the Affiliated Psychological Services Clinic where I worked part-time to supplement my income as a college professor. She said, "Doctor, I am married to a wonderful man and have never had an orgasm, can hypnosis help?" I said, "It's possible, Jane, if you are a good recipient subject of suggestions, but I can't guarantee the results." After four successful covert hypnosis sessions, her husband called, "Thank you, doctor," he said. I was happy for the married couple.

The general covert hypnotic process is literally creative: It is also a holistic, spiritual, imaginative process. The challenge is to be able to create an emotion or an object by 'descriptions,' and keep it or destroy it, depending on the need. Physical objects can be designed, measured, built and/or removed. Psychological objects can also be thought of/imagined, measured subjectively, and built/or removed. And here is a surprise, spiritual objects can also be thought of/imagined, measured intuitively, created or removed." What it takes is a purpose, reasoning, planning, creativity and imagination. I think self-training to think more powerfully by reasoning, yes, to think at the level of Cogito Ergo Sum type thinking. *I think therefore I am*. We can thank Descartes (1596-1650) for that!

You can build something physical, psychological or spiritual by thinking! You must be able to reason it as physical, psychological or spiritual. The process creates the object, you must be able to describe and measure the object's size, shape, weight, color, texture, hardness, sound, smell, feel to a touch, look, function, name and what it can do to you or with you. In the case of Jane, after she imagined a small boulder on the clitoris, she imagined exploding it with dynamite and swept the imaginary fragments out (all imagery). Dear reader, as you are probably realizing, the type of covert hypnosis described is not suitable for all patients and all practitioners.

3. Covert hypnosis examples: Common covert hypnosis treatments are available in some clinics. I think common covert hypnosis therapies to remove pain, implant spirituality, reduce anxiety, take out a headache or knee pain, create empathy, eliminate panic attacks, implant self-confidence, reinforce self-esteem, reduce hunger pangs and control smoking urges, these treatments can be inexpensive, useful and effective. But, again, covert hypnosis is not suitable for all patients or to be performed by all therapists! Take time to explore, the sky's the limit when it comes to human imagination and creativity!

Conclusions and Recommendations

1. Hypnosis may be more effective as a tool in medical or psychological therapy than previously thought. Consider expanding its use as part of treatment plans in more medical, psychological, psychiatric, spiritual and nursing situations.

2. Humans have inner spiritual consciousness that has not been tapped. It can be harnessed for improvement in therapeutic outcomes. Consider interviewing patients that appear to have this meta-awareness.

3. Cancer therapy is a long, varied and complex treatment; a therapeutic team can use a "patient advocate" practitioner to help improve treatment and prognosis. I recommend considering adding such a speciality to nursing or psychiatric nursing programs.

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