THE CASE OF VICKI: HYPNOSIS FOR COPING WITH TERMINAL CANCER

This chapter presents a moving and highly instructive single-session intervention I conducted with a 42-year-old woman named Vicki. You first met Vicki in the opening lines of this book, which you may want to re-read before going any further. Analysis of and commentary about the session are provided side-by-side with the session transcript in order to elaborate more clearly the aims and methods of the session. You may find it helpful to view the actual session on the provided DVD as you read along.

BACKGROUND OF THE SESSION

Vicki was referred to me for a single hypnosis session by her co-therapists, Lillian and Harold. She had been in treatment with them over the course of several years and, as you will see, greatly benefited from her work with them. She had progressed from apparent emotional instability with no real focus in life to becoming a highly successful graduate student eventually pursuing a career in counseling. Her new life plan came to a screeching halt, however, when she was formally diagnosed as having advanced-stage cancer throughout her body, with a very short time to live.

Lillian and Harold, colleagues from a mutual university affiliation, referred Vicki to me for a hypnosis session with the hope that hypnosis might be useful in helping her manage both the emotional shock and the physical discomfort associated with her terminal condition. Lillian was the one who contacted me by phone and asked if I could see Vicki. As it so happened, I would be

unable to see her for an individual session in the immediate future because of a scheduled teaching trip. I volunteered, however, to do a session with her if she was willing to do it in the context of an advanced hypnosis course I was teaching. Lillian's immediate reaction was positive; she believed that the opportunity for Vicki to work some things out in a group context would be of great benefit to her.

When I am referred a new client, I typically prefer not to hear the diagnostic impressions of the person making the referral. I much prefer to arrive at my own diagnostic impressions without the influence of someone else's judgment. Thus, when Lillian began to describe Vicki, I asked her to share only minimal information about her, specifically the goals associated with the referral. When I see someone more than once, I am then likely to call the referring clinician after the first session and ask for whatever additional data he or she may have regarding the client.

So, at the outset of the session, I knew only Vicki's name, her general goal of wanting to cope as well as possible with truly tragic circumstances, and the fact that she was held in high regard by Lillian and Harold. When I called Vicki to suggest a time and describe the context in which we could meet—she was to be a demonstration partner in a clinical hypnosis course with others present—she agreed with no apparent hesitation. No further discussion took place during that phone contact.

CONTEXT OF THE SESSION

The session was held in my group training room the day after I called Vicki to set up the appointment. She agreed to my invitation; I would conduct the session before a group of psychotherapists learning to utilize hypnosis. In fact, there were 10 observers present, all of whom were instructed to be silent so as to not interrupt the natural flow of the session.

Vicki arrived on time (after lunch) for the session and was seated in a chair opposite me. I had asked Lillian and Harold not to say much about what she could expect in working with me, but as it turns out, she had already heard of me from other sources. Her expectations for the session were clearly positive, and it evidently helped her when I defined the context as more of an educational one than a clinical one.

The transcript of this session, both the interview and the intervention, is unedited, preserving its integrity. You may wish to read the verbatim transcript in entirety first, and then read it a second time with reference to the analysis and commentary. Some follow-up and final comments are provided immediately following the session transcript.

THE CASE OF VICKI

Verbatim Transcript

The Interview

V: My greatest concern at the moment is, because I know that I have a very short time to live, that I don't want to spend it being zonked out on drugs. And, so I would like to have some way of coping with the pain without being…I'm not afraid of becoming an addict, I suppose, but I don't want to miss the time that I have left. I would like to have…my interest is in being able to alleviate pain without drugs.

M: I really know very little about what's going on with you and in your life right now. Can you give me a little bit of background?

V: I have cancer that is, they don't even know where the primary is, but it's throughout my body. I have it in the brain, in the bone, in the lung, and in the adrenal glands, in the lymph system—everywhere. And they say—my doctor says, "I'll be surprised if you don't live a month. I'll be astounded if you live a year, and we think we're talking three to four months." And I'm okay with that… I'm not, the death part is not the hard part. The hard part is being able to get done all that I want to get done in the time that I have left, and make sure that everybody's dealing with it, which is the second hardest part.

Commentary and Analysis

Vicki's beginning remarks orient me to her goal of managing her condition naturalistically. Notice her immediate emphasis on the issue of "time," a dominant theme which becomes a core dimension of the hypnosis session.

Vicki's time frame has been established by the physician giving her the prognosis.

She speaks in terms of "parts," distinguishing one part of her experience from another. This is a clue that she will be able to benefit from an approach that emphasizes dissociation, since she is already used to thinking in terms of "part of me is experiencing this while part of me is

My family wants to stick their head in the sand and they don't want to deal with it and I keep saying "You have to because you don't—I don't have time to wait for you and do it your own way. You have to do it my way now, you know." So time is the thing and being drugged, and they want right away to put you on very heavy drugs, and I'm very sensitive to drugs, and it just makes me sleep which I don't want to sleep my time away, you know. I have a lot of things to say and a lot of things to do and I want to be able to do those things in the time that I have.

experiencing that." Further interviewing will permit me to determine just how adept at dissociation she really is. The issue of "time" is reiterated as she introduces the "power struggle" she experiences with her family.

Vicki lets me know she wants to be active during this time, saying and doing the things she feels are necessary.

M: How long ago were you diagnosed, Vicki?

V: Three weeks ago.

M: Okay.

V: Anger's another thing that I wish I had time to deal with, because I have a lot of anger, because I've been going to doctors for four years, saying I'm sick, I'm very sick, I'm sick, and they say "No, you're a hypochondriac. You just think you're sick. You're making yourself—" all these things and even doctors that refused to examine me. And I have a lot of anger at doctors because if I had been diagnosed, if they would have listened to me as I was listening to my body tell me that I was sick it would have been a different trip. So I have a lot of anger at doctors, but I have finally decided that I just don't have time to deal with that so I'm going to skip that part.

Vicki acknowledges she has angry feelings, but indicates she does not have the time to deal with her feelings—a realistic choice to make given the shortage of time.

Vicki states clearly that she is able to dissociate from her angry feelings out of necessity. This needs to be acknowledged, but it is not yet

M: You're saying that you presented physical complaints to doctors, and basically they ignored it?

V: Yeah, I could tell you a lot of horror stories about that but, you know, even doctors that just refused to examine me, which at that point, my idea was even hypochondriacs get sick! I at least deserve an examination and was told "No." I mean a lot of really bad… Even seven months ago, I went so far as to have a biopsy done and the doctor missed it, because he was going on vacation that day and he was in a hurry and he was…You know all these just really coincidental things, kind of things that—you can't really put—I mean everything has its explanation but the whole thing makes a real ugly package, you know. So a lot of anger there that I'm just kind of trying not to—I'm just saying that I don't have time. You have to prioritize and you have to say what's really important and getting my family okay with this and getting my affairs in order and dealing with it spiritually and physically is more important than kicking butts.

M: Can you tell me a little bit about your family and what the family situation is right now?

V: I'm in the process of divorce which is being a real complication for me because my husband has decided that, well he's figured out that—we were very close to making a financial agreement—we haven't lived together for five years and he has

known whether she is truly able to dissociate her feelings to the extent she claims.

Further acknowledgment of angry feelings she attempts to dissociate from. She also shows an ability to prioritize and sequence her involvements, evidence of a more concrete and linear style of thinking—important diagnostic information for the construction of an appropriate hypnosis session.

Information is sought regarding her support network and associated relationship issues.

Vicki identifies her husband as a source of distress.

another family—and we were very close to coming to a financial agreement which was substantial but he's figured out now that if he prolongs, he gets it all. So he's decided that he's not going to participate in any way financially and that he's just going to drag it off and…That was a real shock, that was a real shock for me because I think if he would have called me and been—this is the hard part (*becomes tearful*)—I would have helped him and he won't help me but that's only financial consideration, puts me in a financial bind because I'm not eligible for aid because I'm married and his income is considered, but he won't give me any of it, so I'm stuck. He thinks I should go to Balboa Hospital, that's the one thing I don't want is to spend the rest of my life sitting in a waiting room at Balboa Hospital, that's the one thing I don't want to do. So that part of my family is not, the rest of my family is very supportive. I have a lot of very supportive friends and I have a daughter that's twenty-three and she wants to run and hide and I'm not letting her and it's being difficult for her and that, she's probably my number 1 concern. Just a lot of friends that are being real supportive and that helps a lot. I'm amazed at how many people are—I think that is a really amazing thing to learn how many people go away and how many—the ones who go away and the ones that stay. A lot of people that I grew up with, I grew up with kind of a large gang of people; we all ran around together for years in San Diego and I was the youngest of the group and it's being real hard for them because it's, all of a sudden

Vicki identifies her daughter as a source of distress.

their own vulnerabilities are coming through and they're having to deal with feelings of their own that are making it difficult for them. There's a lot to deal with.

M: Are they talking with you about those things?

V: The hardest thing—everybody reacts different and—a few years ago I lived in Colorado and my family called me and said my uncle who I was very close to was dying of cancer and if I wanted to see him I should come and I did. And when I got here they said, "Now, we don't talk about it to him." And I went along with that because it was my family's wish and all the while that he died, he never mentioned to them that he was dying and they never mentioned to him and everybody, I mean it was so stupid and when I got back to Colorado I thought the worst thing that I did was not sit down with him and say, "You want to talk about it?" So I did a lot of thinking at that time about it and now, to me, I have to talk about it and some people find that really difficult to deal with. It's just the way that I have to do it. I have to. And the more that I do it, the more okay I feel and not only that but the more I do it, the more I know that other people are okay and if other people are okay, I feel better. So it has kind of a circular benefit for me. It's scary to some people, like my daughter is not a very verbal person and she wants to stick her head in the sand and it's real hard for me to get through to her. We're managing to do it, but it's hard.

