ISSN: 2584-0142
PSYCHOPEDIA JOURNALS
International Journal of Interdisciplinary Approaches in Psychology (IJIAP)

The Weight of Absence: A Hypnotherapy-Based Case Study of Grief and Generalized Anxiety in an Adolescent Following Parental Loss Due to COVID-19

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Abstract: This case study examines the clinical presentation, treatment procedure, and outcome of an 18-year-old female teenager suffering from difficult bereavement and generalized anxiety symptoms after the death of her father during the COVID-19 epidemic. The client exhibited enduring melancholy, periods of crying, physical manifestations such as palpitations and exhaustion, disturbed sleep patterns, and challenges in adaptation following relocation. Hypnotherapy was employed as a non-pharmacological solution throughout eight organized sessions. A comprehensive evaluation was performed, encompassing a mental state examination and a review of symptoms. The intervention showed notable enhancements in emotional control, less anxiety, and improved sleep quality. This example elucidates the therapeutic efficacy of hypnotherapy for addressing bereavement and anxiety in teenagers, highlighting the necessity for customized therapies in post-pandemic mental health care.

Keywords: *Grief, Adolescent Anxiety, COVID-19-Related Bereavement, Hypnotherapy, Adjustment Disorder, Clinical Case Analysis*

1. Introduction

The COVID-19 pandemic caused unparalleled worldwide upheaval, resulting in considerable emotional effects, especially among teenagers who faced grief. The loss of a parent at this crucial growth phase can result in significant emotional, behavioural, and cognitive disruptions. Adolescent grief frequently presents as melancholy, anxiety, physical symptoms, social disengagement, and sleep difficulties (Melhem et al., 2011). The intersection of bereavement and generalized anxiety disorder (GAD) requires meticulous case analysis and management.

Hypnotherapy, a technique involving guided relaxation and concentrated concentration, has demonstrated potential in treating bereavement, anxiety, and stress-related problems (Alladin, 2008). This treatment method is becoming recognized in clinical psychology as a non-invasive and effective intervention, especially when pharmaceutical choices are undesirable or inappropriate.

The present case study outlines the psychological profile and hypnotherapeutic experience of an 18-year-old female who sought assistance after the demise of her father from COVID-19. The aim was to deliver a thorough clinical narrative based on theoretical and practical knowledge, highlighting the use of hypnotherapy for managing grief and anxiety.

2. Review of Literature

The grieving experienced after the loss of a close family member is a typical human reaction; but, when it becomes chronic or complicated, it may present as psychiatric conditions such as persistent complex bereavement disorder or generalized anxiety disorder (American Psychiatric Association, 2013). Adolescents are particularly susceptible to these effects due to the concurrent pressures of developmental changes and identity construction (Brent et al., 2009). Numerous research highlights the psychosocial effects of grief associated with COVID-19. Liu et al. (2020) reported heightened anxiety and depressed symptoms in teenagers who suffered losses connected to the pandemic. Relocation after loss has been recognized as an exacerbating factor, frequently intensifying emotional dysregulation and social isolation (Ostrowski et al., 2007).

Hypnotherapy has been progressively investigated in clinical environments as a treatment for anxiety, emotional control, and trauma processing. Alladin (2008) characterized cognitive hypnotherapy as a synthesis of cognitive-behavioral methods and hypnosis, notably efficacious in addressing emotional problems. A recent comprehensive study by Ariana et al. (2022)

demonstrated that hypnotherapy is effective in addressing insomnia and psychosomatic issues in disturbed patients, hence reinforcing its applicability in grief-related psychopathology.

This evidence substantiates the significance and effectiveness of hypnotherapeutic intervention for grieving and anxiety associated with adjustment in post-COVID-19 clinical treatment.

3. Theoretical Framework

This case study integrates bereavement theory, cognitive-behavioral frameworks, and hypnotic intervention models to elucidate the client's psychological suffering and validate the chosen therapy technique.

The client's symptoms are most effectively understood using the Dual Process Model of Coping with Bereavement (Stroebe & Schut, 1999), which distinguishes two principles of coping orientations; loss-oriented (direct emotional engagement with the loss) and restoration-oriented (adaptation to life changes). The teenage client fluctuated between these states, with anguish intensified by environmental displacement, scholastic disruption, and social seclusion. This paradigm is especially relevant to teenagers, who may struggle to cognitively and emotionally process loss owing to their continuing identity formation and limited coping mechanisms.

This case utilized Cognitive Hypnotherapy (CHT) to mitigate generalized anxiety and sleep difficulties associated with mourning, integrating concepts of cognitive-behavioral therapy (CBT) with therapeutic hypnosis (Alladin, 2008). CHT asserts that emotional diseases are sustained by maladaptive cognitive schemas, autonomic hyperarousal, and unresolved emotions. Hypnosis enables access to subconscious processes that are often impervious to alteration via traditional cognitive approaches. By circumventing critical consciousness, the client is led into a receptive state that facilitates the more efficient internalization of cognitive restructuring and emotional reframing.

