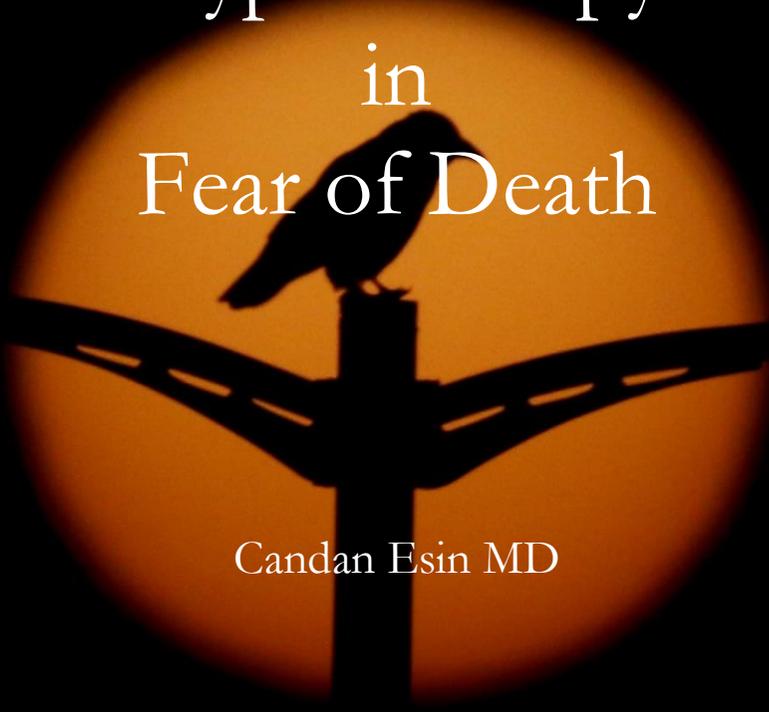


Hypnosis  
and  
Hypnotherapy  
in  
Fear of Death

A central graphic featuring a black silhouette of a bird perched on a vertical post. The post has two horizontal branches extending outwards, resembling a stylized tree or a decorative element. The entire scene is set against a glowing orange circular background, which is centered on the page.

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## DEDICATION

To my beloved mother who gave life to me, and to my kind father who taught me bereaving after the dearest one, and to my angel sister who is always around.



35 years ago, in the same place the smell of the wet sand and voice of the tides were the same. The stars were staying where they were sharing the knowledge that time is not what you expect and experience. The wind in July was as same chilly as you have unexpected then. The man walking in the beach, on wet sand, under the stars were feeling as tiny as he felt 35 years before. Looking to the moon he felt the universe inside him and him inside the universe same as that time and now. He did not know how it all started but as a physician he surely knows how it will end. When he watched that little child dying of untreatable leukemia tears gathered in his eyes. He really felt pity for that child while asking to himself; am I heartily sorry for that child or do I feel sorry for myself assuming that could have been me. He realizes once more that life and time is relative for the person living inside. Death on the other hand, eternally shows itself to every man's face all the same again and again.

... in recognizing death intellectually, man can hope to overcome not death, but his fear of it.” (Max Schur, 1972, p. 333)



## **PART I**

THERAPEUTIC GOAL  
USE OF HYPNOSIS  
HYPNOTHERAPY  
CHALLENGES

## **PART II**

WHAT IS FEAR  
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DENIAL OF DEATH  
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# INTRODUCTION

Dying for a good reason! A reason that should be fair enough.

The book holds too many quotes. I may be accused of using exegetic method as Milton Erickson in one interview says: “I want to express my ideas. I don’t want to recite what I have read.” Nothing may be more proper than this statement. However, death concept and fear of death (*pavor mortis*) is both philosophical and psychological phenomena, so it is extremely hard to express their relationships in human’s life without quoting a paragraph which reflects the spirit transparently directly from the theorists. I console myself on this subject because I did not intent to write a doctorate thesis but an informative hand book.

I cannot refrain myself quoting that much, because none of my words explain the basic goal of hypnotherapy in fear of death as good as Kaufmann tells;

Once I lived like the gods, and more is not needed.

Kaufmann, 1959, p. 61

I ease my shame of using too many quotes by thinking every quotation is an invitation for the reader to read the owner’s book. It happened to me so in many instances.

