

**Hypnosis for Cancer and After Care:  
Offering hypnosis support for the whole experience  
with  
Roger Moore**

Since most of this class occurred on each side of the camera and behind the camera, I have created a video of the class content.

You can access the video by clicking on this link:  
<https://hypnosishealth.info/HypCanHPTI2020>

You will also find the PowerPoint slides on this link.

## **Case Studies**

### **Case Study 1:**

Mary is a former weight loss client who just was diagnosed as having Stage 3C ovarian cancer. The cancer was found in both ovaries, as well as in the lining of the abdomen. Cancer was also found in other pelvic organs and in lymph nodes within the abdominal cavity. Cancer has spread to nearby organs within the pelvis including the liver and it has spread to the lymph nodes. She has been told that she has a 39% chance of survival.

Mary is considering her treatment options and talks about them with you. Her oncologist recommends that within the next week she have a hysterectomy and removal of both ovaries and fallopian tubes, debulking of as much of the tumor as possible, and sampling of lymph nodes and other tissues in the pelvis and abdomen

that are suspected of harboring cancer. After surgery the oncologist recommends an aggressive treatment of chemotherapy followed by more surgery.

Mary is also researching alternative treatment options in Mexico and in Europe.

Mary is the CEO of a large not-for-profit agency, a position that she has held for the past 7 years. Her husband is a successful business man that runs his own company. They have two grown children and one grandchild on the way.

Her family and friends are in denial. They are telling her that she needs to think positively and that she'll be OK.

Mary is in shock. She is frightened, anxious, overwhelmed and hasn't slept well since she received the diagnosis 2 days ago. Last night she had the first panic attack of her life.

Mary is wanting hypnosis to reduce anxiety, to be able to sleep and to be able to think and process with clarity.

- How will you proceed?
- How will you respond when she tells you her treatment options?
- What will you say when Mary asks what you would do about treatment?
- How will you respond when she asks you your thoughts on treatments in Mexico and Europe?
- What are your ethical considerations in this case study?
- What will be your primary focus for your hypnosis therapy?
- What are your own limiting beliefs about working with this population?

Take your time - I suggest that you write out your response. When you are ready, return to the video.

### **Case Study 2:**

Mary chose the surgery and has had several treatments of chemotherapy. She has taken a 6 month leave of absence from work and her husband is trying to work from home as much as possible.

Five days each week, Mary has to leave her home at least 40 minutes prior to the departure of the Bainbridge Island to Seattle ferry. She has 35-minute ferry ride

and depending on traffic, about a 20-minute drive to the cancer center. The treatment lasts 3 – 5 hours and then she has the return commute to the Island.

Mary has to have her husband or a friend drive her and wait with her during treatment.

The daily treatments leave Mary weak, exhausted and nauseous. She experiences a great deal of pain. Over the course of treatment, Mary developed infections, mouth sores, neuropathy and a perforation in her colon.

Mary wants hypnotherapy on a weekly basis but is often too tired, weak and/or sick to come to the office. In office sessions are frequently cancelled at the last minute. It has happened that once in your office, Mary is too weak and/or too sick to continue the session. Most hypnosis sessions include her husband Walt who is her primary caregiver. Walt also was extremely stressed, exhausted and sleep deprived.

Mary is depressed, discouraged and has thoughts of giving up on treatment.

When you are finished, read Case Study 2 and answer these questions:

- How will you proceed?
- Would you include Walt in Mary's sessions?
- What will you say when she talks of giving up?
- On what issue(s) will you focus?
- What are your ethical considerations in this case study?
- What are your own limiting beliefs about working with this population?

Take your time - I suggest that you write out your response. When you are ready, return to the video.

### **Case Study 3:**

Mary survived treatment and the cancer is in remission. Mary was trying to adjust to her new life. Cancer had defined her and her life for the preceding year. Without cancer – she wondered, “Who am I?”

She is developing a new perspective on life. She is reviewing her life and evaluating what is next. She still had periods of exhaustion, but overall was feeling well. She continued to experience anxiety and sleepless nights.

