11-27-2013

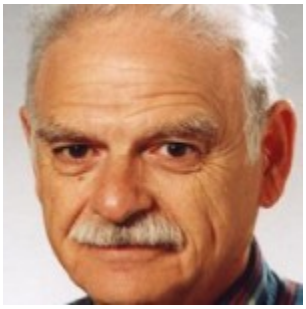
On the Importance of Healing Language

Rubin Battino
Wright State University - Main Campus, rubin.battino@wright.edu

Rob McNeilly

creating solutions together

On the Importance of Healing Language
Rubin Battino, MS



Introduction

I've written a whole book about this (Battino, 2011) and this essay summarizes what I believe is important to know about healing language. The bottom line is that not only do words matter, how you say them also matters. There is a story about Milton Erickson who was fascinated in his youth by hearing a man (at a county fair) say the word "no" in more than thirty different ways. How many ways can you think of? And, what are the impacts of each of those ways? "No" can be said from the extremes of anger to delight. I used to say "I never give up hope." I now say "I always have hope." The motto of the cancer support group I facilitate is "You may have to believe the diagnosis. You do not have to believe the prognosis." This motto is one example of healing language. Another is the switch in talking about the group as being one for people who have *life-challenging* diseases (rather than life-threatening). Similarly, I never make psychological diagnoses since for most people a diagnosis locks a person into a rigid place and closes off opportunities for change (a nominalization). (If I had to make a diagnosis it would be that the person is *temporarily troubled*.) Problems are more difficult to resolve than troubles.

We do not generally consider listening to be language. Yet, the most healing thing you can generally do is to **really** listen to someone. That is, listening appears to be the *passive* part of a conversation even though it involves active participation for both people. Knowing that what you are saying is being heard is healing. Compliance with a doctor's (or other health professional's) directions is a major concern. For example, the prescribed regimen for adult onset diabetes is well-established and has a proven outcome record. Yet, the literature indicates that perhaps only 50% of those with this disease follow the regimen and know precisely what to do.

When I have been given a diagnosis about something that is going to involve an invasive procedure I tend to not hear most of what is said, and I go into a kind of stasis or zombie state, as do almost all people. When the diagnosis is something like cancer the dissociation and distancing and withdrawal and reactions are much stronger. Patients and health professionals need to be acutely aware of the effect of a diagnosis and how to use healing language in such circumstances. Note that saying "positive" things can be counter-productive.

After a brief discussion of healing language for surgery, there will be a few scenarios from my book on healing language.

There are two things that I do to prepare people for surgery. The first is to have one or more individual sessions with the person to find out how they think/feel about surgery, what their past experiences may have been, and gather enough information to make a helping/healing CD for them. The second is to prepare a set of comments they can give to their surgeon to make during the surgery itself.

After obtaining information with respect to past surgeries and their experience with them, it is time to explore how they feel about the upcoming surgery. Are they fearful, and of what? This discussion may include the two common kinds of anesthesia: general and spinal (or local, if appropriate). There is evidence that general anesthesia and the drugs given along with it can have long-lasting effects of up to several months. For elderly patients this can frequently lead to dementia and confusion and dissociation, some of which can be long-lasting. This is serious and has to be anticipated for older patients. Depending on the surgery there are pros and cons for the different anesthetics and these need to be explored with the anesthesiologist well in advance of the surgery.

We explore whether they have had experience with relaxation or meditation or hypnosis, and this is discussed. There is a practice hypnosis session. I ask about a " safe haven" or a place which is real or imaginary where they can go to in their mind before, during, and after the procedure. This practice hypnosis session lasts 25-30 minutes (as will the CD) and contains the following elements:

Induction and relaxation (usually via counting breaths)

Drifting off within their mind to the safe haven (which is described in some detail using *their* words)

Pre-surgery relaxation comments

Healing and relaxation comments for during surgery

Healing and relaxation comments for post surgery recovery

Healing and relaxation comments for returning to a regular hospital room

Healing and relaxation comments for after returning home

The basic approach is to establish *post-hypnotic* suggestions along the lines listed above. They can begin at whatever time they feel is most appropriate, i.e., on the way to the hospital, during the pre-op preparation, or on the way to the OR. The comments generally involve a dissociation to the safe haven, a place they can stay and from which they can occasionally view what is going on with them "over there." They are told that their surgical team is experienced and expert and that they are in safe hands. Time distortion is usually incorporated. After the practice session they are asked if anything needs to be modified before the CD is made. It is recommended that they start listening to the CD one to two weeks before the surgery and as frequently as they feel it is helpful. Some people make arrangements to listen to the CD or their own special music during the surgery.

There is significant evidence (e.g., Pearson, 1961; Rossi and Cheek, 1988, pp. 113-130) that patients can hear what is said in the OR even when they are in the surgical plane of anesthesia. Since this is the case, I prepare a letter to their surgeon explaining this and the fact that their patient has been consulting with me to prepare for the surgery. This letter recommends that the surgeon, or someone in the OR, make the following statements to the patient during the surgery (these should be tailored to the particular surgery and client). So that the patient knows the statement is directed to them, each statement is prefaced by their name and ends with "Thank You." These statements are printed in bold-face in a large font size and pasted to a 5×8″ index card which is then laminated or sealed in plastic.

Mary – please slow down (or stop) the bleeding where I am working. Thank you.

Mary – please relax your muscles in this area. Thank you.

Mary – this is going very well. Thank you.

Mary – you will heal surprisingly quickly. Thank you.

Mary – you will be surprisingly comfortable and at ease after this. Thank you.

Mary – Your recovery will be very rapid. Thank you.

Doctors are generally cooperative. People I have prepared in this way have all found this to be helpful.

There are some 68 scenarios in my healing language book (2011). Appendix B (pp. 207-209) contains a smaller selection of "key" scenarios. Here are three of them:

Scenario 1 – Lung Cancer – a 40 year-old man who is a fitness fanatic, except for his smoking, develops lung cancer. Response: It must be very hard to accept a serious illness when you feel so fit.

Scenario 2 – Cancer in Remission – There is a significant chance it will recur in the next few years. Response: It must be awful for you to be continuously worrying about a recurrence.

Scenario 4 – Palliative Care – Patient just told here is nothing more that can be done for them medically. Response: You must be very worried about your future since I just told you that at the present time there is nothing more we can do besides keep you comfortable.

Language can heal. We have all had experiences when we have been hurt by malicious or unthinking words. And, we have all experienced the joy and relief that loving and healing words have had on us. There is always choice in how and what we say.

References

Battino, R. (2011). *Healing language. A guide for physicians, dentists, nurses, psychologists, social workers, and counselors*. www.lulu.com.

Pearson, R. E. (1961). Response to suggestions given under general anesthesia. *American Journal of Clinical Hypnosis, 4*, 106-114.

Rossi, E. L., & Cheek, D. B. (1988). *Mind-body therapy. Ideodynamic healing in hypnosis*. New York: W.W. Norton & Co.