

HYPNOSIS IN THE TREATMENT OF A CASE OF DISSOCIATIVE AMNESIA FOR A 12-YEAR PERIOD

Marcia Degun-Mather

North East London Mental Health Care Trust

Abstract

A 51-year-old woman presented with dissociative amnesia for a 12-year period from the age of 37 to 49. The amnesia seemed to be triggered by a car accident at age 49. She sustained no serious physical injury, nor did she have symptoms of post-traumatic stress disorder (PTSD). There was no evidence of organic factors causing her memory loss. A method of hypnotic uncovering was used to facilitate retrieval of significant personal memories, and to help her resolve traumatic events, which she related as having happened during that 12-year period. She regained a meaningful autobiographical history, which enabled her to get on with her life.

Key words: dissociative amnesia, hypnotic uncovering, memory, trauma

Background to presenting condition

Mrs Y, a 51-year-old married woman was referred by the Regional Neurology Unit in a general hospital to the Psychology Department of a psychiatric hospital. She had had a two-year history of severe depressive episodes with suicidal ideation, and reported total loss of memory for 12 years of her life. This 12-year period for which she was amnesic was from the age of 37 to 49. At age 49, she had had a car accident from which she sustained a very minor injury, but no loss of consciousness. She had not suffered any post traumatic stress symptoms, such as hyper-arousal, intrusive mental activity or avoidance and numbing. She remembered what happened in the accident, and immediately preceding it, but suddenly had total loss of memory for the previous 12 years.

During the following two years she had tried hard to retrieve her memory for this 12-year period, by looking at photographs her family showed her, reading letters she had written, retracing her steps to places suggested by her family, and talking to relatives and friends, who were able to tell her about certain biographical events. In spite of these attempts by her family, friends and herself, she claimed she could recall nothing of what happened in those 12 years. She said that the events which her family related to her 'meant nothing' to her.

Mrs Y had no problems recalling events, which had occurred since the accident. She also had good autobiographical memory for her life events up to the age of 37. It seemed her retrograde amnesia for the 12-year period commenced almost immediately after the accident at age 49 (see history below).

The neurologist's report showed no brain abnormalities, and no signs of organic dementia. She also had a full neuro-psychological assessment; there was no indication of a dementing process, or any cognitive impairment on psychometric testing. She was above-average intelligence.

Mrs Y believed her periods of depression were a direct result of the distress caused by her memory loss.

In conclusion, this appeared to be a case of dissociative amnesia, seemingly triggered by a car accident. It was of very sudden onset. According to DSM-IV (American Psychiatric Association, 1994), dissociative amnesia 'commonly presents as a retrospectively reported gap or series of gaps in recall for aspects of the individual's life history. These gaps are usually related to traumatic or extremely stressful events' (p. 478).

It is worth noting that Mrs Y did not consider in retrospect that her accident was life-threatening or traumatic, although she said she was slightly shocked. She had been driving her car with a male friend as passenger, when suddenly her brakes failed and she had to veer towards the extreme left of the road to avoid crashing into the vehicle in front. She then went into the ditch. As a result of this manoeuvre she experienced pain in her chest from the impact of the steering wheel when she braked. The couple were shocked, but still managed to walk to a general hospital, which was nearby to be checked for injuries. There was no serious injury to either of them and the pain in her chest eventually subsided. Neither the client herself, nor the practitioners subsequently involved in her case could understand why this accident, albeit distressing, should have precipitated dissociative amnesia for the preceding 12 years of her life.

History prior to the period for which she was amnesic

Mrs Y was born in 1938 in Scotland. She was the eldest of three children. She enjoyed school and left at age 16 to train as a nurse. She said she had a happy childhood, although her parents were quite strict and religious. At age 17 she became engaged to a medical student, who unfortunately was later killed in a car accident. Soon afterwards she became involved with his friend, and eventually married him at age 18. She reported that she felt she was 'forced' into this marriage, as she had been falsely accused of sleeping with him. She explained that, coming from a strict Protestant background, she did not find it easy to deal with these accusations and the implications they had for her moral standards.

She had four children by this marriage. The couple eventually drifted apart and were divorced in 1965 when she was 27.