Vicki makes it perfectly clear that she wants to and needs to talk about her situation. Thus, the pace of the interaction will be tailored to her need, respecting its value to her.

M: What would you want her to know? What would you want her to understand?

V: Something really—like a miracle happened the other day because when she first found out, she took off and went to Mexico and really running. I keep sitting her down and saying, "This is serious. You can't run away. We don't have time to play games. You have to, we have to deal with it." "Well, what do you want me to do, what do you want from me?" She's really confused about it and, for some reason I'm able to get across to other people what my needs are, but I can't to her because she's so afraid. And the other day she got back from Mexico and she was at my house and she was sitting on the bed and she was giving me this "what do you want from me?" and "I don't know what you want from me," and I just, I didn't know what to say and in popped one of her friends that she's had ever since she was real little, popped in the door and ran into the bedroom and plopped down on the bed and said "My God. Tell me what it's like to know you're going to die." You know, my daughter's sitting there and this is her friend and…So Linne and I started to talk and I started to tell her, and then she'd say, "And then what does it feel like? Does it hurt?" Just asking this whole, the kind of questions that you don't know how to ask and here's this kid sitting there asking and my daughter kind of curled up on the pillows and was a little mouse and said…We asked, we went on for about two hours, and we asked her, no participation at all, she was like

the mouse in the room. We talked about her like she wasn't there and Linne said "What's your greatest fear?" and I said that my greatest fear is that I won't be able to sit and talk to her the way, or talk to Carrie the way I can talk to you. Still there was nothing required of her at all. But things changed after that, things changed. You know, it was like all of a sudden she had at least some understanding of what my needs were and how communication can work beneficially and openness is necessary as I don't have time to play games. Everybody keeps saying to me, "You have to let her accept it in her own way, in her own time." And I was saying, "That's fine. I've known that for years." And everything we come across, in your own time and in your own way you will accept. Right now, I don't have time so I have to push and maybe I'll push too hard and it'll hurt her more than help her but I have to take that chance because I don't have the time. So it's…

A good example from her life of the value of indirect communication. As in couples or family therapy, talking to person A in the presence of person B influences B despite the lack of direct interaction.

Time is reiterated as a vital issue.

M: Do you have the sense that there are things that you want to say to her and she to you?

V: My biggest fear is that five years down the road she's not going to be able to deal with it because she's going to say "I stuck my head in the sand I should have sat down and talked." It's more urgent for her than for me. I don't have trouble verbalizing; I say what I feel and what I think and I don't feel…There's a lot of things I feel like I want to say, you know, "Put your seat belt on" and stuff, but things that I would like to

Vicki shows an ability to have foresight that is of an immediate and realistic quality.

share, family things, but the urgency in my mind is in her ability to deal with it herself after it's over; that she can say we spent quality time, that we did the best we could do for each other in whatever time we had, that she doesn't feel guilty, and that she doesn't have this after thing that's going to make it harder for her to facilitate the rest of her life.

M: So when you were talking earlier about family members sticking their head in the sand, were you referring specifically to her or others as well?

V: Her father—my first—my husband that I'm trying to get a divorce from—I've been married fifteen years—her father I was married to years ago and we've been really close friends all these years and he was at the hospital when they did the diagnosis and he took off and hasn't been seen since. I mean, he's the one that taught her how to do this. And he's not dealing with it, and that's okay. I'm not really too concerned with him. Another one that I'm really concerned with is my mother. My mother's sixty-nine and, but really she's ninety-nine. I take care of her totally and so, and I think in my mind the hardest thing in the world to do would be to lose a child. I've never been close to my mother, my mother and I have never been close. And we're becoming that now. She's trying very hard to understand my philosophies which—she's never listened to me and now she's listening and she'll get my philosophy books and she'll bring them and want me to read to her and she asks

Vicki identified her mother as a source of distress.

Vicki emphasizes how she values being listened to, a dominant theme throughout her presentation.

me questions and she talks to me. I think that's a neat thing that's happening. I feel much closer to her. I have a son, this is another sad part, I have a son that is in trouble and my husband has turned him against me and he hates me. That hurts me a lot. I expect probably not to see him again and if I did see him again I think it would be a difficult time. He's a strange boy and he would come to me and he would say "I love you," and a lot of things that he doesn't feel. He's not bonded to me very much and he, you know, I do better, I do better with people that put it out just the way it is: "I don't feel very close to you but I wish I'd had a chance to get to know you," or something like that, rather than "I love you and I can't stand losing you" and all the stuff that's just crap, you know. I don't want any crap. If I do get a chance to see him again I think that that's going to be very difficult to deal with. He doesn't have the emotional—he's a very immature, emotionally immature person who just needs a lot of, lot of time to get it together. So I don't, I really—that's a hard one and I don't know what's going to happen with that. I have an aunt that doesn't speak to me, that…My family were taught, my mother and all of my family were taught when they were very young that when you got angry at someone you quit talking to them. I don't know who every thought that one up, but I guess years ago that was the way that you dealt with a lot of things.

Vicki identifies her estranged son as a source of distress.

Vicki has an aunt who is a source of distress, who embodies the "if you're angry, clam up" approach that Vicki feels is a waste of valuable communication time. By now, it is clear that Vicki has few, if any, conflict-free relationships; thus, relationships as a focal point for hypnotically building comfort would seem an unlikely path.

M: Instead of talking it out and working it through.

V: You don't talk at all. I mean if you, if I don't like the way, something you said to me today, just something you said to me, I might stop talking to you for five years. I mean that's the way they do it. And my aunt hasn't spoken to me for about nine months because of one day I said something that she didn't like. It's so ridiculous I can't believe it. Now, she's frantic, she's panicky. She won't come to me and talk to me; she won't make an overt gesture to me. But she like sends me cookies under the counter. I send them back and my mother says that I'm being really ugly and not understanding and I am, I suppose, but I think that if I accept the cookies under the table, that's all I'll ever get. I think for both of us it's important that she comes. I think she has something to learn if she would come and talk to me and so I won't take the cookies. She's really panicky. I've decided that I'm not going to die and leave her with guilt but I'm not going to just take the cookies either. I'm going to play it out a little bit. There's a streak in me.

Vicki sees herself as competent in dealing with things directly, a relevant piece of information for later formulating suggestions.

Vicki's sense of urgency about resolving things is not evident here, further evidence of an ability to compartmentalize experience.

M: What do you expect to happen? That she will come see you?

V: I don't know. Either she'll go farther away or she'll come and talk to me. I think that she's a very controlling person; she always wants to have control of everything and if she was in my life right now she'd say, "Now what are we going to do with this? And, who's going to take care of this?" and all these things—she'd want to take

over and control everything. I won't let people control me and so we conflict there. See, she wants to run the show, she wants to, so that's where the conflict is. So if she was in my life right now, she would be causing conflict in my life right now, there's no doubt about that. She's going to have to come to a place where she can say, she's got to let me make my own decisions about my own life and my own way that I want to die and not tell me, try to tell me how to do it. I don't let people do that, and that's why we don't get along. I think that that'll work out eventually. I'm not too concerned about that.

Acknowledges tendencies to engage in power struggles, letting me know that if I want to succeed, it will be by treating her as an equal, not as someone to direct.

M: So you really have your own mind and it's just trying to get these people to understand that…

Rapport-building confirmation that I've heard the message about respecting her need to maintain control.

V: Yeah, I know what I want. No doubt about it.

M: How have you dealt these last three weeks with getting the prognosis?

V: That was really the easy part because I knew I was sick. I knew I was dying. I knew it a long time ago. I just couldn't get any doctor to confirm that. So it's something that I've been dealing with a long time and…

Another reference to a "part" (either easy or hard, in this case "easy").

M: Are you saying that it was almost a bit of relief to have some confirmation?

V: Well, it certainly wasn't what I wanted to hear.

M: I wouldn't think so.

V: I wanted to hear that I had something curable. But it was a relief to have some kind of diagnosis. It's an awful thing to know that you're awfully sick and have people tell you that you're not. To be in the kind of double bind or that kind of conflict is really an awful place to be, and I've been there for four years. Pretty soon you start to believe that you're crazy. Then you start to act crazy, and then you become crazy and then you fall into all the patterns; people categorize you and you're labeled and then you have no hope of getting out. That's an awful place to be. There's no way to dig out of that kind of a hole, until it's too late like it has…I think that's one of—In the medical profession, even the psychological profession, we tend very much to categorize people and label them and expect them to behave and do according to what their labels are and that's so wrong because there's so much more. Everybody's different, everybody's an individual. We get going so fast and we never stop to listen and really look at people the way, for who they are and their differences, people don't fit into little boxes.

Vicki introduces her very, very strong opinions about being labeled, clearly a reflection of the emotional intensity that could only be a direct by-product of having been hurt by such a process.

She started to say that it was too late for her, but blocked it; acceptance is not fully achieved, which is probably to her advantage.

Vicki warning me of what *not* to do in treating her, as well as what *to* do.

M: What do you think somebody who would have been a little bit smarter, a little bit more perceptive, a little bit more sensitive would have done? What do you think the best way would have been to have responded to you?

Asking for clarification of exactly what position she would like me to take in dealing with her.

