Hypnotherapy in Cancer Support Publications


The use of hypnosis with cancer patients.

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Hypnosis has proven to be extremely valuable in the treatment of cancer patients. Specific applications include: establishing rapport between the patient and members of the medical health team; control of pain with self-regulation of pain perception through the use of glove anesthesia, time distortion, amnesia, transference of pain to a different body part, or dissociation of the painful part from the rest of the body; controlling symptoms, such as nausea, anticipatory emesis, learned food aversions, etc.; psychotherapy for anxiety, depression, guilt, anger, hostility, frustration, isolation, and a diminished sense of self-esteem; visualization for health improvement; and, dealing with death anxiety and other related issues. Hypnosis has unique advantages for patients including improvement of self-esteem, involvement in self-care, return of locus of control, lack of unpleasant side effects, and continued efficacy despite continued use.


Imagery and hypnosis in the treatment of cancer patients.

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Many patients with cancer often seek some means of connecting their mental activity with the unwelcome events occurring in their bodies, via techniques such as imagery and hypnosis. Hypnosis has been shown to be an effective method for controlling cancer pain. The techniques most often employed involve physical relaxation coupled with imagery that provides a substitute focus of attention for the painful sensation. Other related imagery techniques, such as guided imagery, involve attention to internally generated mental images without the formal use of hypnosis. The most well-known of these techniques involves the use of “positive mental images” of a strong army of white blood cells killing cancer cells. Despite claims to the contrary, no reliable evidence has shown that this technique affects disease progression or survival. Studies evaluating more broadly defined forms psychosocial support have come to conflicting conclusions about whether or not these interventions affect survival of cancer patients. However, 10-year follow-up of a randomized trial involving 86 women with cancer showed that a
year of weekly “supportive/expressive” group therapy significantly increased survival duration and time from recurrence to death. This intervention encourages patients to express and deal with strong emotions and also focuses on clarifying doctor-patient communication. Numerous other studies suggest that suppression of negative affect, excessive conformity, severe stress, and lack of social support predict a poorer medical outcome from cancer. Thus, further investigation into the interaction between body and mind in coping with cancer is warranted.


Use of hypnosis for multiple symptoms in an adolescent girl with leukemia.

Ellenberg L, Kellerman J, Dash J, Higgins G, Zeltzer L.

An adolescent girl with chronic myelogenous leukemia was treated with hypnosis for several disease- and treatment-related problems during the last 4 months of her life. Data were collected before and after hypnosis on the nature and intensity of the patient’s acute pain and anxiety during bone marrow aspirations, chronic headache and backache, nausea and vomiting during chemotherapy, anorexia, and the discomfort associated with spiking temperatures. Comparisons of baseline and posthypnosis reports suggest that hypnosis was successfully used for acute and chronic pain, anxiety, unpleasant body sensations and, possibly, nausea and vomiting. The hypnotic techniques used, the limitations of hypnosis and clinical issues in this case are presented and discussed.


Adolescents with cancer. Hypnosis for the reduction of the acute pain and anxiety associated with medical procedures.

Kellerman J, Zeltzer L, Ellenberg L, Dash J.

Eighteen adolescents with cancer were trained in hypnosis to ameliorate the discomfort and anxiety associated with bone marrow aspirations, lumbar punctures, and chemotherapeutic injections. Two patients rejected hypnosis. The remaining 16 adolescents achieved significant reductions in multiple measures of distress after hypnosis training. Preintervention data showed no pattern of spontaneous remission or habituation, and, in fact, an increasing anticipatory anxiety was observed before hypnotic treatment. Group reductions in pain and anxiety were significant at levels ranging from p less than 0.02 to p less than 0.002 (two-tailed t-tests). Significant reductions were also found in Trait Anxiety. A non-significant trend toward greater self-esteem was present. The predicted changes in the Locus of Control and General Illness Impact were not found. Comparisons between hypnosis rejectors and successful users unusually showed higher levels of pretreatment anxiety in the former. The pragmatic nature of hypnosis as part of comprehensive medical care in oncology is noted.
Complementary therapies for cancer-related symptoms.