Mrs Y re-married four years later, age 31. Her new husband, Mr Y, and herself ran a guest house together. The joint venture proved to be successful until their relationship came to an end after six years in 1975, when she was 37. There were no children by this marriage. She maintained it was a very happy relationship until her husband walked out on her in 1975. During the marriage she had also been able to go back to her nursing career and had begun to study homeopathy. She was unable to give any biographical history from 1975 until 1987 when she had the car accident.

She stated she did not remember why her husband had left her. She did, however, remember that a friend of her husband's had told him that he (the friend) had had an affair with Mrs Y. She claimed that this was untrue. She did not even like the man

and she did not know why he had made the accusation. She assumed, however, that this was probably the reason her husband left.

Her parents and her grown-up children had told her that the following 12 years were painful for her. They would not tell her why, as they thought it would distress her even more. She was not only amnesic for these reputedly painful events, but she was also amnesic for her homeopathic skills which, according to her family, she had continued to pursue during those 12 years. She was not able to recall any of the knowledge she had acquired from her studies during that period, nor was she able to recognise any of the friends she had made during that time. This included her present man friend, who was the passenger in her car at the time of the accident.

Her family had told Mrs Y that this gentleman (Mr C) had been courting her for six years prior to the accident.

History from 1987 (the time of the accident) to time of referral

Mrs Y's dissociative amnesia first became manifest immediately after the accident. She did not know who Mr C was. She thought his behaviour towards her was too familiar, and after their examination at the hospital, she told him to go away and leave her alone. He tried hard to convince her that he had been courting her for a long time, and that he had been trying to persuade her to divorce her husband and marry him. He also told her that they had been engaged twice, but she had broken it on both occasions. She did not believe any of his statements.

After the accident, Mrs Y agreed to remain platonic friends with Mr C. She refused to have any intimate relationship with him.

Other difficulties emerged as a result of her amnesia. She found it hard to believe she was 51 years old. Whenever she looked in the mirror she said she looked too old for her age because she believed and felt that she was 37. When I first saw her she was beginning to accept at a rational level that she must be 51, and that the way she felt did not reflect the reality of her present status. This was particularly distressing for her. She was very tearful and said her memory loss was like 'a big, black hole'.

Since the accident, she had also met with her husband again (Mr Y). He told her that he had been trying for eight years to get her back, as he had regretted leaving her. He could not give any other reason for leaving her, except the statement his friend had made to him about the affair. She reported at interview that she still had feelings for him, and did not understand why she had not taken him back over the previous years; nor did she understand why she was still with Mr C, although she liked him as a friend.

Mrs Y felt that she could not now get on with her life. She needed to pick up the threads from the past to build a future for herself. She had feelings of despair and hopelessness which led to her suicidal ideation. She felt unable to go back to nursing, because of her depression.

Rationale and plan of therapy

Since Mrs Y's amnesia seemed to be psychogenic, and had no detectable organic basis, it was necessary to explain to Mrs Y possible causes of such dissociative amnesia, and to discuss how she could be helped to retrieve her memory. I explained to her that traumatic or stressful events, which at the time seem overwhelming, may result in the person finding a psychological escape by blocking out the memories. This is a nat-

ural defence to protect them from too much pain. Later they may be ready to face the painful material and assimilate the memories into their life history. Mrs Y accepted this explanation. She had a strong need to retrieve her memories. At present she could throw no light on the significance of the car accident, nor could she identify any specific problems she had in the past or at present, other than the amnesia itself. I then discussed the possible use of hypnosis.

Hypnosis has been used successfully in psychotherapy to recover material which has been repressed or dissociated from consciousness, that is, emotions, feelings, traumatic events and interpersonal conflicts (Karle and Boys, 1987; Le Page and Goldney, 1988; Watkins, 1995; Degun-Mather, 2001). Mrs Y was very interested and prepared to try hypnosis.

Two methods of hypnotic uncovering, which the author has found particularly valuable, are:

- Hypnotically suggested dreams to throw light on the problem (Degun and Degun, 1988; Degun-Mather, 2001).
- The ‘theatre technique’, in which the client can project onto an imaginary stage or TV screen, a play or film which will reflect their own problem (Karle and Boys 1987).