V: Just listen to me. I got a diagnosis only because of my own tantrum. One day I threw a tantrum. You see, I knew that there was something in my lung and, like I said, six or seven

Vicki letting me know not to hurry her, not to label her, and to treat her respectfully as an individual who needs to be listened to.

months ago I had a lung biopsy, and then I kept going back and they kept saying "It's not your lung. We did the lung, right? We had a biopsy on your lung, we checked your lung. It's not your…" I said "But it *is* my lung. I lived in this body forty-two years. I kind of got to know it a little bit. Something is wrong in my lung." "No, it's not your lung because we've done all the tests on your lung." So we go off, we go off, and I went through the seven months and then one day I just had a tantrum. I said "Can't somebody at least do a chest x-ray? What the hell is it going to hurt to do a chest x-ray?" "All right, if you'll just shut up we'll do it." And then it was a tumor about this size (the size of a golf ball) that shows up in my lung. And if I hadn't had that tantrum that day they would've never even at this time had a diagnosis. So I think that people, doctors don't listen and we tend to let them not listen which is a big mistake because they're gods and they know what they're talking about and they went to school and they know all this stuff and they don't. If you have a doctor that's not listening, you should find another one because they may know scientifically but they don't live it. If you know your body, you live in your body, you have more, you know more about your body than they're ever going to know because they don't live there. They think that most people aren't smart enough to know that, I guess. I don't know.

Vicki has moved into "preacher" mode to make sure that all present are mandated with the task of listening to their patients.

M: What is the medical intervention at this point? What has been prescribed for you? What are you supposed to be doing?

I want to know what her treatment plan is and whether she knows what to expect.

V: At the moment, I'm doing a lot of radiation therapy. I'm not into heavy therapies and I'm more the kind of person who would rather die with dignity. I'm not going to, I don't want to spend the rest of my life being sick to death. I'd rather have a shorter life and not be sick than a long life, but I did consent to the radiation therapy which is about the only thing they had to offer me anyway. We're way beyond surgery, we're way beyond chemotherapy. Radiation therapy can, they tell me that it's not going to increase the length of my life but maybe the quality of my life. And I've had a few days where I doubted that, because it did make me sick. Now, I'm beginning to believe it. I had a very large tumor in my shoulder and I lost all the use of my right arm and it was very painful and they said that if I didn't do something about it, it was going to explode my shoulder. It was a real toss up. They did the radiation therapy and it was a real toss up whether there was going to get to be enough radiation, if the radiation was going to be beneficial before it exploded. It came, I mean I could tell, it came right to the very line and then the tumor did start to decrease and the pain decreased so I know that by doing that I saved my shoulder and now I'm even gaining some use of that. The tumors in my brain which they said radiation therapy is going to probably decrease the amount of seizures and so forth that I will have, so it seemed reasonable to me to try that. Also in the lung, the tumor presses on the vena cava which is where all the blood drains from the… and that's the real dangerous part of

She asserts the value of quality of life rather than quantity.

that, so if it can decrease it somewhat, to case that—it's not going to extend my life, it's just going to make it more comfortable probably, for a long time.

M: Are you currently taking any drugs?

V: I'm real selective about that. They want to always keep putting me on more and more drugs and I, like I say, I don't want to miss anything.

Vicki reasserts her desire to minimize the influence of drugs on her functioning.

M: Some of the drugs seem to have a mental effect?

V: I tell you. When you get to this place you, this is a drug addict's dream. You just tell them what you want, anything you want, they…morphine, the whole shmear. I just, I did Tylenol III for a while, and then when the shoulder got real bad I went to Percocet, and now I'm cutting back because it's not as painful and so I'm back to Tylenol III now, and I'm trying to maintain on that. But I haven't closed my mind, I don't want to be, you know I'm not a martyr; I don't want to be, I can't enjoy and do the things that I want to do if I'm in terrible pain so it's a real balance for me and I'm hoping that this is going to make it easier to stay away and still not be in pain. I don't like pain, so I'm not into pain, but I'm not into being drugged up either. It's a balance that I have to maintain and just decide as I go. I have this whole dresser full of pills; some make you not throw up, and I'm also doing some mega-vitamin kind of stuff so—the radiation, in the next week all of my hair is going to fall out and I'm

Drugs are an acceptable last resort, but the first choice is self-management.

going not to be able to eat solid food for about a week because the irritation to the esophagus, so I figure that next week is going to be a real tough one to get through and then I'll be okay. So you have to kind of see as you go along, what you need to do as far as medicine is concerned. But as long as I'm making the decisions, I feel okay about it. I've been looking into hospice care because I have this really strong thing about I don't want to die in a hospital and I don't want to be hooked up to machines and I want, I'm looking into hospice kind of situations and I like a lot of what they have to say and then they get to the bottom and they said "Who's your doctor?" and I told them and they said "He won't cooperate with us." I said then we have to find a new doctor because I'm not going to die in a hospital and I'm not going to die hooked up to a machine, with a doctor that's going to keep me alive that way. I don't want that. And the legal situation being what it is, that's—you really need to know that before, because it depends on the doctor. So I'm working on those kinds of things.

This mention of difficulty eating is noted as something to address in the hypnosis session.

Her need for control is reiterated.

M: Are you currently experiencing any discomfort in your body?

The first reframe—pain as "discomfort," a less charged term.

V: At this moment? My shoulder I suppose. It's a lot better than it has been but it's uncomfortable. I can't raise my arm.

M: On a day-to-day basis, over the last few days, has the discomfort been limited to your shoulder or do you experience it in other places as well?

I am asking how localized or generalized her experience of pain is.

V: My chest. I'm getting more and more uncomfortable in my chest. The more and more pain in my, the more radiation they do to my chest, the more irritated the esophagus becomes, and like I said, for a week I won't be able to eat solid foods, so it becomes quite irritated.

M: Can you describe what that means—irritated?

I want a sensory description of what she expects in order to address it in the hypnosis session, since eating and maintaining body weight are important.

V: They call it, they say it's like esophagitis. You get a real bad sore throat and you can't swallow things. I've been having difficulty swallowing for some time, but I do anyway because I'm a little pig. Not much makes me stop eating so, but just like having a bad ulcer is what it's going to be like. It just kind of hurts. But it's temporary. That part is temporary. It'll go away when the treatments end. Like hair grows back.

Vicki's ability to recognize the situation as changeable is a powerful deterrent to her giving up.

M: Can you describe a little bit what the sensation in your shoulder is like?

More sensory descriptions to use in the hypnosis session.

V: My shoulder is so much better but it's like it's just a lot of pain. There was a lot of pain in my shoulder and it does, it feels just like there's something huge inside the joint which is exactly what it was, and it's pressing, pressing, pressing, pressing so hard that the bone was getting ready to explode, and it's just growing, growing, and there's no room for it to grow so it just, and that's the kind of pain it is. Not only that but it makes me unable to move my arm in certain ways. I can't lift my arm. I can't go up. I can use my fingers, and I can

do—it's funny the things that, you know, because I'm right-handed, so it's been really kind of a hard thing to deal with and there's—it feels like somebody hit me in the shoulder with a baseball bat and it's just this horrible bruise. There's no bruise, but it feels like, if you looked there'd be black and blue everywhere. It's getting a lot better. I suppose there's a considerable amount of chest pain, but I've been dealing with that for a long time so it's kind of…See, I learned, it's kind of a strange thing because for four years I've had a lot of pain. It started in my joints and my muscles, all over my body. Like terrible arthritis, and I kept going to doctors and they'd say there's no arthritis here. Of course it wasn't, it was cancer but they didn't look past and they kept telling me that there wasn't anything that could be causing that pain and so I finally got to the point where I said "Okay. I'm a full-time student; I'm a very active person; I can't get slowed down by pain and so there just won't be pain." So I spent a lot of time teaching myself how not to perceive the pain or how to let my brain override the pain to some degree. And now that I have a diagnosis I find myself feeling the pain, allowing myself to feel the pain. So it's a real different kind of thing for me to do and now that I've allowed myself to feel the pain I'm trying to find this place in between where I, because I know that the mind controls so much of what you feel, there must be a place where I can, I don't want to be totally unaware of it, but I want to be able to deal with it because I got so confused in this period where

Vicki describes an ability to use mental mechanisms to overcome pain, a potentially meaningful indicator of what ability or abilities to amplify hypnotically.

Vicki's references to confusion reflect the anti-therapeutic aspects of confusion. Since certainty and clarity at all times is not possible, given

you feel pain and people are telling you there's no pain. It gets you real confused. I don't know exactly what I'm feeling is what I'm feeling. Know what I mean? Well, my level of feeling is, may not be, what's real. I don't know where "real" is anymore.

the advanced state of her illness, it seemed important to be able to establish a new association to the experience of confusion that would make it tolerable. Thus, confusional suggestions were planned into the session.

M: That must be pretty confusing.

V: That part is. Yeah, I think that I got to the point where I'd say "No it doesn't hurt," when it really did hurt. Because doctors convinced me that there wasn't anything there and I didn't want to be crazy so I went along with it. It does strange things to your head.

The previous experience of confusion has a negative association to being out of touch with reality to her own detriment.

M: All that time that you said that basically, you didn't let yourself experience the pain—how did you do that?

I want to identify what method—the sequence of steps she took to psychologically manage her pain.

V: I just didn't focus on it mostly. I learned not to focus on it. I had a lot of things going on in my life. I had a lot of important things to do and I would just focus on other things.

She lets me know it was through distraction.

M: Being in school?

V: Being in school.

M: Family relationships? Other kinds of things? Were you working?

