

Hypnotic Treatment of PTSD in Children Who Have Complicated Bereavement

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Although conceptualized as a normal reaction to loss and not classified as a mental disorder, grief can be considered a focus of treatment. When grief complicates and becomes pathological by virtue of its duration, intensity, and absence or by bizarre or somatic manifestation, a psychiatric diagnosis is in order. Childhood PTSD in Complicated Bereavement is a condition derived from the loss of a loved one when the nature of death is occasioned through traumatic means. The traumatic nature of the loss engenders trauma symptoms, which impinge on the child's normal grieving process and his/her ability to negotiate the normal grieving system. The 2 cases presented herein constitute single session treatment with clinical hypnosis of PTSD, a result of the traumatic loss of the paternal figures. The setting in which these cases took place was rural Guatemala. Treatment consisted of single session hypnosis with the Hypnotic Trauma Narrative, a tool designed to address the symptomatology of PTSD. Follow-up a week later and telephone follow-up 2 months later demonstrated the resolution of traumatic manifestations and the spontaneous beginning of the normal grief process.

Keywords: Childhood PTSD, complicated bereavement, death, hypnosis, Hypnotic Trauma Narrative, loss

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Childhood Posttraumatic Stress Disorder

Childhood Posttraumatic Stress Disorder (PTSD) in Complicated Bereavement is a condition derived from the loss of a loved one to a traumatic event. The traumatic nature of the loss is of such magnitude that causes trauma symptoms, which impinge on the child's normal grieving process and his/her ability to negotiate the normal grieving system (Nader, 1997; Cohen, Mannarino, Grenberg, Padlo, & Shipley, 2002; Cohen, Mannarino, & Knudsen, 2004). These deaths have been described in the literature as sudden, unexpected and horrifying events such as homicides, suicides, and automobile accidents (Cohen, et al., 2004).

The impact of exposure to such unexpected and terrifying loss is not only a paralysis of the normal grieving process and the child's ability to navigate the stages of grief (Kubler-Ross, 1969), but the commencement of symptomatology of PTSD (Nader, 1997; Cohen, Mannarino, & Knudsen, 2004). The trauma-related symptoms include the DSM IV (American Psychiatric Association, 2000) features of PTSD, i.e., persistent intrusive reexperiencing of the traumatic death, avoidance of the trauma reminders, and physiological and psychological hyperarousal.

The literature indicates that the normal process of grief in children requires accepting the reality and finality of the death, experiencing the grief inherent with the loss, adapting to life without the individual that died, integrating aspects of the loss object into the child's emerging identity and developing a relationship with the deceased based on memories (Worden, 1996; Cohen, et al., 2004). Further, trauma-based elements interrupt or interferes with the child's ability to achieve these normal stages of grief-resolution and children with PTSD in Complicated Bereavement become overwhelmed by the traumatic elements of the death. Cohen, Mannarino, Greenberg, Padlo, and Shipley, (2002); and Cohen et. al., (2004) insightfully indicate that children with PTSD in Complicated Bereavement are simply "unable to complete these tasks of grieving because even happy thoughts, memories, and reminders of the deceased serve as trauma reminders, leading to intrusive reexperiencing of the traumatic death" (p. 1226). These, in turn, catalyze avoidance of both trauma and loss reminders and render the individual unable to resolve either component.

Clinical Hypnosis of PTSD in Complicated Bereavement

There is a paucity of empirical investigations and case reports of hypnosis for grief in the extant literature. There have been no documented accounts of clinical hypnosis as the primary modality for the treatment of childhood PTSD in Complicated Bereavement.

The first report of clinical hypnotic treatment of complicated grief dates back to 1813. The Dutch physicians Wolthers, Hendriksz, De Waal, and Baker reported the hypnotic treatment of a woman suffering from traumatic grief (Vijselaar & Van der Hart, 1992). The hypnotic care of this patient had to focus directly with the traumatic component that included spontaneous reenactments of the circumstances surrounding the death. In a subsequent report, Van der Hart, Brown, and Turco (1990) also emphasized the importance of addressing trauma-related elements before accessing the grief-based issues in the treatment of Traumatic Grief. They further stated that clinical hypnosis appears to be the modality most specific to access the trauma

component of Traumatic Grief. Gravitz (2001) reported on the use of hypnosis on a case of inordinate grief in which an adult daughter asked for assistance in getting beyond (“to erase”) the painful images of her dying mother. The author constructed a treatment protocol, which consisted of substituting the traumatic imagery of her agonizing mother with imagery of better days in this woman’s life.