The Neurophysiological Model of Hypnosis bolsters the endorsement of hypnotherapy for sorrow and anxiety, indicating that hypnotic states engage brain areas responsible for attentional control, affective regulation, and dissociation (Oakley & Halligan, 2013). Functional imaging studies have demonstrated enhanced connectivity among the anterior cingulate cortex, dorsolateral prefrontal cortex, and insula during hypnosis regions associated with the regulation of emotional reactions and interoceptive awareness. This neurocognitive process elucidates how hypnosis may

directly influence the physiological manifestations of anxiety, including palpitations and hypervigilance, as seen in the client.

Moreover, Ericksonian Hypnotherapy provides pertinent approaches for teenagers experiencing sorrow and emotional turmoil. This lenient, indirect method employs metaphors, narratives, and symbols that align with the client's mental landscape (Zeig, 1980). In this instance, metaphorical imagery, such as enduring an internal "storm" of feeling or seeing a "safe harbor", allowed the client to externalize and recontextualize grief without experiencing re- traumatization.

From a developmental perspective, Erikson's Psychosocial Theory (1950) delineates adolescence as a phase characterized by identity versus role confusion. The death of a parent during this period might undermine identity development, autonomy, and emotional stability. Hypnotherapy aids in adaptive identity reconstruction by enhancing agency, fostering emotional regulation, and enabling the internalization of secure, self-soothing narratives.

4. Case Formulation

4.1 *Demographic Data*

Client: 18-year-old female; Residence: Originally from Mumbai, migrated to Delhi during the epidemic.

Family Structure: Nuclear; Father died from COVID-19; Resides with mother.

Socioeconomic Status: Middle class; Urban environment.

Education: First-year undergraduate student at a college in Delhi.

4.2 *History and Current Symptoms*

The client had signs of chronic melancholy, recurrent tearfulness, physical problems including palpitations and exhaustion, generalized anxiety, and disturbed sleep patterns. She articulated profound sorrow after her father's demise from COVID-19 around nine months before her initial session. Furthermore, she indicated challenges in acclimating to Delhi's societal milieu, having moved immediately after the loss.

She articulated personal sensations of emotional desensitization, internal agitation, and anticipatory anxiety devoid of identifiable stimuli. Cognitive manifestations were pervasive anxiety, impaired concentration, and a feeling of powerlessness. Sleep difficulties were characterized by delayed onset insomnia, early morning wake up, and non-restorative sleep. No history of substance abuse, suicidal thoughts, or self-injurious behavior was documented. The

mother saw her daughter's heightened social seclusion and diminished interest in both academics and recreational pursuits.

4.3 ***Mental Status Examination (MSE)***

a) **Appearance:** Neatly groomed, suitable clothing.
b) **Behavior:** Cooperative, little eye contact.
c) **Mood:** described as "depressed," affect diminished.
d) **Speech:** Deliberate, subdued loudness, yet comprehensible.
e) **Cognition:** Alert and oriented; slight attentional impairments seen.

5. Therapeutic Approach

The client had treatment with an integrated Cognitive Hypnotherapy (CHT) framework over eight organized sessions spanning six weeks. The intervention strategy aimed to address the triad of unresolved grief, generalized anxiety, and adjustment challenges resulting from parental loss and relocation trauma. The therapy occurred in an outpatient clinical environment, with each session lasting around 60 minutes.

CHT is based on the theoretical amalgamation of hypnosis and cognitive-behavioral therapy (CBT), facilitating access to underlying emotional frameworks while concurrently reformulating maladaptive cognitive habits (Alladin, 2008). The therapy regimen was evidence-based and adhered to a staged methodology: (1) Rapport establishment and evaluation, (2) Induction and emotional release, (3) Cognitive restructuring and ego strengthening, and (4) Consolidation and relapse prevention.

Phase 1: Establishing Rapport and Providing Psychoeducation (Sessions 1–2)

The initial sessions concentrated on forming a therapeutic partnership, cultivating trust, and deepening the client's comprehension of her symptoms. Psychoeducation about sorrow, anxiety, and the mind-body link was delivered. A grieving map and symptom journal were implemented to facilitate the externalization of emotional experiences and to normalize her reactions. The client was acquainted with the notion of hypnosis and led through a concise suggestibility assessment (eyeroll and arm levitation) to evaluate response.

Phase 2: Hypnotic Induction and Emotional Processing (Sessions 3–4)

After establishing rapport and preparedness, sessions advanced to progressive muscle relaxation (PMR) as a somatic conduit into trance states. A deliberate, guided hypnotic induction

was succeeded by age regression imagery, enabling the client to review and process fundamental memories of her father in a secure, regulated environment. Emphasis was centered on emotional catharsis—experiencing, identifying, and releasing grief without judgement or interruption. The therapist employed neutral, liberal language to honor the client's emotional tempo.