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Relief of cancer-related symptoms is essential in the supportive and palliative care of cancer patients. Complementary therapies such as acupuncture, mind-body techniques, and massage therapy can help when conventional treatment does not bring satisfactory relief or causes undesirable side effects. Controlled clinical trials show that acupuncture and hypnotherapy can reduce pain and nausea. Meditation, relaxation therapy, music therapy, and massage mitigate anxiety and distress. Pilot studies suggest that complementary therapies may treat xerostomia, hot flashes, and fatigue. Botanicals or dietary supplements are popular but often problematic. Concurrent use of herbal products with mainstream medical treatment should be discouraged.


Can hypnosis reduce hot flashes in breast cancer survivors? A literature review.

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Hot flashes are a significant problem for many breast cancer survivors and can cause discomfort, insomnia, anxiety, and decreased quality of life. In the past, the standard treatment for hot flashes has been hormone replacement therapy. However, recent research has found an increased risk of breast cancer in women receiving hormone replacement therapy. As a result, many menopausal women and breast cancer survivors reject hormone replacement therapy and many women want non-pharmacological treatment. In this critical review we assess the potential use of hypnosis in reducing the frequency and intensity of hot flashes. We conclude that hypnosis is a mind-body intervention that may be of significant benefit in treatment of hot flashes and other benefits may include reduced anxiety and improved sleep. Further, hypnosis may be a preferred treatment because of the few side-effects and the preference of many women for a non-hormonal therapy. Two case studies are included to illustrate hypnosis for hot flashes. However this intervention has not been adequately studied. We discuss an NIH-funded randomized clinical trial of hypnosis for hot flashes in breast cancer survivors that is presently being conducted.

The efficacy of hypnosis in the reduction of procedural pain and distress in pediatric oncology: a systematic review.

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Children who suffer from cancer have to endure regular, painful medical procedures that are associated with a considerable degree of psychosocial distress. Hypnosis has been successfully employed in the management of pain and distress in the adult population, but is not well studied in pediatric populations. This review systematically evaluates the systematic research conducted in the field of procedure-related pain management in pediatric oncology within the context of a nationally agreed framework for the assessment of research evidence. It is concluded that there is not currently enough robust research evidence to recommend that hypnosis should form part of best practice guidelines for the management of procedure-related pain in pediatric oncology. However, there is sufficient evidence to justify larger-scale, appropriately controlled studies. A number of recommendations are made regarding future research.


Hypnosis and existential psychotherapy with end-stage terminally ill patients.

Iglesias A.

Existential Psychological Theory was employed as a conceptual and theoretical foundation for the use of hypnotically facilitated therapy in the management of intractable pain, nausea, and vomiting in 3 end-stage, terminally ill cancer patients. The existential principles of death anxiety, existential isolation, and existential meaninglessness were addressed with a combination of classic and Ericksonian techniques. The intractable nature of the presenting physical symptoms was conceptualized as a possible manifestation of the impact of the terminal prognosis. Direct hypnotic suggestions for the management of pain, nausea and vomiting were avoided. It was hypothesized that, as the existential conflicts associated with the patients’ terminal status resolved, the physiological symptoms would become responsive to medication. After 6 sessions grounded in the principles of Existential Psychotherapy, the intractable status of the physical symptomatology remitted, and the patients responded to medical management. This paper addresses the usefulness of Existential Psychotherapy in hypnotic interventions for mediating somatic and psychosomatic symptomatology.

Integr Cancer Ther. 2003 Dec;2(4):365-70. Related Articles, Links

The integration of hypnosis into a model of palliative care.

