Perceptual Reconstruction in the Treatment of Inordinate Grief

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Troubled by continuing emotionally painful memories of her ill mother’s face as she struggled to breathe during her terminal days in the hospital, an adult daughter requested hypnosis to “erase” those images from her memory. Since that is not feasible, the subject instead was provided in a single session with a hypnosis-based, imagery-focused strategy in which the disturbing images of her mother were replaced by hypnotically reconstructed positive memories as she had appeared in prior, happy times. This was successful: the restructured images were maintained and grew stronger over time as reported four months post-session. It was concluded that hypnotically restructured memories can be useful techniques in the management of inordinate grief.

Grieving is a normal adaptive process during which an individual can release and become consciously aware of feelings of loss and thereby ultimately come to accept such feelings. The loss-object of grieving is typically another person who has been important to the individual, although the focus can also be either non-human or even inanimate. While ordinarily a desirable expression, at times inordinate grief may interfere with optimal acceptance and integration of the object loss, thereby delaying the healing closure which is essential if that individual is to move on to function effectively in life.

An increasing number of scientific laboratory studies (e.g., see review by Garry & Polascheck, 2000) have demonstrated that imagining experiences which are counterfactual can change the subsequent memory of an event. When people are asked to...
think about or imagine an event that had not occurred in reality, new memories, which may even be completely false, can result. In the case discussed in this article, hypnosis enabled the modification of traumatic and depressing current memories by fusing them with older more positive recollections and thus beneficially restructured them. Possible mechanisms for this process include source-confusion and the fact that imagining events makes them more familiar and therefore assumedly more acceptable to the subject. Such restructuring of memories can have significant therapeutic effect. In the present case, hypnotically blurring the lines between recent and past memory while simultaneously reinforcing a recollection that was more positive and therapeutic served to enable an individual to cope more effectively with the personally distressing consequences of her mother’s death.

**Review of the Literature**

There has been a paucity of reports describing the application of clinical hypnosis to ameliorate normal grieving that has become dysfunctional. As early as 1813, a precursor of the modern hypnotic technique of uncovering and revivification was used to aid a young woman cope with multiple traumatic experiences and her consequent grief. Several additional accounts of hypnotic intervention appeared in the nineteenth century literature (Vijzlaar & van der Hart, 1992). Much later, Fromm and Eisen (1982) reported the case of a female patient who was taught to use self-hypnosis to work through feelings of loss following the death of her husband. After 4 weeks of daily self-hypnosis sessions, her grief attenuated, and she was able to resume a productive and happy life. By using hypnotically induced images, this patient reexperienced, decathected, and reintegrated thoughts and memories related to her object loss.

Turco (1981) described a hypnotic technique with a traumatized woman in which her repressed feelings about her father were brought to conscious awareness and then worked through in traditional psychotherapy. His emphasis was on facilitating the emergence of feelings, not memories or images, so that they could then be resolved through more traditional techniques. Savage (1993) treated a 31-year-old female patient whose husband of 7 years had been murdered. Since 4 weeks of conventional psychotherapy had been unproductive, clinical hypnosis was undertaken. After three sessions of direct suggestions for relaxation and expression of feelings, the patient’s behavior significantly improved: she was finally able to grieve, express anger towards her husband’s assailants, participate in group therapy, and became “able to take control of her life.”

In his work with war veterans who experienced traumatic grief due to combat experiences, Spiegel (1981) described a regimen of hypnotically facilitated memory retrieval, verbalization of the precipitating traumatic events, and subsequent working through in psychotherapy. Gravitz (1994) recently reported several cases in which a hypnotic technique first was utilized to bring to conscious awareness the previously repressed painful memories of traumatic incidents, following which these retrieved memories were then systematically restructured by the therapist. In that way, not only the memory of the original event but its psychological meaning to the patient became
changed, so that in turn the patient’s emotional reactions including grief and anxiety were beneficially modified.

The Presenting Case

This paper describes a situation in which hypnosis was employed to change an individual’s memories of her mother’s last days of life, which had resulted in painful and disturbing images and feelings for her daughter. Ms. W (not true identification) was a 54-year-old professional person whose relationship with her mother had apparently been marked by some degree of ambivalence. In itself, such ambivalence is not remarkable, as close relationships, especially between family members, are typically accompanied by mixed emotional feelings as a result of interactive experiences over the years. While in the hospital for more than a week with serious cardiac, respiratory, and other medical problems, the condition of Ms. W’s mother had significantly deteriorated. Her physical appearance changed, she became dependent on a ventilator, she could not speak, and she was unable to present her usually robust personality and interpersonal characteristics. Thus, while previously an intelligent and accomplished individual, her mother had deteriorated physically and psychologically over a relatively brief time. Most distressing to Ms. W was the drastic change in her mother’s facial appearance as she gasped desperately for breath: it was those emotionally disturbing final images that had remained with her and had indeed intensified following her mother’s death.