V: No. Well, I was for a while. That was too hard. I did get to the point where I knew that I wasn't able to do all that I used to be able to do and I did cut back. I was working full time and going to school full time and that became way, way too much for me. So I stopped. I worked and

saved as much money as I could and then I dropped out of work and went to school full time and that was just really exciting for me. But I spent a lot of time resting. I did meditation things, I did a lot of relaxation—I learned to do a lot of relaxation things that helped me not focus on it.

Vicki lets me know she has previous hypnotic experiences to access in the form of meditation and relaxation procedures, and that these were helpful. Thus, they can safely be referenced in the hypnosis session.

M: I'd like to hear a little bit more about that—the relaxation, the meditation, some of the things that are probably going to parallel a little bit what we're going to be doing. Can you tell me a little bit about those things that you've already learned?

I want the specifics of what she has experienced in order to know which parts to amplify and which to gloss over.

V: One thing that I'm doing right now that's really exciting to me is guided imagery. I think that's really exciting.

M: You're working with someone, doing that?

V: Lillian and Harold. And I think that's really exciting. I'm really into the—all my whole life has kind of centered around how much control the mind has over your body. I kind of always believed that you could make yourself sick and you could make yourself not sick. I don't think I believe it so much anymore. I've always kind of thought along those lines. I know that you can control an awful lot with your mind and so I've always been interested in learning how to do that.

Vicki professes to have held an attitude of "mind over matter" that is now untenable.

M: And so Lillian and Harold are doing formal guided imagery sessions with you? What kinds of things and how are you responding to it?

More specifics are needed if I am to make meaningful references to their work.

V: I guess you don't ever know really how you could respond to it but it's a kind of white light kind of melting away the tumors. I have tornadoes that come down—white tornadoes that come down and get rid of—and I can get into it. I really get into it. I see it. I try to do it quite a bit every day and I spend time on that radiation—getting radiation therapy is like going and putting yourself in a giant microwave and turning it on is how I visualize it. I try to do it while I'm there but it's such an awesome place to be it's kind of hard to do there. Sometimes I can do it, sometimes I can't. There's a big switch on the wall that says "Emergency Shut Off" and I look at it and I just want to get up and shut it off. I suspect very strongly that radiation is the cause of my problems. I was radiated as a child in an experimental kind of thing and most of the people that had this radiation as children are coming up with this kind of…It's hard to imagine that radiation is the cause and radiation is how we diagnose and how we treat. Those things are hard to put together. To put yourself in a microwave is kind of a difficult thing to do. But other places it works a lot better. It feels good to me. I don't know if it's working or not but it feels good to me and so I do it.

Vicki is being taught methods of visualization that she claims to benefit from.

M: So you're able to relax and you're able to get into it? Great.

I am seeking to amplify her capability.

V: Sometimes. Depending where I'm at. Sometimes it's easier than other times. Sometimes it's just really fantastic. I also do meditation which I've done for a long time and that's always helped me and so I hang onto that.

I haven't really done too much other kind of relaxation. For a while, I was doing it but now that they've got me on—Tylenol III puts me in a place that's never-never land. I don't really need to relax for that reason. I think that I'm really probably much more relaxed than most people. My doctor says that he never had anybody fall asleep on the radiation table before and every one in a while I fall asleep, and my arm will fall off in all positions. I've always been the kind of person that you give an aspirin to and I go to sleep, so I react very strongly to these drugs.

M: What is your experience with the Tylenol III in terms of what it does to you mentally? You're saying that's one of the drugs that you want to get away from, or at least reduce.

I want specifics of the mental effects she is wanting to minimize or eliminate, since these are instrumental in her seeking my help in the first place.

V: Well, it has codeine and I'd like to not have to take drugs that dull my—they're doing radiation to my brain. Radiation destroys good cells as well as bad cells. My area of study is physiological psychology so I know a little bit of physiology and I know that the brain cells don't regenerate. Now, they radiate my shoulder and I know that they destroy the good cells as well as the bad cells and that they can regenerate to some degree. But I know my brain cells can't so I'm very much afraid of losing my brain cells and I find myself not thinking good, not remembering things, talking to someone on the phone one day and the next day not remembering. A lot of memory stuff leaving and it makes me feel a bit panicky. I don't know if it's the radiation or if it's just that I

Vicki shares that a lack of clarity and an impairment or memory are the things she fears.

have so many things on my mind and my mind is so totally occupied with all that's going on. I have this really silly thing ever since I can't remember how old—I've never been able to throw anything away. A little piece of string—somebody in the world needs this little piece of string and I'm not going to take it to the dump, I'm going to save it for this person who might need it and maybe I'll have a garage sale some day and sell it for a penny.

Vicki introduces an ongoing issue in her life of "letting go." She will burden herself on the chance that someone may want the item, defining herself as a provider to others. This issue is an important one, since making plans surrounding death—the ultimate "letting go"—is a necessary task. Thus, "letting go" is a theme to be integrated into the hypnosis session.

So all my life I've saved all these things and I know if I die everybody's going to take all my junk and put it in the garbage can and that just kills me. One of my real goals is I have to have, I finally have to have my yard sale. I also have to look at each and every thing that I have that I love and care about—I have these little stickers that I'm sticking on the backs of—I have to figure out who's going to love this thing the most. So I have all these things to do, so I have a lot of things on my mind. It could be that just the mind is so full that it doesn't have time to remember who I talked to on the phone yesterday. Maybe the radiation isn't the only thing that's killing my mind. Maybe it's just too full.

She wants people to value what she does.

Vicki introduces the solution of a "yard sale" as a means to "let go"; this solution is noted, and is later referenced during the hypnosis session.

M: The burden of thinking about everything, and everybody.

V: But I do worry about that. I don't want to destroy my brain. I want my brain to survive.

Reinforcing a non-pathological basis for her memory lapse in order to minimize counterproductive anxiety.

M: How long will the radiation continue?

V: One more week at this point, and then, of course, they have to keep watching because what they expect is—they expect that it's in a lot of places in my body that they haven't been able to detect yet and so it's just a matter of keeping up with that. I'm only doing it—they're not going to even touch my adrenal glands, they're so far gone. It's not a vital organ or—you can have it real bad in your adrenal glands before it's going to kill you. That's not what's going to kill me. So that each time that it shows up somewhere else then it has to be re-evaluated to see what and I have to learn enough to be able to evaluate myself and decide whether I want to go through the therapy—sometimes the cure is worse than the disease. I'm afraid of that, so each thing has to be evaluated on its individual kind of basis.

M: You said that you had been working and then you stopped working and went back to school. That's a pretty major change. How did that come about?

Moving away from pathology, I am interested in identifying and accessing specific resources she has that have been employed in previous transitions.

V: I've wanted to go to school all my life and I put my husband through school and I raised a family and it always got put off.

M: Sort of time to do something for yourself.

Validating the worth of the investment in herself.

V: I got to a point where I figured out that I had some value and I had some worth. I lived fifteen years in a violent marriage. My husband was a very violent person and I spent most of my life thinking that I wasn't very

deserving and wasn't very—that I was worthless, very low self-esteem. It's taken the last five years, I've really gotten that turned around and figured out that I had a lot of value and a lot of worth and knew where I wanted to go and what I wanted to do, exactly what I wanted. A lot of very definite goals and even have it all figured out how I'm going to get there. I've been carrying a 4.0 average at school and so I've been feeling very good about myself. At first I thought I feel real sad that I'm not going to reach my goals but then I decided that maybe the important thing was to figure out that I could and that I had the worth and the value and maybe that's the lesson I had to learn.

Being goal-directed is only a recent development, but she shows an ability to effectively operate in that way.

An interpretation of the "meaning" of her disease.

M: That's a pretty amazing discovery.

By accepting her interpretation, she is permitted to focus on her progress rather than on the frustration of never reaching her goal.

V: To get there wasn't the main thing. To just discover was the main thing.

She accepts that ratification.

M: How did you find that after all those years of being in such a difficult relationship?

I am asking her to identify her method—the sequence of steps used—to effect a significant transition. She may identify a useable resource for the later hypnosis session.

V: Well, it's a long story. Twenty years ago I had, my husband put me in a psychiatric hospital and I was diagnosed catatonic-schizophrenia, a back ward patient that would never be out of the hospital again and that's an awfully hard label to overcome. Two months ago I went out into the community and I wanted to get into a women's group, a women's support group, I guess about four months ago, and I started interviewing clinicians

Here are some of the specifics that led to the earlier sermon about labeling.

because I learned to do that. So if they interviewed me, I interviewed them. And this woman I hit with some of my background because I've been in and out of hospitals a good part of my life and she told me that I was too sick to be in her group. After one hour of talking to me, and then charging me for the session which I thought was kind of crummy. There's so much of that that goes on that I use it as kind of a tester now. If you see my labels faster than you see me then I can just get up and walk away. I don't need you in my life anymore. That's a real dangerous thing that happens. I progressed, I fought and I never gave up and I overcame all those things, mostly…Another thing that I think was important in my history is that they, of course at that time, drugs were coming in, psychotropic drugs and they gave me so many psychotropic drugs and I had such horrible side effects from them. I would try to tell people I'm…and nobody would listen to me and they would say "You need more Thorazine." The more they gave me, the sicker I got. I kept trying to tell people, nobody listened. That's when I first learned that people don't listen. My husband kept me in this kind of mindset. I guess it's pretty awful but I overcame it, that's the thing.

Another personal rejection on the basis of an impersonal label.