Phase 3: Ego strengthening, Metaphorical Constructs, and Cognitive Reconfiguration (Sessions 5–6)

The sessions focused on enhancing psychological resilience using ego-strengthening affirmations (e.g., "You possess the ability to navigate this day with composure and clarity"). Indirect metaphor therapy was utilized, with a primary metaphor comparing her grief to ocean waves: unpredictable yet manageable. Sessions used cognitive restructuring methods within trance, such as substituting automatic negative ideas with positive ones. Future pacing tactics were implemented, prompting the client to envision emotionally anchored representations of herself thriving in daily activities, encompassing both intellectual and social contexts.

Phase 4: Integration, Relapse Prevention, and Autonomous Application (Sessions 7–8)

The last sessions emphasized the consolidation of therapeutic achievements and the preparation of the client for self-sustenance. A customized hypnosis audio recording was produced, incorporating sleep regulation ideas, calming images, and affirmations. The client was directed to listen nightly for four weeks following therapy. The psychoeducation about stressors and emotional control was reviewed. The client created a "Grief Management Toolkit" with affirmations, grounding techniques, and guided journaling prompts.

5.1 ***Outcomes***

Upon completion of the hypnotherapeutic session, the client exhibited substantial advancement in emotional, behavioural, physiological, and cognitive aspects. A prominent area of enhancement was in emotional management. The client, who originally expressed enduring melancholy, recurrent sobbing episodes, and a pervasive sensation of emotional numbness, observed a progressive resurgence of emotional lucidity. By the concluding sessions, she was able to discuss her father's demise with equanimity and indicated a greater capacity to approach memories without experiencing emotional overload. Her emotional reactions to daily challenges, especially those concerning her academic duties and social interactions, were more controlled and controllable.

The therapy procedure enabled a transformation in the client's thinking habits. Initially consumed by feelings of powerlessness and worry about the future, she began to articulate a growing sense of hopefulness and clarity concerning her personal and academic objectives. Her mental discourse, once focused on fear and avoidance, transformed into a more productive and self-compassionate narrative. She started articulating techniques for alleviating anxiety, establishing new routines, and doing proactive measures in her everyday life. This cognitive reorganization manifested in her decision-making and her interpretation of setbacks—not as failures, but as opportunities for adaptation.

Somatic symptoms that previously induced considerable anxiety, including palpitations, chest heaviness, and periods of debilitating terror, diminished significantly over the therapy period. The client indicated a resurgence of tranquilly throughout her body, accompanied by diminished bodily manifestations of anxiousness. She reported feeling less physically fatigued and more adept at participating in physical and social activities without feeling overwhelmed or immobilized.

Sleep habits, previously significantly interrupted during intake, exhibited notable improvement. The client first experienced challenges with both initiating and maintaining sleep, frequently awakening with a sense of tiredness. At the conclusion of therapy, she indicated an increased ability to fall asleep, more consistency in nocturnal slumber, and a greater sense of rejuvenation upon waking. She started to link nighttime with tranquilly instead of agitation, facilitated in part by the relaxation methods and guided visualizations presented in hypnotherapy. The client's everyday functioning showed measurable improvement behaviorally. She re-established academic involvement with more regularity, initiated new social relationships in her new surroundings, and reactivated previously neglected interests. Her mother reported heightened drive, enhanced mood, and a readiness to engage in conversations and assume responsibility for daily tasks—transformations that had not been evident before her father's demise.

At the conclusion of treatment, the client conveyed a more cohesive comprehension of her loss. She no longer regarded it as an overwhelming force, but as an aspect of her experience that she could recognize without it controlling her everyday activities. She articulated a renewed feeling of agency, observing that although melancholy persisted, it no longer impeded her progress. Subsequent talks indicated the ongoing application of therapeutic methods, such as self-directed relaxation and reflective journaling, alongside a dedication to preserving emotional and behavioural equilibrium.

6. Conclusion

This case underscores the clinical effectiveness of hypnotherapy as a psychotherapy instrument for addressing sorrow and generalized anxiety in teenagers undergoing post-pandemic bereavement. The therapeutic benefits reported in emotional, behavioural, and physiological aspects highlight the significance of non-pharmacological therapies in psychological discomfort associated with mourning. This example exemplifies the customization of hypnotherapy to the teenage growth phase, offering a secure, creative, and empowered context for recovery.

Considering the escalating mental health challenges following the COVID-19 epidemic, particularly among adolescents, the incorporation of hypnotherapy into comprehensive psychological treatment frameworks necessitates more investigation. Subsequent research utilizing randomized controlled designs can empirically substantiate treatment strategies for teenage bereavement and anxiety based on this example.

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