Ms. W had been unable to forget her mother’s appearance as she struggled to breathe in her final days. Those recurring images were interfering with her sleep and appetite, work efficiency, and overall adjustment. Above all, the traumatic images were interfering with her expressed wish to come to terms with and accept the reality of the loss of her mother. Ms. W was an intelligent and well-educated individual who had otherwise been coping effectively with life circumstances; in addition, she was familiar with clinical hypnosis through a previous experience many years ago.

Consequently, Ms. W requested assistance (“Can hypnosis help by erasing the painful image?”) from a health professional whom she had consulted in the past for the successful management by hypnosis of a stressful situation. Therefore, the self-initiated referral was accompanied by positive motivation and expectancy set, as well as a history of successful response to hypnotic intervention. In addition, there was an existing positive transference to the professional to whom she turned for assistance. Such factors were considered to be positive predictors for the alleviation of her presenting problem.

Despite a subject’s expressed positive motivation and expectancy, as in this case, hypnosis cannot “erase” unwanted images or undesired thoughts. In fact, if the suggestion were to be given that Ms. W no longer visualized her mother’s face, then that paradoxically could reinforce the painful memory. (For example, if one was to tell another person either not to think of or not to visualize an elephant, then that indeed is what the subject is most likely to do.) Yet, Ms. W was strongly interested at that point in hypnotic intervention, and the professional intended to utilize her positive attitude.
The following strategy was consequently undertaken. The subject was asked to allow her eyes to close gently as the professional slowly recited a numerical countdown from 10 to one, following which eyelid closure was quickly obtained. This procedure was similar to that classically used in induction and was familiar to the subject from her prior experience. He then asked Ms. W to picture her mother’s face as she had appeared in happier times, which the subject indicated she had done. The next hypnotic suggestion was to position the image of her mother’s face, as it had appeared during her final difficult days, adjacent to the earlier image. Then instructions were provided several times that the more recent image of her mother would begin gradually to fade, becoming less and less visible; and as it disappeared there would be a concomitant gradual brightening and heightening in Ms. W’s “mind’s eye” of her mother’s appearance as it had been in earlier happy times – strong, vibrant, healthy, active, caring, self-sufficient, beautiful, loving, and caring. The latter suggestions in a variety of permutations were reiterated for several minutes to reinforce the positive imagery. As a reinforcing posthypnotic suggestion, Ms. W was told that the early happy image of her mother would prevail, would become stronger, and would be remembered. At that point, Ms. W spontaneously verbalized in a low calm voice that she now felt much better because she was “seeing” her mother as she “always was.”

Four months following the single hypnosis session, Ms. W reported that “your replacing the bad image of my mother before she died with a good memory” had continued. She added that “the emotion (i.e., inordinate grief) is gone, and I remember her face like it was when she was a young person.” Thus, the hypnotically restructured memory was maintained by the subject and had in fact become more fixed over time.

Because the method described here could be unsettling if applied to an individual with tenuous emotional defenses, it is important that the practitioner has appropriate clinical and other professional qualifications. No professional should employ hypnotic methodologies in treatment if that professional is not qualified in all respects to treat a particular problem without hypnosis (Gravitz, Mallet, Munyon, & Gerton, 1982).

Conclusions

For more than a century and a half, the scientific literature has reported the value of clinical hypnosis in the treatment of loss-related grief. In this article, a case was presented in which the adult daughter of a recently deceased woman requested hypnotic intervention to erase the painfully recurrent memories of her mother’s face as she struggled to breathe during her final days of life. Since hypnosis is not able to accomplish such feats, the subject instead was provided with a hypnosis-based, imagery-focused strategy in which the disturbing images of her mother’s last days were replaced by restructured memories of her mother as she had appeared during prior happy times. The subject soon reported feeling better, and images of her mother’s face as she had appeared in her vibrant healthy past persisted and became stronger. Hypnotically modified memories can be a useful technique in managing a variety of psychological problems, including inordinate grief, when appropriately applied.
References