She identifies "fighting and never giving up" as the relevant resources for her changes.

M: I'm amazed. It's obviously against all the odds…

V: That's why my interest is in physiological psychology because I had just had a complete hysterectomy. There was a lot of physiological things going on in my life at the time

She is attributing her emotional difficulties to a chemical imbalance.

that this happened and I really truly believe that there's so much to the chemical brain structure. I really do. I think it was my biggest problem beside the fact that my husband stole away my person or I let my husband steal my person. And that I had such low self-esteem. I think the chemical makeup of my body at the time was a real key factor and so that's why my interest of study was in that area. I thought that I wanted to make some discoveries that—I knew what it felt like to be on the inside. I knew what it felt like to be in a psychiatric hospital where nobody listened. Have you ever read that study, I forget who did it, where the psychologists all admitted themselves and they…Well, that was my life. People don't hear you. You're a nonentity and that's such a horrible thing to be.

What she learned in therapy—to accept responsibility—is given lip service, but she clearly has not yet internalized the lesson. In her situation, that is actually an advantage since a more internal attribution would likely lead to depression.

M: Did you have the idea that you could be a 4.0 student? Go back to school and accomplish these things all that time?

I want to amplify her ability to pleasantly surprise herself with abilities she did not know she had.

V: Not all that time. No.

M: You got in touch with that much later?

V: There came a point where I—one day I was living with my husband on the East Coast and my husband's a commander in the Navy. He was stationed in the East. And the anger grew and grew with him and I found myself standing over him one night with a fireplace poker and I knew that I was going to kill him if I didn't get away from him. The next day I found myself standing on a bridge,

the Brooklyn Bridge or one of those bridges, and I was going to jump and I said "What is it that I'm sorry I didn't do?" Is there any thing that I'm sorry… I just couldn't take it anymore, and I said, you know, I always wanted to go to Colorado and I never did. Then I thought, what the hell. Why don't I go to Colorado and if I can't—if it doesn't work out then I'll jump off a mountain. So I went home and I packed myself a backpack and I got in my husband's wallet and I got about $400 out and I took off and I went to Colorado and that's when things turned around for me, because—it was the middle of winter, I slept—I lived on the street. I had a hard time but I began to realize that there was a "me" and I could function totally without him, that I didn't need someone to tell me that I was okay or I wasn't okay. It also goes back to childhood. My father was killed when I was a year old, in the War. My mother was an alcoholic and a drug addict. I had no siblings. I never lived with any one family more than just a few months. I mean I was never—I didn't have a family life so I didn't know how to do that. I never had any…So I was used to people who didn't love me and it was like this super goal to find people who don't know how to love and make them love me. My husband never knew how to love; he was incapable of loving. He isn't capable of loving and yet, just somebody who could easily love me wasn't what I needed. I needed the mother who couldn't, the husband that couldn't, I needed all the couldn'ts to do it. That became my whole life's goal. Well, that's a stupid goal. I mean I wasted

The benefits of her therapy are showing in these insights about her life patterns.

my whole life trying to do that and it doesn't work. So I learned that. That was one thing that I learned. That if you want somebody to love you, you have to find—first of all it has to come from within. You're your own best parent, that you have to love yourself, which is such a cliché that unless you really get inside yourself and learn that it sounds so stupid. For years I thought "love yourself," people kept saying that but how stupid, what a stupid thing to say. But it's real and I got to the place where I did. And then…

Vicki is letting me know that individuation and self-validation were the keys to her reaching for and achieving more substantial goals.

M: You really feel that now?

Testing the strength of her convictions.

V: Yes. Oh, yes, absolutely. But it's a—it sounds so stupid when you're telling someone who doesn't know what you mean.

M: Almost any feeling sounds a little trite when you say it but if you really feel it and it's strong, that's what matters.

Joining her viewpoint, and validating her right to feel as she does.

V: Yeah, so I learned that probably just by being with myself and I started getting it together in Colorado and I became sick in Colorado, that's where I was. I loved Colorado. It was like my world. I made this world. I lived twelve thousand feet high, in the country, way out in the woods and it was like the happiest time of my life. But I started getting sick and I had to get out of the altitude so I came back here. Also to take care of my mother. But also because I wanted to go back to school. And I thought that I couldn't. I was afraid to try. I'd been told for so many years

that I was stupid and that I couldn't do anything right. It's awfully hard—you know, just one day believe it and then the next day not believe that this whole long process that goes on…But I knew that if I didn't try I was never going to find out so I signed up for six units. I took two classes just to see that if maybe, maybe I could and I did.

M: Must have been a thrill to find out you could.

Amplifying the feeling of accomplishment following the uncertainty of taking a risk.

V: Yeah, it was. And it got, and then each time I started adding more units until I was up to sixteen and still carrying a 4.0 and that felt good. I mean it was like super high then. I was just, but it was also, it made me understand that if I would have tried to do it when I was seventeen or eighteen when I got out of high school, I would not have done it. That there's something that drives you when you want the information. You have to want that information or it doesn't work. I go to school and I compete with these eighteen- nineteen-year-olds and I thought, "Oh, they're so used to studying, it's going to be so hard." They don't want to be there and so it's really easy competition, but you have to want to and you have to be studying something that you're interested in and want the information and it's not any work at all. You just soak it in, just love to…

M: Have you been seeing Lillian and Harold all this time or how has that been working?

How much of your gains have been made all on your own, how much with the support of your therapists?

V: Lillian came into my life through my son who doesn't do very well. I finally got my son away from my husband, got him out here with me and got him into seeing Lillian but he's really kind of too far done to do anything and then Lillian just became a very close friend. I have a close, close relationship with Lillian and Harold both, mostly through some therapy, just friendship, and they're just very special people in my life.

M: She said the same about you. She said "Michael, this lady's a knockout. You'll love her" and I can see why she said that. So you've known her for a while?

Sharing my positive regard for her.

V: Four years.

M: Well, the guided imagery things that you've been doing with them Lillian told me very little—she just said that the guided imagery was something that you had been working with a little bit. She told me basically what you told me, that part of what you were looking for was some more naturalistic way of keeping yourself clear, keeping yourself as comfortable as you can be and I understand that, I wonder now if you think there's anything else I might need to know?

Sharing what was told to me about her, and confirming to her that I have heard what she wants.

V: I don't know. What do you need to know?

M: It was interesting to me to hear you say that you could keep yourself comfortable by focusing on other things even though there was pain at

Amplifying the resource within her of being able to benefit from distraction; amplifying also that she could

different times, doctors weren't picking anything up, but that you were uncomfortable and that you found ways to deal with it. It wasn't anything formal that you were doing; it was just part of your lifestyle to get yourself to work on other things and not really pay that much attention to it. Have you ever had any formal experience in learning specific techniques for managing discomfort?

experience pain reduction naturalistically despite the apparent absence of a formal strategy for doing so.

Asking whether she has had any previous formal experience with pain reduction methods.

V: No. Well, that's not true. I did, for a while, biofeedback. I even tried some hypnosis with someone that… and it didn't work, which I probably should have told you before I came here. I think it had a lot to do with…I wasn't very trusting of the person. Again, he did his thing and his thing was his thing and he wasn't listening to what my needs were and that's such an important thing for me. I didn't trust because I kept, I have a lot of—it goes back to psychologists—and I had some experiences where psychiatrists mostly have made big blackouts in my life. I'm afraid of that and I think I got afraid of that in the hypnosis because I wanted to record the sessions and he wouldn't let me. I was afraid of that blackout and I think I was fighting it. They've done a lot of sodium amytol kinds of things with me and wouldn't ever tell me what happened during those periods of blackout and I don't like that. I don't like people stealing part of my life away from me and not sharing it with me.

She reports previous hypnosis experience that was unsuccessful. Details are needed in order to avoid any part of that experience.

She lets me know that a lack of trust was the divisive factor, fueled by his lack of listening to her.

She associates a lack of memory with negative experience; thus, amnesia during or after the hypnosis is contraindicated.

The fact that our session was being conducted before a group was no doubt of comfort to her. As is typical of my sessions, the session was also being recorded on both video- and audiotape with the promise having been made that she would receive a copy of the tape.

M: A little bit scary to lose pieces of what's going on.

Joining her perception.

V: Right. And I was afraid this guy was doing that and so I wasn't very successful because I think that I was fighting.

M: Was that here in San Diego?

V: Yes.

M: Recently?

V: About a year ago, year and a half ago.

M: Do you remember specifically what it was he was saying or what it was he was doing that you were finding difficult to relate to?

Here I am asking for the details of what went on so that I could be sure to do things differently.

V: I think that it was just the general…

M: The atmosphere of what was happening?

V: It was something general about him that didn't listen. There was something general about not letting me record, like what are you hiding? I wasn't trusting that. Not explaining things to me. I have to be super-explained to and if you explain something to me fourteen times and I don't understand it, then I'll ask you again and if you don't explain it to me sixteen times then, I mean sometimes it takes a while to soak in but I've got to have that information in order to process whatever I process. And he was getting annoyed with me that I was asking the same kind of questions over and over and I don't know, I went for a long time. I went for five to six months before I finally said "This is a waste of my money

Again, the emphasis is made on needing to be heard.

