

Book review: Hypnotic Approaches in Cancer and Palliative Care

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Hypnotic Approaches in Cancer and Palliative Care by Sylvain Néron PhD and Daniel Handel MD Les Presses de l'Université du Québec

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The word "hypnosis" seems to carry somewhat different connotations today than in the past. Perhaps it is the fact that the word is used in different and diverse settings than in the historical sense. Whereas it once conjured images of stage performance, it is now the focus of much literature and research documenting its ability to relieve a broad spectrum of symptoms in patients with cancer, in those receiving cancer treatment, and in those receiving palliative care.

In this era of increasing availability of cancer treatments, patients often search for answers outside the realm of the traditional. Complementary modalities are increasingly being sought after, given the perceived ease of their integration into the overall treatment scheme in many cases. Adjunctive treatments can take many forms, but few have been thoroughly explored. A systematic review on hypnotherapy in terminally ill adult cancer patients, published in *Palliative Medicine* in 2005, reported applications for pain, anxiety, and depression, although the findings were tempered by concerns about heterogeneity and study quality¹. Clinical hypnosis is a field that, to a large extent, remains veiled to many in the field of palliative care. Hypnotic Approaches in Cancer and Palliative Care by Drs. Sylvain Néron and Daniel Handel attempts to lift the veil and offers the reader a multidimensional experience of hypnosis in that particular setting, and on many levels,

Néron, a clinical psychologist with a concentration in psycho-oncology, and Handel, a palliative medicine specialist and past president of the American Society of Clinical Hypnosis, have crafted a practical, hands-on reference. Their e-book makes substantial use of multimedia approaches, including video and audio recordings of hypnosis sessions and transcribed case studies in a variety of presentations.

Hypnosis, as described by Néron, refers to an altered state of consciousness "characterized by a narrowed focus of attention, a heightened tendency towards dissociation, and a heightened ability to respond to suggestion." The book presents hypnosis as a brief therapy, evolved over many years and having comparatively few harmful side effects, that makes it well suited to the palliative setting. It draws

on recent research suggesting the ability of hypnotic techniques to influence the perception of pain, other unpleasant symptoms such as nausea and fatigue, and forms of existential distress. Néron puts forth the idea of incorporating elements of hypnosis into routine palliative care, mentioning that many palliative practitioners will use verbal and nonverbal "suggestion" with their patients during procedures that could be unpleasant, or simply in the course of regular consultation and discourse.

Palliative care is a discipline that relies on effective communication and a trusting therapeutic relationship between the practitioner and the patient. Because clinical hypnosis is often used in conjunction with some form of psychotherapeutic intervention, the book interweaves techniques of communicating both direct and indirect suggestion (that is, distraction, dissociation, and symptom displacement) with relaxation, guided imagery, and various components of psychotherapy such as cognitive behavioural therapy and mindfulness. Sample transcripts and interviews involving patients undergoing those techniques for various indications are provided. Though somewhat repetitive at times, the texts and the patient experiences demonstrate how navigating the psychologic and spiritual journey of illness toward the end of life can be an opportunity for insight into one's own nature and a time of self-growth. Many of the metaphors used in the texts appropriately reference movement—the "existential journey"—and the reframing of hope and time, to better process and cope with the unknown of progressive illness

The book concludes with an "interactive practicum" that directs readers, via YouTube links, to specific recorded video sessions to formulate their own clinical observations and subsequently to integrate the tools into their own practice.

The book is an ideal reference for those wanting a quick and uncomplicated introduction to hypnosis, and the multimedia components—including clips of techniques such as eye-roll induction and self-hypnosis—afford the reader a greater degree of engagement. Néron and Handel do not, however, provide much in the way of background, theory, or evidence base for their strategies. That lack leaves some unanswered questions, such as potential applications in the non-malignant setting. Similarly, because the actual effectiveness of clinical hypnosis in cancer and palliative care is uncertain and

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probably largely dependent on individual factors, readers would have benefited from more specific direction about its applications. For instance, the book does not detail the process of identifying the patients who would be most appropriate for hypnosis, which would seem to be an essential first step, given the complexities of psychooncology. What this book does document, however, is an innovative perspective on an unconventional, but potential resource for practitioners to approach the suffering of their patients.

CONFLICT OF INTEREST DISCLOSURES

I have read and understood *Current Oncology*'s policy on disclosing conflicts of interest, and I declare that I have none.

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