Dual-Voice Trance as Complementary Therapy in a Hospice Setting

by

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There exists a need for a broad and inclusive model of mind-body interventions for palliative care (Portenoy, Thaler & Komblithe, et al, 1994 [i]). Studies show that patients with life-threatening illnesses, and their families, will experience multiple symptoms and have ongoing needs for psychological, social, spiritual and practical support throughout the illness (Brietbart, Jarmillo & Chochinov, 1998 [ii]). Hypnotherapy has been shown to be a safe, effective complementary therapy to enhance coping of both patients and caregivers in a hospice setting (Curtis, 2001 [iii]).

Growing recognition of the ways in which affronts to "personhood" exacerbate the idiosyncratic nature of suffering (as opposed to simple physical pain) at the end of life has resulted in a call for palliative modalities that treat both mind and body (Cassel, 1982 [iv]) and address the characteristic feelings, needs and developmental challenges of the dying while respecting the individuality of each patient's unique situation and history (Eilberg, 2006 [v]). Hypnosis and guided imagery have been shown to help patients come to terms with their own deaths (Hunter, 1992 [vi]), while respecting their individual styles of denial (Chochinov, 2000 [vii]).

Similarly, for caregivers of the dying the physical and emotional burdens can be enormous (*Caregiver Support and Mental Health,* 2004 [viii]). Studies show that in North America family caregivers are responsible for 90% of the care of the elderly (Keating, 1999 [ix]) and the care given is increasingly complex (Ducharme, P´erodeau, & Trudeau, 2000 [x]). Numerous U.S. and Canadian studies have documented the daily stress inherent in the situation of family caregivers, i.e., psychological distress, depression and weakened immune system (Guberman, 1999 [xi]). In addition to helping patients deal with death, hypnotherapy has been shown to offer a great deal to caregivers to address their stress and their ability to come to terms with death (Alderman, 1995 [xii]).

Hypnotherapy "is rooted in enabling an individual to access inner capacities for creating psychological quiescence and physical comfort" (Marcus, Elkins & Mott, 2003 [xiii]). It is a naturalistic process that allows individuals to reclaim and further develop skills of self-healing and self-expression. (Gillegan, 1987 [xiv]; Yapko, 2003 [xv]). Milton Erickson observed that hypnotherapy offers an open approach, designed to elicit images, memories and understandings specific to the individual, allowing patients access to their unconscious, where "people have stored … all the resources necessary to transform their experience." (Gilligan, 1982 [xvi]). For both the dying and their caregivers, then, hypnosis offers an effective approach to reducing the stress inherent in their situation, and offers a method to incorporate self-directed changes that may mitigate suffering.

We were trained in a dual-voice trance technique by Patricia Storm and Cynthia Jones, who combined elements of Ericksonian hypnotherapy with trance training they received from Jean Houston and Starhawk. Patricia Storm has an MA in psychology and worked as a psychologist

for a number of years. Cynthia Jones' background is as a writer, mythologist and ritualist. Their approach to dual-voice trance is to offer participants a way to access their own deep knowledge for healing and personal growth, placing particular emphasis on listener autonomy and the resolution of conflicting emotions. We believe this approach to hypnotherapy can be particularly effective for those facing the complex and idiosyncratic tasks of preparing for death, and coping with the challenges of caregiving and impending loss.

Rhythm-supported dual-voice trance is rooted in hypnotherapeutic principles, and offers all the benefits of hypnotherapy as well as particular strengths in overcoming resistance, enhancing deep relaxation and integrating feelings of ambivalence. Some of the techniques we use to facilitate patients' absorption and connection with potential resources within are:

Dual Voice, as a way to overload the conscious mind and access the unconscious mind (Overdurf & Silverthorn, 1994 [xvii]).

Emphasis on personal power and accessing individual metaphors and memories through **open language**, which "leaves the focus of control with the patient, where it belongs, rather than fostering the illusion of the therapist's control" (Erickson, Rossi & Rossi, 1976 [xviii]).

Accessing **Representational Systems**, to incorporate the five general ways people perceive the world (visual, auditory, kinesthetic, olfactory and gustatory), speaking in language and metaphors that activate the individual unconscious (Bandler & Gringer, 1979 [xix]).

Reframing, to turn "negative thoughts or feelings into resources" (Lankton, 1980 [xx]) and identify "a different perception or framework for understanding and responding to a problem" (Lankton & Lankton, 1983 [xxi]).

Metaphoric Language, to "bypass usual frames of reference" in the listener and "initiate unconscious searches" that "evoke new patterns" (Erickson & Rossi, 1979 [xxii]). Metaphor is central to many systems of helping, including various family therapies (Carter & McGoldrick, 1989 [xxiii]; Nichols & Schwartz, 1995 [xxiv]), narrative (Freedman & Combs, 1996 [xxv]) and constructivist practice (Franklin, 1995 [xxvi]; Laird, 1995 [xxvii]). Through metaphoric language, clients are often able to safely deal with issues that are often too painful to address directly (Furman, Langer & Anderson, 2006 [xxviii]).

Drumming, as a means to enhance use of imagery and altered state (Szabo, 2004 [xxix]).

While every death is unique, and every dying person must be treated as an individual, certain needs are common to and characteristic of the psychospiritual work of coming to terms with impending death. Life review, reconciliation and forgiveness, a chance to say goodbye – these are all important ways of resolving a sense of "unfinished business" that almost inevitably arises at the end of life. The "five things of relationship completion" popularized by Dr. Ira Byock (1997 [xxx]) - "I forgive you"; "Forgive me"; "Thank you"; "I love you"; "Goodbye" – will inform the structure of a trance for dying patients designed to begin or support this work of resolution. As Rabbi Eilberg (2006 [xxxi]) states:

> "In reflecting on their lives when death is near, many people find that there is 'business' to finish, in relationship to the self,…in relationship to others, and in relationship to God. When an encounter with the other…is impossible,…even encouraging the person to imagine what it might feel like to communicate…can sometimes bring a sense of release."

Caregivers share in the dying of another, making the remaining time meaningful, often providing care for the entire family, and giving much of themselves. The trance for caregivers that accompanies this paper is designed to suggest emotion-focused coping, such as reframing, to cope with the challenges caregivers face (Ducharme & Trudeau, 2002 [xxxii]) and create a space for them to hear what's usually crowded out by noise and haste: the soul's own wisdom (Gold & Thornton, 2001 [xxxiii]). The content is based on contemplative suggestions to caregivers, as presented by author Joan Halifax at the Art of Dying Conference III in New York in 2000:

- May I offer my care and presence unconditionally, knowing that I may be met with gratitude, indifference, anger, or anguish.
- May I offer love, knowing that I cannot control the course of life's suffering and death.
- May I view my own suffering with compassion as I do the suffering of others.
- May I be aware that my suffering does not limit my good heart.
- May I forgive myself for things left undone.

Respected physicians like Ira Byock, former President of the American Academy of Hospice and Palliative Medicine, have called for increased exploration of nonmedical ways to support hospice patients and their families (Horgan, 1997 [xxxiv]). Our own background is as clergy, poets, writers and performance artists, rather than as mental health professionals. Furman, Langer and Anderson (2006 [xxxv]) have introduced the model of the Poet/Practitioner into the field of social work. In facilitating psychospiritual work in a hospice setting, we, as poet/practitioners, work with metaphor, the symbolic language of connection, in offering trances (such as the two examples that follow) that allow patients and caregivers to access their own self-directed powers of healing, upholding the hospice philosophy that healing is indeed possible right up until the moment of death and, for those left behind, beyond.

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