Vicki lets me know that she values understanding and participation. To not utilize these values—that is, to expect her to just follow directions blindly—would undoubtedly meet with her resistance. As is generally true, much of the "resistance" of therapy arises from the clinician's inability to recognize and utilize the client's values and capabilities. Thus, resistance can be defined as interpersonal as well as intrapersonal.

and your time and I don't think we're getting anywhere." It was also interlinked with the biofeedback and he was putting these things on my forehead and I was having so much pain in other places in my body, I didn't understand why it was on my forehead. Sure, there was a good reason for that but I didn't understand it. He wouldn't explain it to me. Also he was into—he got off the track and he was into a lot of regression. Now, I'm into regression and once he found out that I was into that, then that was his focus and it wasn't my focus. I would like to have done that as a side line, kind of an interest area of my own, but not for the therapeutic kind of thing. So I thought that he was using me, that he was doing it for his own little bag because he found somebody that would allow him to do regressive therapy. My spiritual interests—a lot of my spiritual interests are in reincarnation and he was doing some previous lifetime kind of regression with me which is very fascinating and very interesting and I'm into it, totally into it, but at that moment in time it wasn't what I wanted to pay him to do. And he got stuck there so…It may have been my fault.

Whether these aspects of her treatment are "true" is less relevant than the fact that this is how she incorporated the experiences into her memory. If true, here is another example of a clinician not listening to his or her client, fueling Vicki's obviously strong need to be heard. The client is the source of information. She knows her internal world better than anyone else ever will.

Her belief in reincarnation is noted as a possible association to use later.

Vicki acknowledges she may not have been entirely a helpless victim.

M: I think it's a valid concern to want the work to be along the lines of what your needs are instead of what his interests are.

Validating she is entitled to get what she wants, providing assurance of that in her interaction with me.

V: At the time my financial situation is kind of balancing and I felt like I had to spend my money where the most benefit was to be had. You can spend so much money on fun and games…

Attempting to have Vicki define her expectations of me, first by asking

M: But the work's got to be done sooner or later. Have you talked with Lillian at all about what I do? What you could expect here? What the possibilities were?

about the information accompanying the referral by Lillian.

V: Uh-uh.

She asserts that Lillian said little to her about me.

M: Lillian and I work together at the university. That's how we know each other.

Helping her understand my connection to Lillian and the university—both positive forces in her life.

V: Yeah, she told me that.

M: And I work a lot with hypnosis and…

V: The reason I was interested is that I've been asking around about hypnosis and everybody that it seemed like I talked to said they had studied under you and she came up with you and I thought that was just a greater idea than coming to somebody that studied under you. Go right to the source. I haven't got the time to fool around.

Vicki shares with me that she has had exposure to my reputation from multiple sources.

The issue of "time" is reiterated.

M: Makes sense to me. Well, certainly one of the things that's so fascinating about the mind is its ability to control what goes on in the body the way you were describing earlier. The ability to focus on discomfort or focus on other things and lose track of discomfort is one of the capabilities and it seems to me that part of what you're asking for, at least, is to be able to develop a way to be able to experience yourself more comfortably, more naturally.

Amplifying her awareness for her beliefs about the mind-body relationship, and referencing the previous discussion of absorption and distraction as a natural means of pain reduction within the scope of her experience.

As a preliminary to formal induction, I am feeding back to Vicki what she has expressed an ability to do, a desire to do, and identifying a mechanism to do it.

We can do that. The kinds of guided images things that you've been doing

Positive expectancy.

with Lillian are hypnotic procedures. I don't know if she's ever described them that way before but it's a form of hypnosis.

Reframing her previous successes as based in hypnosis, directly relating them to our work, thus amplifying the expectation of being able to succeed with me.

Visual imagery is one form of hypnosis and it involves, obviously, images and so it's very much a visual kind of process. Some people are real visual. They can form…

Reframing her known methods of comfort as hypnotic, and assessing her true ability to visualize, since so much of her spontaneous speech would indicate a kinesthetic primary representational system.

V: I don't consider myself a real visual person.

She validates her doubt that her visual ability is her most well developed one.

M: Would you consider yourself more of a feeling kind of person?

V: Feelings? Yes. And even a little more auditory than visual. I get into the imagery. I think it's because I want to so much but I do find that feelings are the number one and maybe auditory number two.

M: And so even though visual imagery is not first on the list you've been able to make use of it.

Amplifying for her that her motivation really does enhance her ability.

V: Oh, I want to so much. Normally, visual things haven't worked for me too much in the past, so I was surprised that this is, I'm getting into this so much but it's not my best mode I don't think.

M: Are there times during the day that you are comfortable?

I am looking for the exceptions to her painful times in order to amplify them.

V: They vary a lot. You know, some days I do okay—the radiation therapy makes you very, very, very exhausted. It takes, drains all your energy. So I've gotten to the point now where I say

"Okay, I can do my treatments and one other thing." Then I spend the rest of the time resting. My doctor said next week therapy, no more. Just go home and go to bed. I try to keep my mind okay, that's not the way I want to do it. I've got to be able to function and do things, but it's only going to be another week. Sometimes that's hard to remember.

Vicki's hope rests on having one difficult week followed by periods of normal activity.

Sometimes, for a while it was like I was being very sick in the morning and then in the evening I was feeling better, and then it got where I felt great in the morning and then I felt sick. So it's kind of starting to switch around a lot.

She does not have awareness for any predictable pattern of good or bad times. Given her desire for control, the unpredictable nature of time relative to her illness sensitizes her even more to time-related suggestions.

M: There's no set pattern to it?

Double-checking for the possibility of relevant patterns.

V: Right. So I'm kind of just going with it. Just kind of going with it. I have one more week—it's hard for me to remember that the sickness, the really—the day before yesterday morning my daughter stayed all night with me. I'm not allowed to stay alone anymore, at night. And now they've decided even in the day I'm not supposed to be alone because of the threat of seizures. But most of the time I feel good. Well, the morning before yesterday, my daughter got up and went to work and I thought I'd be fine until my aunt came to help me take a shower and take me to my treatment, and I could get my bowl of cereal which I was going to have and everything went to hell. I got up, I didn't make it to the bathroom in time. I messed myself and I started throwing up and I threw up all over the house and I got the bowl of cereal

and I dumped it on the floor and pretty soon I just found myself sitting in the middle of the floor, saying "I'd rather be dead." And when you get that kind of moment, when things come just (*raspberry*), it's so hard to grab hold of that string that says "It's the treatments. In a week it's going to get better; you're going to feel better. It's not going to like this for the rest of the time." There are going to be good days and there's going to be productive days, so you really have to grab hold of that and sometimes it's hard to hold onto but it doesn't usually go away for too awfully long. I have a pretty good grip on it.

Her ability to see the situation as unstable (changeable) is obviously vital to her ability to maintain.

M: It sure sounds that way to me. Well, I've been asking you all kinds of questions. I wonder if you have any for me.

Validating her positive view of her ability to manage.

V: I don't know. I can't think right now.

The basic reframing of our work has already been established, rapport is excellent, and she has been sufficiently heard.

The Hypnosis Session

M: Well, then let me describe a little bit of what I'd like to be able to do. Having worked with imagery before, and having worked with meditation and the different kinds of relaxation processes, you know what it's like to be able to close your eyes, go inside, have different kinds of experiences internally. Basically I'm going to talk about different ideas, different possibilities. There isn't really anything that you have to do, Vicki. All I really want you to do is give yourself the opportunity to experience whatever it occurs to you to experience.

Assuming a more active position to begin directing the course of the remainder of the session. Referencing the methods she knows and likes and utilizing parts of them to being building the response set necessary for hypnotic induction and utilization.

Defining my role as someone simply offering possibilities, emphasizing her control in being able to choose what she does and does not take in. Giving her the freedom to experience herself in whatever way occurs to her, rather

I'm going to be talking about different possibilities, different potentials, and it's really going to be for you to take what makes sense to you, leave behind what doesn't make sense to you, and that's about it. Different ideas. But you'll hear everything, know everything, everything will be real clear for you, because that's what you're looking for, that kind of clarity in your thinking, that kind of clarity in your perception. But certainly one of the things that will become real clear to you is how you can use your own thoughts to create sensations in yourself that you find real comfortable, other kids of sensations that you feel real interesting, and it will be for you to pick and choose what you want to experience.

If you feel like you're ready to, arrange yourself in a position that's comfortable.

V: I have a hard time to sit up straight and put both feet on the floor. Harold says everything works better that way. So I've been trying it that way.

M: You can sit any way you want to. In all my years of study I have yet to find the one right way to sit, so just whatever is most comfortable to you.

V: I've been having, I think the next place that's going to show up is in my feet and legs because I've been having a lot of pain in my feet and legs. I'm kind of suspicious of that area.

M: (*Shifting positions*) Are you comfortable?

than imposing any specific demand on her.

Reassuring her she will not be unaware of what transpires, given her negative associations to amnesia.

Reassuring her that she will have the mental clarity she defined as a primary goal of treatment.

Reaffirming her ability to maintain control of the interaction.

Vicki presents a previous learning that is rigid, unnecessary, and worst of all, inhibits her ability to respond well.

Again she is given permission to be in control and choose what is best for her. If I give her that control, then who is in control?

She informs me that her legs are currently in pain and that she has negative expectations for them.

Indirect suggestion to get comfortable.

V: Except that I just had this huge big Mexican dinner and I think the beans are going to get me. My digestive—I have a little bit of heartburn.

Another somatic sensation to take into account.

M: Let's make that one of the sensations that we work with.