She returned to her work 11 months after starting her leave of absence. (For the previous 3 months she had worked from home). Mary has had to exert her leadership as the employees readjust to her being there and they returning duties to her that they have been fulfilling in her absence. Employees are over protective and coddling.

Mary and her husband Walt are having relationship challenges. For much of the past year, Walt has taken over grocery shopping, meal preparation, dishes, supervision of housekeeper, and managing all finances (which Mary had always done). This was all in addition to Walt's previously established role of house, yard and vehicle maintenance.

Mary now wanted to be involved in her life and her life with Walt. She wanted to take back the checkbook, plan and prepare meals and run the vacuum if she thought it needed to be done. She also wanted to take their dog for a walk by herself, drive herself to Costco or to lunch with a friend.

Walt wanted to protect Mary and also had grown accustomed to the "power" of managing their finances and Mary's life. Intellectually he knew he should let go of her tasks but emotionally was unable to do so. He had a belief that her taking over the checkbook meant he didn't do the job good enough.

Mary also wants to have sex with Walt. She wants to touch and be touched. During her long illness, she missed that intimacy. Walt is afraid of hurting Mary and fearful that he could not preform.

It's been six months since Mary returned to work. She and Walt are in your office seeking hypnosis help.

- Which of these issues will you start with?
- Will you ask Mary about trauma that she may still experience?
- How as a hypnotherapist can you help Mary & Walt find their new normal?
- You are not a relationship counselor. Mary & Walt have an established relationship with you and trust you. They want to continue with you. Will

you continue to work with them? If so, will every session include closed-eye hypnosis? Or, will you refer them to a relationship counselor?

- What are your ethical considerations in this case study?
- What are your own limiting beliefs about working with this population?

Again, take your time - I suggest that you write out your response. When you are ready, return to the video.

#### **Case Study 4:**

11 months and 12 days after Mary's last treatment, cancer was detected in a routine follow-up appointment. Several tests over the next 3 weeks revealed that the cancer was back full force. She was diagnosed with Stage 4b ovarian cancer.

Cancer has now spread to the inside of her liver, distant lymph nodes, lungs and her brain. She was told that her chances of survival were about 17%.

Mary was presented with aggressive treatment options that would leave her weak, nauseous, highly susceptible to infections and having brain fog.

- Mary is in in shock at the new diagnosis and is grappling with the news that her life may soon be over. She has feelings of guilt – “Didn’t I think positively enough?” What will you say? What will you do in this session?

Mary chose to not proceed with any further treatment. After a two-week vacation on Maui with Walt and their children, Mary (and sometimes Walt) return to you over the next three months.

- Mary, who has been an atheist talks with you about the possibility that there is a God and wonders if there is, what should she believe.
- Mary wants to talk with Walt about her impending death and getting her affairs in order. Walt doesn't want to discuss it. He tears up and shuts down.
- With Walt in the room, Mary talks with you about her Five Wishes, Advanced Directive and her DNR.
- Mary is considering assisted death and wants to discuss it with Walt. She knows that at some point the pain will become intolerable and she will be sedated and have a poor quality-of-life. Mary's MD will support her with

process of obtaining the prescription. She may also choose to stop eating. Mary wants your help with this conversation.

- Because Mary is considering assisted death, her sister refuses to talk to her and two of her closest friends have made it clear that they are very angry with her.
- Mary has been looking into Palliative Care, Hospice Care and Death Doulas but is growing too tired to finalize the details. This is another issue that Walt avoids talking about with Mary and hasn't taken charge to set it up. Mary asks for your help in enlisting Walt in setting up care for Mary.
- At about the 6-week point, the cancer in the brain is starting to affect Mary's thinking and emotions. She has periods of delusion and anxiety and at times can be combative. After these episodes have passed, she has an awareness of them and feels guilt and shame. Both she and Walt want your help. What will you do?
- In the last two weeks of Mary's life, Mary wants hypnosis for peace of mind and to manage the pain with minimal medication but is too weak to come to your office. Will you go to her home?
- During these final days, how will you support Mary (and Walt) with hope and with acceptance?
- Two weeks after Mary's death, Walt calls and wants to schedule with you to help him with his grief. What will you do for Walt? How will you handle your own grief when it appears in the sessions with Walt?
- What are your ethical considerations in this case study?
- What are your own personal feelings about assisted death? Will you be able to remain neutral with a client who is considering making a compassionate choice?

