American Journal of Clinical Hypnosis

Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/ujhy20

Hypnotic Death Rehearsal

Alexander A. Levitan M.D. a

a University of Minnesota, USA


To cite this article: Alexander A. Levitan M.D. (1985): Hypnotic Death Rehearsal, American Journal of Clinical Hypnosis, 27:4, 211-215

To link to this article: http://dx.doi.org/10.1080/00029157.1985.10402609

PLEASE SCROLL DOWN FOR ARTICLE

Full terms and conditions of use: http://www.tandfonline.com/page/terms-and-conditions

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The accuracy of any instructions, formulae, and drug doses should be independently verified with primary sources. The publisher shall not be liable for any loss, actions, claims, proceedings, demand, or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.
Hypnotic Death Rehearsal

ALEXANDER A. LEVITAN
University of Minnesota

Death rehearsal is a technique developed to help terminally ill patients and their families deal with anxieties about death. It has proven useful in demystifying the dying process by answering the question “What is it like to die?” Patients who are able to hypnotically experience the death process learn to deal with both grief and anxiety with the help of the hypnotherapist.

Of all human fears, fear of the unknown is one of the most pervasive. Many serious psychologic disorders are based, at least in part, upon the fear of death itself or fear of the experience of dying (Feifel, Freilich & Herman, 1973). A technique is described that has been found useful in allaying anxiety about the death experience in terminally ill patients.

Much has been written about the near-death experiences of patients who have undergone cardiac arrest or similar profound alteration in normal physiology from which they were eventually resuscitated (Greyson & Stevenson, 1980). Most of these experiences are described as involving a dissociated state in which the cognitive portion of the individual looks on dispassionately, often from above, while efforts are underway to revive the physical portion below (Noyes, 1972). Many patients also describe a divine being or guide who intervenes on the individual’s behalf (Moody, 1977; Osis & Haraldsoon, 1977). Such experiences often result in acceptance of the concept of death, as well as its demystification and an associated resolution of fear concerning the experience (Dobson, Tatterson, Alder, & McNichol, 1971; Noyes, 1980).

In response to the needs of certain patients and their families in our practice, a technique has been developed which has proven useful for those imminently facing death and in those manifesting marked anxiety about death. This technique has proven effective in defusing anxiety and correcting misconceptions regarding the death experience and the effect of death upon both the patient and the patient’s family. This technique has been called death rehearsal. The approach varies according to the type of problem for which it is being employed and essentially represents a projection of the patient into the future with direct interaction and involvement of the therapist in the scene being visualized by the patient.

TECHNIQUE

A representative application of the death rehearsal technique might be for a cancer patient manifesting significant fear and anxiety over the actual mechanics of his or her own death. Characteristic anxieties expressed include the fear that the experience...
will be extraordinarily painful, extremely disruptive for the family or that the patient will manifest cowardice during the terminal stages. A major associated fear is that of rejection and of dying alone and uncom­forted because of the characteristic uneasiness manifested towards death by our society. Few patients have ever heard of the concept of "helping someone to die."

Under these circumstances we have found it useful to ask the patient whether he or she would like to learn a little about what it is like to die. Almost universally the patients respond affirmatively if the question is posed in a caring and solicitous fashion. A hypnotic trance is then induced by whatever method seems mutually acceptable to the therapist and the patient.

Once in a satisfactory state of relaxation, the patient is asked to project himself into the future and to visualize a point in time when his or her own death is immediately inevitable. He is then requested to give the therapist an ideomotor signal indicating that he or she has a visualization of that point in time. A suggestion is then given that the patient will be able to speak in a comfortable fashion and that each word spoken will serve to deepen the trance, thereby countering the normal tendency for a trance to lighten when the patient is asked to speak.

The patient is then asked to describe the circumstances of the scene visualized. He is encouraged to be as concrete as possible and to describe in minute detail not only the physical setting in which he finds himself but his thoughts and feelings as well. The hypnotherapist assists the patient by in­quiring about specific details.