Begin by taking in a few relaxing breaths…and when you feel like you're ready to, Vicki, you can just… let your eyes close…so that you can go inside for a little while…That's right. And certainly you know from previous experience how you can relax…what kinds of things that you like to experience that you find the most soothing…what kinds of experience make the most sense to you… and as you pointed out, there isn't anyone who knows you the way that you do…so is there anybody that's in a more comfortable position to know what's right for you, to know what's good for you?...If you want to…you can…*listen very carefully to the things that I talk about*, but you really don't need to, Vicki…You can allow yourself…that's right…the exquisite luxury of letting your mind travel or relax…It can do a lot or it can do nothing…It can listen and it can not listen…But you can certainly allow yourself the experience of being very comfortable within yourself…and certainly you know from previous experiences…that sometimes *you can get so absorbed* in interesting possibilities…it doesn't really matter whether it's white lights or deep breathing…or an interesting voice, or soothing sensation… because as someone who's been

Permissive suggestion for eye closure.

Building an internal focus

Accessing previous hypnotic experiences.

Accepting her need to be the authority over herself.

Utilizing her desire to be the authority on her own experience. Embedded command for attentiveness.

Permissive suggestion for dissociation.

Covering all possibilities.

Permissive suggestion for comfort.
Accessing previous hypnotic experiences.
Embedded suggestion for absorption.

Encouraging flexibility in that there is a variety of ways to experience hypnosis meaningfully.

studying psychology…you certainly know enough about the complexity of the mind, the complexity of physiology…to know that there is an automatic sort of pattern…that allows for the rhythmic rise and fall of breathing…the kind of balance of each breath in and each breath out…and because the mind is so complex, it's really convenient, really a *comfort* to know that while the conscious mind tends to notice whatever captures its attention for the moment…that there's a *deeper* part of you that can really *experience a surprising level of relaxation and comfort*…It's really not unlike having the rest of the world drift for a while…It's there but it's not there…It's here but it's there… It's right here, close by, and it's so far off in the distance…and to be able to get absorbed in the interesting sensations of what it feels like to have a watch on your wrist…or a necklace around your neck…or the feel of the chair…each an interesting sensation in its own right…Close…Distant… And how far away is far enough? And I really don't know which sensations are the most soothing…because that varies so much from individual to individual…

Some people really enjoy the sensation of looking at an unusual cloud that can seem so out of place against a blue sky…Some really enjoy the sensation of a very well-written piece of music that has just the right rhythm, just the right blend of instruments…And if you've ever had the experience of a particularly enjoyable melody…that sort of floats

Utilizing her interest in psychology and her newly enhanced self-image derived from her education.

Suggesting an amplification for an appreciation of unconscious control mechanisms.

Marking the word "comfort"

Marking the word "deeper"
Embedded commands.

Introducing spatial dissociation—separating specific locations in space.

Embedded command while reframing sensations as "interesting."
External kinesthetic focal points to shift away from internal kinesthetic focal points to begin pain relief.
Dissociation of sensation suggestions.

Encouraging redefining sensations in her awareness as "soothing" while utilizing her belief in the uniqueness of each person.

Visual suggestion, distracting from kinesthetic awareness.

Auditory suggestion, distracting from kinesthetic awareness.

Amplifying auditory absorption.

through your mind…and you catch yourself humming that song…or all of a sudden realizing that you're singing that song and you really don't know why that song seems so important…Sometimes it's a corny song; sometimes it's a real favorite…And it's interesting how some lyrics remain unforgettable…and I bet you know what the eighth word in the national anthem is…But when you take time to…*sit quietly*…and you experience the sensation of a particularly enjoyable and soothing voice that might be your own as you talk to yourself… It might be mine as you listen…I really don't know…All I know is you have a conscious mind that can be very aware of the things that seem the most important…Isn't it interesting how something can seem so important at one time and seem so unimportant at another time?... And time…how a minute can seem like an hour…how a day can be an interesting one to experience…When you think about all the things you've accumulated, it really reminded me of what basements are for and what attics are for…Old issues of *National Geographic,* out-dated *Time* magazines, and a string here, marble there, and isn't it interesting…because I was working with a young boy not long ago who taught me a very important lesson as sometimes only kids can…	Unconscious involvement. Memory can remain intact. Preoccupying her on an auditory level with distracting reference. Auditory focus. Auditory focus, soothing internal and external dialogue. Reassuring her that she can be as aware as she needs or wants to be. A truism regarding the inevitability of change. Time distortion, expansion. Referencing her issue of "letting go" by addressing the subject of accumulating things. A "time" reference of outdated, no longer relevant things. Introducing a metaphor on the general theme of "letting go." Referencing children as a source of learning, perhaps establishing a new association to her own children. Learnings can increase in value over time.
And it was a lesson that I really think has a wider spread value than what I might even understand now…because it's a little boy who's lived here in San Diego all of his life, all eight	

years of it…And kids being what kids are, he really has a very difficult time understanding that there are other places to live…But when he was told that he was going to be moving soon he really didn't understand that things were going to be a little different… He wanted to take his entire house and he wanted to take his school and all of his friends and teachers and that part was the easy part…The hard part came when his mother told him "You're really going to have to clean out your drawers and closet. You're not going to want to take all that junk with you." And how do you decide which baseball cards to throw away or give away? That's really interesting because what he discovered was that all these things that seemed so important, weren't important anymore…The favorite toy that he had when he was three wasn't much fun when he was eight…There aren't a lot of eight-year-olds I know that enjoy little Peg Boards and rattles…And it gave him an incredible sense of accomplishment, a powerful recognition of how much he had grown, that he had outgrown all these things, and it was an uplifting experience for him to discover that being a little older and a little wiser allowed for different possibilities now…And I really don't know how, I really don't know why, but then again, eight-year-old boys really have mysterious ways…But going through the drawers and closets showed him how much he'd grown and changed without even trying… and what it really meant to him was that he could move on comfortably,

The egocentricity of a child's thinking is amplified to encourage sensitive handling of her children.

The absurdity of "wanting to take it all with you," reframing "holding on" as undesirable.
Easy and hard parts, feeding back her framing of experience in those terms.

Indirect suggestion to "let go."

On re-evaluation, "letting go" was easy because what mattered once didn't matter anymore.

Amplifying a positive feeling for "letting go," reframing it as clear evidence of growth.

Incorporating Vicki's head lifting.

Reinforcing that change in the absence of insight is possible.

Marking.

comfortably, and there might be a… deeper…meaning. Sometimes it's hard to know; sometimes it really pays to listen at a deeper level…And you know that…	Marking.
	Validating her knowledge.
And I wonder whether you've noticed that your breathing has changed… how much effort it takes to move… how absorbed all of you can be in the comfortable experience of right now…And now becomes later, and later you really can be comfortable…And one of the most interesting dimensions of experiencing deep comfort…is that sensations seem different because there is a disorienting effect when you get so comfortable… it becomes hard to know which side is more relaxed…Is it your left side or is it your right side?...and if your left side drifts off comfortably…then which side is left? And if it's your front, then do we really know if it's the front of your back that's comfortable or the back of your front?...And it's very difficult to know whether it's your top half of the bottom half, or the middle half of the back or the front half that's the most comfortable…That's right. And I knew one person who was exceptionally skilled at being able to experience this part of the body as very comfortably distinct from that part of their body which seemed disconnected over there, even thought they had the peculiar feeling that there was something here that they just weren't really in touch with… But I know this much…that when you take in a breath…and when your mind is curious…and you're really not sure which part's here and which part's there…and which part's left or	Ratifying hypnosis through evidence of a visible physical change. Indirect suggestion for catalepsy.
	Time distortion, extending comfort into the future.
	Physical disorientation, preliminary to a confusion technique.
	Associating comfort to disorientation.
	Left/right disorientation, dissociation.
	Front/back disorientation, dissociation.
	Top/bottom disorientation, dissociation.
	Metaphor for physical dissociation.
	Embedded command for dissociation and comfort.
	Diminished kinesthetic awareness.
	Uncertainty and dissociation.

right, and you have the right to know what's left…it can take a different turn for the better…and that's something that you really can be clear about… But there's something that you might really want to know about the sensation of comfort that grows more profound moment by moment…And what's so interesting is that your legs haven't moved and your arms haven't moved and you know and I know that you could move them in you could think of a good reason to…but how much more enjoyable to experience the luxury of a very relaxed body…a very comfortable experience of being here, being fully here mentally, of being over there physically… That's right…And without disturbing your relaxation…you might find it a particularly interesting experience to have your throat and voice so comfortable and relaxed that you could describe to me what you're experiencing, and why not verbalize what you're aware of right now, Vicki?

Uncertain perceptions about her body but mentally clear there is an improvement.

Increased comfort.

Catalepsy is evident and is fed back to her, amplifying it.

Reaffirming she is in control of the experience.

Suggestions for mental and physical dissociation.

Protective suggestions to remain comfortable preceding the suggestion to speak.
Throat comfort, later extended to next week (when she anticipated it being painful).

Suggestion to verbalize while remaining in hypnosis.

V: Heartburn is gone.

M: You can say that again.

I didn't hear what she'd said, and so I suggested she repeat it.

V: My heartburn is gone.

M: Good. Your body's comfortable.

Reinforcing her experience of comfort.

V: It feels soft.

M: Is it a good experience?

Amplifying its positive value.

V: Yes.

