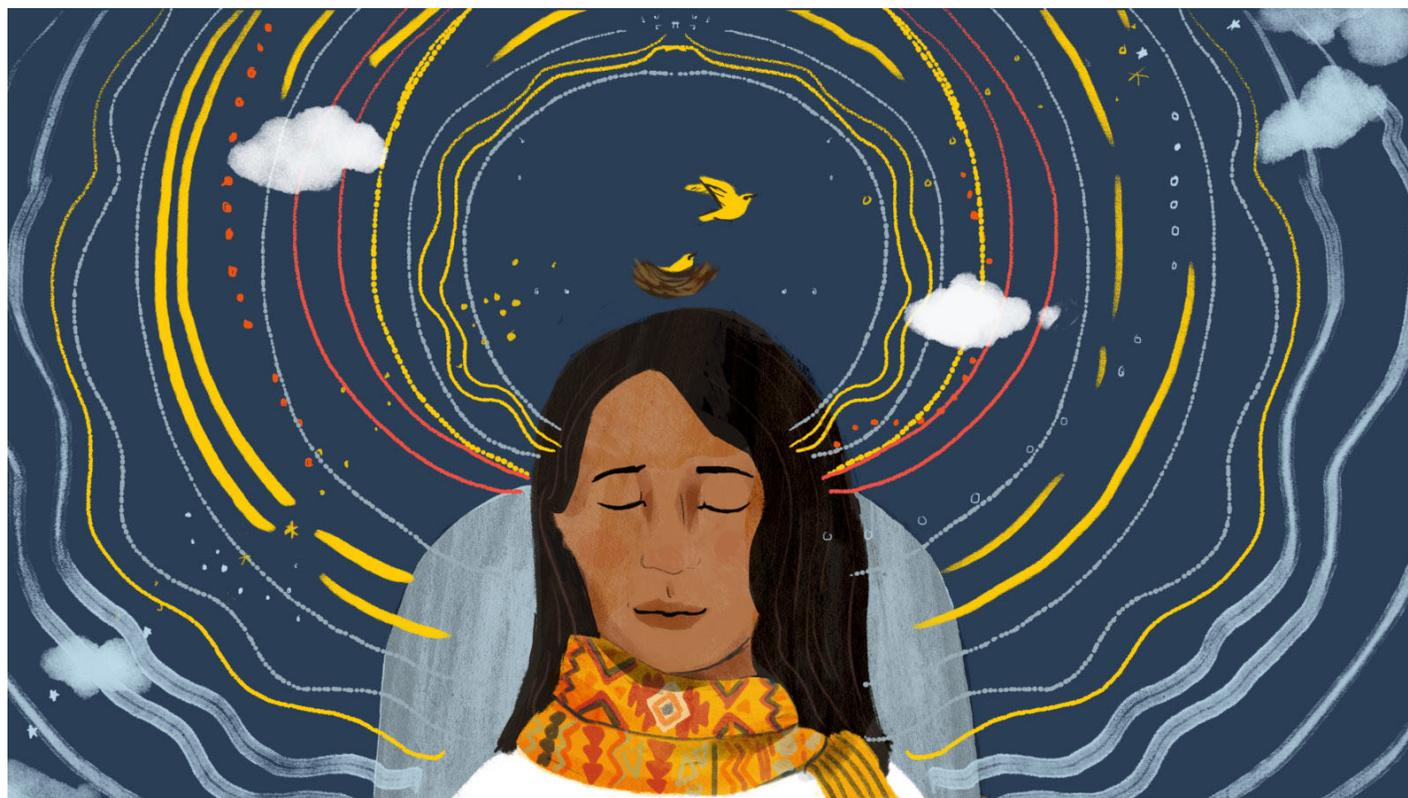


STAT

At life's end, an unconventional therapy puts a woman at ease

By Bob Tedeschi

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Maria Fabrizio for STAT

Nothing was ever easy in this woman's life.

She felt trapped — trapped in a life with the wrong parents, surrounded by the wrong people, and, as a result, she had a pregnancy with the wrong man for her and her child.

But some lives are fulcrums on which generational histories tilt. She decided hers would be such a life.

We'll give her a pseudonym, Mariel, to protect the privacy of her daughter, who we'll call Lina.