The literature of hypnosis with children abounds with reports of efficacious applications for multiple conditions including: Pain management (Olness & Gardner, 1988), nocturnal enuresis (Kohen, Olness, Coldwell & Heimel, 1984), trichotillomania (Iglesias, 2003), behavioral problems (Crasilneck & Hall, 1985), school phobia (Waxman, 1989) and for a host of pediatric medical conditions (Hammond, 1990). Children have been described in the hypnosis literature as naturally gifted subjects who are able to benefit greatly from this modality as they are, for the most part, free of the prejudices adults have for hypnosis (Crasilneck & Hall, 1985).

Clinical Cases

Case 1

An 8-year-old Guatemalan boy presented with refractory neurodermatitis with onset approximately five months after the traumatic death of his father. Onset coincided with the sudden cessation of normal grieving including all signs of grief he had shown in the early phases of bereavement. He was under the care of a local physician who was treating the dermatological features with oral and topical corticosteroids. The young boy was “stuck” on traumatic imagery (he overheard the gruesome depiction of the corpses inside the accident vehicle) and was traumatized to the point of not being able to complete the tasks of the normal grieving process. He became dependent on avoidance coping mechanisms to minimize intrusive traumatic recollections and the resultant psychological and physiological distress. Unfortunately, even happy memories of his dad were serving as catalyst for traumatic imagery, which in turn, triggered reexperiencing the characteristics of the traumatic event and exacerbated concomitant physical and psychological hyperarousal. This constellation of symptomatology became overwhelming and the child was forced to avoid all stimuli associated with the trauma and grief components of the loss. At that point, the normal process of grief became interrupted and within a period of approximately 2 weeks he developed neurodermatitis. The dermatitis turned out to be a most daunting challenge and became the focus of his medical treatment.

Case 2

A 10-year-old girl, the biological older sister of the boy reported in the first case, developed trauma specific symptomatology immediately after her father’s death. Symptoms included: intrusive morbid ideation of the course of her father’s death, obsessive preoccupations over the degree of terror and agony her father must have endured during the course of the traumatic events that led up to his death, and panic attacks associated with the persistent intrusive morbid ideations. She became overwhelmed by traumatic imagery, which impinged on her ability to grieve the loss of her father and to negotiate the stages and normal tasks of grief. For a period of time, she was treated with anxiolytic medication, prescribed by a local family physician, with negligible benefits. Like her brother, this child became privy to the gruesome

depictions of the corpses and subsequently developed abdominal pain, of an undiagnosed origin and unresponsive to prescription medication and to indigenous medicines.

Treatment

The treatment with clinical hypnosis of the two cases of PTSD in Complicated Bereavement reported herein was circumscribed to trauma-based components. Since contact with these children was not expected to extend beyond the initial session, the foci of the clinical hypnotic care was formulated to include as much of the trauma-related sequelae as possible. Both children needed resolution for the following PTSD-related features:

- 1) Intrusive morbid ideation of the course of their father's death.
- 2) Obsessive preoccupations over the degree of terror and agony their father must have endured during the course of the traumatic events that led up to his death.
- 3) Positive reminiscing (i.e., thinking about happy times with their father) catalyzed imagery, emotions and thoughts related to the traumatic nature of their father's death.
- 4) Massive avoidance, numbing and denial as defenses.

Upon meeting the children, after a history taking session with their mother, the authors noticed the presence of observable indices of hypnotic readiness and of awake-alert hypnosis (Alarcon, Capafons, Bayot, & Cardeña, 1999; Iglesias & Iglesias, 2005). The children were able to produce limb catalepsy, arm levitation, glove anesthesia, time distortion, and body heaviness with eyes opened and able to converse. They presented in a state of readiness and high suggestibility and were considered to be highly hypnotizable subjects. Hypnotic induction consisted of simply asking the children to close their eyes. The hypnotic intervention consisted of the trauma resolution suggestions in the Hypnotic Trauma Narrative (found in index). No intervention was offered for the grief component of these children's reaction to the traumatic death of their father.