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There exists a need for a broad and inclusive model of integration of mind-body interventions for palliative care. Symptoms relating to psychological distress and existential concerns are even more prevalent than pain and other physical symptoms among those with life-limiting conditions. The hypnotic model’s purpose is to improve the patient’s total psychological, social, and spiritual well-being. A 4-stage model of interventions is offered to assist the clinician in developing and implementing appropriate hypnotherapeutic treatment for noncurative patients. The focus of the hypnotherapy is to ameliorate the effects of pain and dyspnea to restore a level of psychological and physical wellbeing. Within this model of therapy for patients with active, progressive, far-advanced disease and a short life expectancy, the goals of the hypnotic intervention are to provide relief from pain and shortness of breath. Other focuses include assisting the patient with the psychological adjustment to their noncurative and ultimately final state.


Clinical hypnosis in the alleviation of procedure-related pain in pediatric oncology patients.

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This prospective controlled trial investigated the efficacy of a manual-based clinical hypnosis intervention in alleviating pain in 80 pediatric cancer patients (6-16 years of age) undergoing regular lumbar punctures. Patients were randomly assigned to 1 of 4 groups: direct hypnosis with standard medical treatment, indirect hypnosis with standard medical treatment, attention control with standard medical treatment, and standard medical treatment alone. Patients in the hypnosis groups reported less pain and anxiety and were rated as demonstrating less behavioral distress than those in the control groups. Direct and indirect suggestions were equally effective, and the level of hypnotizability was significantly associated with treatment benefit in the hypnosis groups. Therapeutic benefit degraded when patients were switched to self-hypnosis. The study indicates that hypnosis is effective in preparing pediatric oncology patients for lumbar puncture, but the presence of the therapist may be critical.


Hypnotherapy and cognitive-behaviour therapy in cancer care: the patients’ view.

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Psychological intervention is not widely available for emotionally distressed patients with cancer. The purpose of this study is to investigate and report on the experiences of eight patients who participated in a programme consisting of hypnotherapy and cognitive-behaviour therapy. Following the 12-session intervention, qualitative analysis of interview data demonstrated that patients had acquired the skills to enable them to cope, both with invasive medical procedures and the psychological traumas they faced. The findings also indicated some initial misconceptions about hypnotherapy and the need to provide a therapy setting sensitive to the needs of cancer patients undergoing active medical treatment.


Mind control of menopause.

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The primary objective of this study was to observe the effect of hypnosis on hot flashes (HF) and overall quality of life in symptomatic patients. A secondary objective was to observe the effect of hypnosis on fatigue. Ten healthy volunteers and four breast cancer patients (total 14 patients) with symptoms of HF were treated with four, 1 h/wk sessions of hypnosis. The same physician, with the help of a nurse, conducted every session. All subjects recorded frequency, duration, and severity of HF in a HF diary. The QLQ-C30 and Brief Fatigue Inventory forms were used to assess the impact on quality of life and fatigue, respectively. The statistical evaluations were performed, including analysis of variance and nonparametric procedures. The frequency \( p < 0.0001 \), duration \( p < 0.0001 \), and severity \( p < 0.0001 \) of HF were significantly reduced. The overall quality of life was also improved \( p = 0.05 \). The subjects enjoyed better sleep and had less insomnia \( p = 0.012 \). There was a significant improvement on current fatigue level \( p = 0.017 \), but we did not find a statistically significant reduction in the total fatigue level. We conclude that hypnosis appears to be a feasible and promising intervention for HF, with a potential to improve quality of life and insomnia. Although improvement in current level of fatigue was observed in this pilot study, total fatigue improvement did not reach statistical significance.


The effect of hypnotic-guided imagery on psychological well-being and immune function in patients with prior breast cancer.