Representative questions might be: Where are you? Who is there with you? How do you feel? Are you afraid? Can you tell you are dying? Do you feel alone? Is there any pain? What is it like to die? What are those persons around you feeling? What are they saying? How do they react to your death? Is there an obituary in the newspaper? What does it say? Who is with your spouse after your death? Who visits you at the funeral home? What do they say? Who attends the funeral? What do they say or do? Who sends flowers? Who comforts or assists your family? What happens over the year after your death? Does anyone visit your grave on the anniversary of your death? What do they do or say? What has been the effect of your death upon your family, friends, business, etc.?

These questions are posed in a sympa­thetic, understanding, and accepting fash­ion. Where necessary, direction is given to the patient so that the events described may be reframed in the most favorable fashion. If the patient’s concept of death is integrated into his religious beliefs every effort is made to support his visualization of the death experience as long as it is not anxiety provoking. Reassurance is given to the patient that he will be kept comfortable at all times and will be attended to by a group of loving and concerned family members or care providers according to his preference.

Should the patient visualize events that are totally inconsistent with reality, a gen­tle effort is made to direct his imagery to a more realistic circumstance. Where multiple interpretations of events are possible the patient is directed to the more favorable alternatives. If the spouse is visualized as being overwhelmed with grief or emotion it is suggested that it is helpful for a person to express these feelings rather than keep them locked within.

Alternatively, if a relative is visualized as showing little or no emotion, it can be pointed out that many people can experience deep feelings of love and affection without expressing them outwardly. In this fashion every effort is made to enable the patient to experience his own death in a setting of comfort and security while ad­hering to the realities of his particular cir-
HYPNOTIC DEATH REHEARSAL

circumstances. The death process is thus de-
mystified and understood as a natural
biologic event common to all mankind.

CASE HISTORIES

Case one: Mrs. R.M.G.

Mrs. R.M.G. was a 42-year-old white fe-
male with advanced metastatic cancer of
the breast who was aware of a progressive
deterioration of her general condition as a
result of increasingly painful osseous me-
tastases. She had two children, both girls,
ages 9 and 14. She was an extremely well-
organized person but had chosen to deny
the possibility of death despite signs of its
coming inevitability. When the author sug-
gested that it might be helpful for her to ex-
perience a “death rehearsal” in order to
demystify the experience, she readily
agreed.

The patient was familiar with trance and
readily entered a deeply relaxed state. She
was asked to visualize her own death and to
describe it to the therapist.

She described herself as lying in a hospi-
tal bed comfortably surrounded by con-
cerned medical and nursing personnel as
well as her family members. She noted that
the family members were crying, and at
that point she began to cry herself, partici-
pating in the grief process in regard to both
her own demise and the pending separation
from her family.

She was reminded by the therapist that
she could take comfort from the fact that
she had prepared her family well and that
their mutual love would not cease to exist
at her demise. She took comfort in this
thought and stopped crying.

She then visualized herself passing
through a pastel-colored cloud on the other
side of which were many friendly persons
waiting to greet her. She chose not to de-
scribe any specific individuals but sensed
their presence, their love and concern. She
felt truly welcomed and described pastel
shades of blue, pink and yellow surround-
ing her.

She was able to observe time passing and
could see her family and children growing.
She described the family as secure and
united by their mutual love and concern.
The family was described as missing her
but also aware that they were not separated
from her as long as their wonderful memo-
ries of her persisted. She was reminded of
the quote by James M. Barrie that “God
gave us memories so that we might have
roses in December.”

After having verbalized her imagery and
having been comforted by a favorable in-
terpretation of the scene visualized, the pa-
tient was directed to return to the “here
and now.”

The patient described the experience as
not as unpleasant as she had feared it would
be. She agreed that she could now look upon
her own death with a greater degree of
equanimitv. She also stated that she had
never before really “stopped to think what
it would actually be like” and felt pleased
that she had taken the time to do so.