The target audience of this book is aimed to be medical and/or psychology-oriented hypnotherapists. Thus, to keep the interest and curiosity fresh I divided this book in unpredictable reciprocal style of organization. In the customary practice, the therapeutic methods are presented following the theoretical information is supplied. I changed that by giving my therapeutic suggestions in the beginning to survive the interest of the reader.

I put the therapeutic suggestions in front of the book in Part I. Some challenges and recommendations out of my practical experience is detailed

To support therapeutic method, the theoretical details are in Part II. <my aim to give detailed theoretical discussion is to help hypnotherapist to construct admissible therapy goal. That is why it is a little long,

The final Part III proposes diagnostic criteria, and some hints to grasp the main complaints. Later, in Attachment section one of my prominent latest video documented case will be summarized.

I wish reader may enjoy reading this book and benefit in their practice.

# *PART I*

## 1

### THERAPEUTIC GOAL

#### Introduction

Such as I am, thy power created me,  
Thy care hath kept me for a century!  
Through all these years I make experiment,  
If my sins or thy mercy greater be.

Omar Khayyam

Basic goal of therapeutic intervention for the fear of death or death anxiety may be to bring the client to the level of the common people who had repressed death anxiety and use successful denial processes. To bring the patient to the same emotional status with the people who fears death but not fear life. The final goal could be to help them reach to the same cognitive level with the person who has accepted being mortal (mortality salience) and utilize their precious moments under this confidence of mortality. The total goal cannot be explained better than what King and Citrenbaum (1993, loc. 135-136) told:

“Our job is to help the patient exchange that painful worldview for a

new one that is less painful. The new view is not necessarily any "truer" than the old one, but it should promote a healthier (and hopefully happier) life."

One online national survey about death in Great Britain presented in 2015 reveals the general will of the people. Around 75-85% of the respondents agree that *my quality of life is more important to me than how long I live for* (ComRes, 2015, p.53). In this survey 88% people say they always think about death, 45% say monthly. The 32% of the respondents reported that they think about death and dying at least once a week. Interestingly 27% of respondents prefer to die between ages of 81-90, 17% prefer 91-100 and 13% wish to live forever. 60 to 80 ages are 14%. 19% did not have an answer. It is worth looking at this survey results.

As this survey tells, death should not be a grinning skull mocking us behind, it should be in front of us so that we can enrich our lives. The personal experience of Joan Halifax transfers us may be a guide to our upcoming days (2008, p. 32):

Years ago, I spent time with an old Tibetan lama who seemed to be rejoicing as his death approached. I asked him whether he was happy because he was old and ready to die. He replied that he felt like a child who was returning to his mother. All his life had been a preparation for death. He told me that his long preparation for death had actually given him his life. Now that he was about to die, he would finally open his mind to its true nature.

Preparation of the patient to death concept and about her or his own mortality is a very important aspect of therapeutic process. Western culture forgot older traditions who prepare every individual to inevitable end. Here Joan Halifax (1997, p. 187) explains this process:

These ritual events, which are commonly called rites of passage, happen not only periodically in an individual's life, but also in terms of geographical transit, such as a journey into exile. A rite of passage, in other words, is a ritual event that is about dying relative to the old way of being and about being reborn into new understanding, a new way of life. It can be predicated on age: for example, adolescents go through a rite of passage. Women giving birth go through a rite of passage. Marriage is a rite of passage, and the relatives of deceased people go through a rite of passage. There are rites of passage associated with the experience of maturation. In many cultures these rites are not superficial events in human experience. In tribal societies, they are frequently affected rather dramatically. For example, young

boys going through a rite of passage marking adolescence may enter a period of extensive seclusion and face body mutilation. They may be fed stories or myths that give a cosmological grounding to the experience, preparing the adolescent for adulthood. A series of events might take the individual into an altered state of consciousness, where normal understanding is disordered or even destroyed. An initiate may even go into a coma or something like a near-death experience, and subsequently revive with the intent of experiencing some kind of illumination.

Rites of passage are events that not only prepare an individual for life; they also prepare an individual for death. These rites do not exist per se in Western culture. The absence of rites in Western culture is very consequential, resulting in alienation. Death is repressed in Western culture.