Both these approaches are non-directive, client-led and avoid direct suggestions or interpretations of the therapist. It is important to guard against the implanting of ideas or suggestions about possible causes, particularly when there are amnesic gaps in the client’s memory (Sheehan, 1988; British Psychological Society, 1995). Another advantage of these methods is that they allow the client to confront painful material through the disguised language of a dream or a drama. This facilitates the slow and gradual emergence of memories or explanations at the client’s own pace (Degun and Degun, 1988; Degun-Mather, 2001).

The process of therapy

The first hypnotic session included the imagery of a special, safe place of Mrs Y’s own choice, with an ‘anchor’ to access the good feelings of her special place whenever she needed. A post-hypnotic suggestion was also included, that Mrs Y would be able to recall what she needed to recall in her own time, and to integrate these memories into her life experiences with help.

Mrs Y was highly hypnotizable. She spontaneously regressed to her happy childhood, in her special place. Afterwards she commented that it felt very real to her. People with dissociative amnesia are often highly hypnotizable (American Psychiatric Association, 1994). She was taught self-hypnosis, which she practised daily until the next session.

The second session, a week later, included a discussion about the proposed method for hypnotic uncovering. Mrs Y liked the idea of the theatre technique. In hypnosis it was suggested that she imagine entering a theatre with the therapist and walking into the stalls. The script continued as follows, *‘There is no one else in the theatre and the two of us take seats in the front stalls. Before us is the stage and the curtain drop. Slowly the curtain rises and reveals the full stage. Here, in your own time, you can begin to watch a play or drama about your problem. You can begin to describe to me what is happening in your own time. You can stop the play or pause when you like’.*

Mrs Y said she saw on the stage Scene I of *Macbeth* with the three witches. Then she saw two lovers. One was accusing the other of being unfaithful, but this was not true. Suddenly she entered the scene herself and said, *'That is me! I was not unfaithful, but I did not oppose my husband — why not? I still love him; that is why I won't have sex with Mr C. I am too proud, too pig-headed. I lost my first love, my fiancé, the medical student, and then married someone I did not love. Then I married someone else whom I did love (Mr Y), and I lost him too. I have always lost the ones I love!'* Mrs Y abreacted her feelings of grief and loss during the hypnosis. After being given comfort and reassurance, she opened her eyes and ended the hypnosis. In the discussion, which followed, she said she felt she had been largely responsible for these losses, but she could not say in what way she was responsible.

The third session, a week later, included the theatre technique again. This time she saw on the stage a bedroom in a guesthouse. She realized it was the guesthouse owned by Mr Y and herself. Mr Y's friend, who at the time lodged in the house, came into the bedroom and raped her. She was deeply hurt and angry. After he left the bedroom she wondered whether to tell her husband. She decided against it, but she did not know the reason for this decision. This distressed her greatly. After this hypnotic session, she discussed reasons why she might not have told her husband; *'Perhaps I did not want to cause trouble, by exposing the behaviour of his best friend. That is just like me, not wanting to cause trouble'*. The experience of observing rape in her hypnotic theatre was very upsetting for Mrs Y. She felt shame, guilt and also anger.

For the next two sessions, Mrs Y worked through her feelings and reactions to this event without hypnosis. Although she had previously remembered that her husband's friend had told him about having an affair with her, she now felt strongly that she should have told Mr Y about the rape. She did not understand her silence in the matter, but rationalized it by saying that she was probably afraid of losing her husband, as he was a strict Catholic. If her husband had known of the rape, she believed he would have thrown his friend out of the guesthouse. She considered this would have caused a rift between the two men, possibly leading to the friend giving a distorted version of the event to her husband. Unfortunately, the friend did eventually distort events in her view, but she could not have anticipated this at the time. She felt she understood her silence over the matter. One could also entertain the possibility that the rape was a product of her imagination in hypnosis and that her shame and guilt was from actually having had an affair, which she would not want to divulge. The therapeutic aim, however, is to help the client to work through their feelings whatever the cause.

Another source of distress was her husband's behaviour. He never asked her for her version of events before he walked out on her. It would seem that he believed his friend totally. She realized now that she had lost trust in her husband, as he could have had no trust in her. She now felt this was the reason she never went back to him over the eight years he had tried to persuade her. She felt she could not forgive him.