Formulation

The hypnotic care of the two cases in this report was theoretically based on the definition of PTSD in the DSM IV (American Psychiatric Association, 2000). Both of these cases met the criteria for PTSD including recurrent recollections of the event, intense physiological distress, avoiding conversations associated with the traumatic event, sense of a shortened future, difficulties with sleep and concentration and clinically significant impairment in social areas. The duration of the disturbance was longer than 1 month. The choice of verbiage in the Hypnotic Trauma Narrative was formulated to address the elements of the Posttraumatic component in these cases. Based on the work of Frederick & Phillips (1992) the principal interventions employed were predicated on the principle of age progression as an ego-strengthening technique. The concept of age progression and all techniques that feature this orientation are designed "to act as an antidote to the patient's sense of futurelessness" (Frederick & Phillips, 1992, p. 82). Moreover, age progression techniques contribute to the enhancement and strengthening of the individual's ego structures (Hartland, 1965, 1971;

Stanton, 1989; Torem (1990). Phillips and Frederick (1992) elaborate on this point and add “when an individual achieves a positive view of the future, in a hypnotic state, she/he is already viewing an ego that has been positively enhanced in the mirror of the mind” (p. 100). The Hypnotic Trauma Narrative was designed to provide therapeutic elements by means of two age-progression methods. The telescope metaphor/strategy allows the child to view the catastrophic loss through a distant vantage point and facilitates the narrowing, constricting and blurring of painful details. Secondly, the Hypnotic Trauma Narrative also provides a more unstructured indirect age progression technique aimed to allow the child to orient to future possibilities (Phillips & Frederick, 1992).

Limitations

The presence of cultural features in this case must be considered and factored as possible active ingredients in the successful care of these children. The children awaited this therapy session with great anticipation and with the highest expectations. The authors were treated with reverence and great respect. Such high expectations are typically associated with higher levels of uncritical acceptance of suggestion (Frank, 1973). This could explain the readiness and high suggestibility exhibited by the children.

Because of its narrow focus on a few units, this case report suffers from limited representativeness. Case reports, in general, do not allow valid generalizations from which their units came until the appropriate follow-up research is carried out, focusing on hypotheses testing and scientific sampling methods. Nonetheless, this case report brings to light important variables that deserve more extensive attention.

Results

Following the single session hypnosis, a follow-up appointment was made with the mother before our departure to the U.S. a week later. She reported significant improvements in her son’s skin with noticeable changes in itching, irritation, and swelling. The dermatologist was impressed with the child’s recent progress. According to the mother, at follow up, her daughter was feeling increasing relief from the abdominal discomfort. She was no longer debilitated by pain, which had narrowed her range of activities. Follow-up a month later was conducted by phone with the mother and she reported that both children had recovered completely from the debilitating somatization features. The children were no longer demonstrating intrusive morbid ideations of the course of their father’s death and were no longer experiencing obsessive preoccupations over the degree of terror and agony their father must have endured during the course of the traumatic events that led up to his death. The mother indicated that at this juncture both children were also able to reminisce about happy times with their father. The mother at this follow-up also reported the restart of grief in both children and assured us that her family would offer comfort for their mourning.

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Index - Hypnotic Trauma Narrative

You're old enough to know that when you look through telescope things that are far away look much closer. Important events in our lives can also be viewed as though you were looking through a telescope that brought them close to you. When you do that, you gain access to even the minutest details of the image that you are examining. At that point, you could see more than you need to see and could become stuck with certain images and unable to let them go. This can be overwhelming because the details that you seem stuck on are upsetting and hurtful. There is an alternative—you can turn the telescope around and view the same picture from the wide lens and then things can seem very, very far away. When that happens, you may not realize it, but many details of the image that you are examining get lost and are no longer available. Events that take place in life can be examined from either end of the telescope.... Now, I ask that you see yourself looking through the wide lens of a telescope at events that have taken place in your life, that need to be viewed from a less painful perspective, so that you can be well again. Look through the eye of your mind into the wide end of the telescope. This offers you the ability to see things in a far away, far away, far away space, place, and time. By placing them far away, you're able to see them in a more manageable fashion and elements of that image that used to upset you, are no longer so noticeable. Of course, horrible events in our lives do not simply disappear, but with the passage of time the details of the painful event get blurry, you start forgetting, and your mind makes room for current memories.

Your mind is also capable of giving you a picture of yourself a week from today, a month from today, three months from today, and even a year from today...It's fun to be able to look ahead and to get a glimpse of what our lives will be like in the future. As we now look ahead... and I wonder if you are able to project ahead a week... I wonder if you can move ahead a month or two or three, and I wonder if you are old enough to be able to see a year into the future. As you look ahead, no matter how far into the future, you find yourself able to accept all of the happy memories that you have not given yourself the opportunity to enjoy. As you put everything that is painful in its proper perspective, you grow and strengthen inside, as well as outside, and you become more mature and older. Also, any complaints that your body has been voicing that are no longer necessary can quietly follow in the same direction as the images that you are looking at through the wide lens of the telescope. As these complaints become a thing of the distant past, never to trouble you again, you become well and able to move ahead with the assignments that are appropriate for someone your age.