In the introduction chapter of his book where existential integrative therapy is discussed, Schneider (2015) define a hypothetical roadmap for psychotherapeutic interventions basically on client-centered principles. Anyone who has some period of experience in hypnotherapy and psychotherapy can easily agree his point of view. Especially ones who are not too fundamental in certain theories, not tied to special theoretical background and who has a deep will to support the client in relieving their problem will appreciate his suggestions. In the book Schneider puts his theory in a schematic approach, which ease the reader to construct his own pathway. His book is easy going and informative source for anyone dealing with human psyche to establish a foundation for her or his therapeutic approach on existential hypnotherapy. Here is my interpretative roundup of his suggestions (Deeply thanks to him for his comments on my interpretation. In order to read the principles from the author himself please find in attached section his summary of his Existential-Integrative Therapy and the Rediscovery of Awe: Summary of Principles.)

A) Liberating approach: Free people through physically, mentally and spiritually. Approach enabling freedom and reaching awe through human experience (or consciousness) focusing from out to in by accessing:

*nonexperiential liberation modalities;*

a) Physiological endurance, b) Environmental awareness, c) Cognitive support,

*semexperiential liberation modalities;*

d) Psychosexual maturation, e) Interpersonal awareness,

*experiential liberation modalities;*

f) Experiential (being) liberation and acceptance

*with focusing on;*

- (i) presence (ii) invoking the actual (iii) vivifying and confronting resistance (iv) rediscovery of meaning and awe.
- B) If the client's phenomenology or context (such as desire and capacity for change, culture, fragility-level, history, level of rapport or safety with the therapist etc.) fits this dynamic and client and therapist are mutually agreed upon and most particularly client-approved/compatible approach using personal dynamics in therapy. Depending on personal dynamics; constriction or expansion may be called for depending on how the client is blocked and what he/she is ready for and able to attain the question of their fear of death (or groundlessness) can associate with either constriction (as in smallness, diminishment and ultimately fearing being wiped away) or expansion (as in greatness, arousal, impulsiveness and ultimately unmanageable chaos). The therapist and the client as not verbally but mutually therapeutically agreed on can focus on these dynamic issues.

This therapeutic approach may open a door to salvage the client from the enduring symptoms of fear of death. Because as Otto Rank (1936, p. 126) said “. . . a constant restriction of life (restrain through fear); that is, he refuses to loan (life) in order thus to escape the payment of the debt (death).”

Wahl (1959, p. 19) confirms this famous quote indicating that fear of death may block us from enjoying living life because it draws energy from other hedonistic sources.

Study of the fear of death and the predominantly magical defenses against it are extremely important. For it is the consistent experience of psychiatry that any defense which enables us to persistently escape the perception of any fundamental internal or external reality is psychologically costly. To employ a physical model, this concealment or displacement uses up energy which must be *drawn from other sources*, leaving us less for the business of living in an unhampered, free, and creative way. (*italics mine*)

Not only fear of death refrains us from enjoying life it also creates problems in our daily living. While interviewing with one of the greatest minds of existential psychotherapy Rollo May, John Galvin remarked May's quote from his writings (Schneider, Galvin, & Serlin, 2009):

I often remember is that anxiety is the thing that brings a person to

therapy but it's also the very thing that keeps the person from really entering into therapy.

Here, I assume, he points to the most crucial part of the therapeutic goal of death anxiety: To assist client to '*enter into the therapy*'. To succeed in this mission, the therapist needs to make himself/herself enter into therapy and dedicate to it. He or she needs to be conscious all the time about his or her own feelings, affects and emotions. Even it is hard to accomplish this task, therapist needs to try to keep herself and himself in the moment, together with the client. In hypnosis sessions, every attempt for induction, analyzing and suggestion part therapist will need to deal with his or her own anxiety and she or he should try not to reflect this anxiety to the client through her or his voice.

So, my suggestion about a roadmap for a satisfactory therapeutic journey can be summarized as follows:

- 1) Create awareness of the client's death anxiety buried under conscious awareness. Help client to cope the fear of freedom (Yalom, 2008). Here, freedom concept refers to the fact that the human being is responsible for and the author of his or her own world, own life design, and own choices and actions. (May, & Yalom, 1989).
- 2) Support client to evaluate his belief system about life and death (Brown, 1959).
- 3) Help client to repress the fear of dying, fear of decay, death anxiety through using patient's cultural background, belief system and use creatureliness for the production for the society: Help create a reason to live and meaning for a worthwhile life (Becker, 1973).
- 4) Suggest the client to use the consciousness of own fatality when making short term and long-term decisions and behave in concordance with mindfulness (Schneider, 2011).
- 5) Guide client to help others for their death anxiety (Yalom, 1980).
- 6) Help them transfer their free times to playing (Sartre, 1943, pp. 581-581) "Adam fell when this play became serious business, that is when nature was made an end instead of a means." (Brinton, 1930, p. 218).
- 7) Support the client to learn to live the present moments in the mind of a child but under the mature social responsibility of an adult (Freud, 1905, pp.233-234).
- 8) Help client to find his or her artistic talents and support for execution and improvement (Brown, 1959, p. 67).
- 9) Under hypnotic process question the client about the probable

consequences his or her life by selecting minimalist life style, implementing modesty and humility against daily life encounters. This enable them to view their future (Tillich, 1959).