### **Bonus Case Study 5**

**David:** Eight years ago, David had surgery for prostate cancer. As a result, he has erectile dysfunction (ED) and incontinence. The year before his cancer diagnosis, his wife of 30 years died. He is lonely and wants female companionship. He misses touching and being touched.

David wants to date and has attended a few dances and has taken two ladies to dinner. Both women indicated that they were wanting to spend more time with

him, but he is too ashamed and embarrassed. He wears Depends and has difficulty in obtaining and maintaining an erection.

He has been to several doctors and has tried a variety of treatments to no avail. He is depressed and has lost all hope. He is in your office at the recommendation of his doctor because he is desperate. He wants hypnosis to help him with both incontinence and the ED.

- Will you meet with David?
- What will you tell him that hypnosis can do for him?
- What are the ethical considerations?
- Is what David wants within your scope of practice?
- What hypnosis techniques will you use?
- What are your own limiting beliefs about working with this population?

## Resources

### Contact

**Roger Moore:** Phone: (760) 219-8079 Email: [Roger@HypnosisHealthInfo.com](mailto:Roger@HypnosisHealthInfo.com)

### Visit

- **Roger Moore Institute of Hypnotherapy:**  
<https://rogermooreinstitute.com/courses/>
- **Hypnosis Health Info:**  
<https://hypnosishealthinfo.com/medical-hypnosis/>

### Classes

- **Cancer Care Support Training Hypnosis and Mindfulness as an Integrative Approach with Kelley T. Woods and Roger Moore**  
<https://rogermooreinstitute.com/courses/cancer-care-support-training-hypnosis-mindfulness/>
- **End of Life Hypnosis Certification Training**  
<https://rogermooreinstitute.com/courses/doulagivers-certified-end-of-life-doula-training/end-of-life-hypnosis-certification-training/>
- **Hypnosis Cancer Care Support Webinar with Kelley Woods & Roger Moore**  
<https://rogermooreinstitute.com/courses/hypnosis-cancer-care-support-webinar-with-kelley-woods-roger-moore/>

### NPR Podcast

- **No Ordinary Love**  
<https://hypnosishealthinfo.com/wp-content/uploads/2020/02/NPR-Ordinary-Love.mp3>

## Reading

- **Cancer Diagnosis A Trauma for Patients and Doctors Alike**  
<https://hypnosishealthinfo.com/wp-content/uploads/2020/01/Cancer-Diagnosis-A-Trauma-for-Patients-and-Doctors-Alike.pdf>
- **The Trauma of Cancer**  
<https://hypnosishealthinfo.com/wp-content/uploads/2020/02/ja18-the-trauma-of-cancer.pdf>

## Tools

- **Advance Care Planning Tools & Resources**  
[https://coalitionccc.org/tools-resources/advance-care-planning-resources/?fbclid=IwAR2fLSMq1deA3h7oiY5MkePMH8DCCiRstwVOepaKF3bye8q\\_qzIq1L76ID0](https://coalitionccc.org/tools-resources/advance-care-planning-resources/?fbclid=IwAR2fLSMq1deA3h7oiY5MkePMH8DCCiRstwVOepaKF3bye8q_qzIq1L76ID0)
- **Advanced Directive Forms by State**  
<https://www.aarp.org/caregiving/financial-legal/free-printable-advance-directives/>
- **Five Wishes**  
<https://fivewishes.org/> and <https://fivewishes.org/shop/order/product/five-wishes>