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OBJECTIVE: To determine the effect of hypnotic-guided imagery on immune function and psychological parameters in patients being treated for Stage I or II breast cancer. METHODS: To determine the effects of hypnotic-guided imagery on immune function and psychological parameters, the following study was undertaken. Psychological profiles, natural killer (NK) cell number and activity were measured at baseline, after the 8-week imagery training program and at the 3-month follow-up. RESULTS: There were significant increases in improvement in depression (P<.04) and increase in absolute number of NK cells, but these were not maintained at the 3-month follow-up. Hypnotic-guided imagery did cause some transient changes in psychological well-being and immune parameters. However, these changes were not retained after the treatment ended. CONCLUSIONS: Many studies during the last 15 years have demonstrated interactions between the central nervous and the immune systems. While a negative effect of stress on immune responses has been demonstrated, there have also been published reports that psychological treatments can positively alter the immune system. However, given the complexities of immune system kinetics, the transient nature of any psychological effect and the insensitivity of immune assays, our study indicates that there is a role for hypnotic-guided imagery as an adjuvant therapy.


Brief presurgery hypnosis reduces distress and pain in excisional breast biopsy patients.

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Each year, hundreds of thousands of women undergo excisional breast biopsies for definitive diagnosis. Not only do these patients experience pain associated with the procedure, but they also endure distress associated with the threat of cancer. Hypnosis has been demonstrated as effective for controlling patients’ pain in other surgical settings, but breast surgery patients have received little attention. To determine the impact of brief presurgical hypnosis on these patients’ postsurgery pain and distress and to explore possible mediating mechanisms of these effects, 20 excisional breast biopsy patients were randomly assigned to a hypnosis or control group (standard care). Hypnosis reduced postsurgery pain and distress. Initial evidence suggested that the effects of hypnosis were mediated by presurgery expectations.


Hypnosis: useful, neglected, available.

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Hypnosis is presented as a valuable and frequently neglected resource for many patients with chronic and terminal illness. Particular attention is given herein to the use of hypnosis in attaining relaxation, overcoming insomnia, helping the patient achieve pain relief, and, most particularly, teaching the patient to work with relatives and other persons close to them, as caregivers in a special relationship that can be a very important source of relief to the patient. A brief overview of indications, contraindications, errors, and safeguards is given. Sources of education and training are briefly reviewed and a bibliography is included to identify the nature of professional societies, three in the United States and one international, together with some standard publications. The purpose of this article is to affirm the value of hypnosis as a complementary or alternative therapy for hospice patients, to summarize its clinical applications, and to list the most standard and best known professional societies and publications.


Hypnosis in the treatment of anticipatory nausea and vomiting in patients receiving cancer chemotherapy.


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AIMS AND BACKGROUND: In addition to nausea and vomiting following chemotherapy treatment, cancer patients can experience these side effects prior to a treatment session, the so-called anticipatory nausea and vomiting. As various psychological and neurophysiological aspects have been claimed to be implied in its etiopathogenesis, the present paper aims to shortly review the etiological, epidemiological and therapeutical assumptions on the topic, in particular the psychological-behavioral therapies. PATIENTS AND METHODS: The present study was carried out on 16 consecutive adult cancer patients affected by chemotherapy-induced anticipatory nausea and vomiting who had received at least four treatment cycles. All of them were submitted to induction of relaxation followed by hypnosis. RESULTS: In all subjects anticipatory nausea and vomiting disappeared, and major responses to chemotherapy-induced emesis control were recorded in almost all patients. CONCLUSIONS: The experience highlights the potential value of hypnosis in the management of anticipatory nausea and vomiting; furthermore, the susceptibility to anticipatory nausea and vomiting is discussed under the psychoanalytic point of view.


Empowering the patient: hypnosis in the management of cancer, surgical disease and chronic pain.

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In the past decade, the increasing acceptance of hypnosis as a therapeutic adjunct by physicians and health care professionals both within and outside of the mental health community has resulted in broader use of the technique with patients in both hospital and outpatient settings. In our recent experiences with urologic patients, our staff has found that many bring a surprisingly sophisticated knowledge of clinical hypnosis to the office and often have had experience with some form of therapeutic hypnosis prior to consulting us. Consequently, we find we often encounter a surprising openness to the use of hypnosis as a part of the treatment programs we employ. As a result we have been able to utilize clinical hypnosis successfully in several treatment areas to the benefit of our patients. This paper will describe several programs in place at our practice which utilize clinical hypnosis as an adjunct to treatment.