- 10) Support client to combat her or his desire for retribution and accept that it is the universe that is not *fair* itself. This will help increase the client's self-power and potency instead of victimizing herself or himself (King & Citrenbaum, 1993),
- 11) Cognitively discuss the client about the idea of spontaneity and randomness of life, so that our conscious decisions may not in fact be a decision but a wish itself. The aim is to help client think about the randomness of life and coincidences which create the life path and we are powerless creatures thrown alone to live it (Yalom, 2008).
- 12) If client's belief system leans of religious faith concept, try to discuss the faith issue and individual's role in designing faith and rippling effect of individual (Yalom, 1980; 2008, loc. 998/3828))

As a summary I always remember the word HOPE (Tillich, 1959) before starting the treatment of fear of death or fear from living. A great figure in modern hypnosis, Eva Bányai (2017), identified that; *hope* is the driving force of cancer patients. In her presentation in IX International Congress of Medical Hypnosis 2014, she first told her own story.

She was diagnosed with an extremely malignant breast cancer. She had to be operated immediately. She called his brother about the diagnosis, and he said, "Did you heard the news, just open the TV." When she turns on the TV she saw the World Trade Centre Twin Towers collapsing and she recognized her thoughts "I am severely ill and (therefore) the world collapses!" She was diagnosed in 9/11 day.

Bányai later recognized that at that moment she was in altered state of consciousness; hence was in a focused attention state, feeling dull and in increased susceptibility for suggestions. She realized that the patients with such state of mind may benefit from hypnotic support. After being diagnosed with breast cancer, during the treatment period she has searched a goal to hold on to. She found *hope* was a stronghold to commit to live. Later performing clinical trials with cancer patients, the self-assessment of patients revealed that *hope* is the Northern star they used as a guide.

In my personal experience during both on hypnotherapy and psychotherapy I try to support my clients to be conscious and cautious of their HOPE: Health (as much as possible in current circumstances), Optimism (there is always a positive side of everything), Prospect (there is always a possibility of some future positive outcome), Enthusiasm (there is still a life ahead and joyous childish thinking helps to live it)

As may be seen up to here; there is a little chance to implement a quick

fix for the client's complaints. Park's (2010) article extensively evaluates the theories and empirical trials on determining meaning making process after stressful events and process of making sense to that events. This article presents the fact that every person gives different importance on appraisal of stressful event, about meaning making on life and making sense for the event. Thus, the therapeutic stance needs to be structured depending on the client's needs and wishes. To do this in a proper way, hypnotherapist first should extensively listen the client about his or her philosophical understanding about life and death, through client's own words. Here below is the advice of James Bugental for therapists to position themselves for the existentialist concerns of the client:

You can't make a plant grow by pulling on it, but what you can do is clear away the weeds, be sure it gets nutrients and sunlight, water and then the inward growth process will have a chance to operate. We'll, it's the same with all of us, with human beings. (2017)

The treatment goal is to encompass all aspects of client's problems she or he is aware of. Because as Otto Rank points there are lots of issues directly or indirectly related to fear of death or fear of transience.

For example; fear of death may be soothed by aggression as Solomon and his colleagues (2015) showed in social surveys and trials. This may end up in either actual killing or subtle ways of killing. Rank (1936, p. 131) defines this clinical symptomatology which can be easily overlooked or missed:

There are various forms of murder as there are various forms of self-destruction, as for example in the neurotic symptoms. Ibsen speaks of "soul murder" \* and means by that a making use of, or exploitation of the other. The killing does not need to be actual, it can occur symbolically as for example in the withdrawal of love or in the desertion of a person; it can also ensue partially instead of totally, a slow murder, as it were, through constant tormenting. Always, however, it takes place as a self-protection against the own death fear, and not as an expression of primary death wish.  
\* *This reminds me of Oscar Wilde's saying, "The cowards kill with kisses, the brave man with the sword."*

This means that before entering into a hypnotherapeutic intervention a lot of talking is needed. A simple family or partner issue may end up fear of death issue or fear of transience problem. Later step is to use this information as a foundation of future probe about the death concept of the client and questioning the meaning of life for the client. Then employing ego strengthening helps client to transform the problematic concepts into

discovery, resolution, and reorganization of feelings and thoughts about herself or himself. Therapist needs to focus on the client's scenario about his or her dying and general cultural death concept which usually is compatible with the living concept of the client.