Subsequently, the patient recorded sev-
eral audio tapes for her children in order to
help them with their grief process and also
to establish that her love and concern
would never be removed from them.

Case two: Mrs. M.B.

An alternative utilization of the “death
rehearsal” is for the psychological well
being of family members rather than only
for the individual facing the death experi-
ence. Mrs. M.B. was a 48-year-old female
who had a fear of flying. Her husband, a
successful attorney, arranged for her ap-
pointment because it had become increas-
ingly difficult to have her accompany him
on either business or vacation trips. He
wished to plan a vacation trip to Hawaii and
could not arrange for transportation via a
surface carrier as was their usual arrange-
ment. The patient stated that while in an airplane she felt that if she did not devote a sufficient amount of mental attention to worrying about the status of the flight and all its associated details then the plane would surely crash. In essence, it was her responsibility to worry sufficiently in order to prevent a disaster.

Through the use of hypnotic age regression and other uncovering techniques it was established that the patient’s basic problem was that of poor self esteem, resulting from a suboptimal relationship with her mother. The patient’s mother had been unable to praise her as a child but had no difficulty in expressing profuse amounts of criticism. At no time, to the patient’s recollection, had her mother ever told her that she loved her. As a consequence the patient felt that she was an unworthy daughter as well as an unworthy wife and mother.

This problem was compounded by the fact that the patient’s mother, then 78 years of age, had recently had a stroke, necessitating her placement in a local nursing home. It fell upon the patient and her husband to manage the financial affairs of her mother. Once again the mother criticized the patient’s efforts as inadequate and ineffectual despite the fact that the patient had actually done an exemplary job of handling the various problems involved.

The patient verbalized that she was particularly afraid of flying because she was certain that if she were to die in an airplane crash God would find her unacceptable as well. She also expressed the fear that if she were not at her mother’s bedside at the time of her mother’s death this would be further evidence of what a bad daughter she was. It was deemed appropriate to proceed with a death rehearsal in which the daughter visualized her mother’s demise. This was done not only to defuse the daughter’s anxiety relative to the mother’s death experience but also to allow her to become comfortable with her mortality as well. A hypnotic state was induced in the patient and she was asked to visualize and describe the circumstances of her mother’s death. It was further suggested that the mother might be able to die more comfortably were the patient able to tell her that she loved her. This was done through imagery and the patient visualized her mother dying in a comfortable setting with a sense of security and contentment. The patient visualized the death experience of her mother as that of passing through a pleasant doorway on the other side of which were previously dead relatives and friends waiting to greet her.

The patient expressed considerable comfort from the death rehearsal and as a consequence felt that she could face the impending death of her mother with greater equanimity.

In point of fact, the patient was able to then visit her mother and express her love for her. Much to the patient’s surprise, her mother, in a moment of lucidity responded that she loved her too. The patient’s mother expired several weeks later with the patient in attendance and able to deal with the circumstances effectively.

The patient was taught behavioral modification methods to deal with her compulsion and she was eventually able to enjoy a well deserved Hawaiian vacation with her husband.

**DISCUSSION**

Frequently, a death rehearsal will enable a patient to approach his own demise with equanimity, security, and control. The patient will often also express gratitude in having shared the death experience with the hypnotherapist and will take comfort in knowing that the hypnotherapist will be available for the actual experience as well should this be required.

In order to be of maximal assistance to the dying patient the hypnotherapist must become comfortable with his own mortality
HYPNOTIC DEATH REHEARSAL

and the fact that he, too, will someday die. The act of “helping someone to die” must be clearly distinguished from the act of “causing someone to die.” Death need not be perceived as a defeat for the therapeutic process but rather as a natural conclusion to a biologic chain of events.

CONCLUSION

Death rehearsal is a technique which has proven useful in reducing anxiety in patients facing imminent death. This technique is not advocated for all patients facing death but when applied judiciously by a trained hypnotherapist it has proven to be of great value.

REFERENCES