Mariel was a quietly expressive Latina in her mid-20s with straight brown hair and deep-set brown eyes and high cheekbones, and she dressed simply but always with the bright flourish of a scarf at her collar.

She was devoted to Lina and estranged from the girl's father. Bolstered by an abiding religious faith, she became the kind of parent she'd lacked: adoring, available, safe.

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She worked menial jobs and she was smart with her money and fiercely protective of her free time with her daughter.

Lina was early on in grade school and thriving when her mother was struck with an aggressive form of thyroid cancer that brought chemo and radiation and surgeries, and, finally, word that the disease would not be cured.

And then another thunderbolt struck. Lina's father materialized, unchanged, with plans to raise her after Mariel was gone. Mariel's mother had stopped drinking, and was stable. She said she would raise Lina.

Mariel told her medical team that she wanted only two things in her final weeks: quality time with Lina, and a legal document that might prevent the girl's father from gaining custody.

Now came an obstacle that was both banal and staggeringly unjust. Mariel's cancer invaded her hips and troubled her gait, and her bright scarves concealed a massive tumor that surrounded her windpipe. She could not sleep for more than a few minutes at a time, because if she did not sit upright with her head at a specific angle, she felt as if her tumor were strangling her.

She grew too weary to play with Lina, much less manage a child-custody case.

It was early autumn now; her doctor, Dan Handel, had been treating her since summer. They tried the usual sleeping medications and anti-anxiety drugs but nothing helped.

He had one more idea. While in medical training a few years before, he'd seen a video of a woman delivering her baby via C-section. An anesthesiologist was standing by, but she had no painkillers. She was under the direct supervision of a psychologist.

Hypnosis?

"I don't really call it that," said Handel, who worked as a senior clinician at the National Institutes of Health's medical center for 12 years, while founding and directing its palliative medicine training fellowship program. He has long contended with skepticism and misinformation regarding hypnotherapy.

Despite its cartoonish reputation, hypnotherapy has helped numerous patients in clinical trials control their response to pain, anxiety, and even digestive disorders. Handel was fortunate to cross paths with some of the researchers involved in those trials, and they shared some of what they knew.

Handel believed then, as he does now, that with the right mindset, even people who are dying can feel —and, indeed, be — more in control of their bodies.

"You just have to be in a slightly different state of mind, without the usual scripts that many of us spend a lifetime practicing. 'I'm not capable; I'm not able' — the negative self-talk that gets in the way of us doing some pretty superb things."

Mariel said she was willing to try, so on Handel's lunch hour, between his scheduled office visits, he quickly drove his old maroon Mazda to her apartment.

Schoolbooks and half-filled breakfast plates spread across the kitchen table. Mariel was alone in bed, weary. "I asked her to allow her eyes to close, and as I did, I suggested she'd find a comfortable position while sitting upright, which was a bit jarring and different for her. But she began to follow my suggestions and within five minutes she was looking deeply relaxed. I asked her to remember that feeling inside, and imagine that feeling twice as strong and comfortable."

Even when she started sliding to a different position, he said, "she was able to carry that comfort into those positions."

He eased her back to an alert state and asked how she felt.

"A lot better," she said, and asked how long she'd been asleep. "I feel like I had a nap."

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Handel had at least one more brief session with Mariel. As with any patient who seeks this type of treatment, it was hard to gauge how she might have been doing with it on her own.

Still, there were some good signs from nurses. Although she was quickly losing her ability to get out of bed, she was alert for Lina, and she was actively working with her mother to coordinate the custody battle.

A week before she died came the news: Mariel's mother had become Lina's legal guardian.

One fear remained — and it was daunting: "People often say the worst kind of death would be to drown," Handel said. "For her, it was to die without breath."

Because of her tumor, it was as likely as not that Mariel would die from lack of air. The medical team could only hope that another of her organs would fail her first.

It was morning when Mariel's nurse found her. The nurse knocked on the front door and, hearing nothing, let herself in. She walked through the quiet, gently pushing open the bedroom door.

She found Mariel upright and could tell even from afar that she was gone, since there was no rising or falling at her chest. Moving closer, she noticed that Mariel's face wore a peaceful expression.

No, she was actually smiling.

The nurse laid Mariel down, set her hands into place. The smile remained. Then she called the rest of the medical team and shared the news that their young patient had died at ease.

Links

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