Experiencing rape in her hypnotic theatre, and her subsequent feelings and decisions triggered many other memories of significant events during this 12-year period. By the fourth session, she had recalled meeting Mr C and later refusing a proposal of marriage, telling him she was going back to her husband. However she did not return to Mr Y. She remembered getting engaged to Mr C in 1985, and again in 1986, and breaking the engagement on both occasions. She realized she still loved Mr Y, but could never trust him again. These events were recalled without the aid of hypnosis.

At the fifth session her mood had lifted dramatically. Mrs Y said she believed she had been saved from suicide, as she had recalled important memories. She then began to recall spontaneously other events, and also people she had come to know during those 12 years. Although she had already learned about some of these events from her family, recalling them for herself was totally different for her. She was beginning to regain autobiographical memory. It should be noted that she had never told anyone of the rape, so no one would have told her about this, nor be able to confirm it for her.

Mrs Y recalled meeting Mr C's mother and the birth of a friend's baby, which she had completely forgotten. She still felt there were other events, which she needed to remember, and requested more hypnosis using the theatre technique. She had three more hypnotic sessions. During these sessions, Mrs Y remembered her eldest daughter living with a man she disapproved of. She also related changing her religion and becoming a Mormon. She remembered the marriage of her other daughter and the marriages of her two sons. She remembered making friends with a nursing colleague of hers, who became quite close to her, and to whom she could have confided about the rape. Mrs Y said she probably did not do so because of the shame she felt. She said, *'I have always loved life, and got the best out of it. I have always been able to react positively, except when I was raped, and I pretended it had happened to someone else. My nursing colleague would have been an ideal person to tell, but I was full of shame'*.

After the sixth hypnotic session Mrs Y felt she understood her feelings, motives and decisions. She still had feelings for Mr Y, but was prepared to put his memory into the past, because she felt she could never trust him again. She wanted to continue the relationship with Mr C, and she felt she had remembered everything that was important to her, in order to get on with her life. This therapy totalled 14 sessions, which included six hypnotic sessions.

Outcome and follow-up

Mrs Y was seen again nearly a year later. She had had no more depression and she was happy with Mr C. She had divorced Mr Y and married Mr C. She reported no further memory loss, nor concern about her past amnesia. She felt she had resolved the issues from the past, and felt better for having retrieved memories. However, she reported she and Mr C felt they needed some further assistance in re-establishing their relationship following the traumatic break-ups they had both suffered. I therefore offered them couple therapy, which they both gladly accepted. They responded well to this intervention. Mr C seemed to have considerable understanding of the nature of Mrs Y's past problem, and they were mutually supportive of each other.

Unfortunately, this good therapeutic outcome had a sad sequel. Mr C died suddenly of a heart attack a few months later. I communicated with Mrs Y, (now Mrs C) who seemed to be coping with the loss, and felt she did not need any immediate help. I contacted her for further follow up approximately 18 months later, and she reported that temporarily she was immobilized by her walking difficulty, due to 'arthritic' legs, and she would contact me later. Two years subsequently, I learned she had been diagnosed with Huntington's chorea. This very sad ending cannot detract from the fact that in the latter days before her terminal illness she had regained a meaningful autobiographical history, and had acquired some insight and happiness, which she so desperately needed.

Conclusions

This was clearly a case of dissociative amnesia triggered by a car accident, but caused by long-standing psychological problems.

It could be argued that Mrs Y might have had dual diagnosis. Although there were no neurological or psychometric indications of organic impairment at the time she was seen for psychotherapy, Huntington's chorea was diagnosed four years after therapy. If the disease process had already commenced at the time of her therapy, it was not detected nor did it prevent the resolution of her psychological problems from the past. The memories which she recalled, both with and without the aid of hypnosis, were corroborated by others, apart from the rape, which she said she had never divulged.

Mrs Y is an atypical case of dissociative amnesia in that her amnesia was for 12 years of her adult life. Much has been published on dissociative amnesia for years of ongoing childhood trauma and abuse, and the subsequent recovery of these memories in adulthood, including in some cases, corroborative evidence for the abuse. (Herman and Schatzow, 1987; Williams, 1995; Pope and Brown, 1996; Brown, Schefflin and Hammond, 1998). However, retrograde dissociative amnesia for several years of life during adulthood would seem to be less common.