Every person in the world has a life and living concept as well as a death concept. Meaningful, joyful, productive, wealthy and healthy life is the foundation of these personal living. However, socially constructed mission of a man, which is to create a personal history and to be a part of social history, engulf itself into today's living and prohibit man from *being*. Rightly Brown points his finger to this subject and suggest us to analyze this dilemma (1959, p. 20):

If historical consciousness is finally transformed into psychoanalytical consciousness, the grip of the dead hand of the past on life in the present would be loosened, and man would be ready to live instead of making history, to enjoy instead of paying back old scores and debts, and to enter that state of Being which was the goal of his Becoming.

Added to above given optimal individual needs, client has social goals and visions about her or his life. If the therapist stripes out these superficial social needs he may reach to the inner goals and visions the client which is ultimately personal. Searching and talking on these subjects through either hypnotherapy or during the consolidation period after ego strengthening process, client will be able to wake to the upcoming mornings and live the days more positively.

The most valuable process I found to perform after this ego strengthening process is the small work that Irvin Yalom advices in his books. This is a kind of stripping the outer surface of behavioral '*musts*'. This may sound simple but needs full attention of the therapist. The therapist should be extremely careful in this Socratic questioning process to not to direct the client to his or her own belief system. Therapist needs to walk with the client hand in hand to find and concrete client's own self-image and goals. The theoretical and practical process is described following hypnotherapy section of this book.

## Comment

I do not know whether if you believe in life after death, eternal life or reincarnation. As a survey (Murphy, 2015) shows 72% of Americans believe in heaven and 58% believe in hell. Let us consider at this moment there is life after death. My question to client is "When you face the questioning there, will you take responsibility of what you have done in this life, either good or bad? I am not mentioning accepting the responsibility. Accepting gives some responsibility to faith but taking the responsibility by oneself includes every

conscious decision you have taken against your divine faith. Will you take its responsibility?" This question is a food for thought for the client to question her or his belief system about divine faith and personal decision making together or against that faith.

Before planning a treatment for your client, the extremely valuable words of Becker may be remembered (Becker, 1973, 3691-92):

Existence becomes a problem that needs an ideal answer; but when you no longer accept the collective solution to the problem of existence, then you must fashion your own. The work of art is, then, the ideal answer of the creative type to the problem of existence as he takes it in— not only the existence of the external world, but especially his own: who he is as a painfully separate person with nothing shared to lean on. He has to answer to the burden of his extreme individuation, his so painful isolation.

It is the client that the therapist's artwork to be created, because every client is special, and therapist needs to draw its own construct specially designed for his or her client. Therapist needs to find the proper solution for existence, a fashion for the outfit of existence, together with the client. To demise a fully lived life when client is about to die. Helping the client to be confident that he or she lived a prosperous life as much as it can be. It is a construct of everyday thinking about himself, life and death, not in inhibitive style but a productive one. Helping the client to create a momentary immortality while living inside this life, while constantly being aware of the reality of own mortality.

To be successful in this mission, there is a dread both for client and the therapist: Awareness of isolation and accepting loneliness. This is, as Becker says above, is extremely painful. Every attempt for a therapist to make his or her client aware of and accept in individuation, pushes painful button on both therapist and the client. At these moments, therapist may start to question his own existentialism and may detach from the client. A kind of frequently warning alarm created for the therapist to concentrate self-awareness is a must for therapist. Especially during hypnosis self-awareness is the basic tool for therapist, when he or she is assembling proper sentences with harmonious words for the hypnotic suggestions.

There should be another warning here to consider a potential threat about the process of therapy. While working on client's fears and pessimistic view about life, therapist needs to be aware that too much of optimism is also a threat for the client where it may cause the client to feel immortal and put himself or herself into danger (Meevissen, et al. 2011). Too much of ego strengthening and extreme self-aggrandizement may also be hazardous for the client.