**Alteration of memory in the reduction of children’s distress during repeated aversive medical procedures.**

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The present study sought to reduce children’s distress during aversive medical procedures using a brief, cost-effective intervention aimed at reframing memory. Fifty children diagnosed with leukemia (25 treatment, 25 attention control, aged 3-18) were observed as they underwent 3 consecutive lumbar punctures (LPs; baseline, postintervention, and follow-up). Self-report, physiological, and observable distress measures were collected before and after each LP. At posttreatment, children in the intervention group showed reductions in anticipatory physiological and self-report ratings relative to the control group. At follow-up, these effects generalized to reductions in procedural distress. These results suggest that (a) a simple memory-based intervention is efficacious at reducing children's distress and (b) benefits from this intervention are maintained over 1 week even without continued intervention.


**The use of cognitive-behavioral treatment including hypnosis for claustrophobia in cancer patients.**

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Two case studies are reported to illustrate the use of a comprehensive cognitive-behavioral approach to treat claustrophobia in cancer patients undergoing external beam radiation therapy. Hypnosis was an essential component of the cognitive-behavioral approach. Both patients responded favorably to the psychological intervention and completed the required external beam radiation therapy.


Clinical hypnosis versus cognitive behavioral training for pain management with pediatric cancer patients undergoing bone marrow aspirations.

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A randomized controlled trial was conducted to compare the efficacy of clinical hypnosis versus cognitive behavioral (CB) coping skills training in alleviating the pain and distress of 30 pediatric cancer patients (age 5 to 15 years) undergoing bone marrow aspirations. Patients were randomized to one of three groups: hypnosis, a package of CB coping skills, and no intervention. Patients who received either hypnosis or CB reported less pain and pain-related anxiety than did control patients and less pain and anxiety than at their own baseline. Hypnosis and CB were similarly effective in the relief of pain. Results also indicated that children reported more anxiety and exhibited more behavioral distress in the CB group than in the hypnosis group. It is concluded that hypnosis and CB coping skills are effective in preparing pediatric oncology patients for bone marrow aspiration.

Nurs Stand. 1997 Sep 17;11(52):44-6.

Hypnotherapy: complementary support in cancer care.

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The psychological and physical consequences of cancer threaten patients’ wellbeing and quality of life (Fallowfield 1991). Patients’ needs are wide ranging and can include both personal and physical demands as well as support, relaxation and distraction. This article describes how many of these needs can be cared for by the skillful use of hypnotherapy.


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To study the effectiveness of hypnosis for decreasing antiemetic medication usage and treatment of chemotherapy-related nausea and vomiting in children with cancer, we conducted a prospective, randomized, and controlled single-blind trial in 20 patients receiving chemotherapy for treatment of cancer. Patients were randomized to either hypnosis or standard treatment. The hypnosis group used hypnosis as primary treatment for nausea and vomiting, using antiemetic medication on a supplemental (p.r.n.) basis only, whereas the control group received a standardized antiemetic medication regimen. Nausea, vomiting, and p.r.n. antiemetic medication usage were measured during the first two courses of chemotherapy. Anticipatory nausea and vomiting were assessed at 1 to 2 and 4 to 6 months postdiagnosis. Patients in the hypnosis group used less p.r.n antiemetic medication than control subjects during both the first (p < .04) and second course of chemotherapy (p < .02). The two groups did not differ in severity of nausea and vomiting. The hypnosis group experienced less anticipatory nausea than the control group at 1 to 2 months postdiagnosis (p < .02). Results suggest self-hypnosis is effective for decreasing antiemetic medication usage and for reducing anticipatory nausea during chemotherapy.


Hypnosis or cognitive behavioral training for the reduction of pain and nausea during cancer treatment: a controlled clinical trial.