M: Good. It's an interesting experience, isn't it? To have your body in trance…To have your mind

Reinforcing the dissociation of mind and body.

comfortable…And how far away is your body from where you are?	Presupposition of having accomplished the dissociation.
V: Not far.	
M: Just close enough for when you need it…That's right. And just far enough to really be comfortable… And what an interesting experience to know that you can be so comfortable…Can you describe what it feels like to be just far enough away from your body to really be comfortable?	Framing her response as a good one. Reframing comfort as "interesting," associating comfort to even mild mental experiences. Questioning to deepen the experience of dissociation.
V: Nice. Safe.	
M: Good…That's right…That's right… It's that nice, safe, comfortable feeling that you really can memorize in very intense, vivid detail…Very comfortable…And what your unconscious mind might really want to know is that you can be so comfortable whenever you want to be… And it's interesting, very interesting… how the most everyday experiences can be the most profound reminders of what it's like to have a mind here and a body there…what it's like to notice a cloud…or a moving van…or an eight-year-old boy…or hands that rest comfortably in a lap of luxury… and you really never know…because sometimes it's looking at your watch that reminds you that *it's time to be comfortable*…Sometimes it's kicking off your shoes to remember that you're two feet ahead of yourself when you're here and there comfortably…Sometimes it's giving yourself a hand, in the most simple and elegant of ways…I really don't know…I know one individual who tends to… *eat with a real gusto*…because she	Feeding back her terms for the experience. Amplifying a clear memory of the experience of comfort to use as a later reference point. Affirming the ability is hers and that it can be applied at later times of her choosing. Associating the experience of comfort to everyday experiences ("anchoring"). Dissociation of the mind and body as a vehicle for everyday comfort. Everyday cues referencing the hypnotic process and recreating comfort. Reinforcing that just sitting as she is, with her hands in her lap, she can be comfortable. Associating time—and the everyday experience of looking at her watch—to comfort. Embedded suggestion. Associating taking off her shoes to the experience of dissociation. Self-help as a means of obtaining comfort. Metaphor for appetite enhancement. Embedded command.

really liked the strong sensations of being well-fed…and somehow she had it in her mind that every time she opens the refrigerator door, she has that cool comfort…and the little light goes on…and I don't know what it is about white lights…and I really don't know what it is about food…but the interesting thing is that it really works for her…And she really can *be comfortable standing up in a kitchen,* and sitting down in a…*living* room, and napping and talking seem to really regenerate the feelings of comfort… but I don't think that I need to remind you that you can relax…that you can be safe and comfortable anywhere. After all…you're here with me and you can hear with me…and you can hear with you…and you can hear you talking to yourself…in the strangest of places you can hear you, soothing, comforting, distancing…keeping close the feelings of comfort…and everything else can fade into the distance…into the distance, like baseball cards and string…And there really is no reason that I'm aware of to limit one's thinking to believe that a yard sale has to be in a yard, when you can have one inside, as many times a day as you'd like to…And you can be a yard which is three feet away from yourself…being here but three feet over there…experiencing comfort now and later…front and back… top and bottom…left and right…and the right to comfort is what's left… And that's what I'd really like you to know…and why not look ahead to a little bit later…or a lot later…or something in between a little and a lot… and as you look forward, can you see how comfortable you are?...(*Nods*)…	Positive association to eating. Associating comfort and appetite to opening the refrigerator. Utilizing her "white light" association for comfort. Embedded command, association of comfort to specific places. Marking. Extending comfort through all routine activities. Extending comfort to *any* context. Internal dialogue can be comforting and meaningful, regardless of where she finds herself. Amplifying comfort, distancing anything else. Referencing and amplifying "letting go" what is no longer necessary. Referencing her idea of a yard sale as a vehicle for getting rid of what she no longer needs, including internal feelings or thoughts she finds distressing. Dissociation. Associating comfort to the previous disorientation and dissociation suggestions. Future orientation (post-hypnotic suggestions) to include comfort.

Good…And you know that a week passes quickly…and you know that a week passes slowly…depending on point of view…and since it's you and your point of view…you might as well know that it's fully up to you…to have a fast day and a slow day depending on *your* choice…because twenty-four hours, seven days in a row, or sixteen hours, ten days in a row, or thirteen hours, thirteen days in a row, really don't matter, but when it's two weeks of…*feeling so strongly*…about how time has been well used,…you really can look back when you're looking ahead at yourself looking back…feeling good…and safe…and comfortable…And that's a *strong feeling* to hold on to, isn't it? (*Nods*)…Good… And since you can look forward to that experience of comfort, why not have that be the feeling that you hold onto tightly?...When I ask you to reorient in just a moment…the one thing that I really want you to know is that you have done marvelously…and why not enjoy the sense of pride in discovering that *you can use your head to be comfortable,* and you can use your body to *alter sensation, comfortably*…in the way that you'd like to… *and let that be the guiding memory and experience for this experience of comfort that you really can hold onto—here, there and everywhere you go*…and when you know that you can do that…and when you feel the strength and comfort that you can do that…that's when you can begin to slowly reorient yourself mentally… but you may want to keep the physical disorientation of being here and being there…using your body but letting it come close and drift away as	Time distortion, either expansion or contraction as she wishes. Time expansion through confusion. Embedded suggestion. Time disorientation; comfort embedded throughout. A suggestion for strength. Posthypnotic suggestion for later comfort, extending the current experience into later contexts. Anticipation signal regarding disengagement. Reinforcing her having succeeded in this context. Reinforcing that she has successfully done what she set out to do. Redefining her relationship to her body. Establishing success as the memorable association to this experience. Maintaining comfort and generalizing it to the rest of her life. Integrating the learnings and new associations. Suggesting the possibility of maintaining the dissociation as a means for remaining comfortable.

you see fit…So take whatever time you'd like to, Vicki, to process your experience and feelings, and then when you feel like you're ready to and when you want to…that's when you can bring back every comfortable sensation…for today, and tomorrow, and all your tomorrows that become todays. And when you're ready to, you can let your eyes open. (Pause). You did great!

Suggesting obtaining closure on the experience before disengaging.

Maintaining comfort post-hypnosis.

Future comfort.

Permissive disengagement.

V: (*Difficulty opening her eyes*). It's bright. (*Closes her eyes again*).

M: Take a moment. No need to reorient fully…just yet. That's right… Discover each comfortable sensation.

V: (*Long pause before opening her eyes and moving*). I like that.

M: Good. You sat just right!

Validating her responses and posture humorously.

V: I didn't even know I was sitting.

Confirmation of the extent of her physical dissociation.

M: It's nice not to know, isn't it?

Reframing uncertainty as pleasant.

V: Um-hum. The part that I—something that I liked very much that I never thought of before was "time." Some days do go fast, and some days go slow. It never entered my mind that I could have some control over that, so that's something new to think about. I liked that part.

The issue of "time" was so central to her, it's little surprise that she latched onto a mechanism to control her perception of it.

M: How are you feeling?

V: I liked that a lot. I got very much in touch with being over there and being over here. I hope I don't forget.

Confirmation of her positive regard for the session, and her experience of physical dissociation. She expresses concern for her memory of the session.

M: You're going to have a tape of this that I'm going to give you right now and then as you requested I'll be happy to make a copy of the video and then if you'd like I could either mail it to you or maybe we'll get together again sometime and give it to you then. But you'll have an audiotape right now and a videotape a little bit later, so that way…you'll always have a reminder.	Immediate reassurance that she has full and ready access to the experience via her memory as well as the tape of the session.
	Embedded suggestion, referencing all the posthypnotic suggestions given throughout the session.
V: It was a very nice experience.	
M: Good. Would you be willing to…	
V: Yes!!	She cut me off to quickly agree to whatever I would ask of her! I think that is a fairly good evidence for a high level of rapport!
M:…answer some questions? (*Turning to class*) Are there any questions? (*To class*) You can come out of trance now!	
V: (*Surprise*) Does it really affect everybody, really?	
M: (*Laughs*) They pretend that it doesn't, but I know better!	Playful closure to the session.
V: I don't know how it could not	Orienting to the others and beginning to engage with them.

The session concludes with Vicki responding to specific questions about her experience during the hypnosis session as well as her remarkable personal history. After about 15 minutes of questions, she left. We parted most amiably.

FOLLOW-UP AND FINAL COMMENTS

Sadly, Vicki passed away less than eight weeks later. I never had the chance to see her again. I received a warm thank-you note from her a few days after our session, and spoke to her once on the phone for some follow-up. She reported that she was using the audiotape of our session that I had provided, and found

it very helpful. She was able to make use of the physical dissociation and time distortion techniques, which helped her cope with the most recent round of radiation she was receiving. She reported feeling pleased she was managing her daily regimens without pain medications. She managed to function reasonably well for a short while after our meeting, but after just a few weeks her illness became too severe to self-manage.

After Vicki left, the group of clinicians in attendance was noticeably quiet. It took us all awhile to open up and process the session, each of us dealing with our own vulnerable feelings about encountering a remarkable woman so courageously facing death, as well as our hurt feelings about how badly some clinicians had treated her. After so much pain in her life, Vicki was in the process of first discovering her uniqueness and strength, while evolving her first real vision of what she had the potential to become. How cruel that just as Vicki was getting her life together, her life was lost. Yet, you can recall her saying that even though at first she was sad her dreams wouldn't happen, she could feel good discovering some of her own potential. That attitude was nothing short of remarkable. Vicki was easy to admire, and I was deeply saddened by her death.

I cannot imagine a more dramatic way to get across the message to helping professionals to "listen to your client" than to be exposed to Vicki. She had so much to say, but her voice was drowned out by the labels some people gave her. *Too many clinicians seemed to forget that we treat people, not labels.*

Ironically, Vicki, who desperately wanted to be heard by her doctors, has been listened to by more doctors and other health professionals now, through my clinical trainings, than she could have ever imagined. She has inspired them, chastised them, and challenged them to be better clinicians. What an extraordinary gift she has given all of us.