The reader may appreciate how hard it is to suggest a predetermined therapeutic construct because every client and every situation is different and unique. It not possible to offer a mold of therapy for every client. That is why hypnosis and hypnotherapy is an art itself. Thus, in later chapters, I will try to express my experiences with some client where you may deduct some clues for your therapies.

The clients background motive is this “If I do anything . . . I will die.” (Rank, Will Therapy, 148-149). Therapist now keeping this in mind may direct client’s hidden motives to change the motivation opposite way. “If I do anything, I will live.” Thinking this way need a heroic mood, thus therapist may try to create a hero out of the client. A hero that saves and protects her from herself, from her own thoughts and feelings like fears, guilt and shame. The end result would be a master of own life, an alpha-leader who controls and manipulates inner desires and instincts. Because the client is living in a world of extremes, death or life, not doing anything or trying to do many things respectively may occupy conscious mind. However, they are tempting the meaningful life is something in between. Again, occasionally going to extremes in order to enjoy and experience them van be the eternal elixir of life.

Therapist may help the client to balance the existential needs. By encouraging the grown-up hero inside the client, who takes risks as a poker player when necessary. Client could have enough internal power to take responsibility to lose. That is why I usually ask my every client; whether if the client is willing to take responsibility of his current life and responsibility of his life after death just seconds before she or he dies. This is my objective to reach when the therapy is ended. Similar to what Dalai Lama answers below to the well-known scientist’s question (1997, p. 223); it is basically the individual’s responsibility to find a solution to their fear of death. We can only be there to support their efforts:

The day and the conference were coming to an end, and Pete (*Jerome*) Engel aimed straight at a question that begged to be asked in a very personal way. “I have a final question. It’s a personal question as a Westerner with a great fear of death, and as a scientist. I listen to all these discussions about the Buddhist concept of death and I find it very logical and very comforting, but I’m skeptical because I’m a scientist. Should I view what we heard from Joan (*Halifax*) of these near-death experiences in any way as a confirmation that should be encouraging for my belief in the Buddhist view of dying, or is it neutral and unrelated?”

His Holiness (*Dalai Lama*) laughed heartily and said, “That you have

to figure out for yourself! And continue to investigate. In some sense one can also look at the phenomenon of suicide as someone who's trying to get out of a difficult situation. To gain relief from the difficulty, they take their own life. All this is very much related to whether we have just one life or many lives. If there's only one life, then it's quite simple: if life really becomes unbearable, then you do what you like. These are really complicated matters. I think that because of the human mind, there are many different dispositions, and as a result the different religions and philosophies came to being. The important thing is the individual. It's very important that you find something appropriate and suitable for yourself as an individual. You should find something you can digest and make use of."

The therapist's one other therapeutic target may be to remind the client that there are two styles in dying. The words of Socrates explain these styles during his trial:

Death is one of two things. Either it is annihilation, and the dead have no consciousness of anything; or ... it is really a change: a migration of the soul from this place to another (Plato, Apology, 40c-d).

One may either vanishes totally or his existence may continue somewhere else. As human beings we tend to think ourselves as peculiar living organisms, have an importance in the world and extremely precious to die and vanish. This mode of thinking leads us to get scared of death and too much fear ends up in repression of death concept: Creating a kind of immortality for ourselves. So, the therapist may help the client to accept the littleness, vulnerability and mortality he or she has and give a meaning to his or her life. Here is a small hypnotic script I use in such patients:

It is told that within 4 years 60 million people died in World War II. Does anybody know all of them? Some of them? One or two of them in person? None at all? Do indigenous people in wilderness know Einstein? Do you know him? Why should someone in Brazil knows you, remembers you and mourns for you after you die?

Do you know the names of three thousand humans died in 7/11? Are you pity for yourself that you do not know those people, or fee guilty or shame? They will not feel guilty, shame and pity when you die because they don't know you. As a summary your death is only important for yourself. Because you are important only for yourself. Why you do not live it accordingly?

Don't you know you already know that there are two kinds of awareness of yourself. As Dalai Lama, Tibetan Buddhists' spiritual leader says in a conference, that there is oneself that we consciously aware of. There is also a self which we feel and know without any thought. He calls it thoughtless thought. Which means everybody is special and we do not always need extra activities to know and reach ourselves. Mostly we feel, know and reach ourselves without knowing we know. That self knows it is mortal. I do not know what your tuned in self thinks about your mortality.