In Mrs Y's case the traumas of the past which were apparently the cause for her amnesia were revealed in therapy with hypnosis. Her car accident in 1987 seemed to have triggered the memory of her loss of her first love in a car accident in 1955, then the loss of her second love, Mr Y who deserted her in 1975. At this time she was still suffering feelings of shame, guilt and anger produced by the rape. It can be argued that this event, which could not be corroborated, could have been distorted in hypnosis; or that it was the fantasy of a highly hypnotizable person. For example, she might have had a subconscious need not to take any more blame, since she had already been allegedly falsely accused of pre-marital sex in her youth, and of extra-marital sex in later years. Alternatively, she might have had an affair, or consensual sex, which she later regretted deeply. All memory is reconstructive, can change over time, and be subject to external influences (Conway, 1997). In hypnotic recall there can be an increase in productivity of material, which can contain not only more accuracies but also more inaccuracies and fabrication (Sheehan, 1988). It is important for therapists to realize the aim of therapy is to facilitate the processing of the intense emotions elicited by events the clients believe and relate they have lived through. This holds true for all material accessed with or without hypnosis. It is not within our remit to prove or disprove a narrative, but only to warn the client that they need corroborative evidence if they go to court (British Psychological Society, 1995).

In this case, Mrs Y had unresolved emotions of shame, guilt and anger when her husband left her. The subsequent pressure from Mr C, and also from Mr Y, who tried to come back into her life, created a further conflict for her, which she was not psychologically in a position to resolve.

Therapy also enabled Mrs Y to understand herself better, and to acquire a more rational perspective of her life, and her own role in some of what had happened to her. She realized how the strict religious upbringing of her childhood influenced her to marry a man she did not love; and also later in life exacerbated the guilt and shame about the rape. She believed her religious outlook had also prevented her from discussing the rape with her husband or close friend, thus making it more difficult for her to come to terms with it. The amnesia for the 12-year period was clearly an

attempt to escape the pain and confusion from unresolved traumas of the past and the problematic sequel in the present. A client-led method of hypnotic uncovering facilitated gradual recall and integration of memories so vital to her adjustment and happiness in the present and future.

References

- American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Washington, DC: American Psychiatric Association.
- British Psychological Society (1995) *Recovered Memories*. Report of The Working Party of The British Psychological Society. Leicester: British Psychological Society.
- Brown D, Schefflin AW, Hammond DC (1998) *Memory, Trauma, Treatment and the Law*. New York, NY: WW Norton.
- Conway MA (Ed.) (1997) *Recovered Memories and False Memories*. New York, NY: Oxford University Press Inc.
- Degun MD, Degun G (1988) The use of hypnotic dream suggestion in psychotherapy in hypnosis. In: Heap M (Ed.), *Current Clinical, Experimental and Forensic Practices*. London: Croom Helm; 221–33.
- Degun-Mather MD (2001) The value of hypnosis in the treatment of chronic PTSD with dissociative fugues in a war veteran. *Contemporary Hypnosis* 18: 4–13.
- Herman JL, Schatzow E (1987) Recovery and verification of memories of childhood sexual trauma. *Psychoanalytic Psychology* 4: 1–14.
- Karle HWA, Boys J (1987) *Hypnotherapy: A Practical Handbook*. London: Free Association Books.
- Le Page KE, Goldney RD (1988) The use of hypnosis in the retrieval of memory loss due to post traumatic retrograde amnesia. *Hypnos* XV: 47–52.
- Pope KS, Brown LS (1996) *Recovered Memories of Abuse*. Washington, DC: American Psychological Association.
- Sheehan P (1988) Confidence, memory and hypnosis. In Pettinati HM (Ed.), *Hypnosis and Memory*. New York, NY: The Guildford Press; 95–127.
- Watkins, JG (1995) Hypnotic abreaction in the recovery of traumatic memories. *Newsletter of the International Society for the Study of Dissociation* 13: 1, 6.
- Williams LM (1995) Recovered memories of abuse in women with documented child sexual victimisation histories. *Journal of Traumatic Stress* 8: 649–74

Address correspondence to:

Marcia Degun-Mather BA, AFBPSS, CPSYCHOL,
Consultant Clinical Psychologist,
Peacehaven,
47 Peartree Lane,
Doddinghurst,
Brentwood,
Essex CM5 0RJ,
UK

Received 10 August 2001; revised version accepted 1 September 2001