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Few controlled clinical trials have tested the efficacy of psychological techniques for reducing cancer pain or post-chemotherapy nausea and emesis. In this study, 67 bone marrow transplant patients with hematological malignancies were randomly assigned to one of four groups prior to beginning transplantation conditioning: (1) hypnosis training (HYP); (2) cognitive behavioral coping skills training (CB); (3) therapist contact control (TC); or (4) treatment as usual (TAU; no treatment control). Patients completed measures of physical functioning (Sickness Impact Profile; SIP) and psychological functioning (Brief Symptom Inventory; BSI), which were used as covariates in the analyses. Biodemographic variables included gender, age and a risk variable based on diagnosis and number of remissions or relapses. Patients in the HYP, CB and TC groups met with a clinical psychologist for two pre-transplant training sessions and ten in-hospital “booster” sessions during the course of transplantation. Forty-five patients completed the study and provided all covariate data, and 80% of the time series outcome data. Analyses of the principal study variables indicated that hypnosis was effective in reducing reported oral pain for patients undergoing marrow transplantation. Risk, SIP, and BSI pre-transplant were found to be effective predictors of inpatient physical symptoms. Nausea, emesis and opioid use
did not differ significantly between the treatment groups. The cognitive behavioral intervention, as applied in this study, was not effective in reducing the symptoms measured.


Guided imagery, hypnosis and recovery from head and neck cancer surgery: an exploratory study.

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The value of a brief, preoperative hypnosis experience was explored with a sample of 36 head and neck cancer surgery patients. 15 patients volunteered for the experimental hypnosis intervention. 21 patients who received usual care (no hypnosis) were followed through their hospital charts and were used as a comparison group. Hypnotic intervention and usual care groups were comparable in terms of relevant demographic variables. Postoperative hospitalizations for the hypnotic intervention group were significantly shorter than for the usual care group. Within the hypnotic intervention group, hypnotizability was negatively correlated with surgical complications and there was a trend toward a negative correlation between hypnotizability and blood loss during surgery. Findings suggest that imagery-hypnosis may be prophylactic, benefitting patients by reducing the probability of postoperative complications and thereby keeping hospital stay within the expected range. Recommendations are presented for a controlled, randomized, clinical trial with a sufficiently large sample to provide the opportunity for statistical analysis with appropriate power.


The role of imagery in the hypnotic treatment of adverse reactions to cancer therapy.

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Previous research suggested that behavioral interventions have been helpful in reducing patients’ adverse reactions to cancer chemotherapy. The present study attempted to improve on past research by replicating this finding within the context of a more rigorous methodology. This study attempted to control for the wide range of nuisance variables inherent in research of this nature. It was expected that behavioral treatments would be superior to traditional treatment in reducing symptoms of nausea, emesis, and anxiety related to chemotherapy. The ability to detect differences between traditional and treatment groups with respect to nausea and emesis was limited due to low prevalence rates of these symptoms. Prevalence rates of pre-chemotherapy anxiety were low, but behavioral treatment subjects reported less state anxiety following chemotherapy than traditional treatment subjects. Although no evidence was found for the
superiority of one form of behavioral intervention over another, these patients tended to fare better than those without a behavioral intervention.


**Hypnosis in the management of symptoms in a young girl with malignant astrocytoma: a challenge to the therapist.**

LaClave LJ, Blix S.

This paper presents the case of a 6.5-year-old girl with malignant astrocytoma of the left brain hemisphere. During the course of her chemotherapy treatment, severe vomiting developed to the degree that on several occasions she became dehydrated. Discontinuation of chemotherapy was being considered when she was referred for hypnotherapy. Despite severe neurological impairments which excluded many traditional techniques, **hypnosis was successful in eliminating emesis. Hypnosis was also utilized to decrease pain and to improve sleep patterns.** Drawings are presented to help show how this child resolved anxiety associated with treatment and fears surrounding the knowledge of her impending death.