It is hard and rough to remember your mortality every second and try to modulate the style of your living in equal value you have given to yourself. I mean if you are willing to be a rich gambler living in Nice France, and you know you cannot do it, but you equalize your value with such a guy; do you think your brain experiences many different chaotic mush going through while you are you and that gambler is himself not you.

You may say that the best life is having as much power and pleasure as possible, which of course means always being able to successfully protect yourself and keep the pace every day and every moment.

Wouldn't that be hard?

It is not possible for anyone to lower his or her self-esteem and value of the self. So, it seems we seem to be in a dilemma. What could be solution for yourself, your life and living and your style of dying? Can we discuss these after you wake from this deep hypnosis? Constantly wishing to reach extreme goals or to accept what you have and be happy when good things enter to your life? Or may be both...

The ideal therapeutic goal may be to digest and accept our mortality, which Solomon and his friends called 'mortality salience' (2015). We know from the facts that fear block humans from advancing in many fields. Fear prohibits man to enjoy life, impede to live life with its full bloom. Chronic fear makes humans irritable, disentangle from the innate instincts, dissociate body and mind, poison healthy mindfulness. Acknowledging the mortality salience help one to live days as it has to be, forwarding the desire for an immediate hedonic satisfaction to a more proper time.

Being aware of mortality in every moment in life, accepting it without

excruciating fear and pain; humans then can seize upon momentarily efforts to reach libidinal joy, pleasure and satisfaction. Even if the current moment is a horrifying situation. As it is happened to the hiker Aron Ralston where a big rock fell and squeezed his right arm. He had to cut his arm with a blunt knife to release his body. This is what he says about this moment, while interviewing about the movie on his experience (Hannaford, 2011):

I realized early on that I was going to have to cut my arm off to get free but there was also resistance: I didn't want to do it. But by the second day I was already figuring out how I could do it, so in the film you see that progression: trying to cut into the arm like a saw, finding the tourniquet, then the realization that the knife was too dull to get through the bone. That despair was followed by a kind of peace; a realization that I was going to die there and there was nothing I could do. It was no longer up to me. All I could do was see it through to the end. . . . In the film, Franco laughs maniacally because he's broken his bone and that's how it was. I had this huge grin on my face as I picked up that knife to start this horrific thing. It was traumatic but it was a blessing to be able to get out of there.

Here let's be on all eyes and ears on famous actor Will Smith, about his experience on skydiving (2016):

(While skydiving) the maximum danger is the point of minimum fear: It's bliss! God placed the best things in life on the other side of terror, on the other side of maximum fear. (brackets are mine)

Therefore, I believe it is on us —the therapist's first and foremost goal— to suspect and find the fear of death and death anxiety in the clients' complaints.

As usual last words are about Freud again (Schur 1972, p. 136)

Until his last moment Freud wrestled with this problem of the "beyond," the meaning of death, the necessity to die and the wish to live, both as a theoretical psychological concept and as the individual fate of each human being.

## 2

### USE OF HYPNOSIS

*Death may be a one-time event but living with terminal illness is a process. Kalanithi, 2016, p.160*

#### Introduction

Let us assume you are the president of a country. You know a neighbor country with great powers is sucking your country's resources. Intimidating you for possible harm it can result. You feel anger and rage to that country, but any attempt to forefend it would result in a huge destruction in yours. There is nothing you can do. You are helpless and hopeless. The only solution seems to accept its power and try to get as much from it as possible. Try to reciprocate the things you give and try to reach a win-win situation. Yes, you get it right. That huge, potent and indispensable country in this example is death.

When you get an untreatable disease and had to accept you will die in an unpredictable date you would feel many excruciating emotions. The decisive point comes next, to live with fears of having new painful emotions or living not to mind any probable negative emotions because you have already experienced the worst one. If it is the latter, then you will find life easier and living more colorful. Less sorry for your bad luck and misfortune (Kalanithi, 2016, p. 143). For example, you may decide to have a child before dying of this disease. When you look into future, the last moment you would leave this world, probably you would not feel bad, would not feel sorry and guilty that you had a baby you won't see or a baby you met. Because after the moment you have heard that miserable news about your life, sooner or later probably you would accept living instead of dying. Because living is the thing you can handle but dying is already there. Until you die you would be living.

Every moment is the beginning of the end. Until the end comes moments

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