

Resolving grief

Introduction

How many patients do you have who have experienced bereavement and have still not fully come to terms with it, months if not years after the event? And I'm not just speaking about the classical abnormal grief reaction with deep depression more than six months later. What about those patients who simply continue in a sort of 'quiet mourning', generally managing reasonably well in the rest of their life, yet still shedding tears and feeling a sense of empty loss many years on? Have you ever experienced a bereavement reaction yourself? They do not necessarily occur just with the death of a relative or very close friend. They can happen with the death of a pet, the loss of a prized possession of sentimental value, the 'empty-nest syndrome' when children grow up and leave home, or even the loss of a job or the run-down to retirement.

Since 'loss' is something that we all go through at one stage or another in our life's transitions, would it be useful to have a process that allowed our patients – and ourselves – to let go and move on in an appropriate way? What if there was a method by which you could, in one session, turn grief into the kind of gratitude for a life lived that frees up previously bound energies for sustaining future endeavours? Would you be interested? In the late 1980s and early 1990s, Steve and Connirae Andreas modelled and developed a process that did just that. So what exactly did they do?

They compared those people who had resolved their grief and could look back with joy and gratitude while moving on into their future with those who looked back with sadness and felt stuck and unresolved, dragging themselves more wearily through each succeeding day of loss. What they found was that the submodality structure of resolved grief was quite different to that of grief which was unresolved. Not only were there differences in internal feelings, words and sounds, but also both the type and location of the 'picture' of their loved one had changed markedly. It was as if the brain had a code, a configuration of submodalities, to let us know the difference between what *was* resolved

and what was not. Steve and Connirae Andreas formulated a process that successfully led those who were still grieving into the peacefulness of resolution – a process that we shall explore thoroughly and master in this chapter.

Martha's mother

Martha was an unmarried lady in her early fifties. She had both lived with and looked after her mother for many years prior to her death some five years previously. She had had recurrent low mood since then, and had been prescribed treatment with antidepressants. Although her mood was never low enough to require psychiatric referral, as she said herself, 'life isn't exactly a bed of roses'. Even now she could not talk about her mother without tears coming to her eyes. I explained a little about the grief resolution process and asked her if this was something that she would like to experience for herself. She agreed to give it a go.

I said 'When you picture your mother in your mind's eye now, I'm going to ask you some questions which might seem a bit strange. Just go with the first answer that comes to mind'. I asked the various visual submodality questions (see Appendix 2) and found that she pictured her mother off to her right-hand side, beyond arm's reach, as a dim, almost translucent picture. It was like a still-frame photograph, with no movement or sound at all. The tears came again, and she said that she had an empty feeling in her chest, just like a deep, dark void. I asked her to lay that all to one side for a moment, and waited until she had regained her composure.

'Now, Martha, the next thing I want to do is find out how you picture someone who's been in your life in the past but you haven't seen them for a long time. It could be someone like an old school friend you haven't thought about in years, or a relative on the other side of the country or even the world. Someone who, as they come to mind right now, fills you with a nice warm feeling of presence. In a sense, they've been "lost" to you for a while, yet when you think about them, you can't help feeling as if they're here now.'

She remembered a friend from a long time ago, Deborah, whom she had been at school with, and who had moved away in her early twenties. 'She was such fun ... I can see her now with her two pigtails ... jumping around ... making us all laugh.' Calibrating to Martha's state, I could see that she was fully engaged in the memory. She was smiling, the sides of her eyes were creased and her cheeks were pink. This was going to be a good resource to use! I checked out the visual submodalities. Deborah had appeared on her left-hand side, within arm's reach, in full colour, with movement and sound, too. We were ready to go through the process of mapping across one to the other.

I said 'Martha, as you go back to that picture of your mother, I'd like you to move it now, all the way across in your mind's eye to the same position as Deborah'. I mimed with my hands, taking her mother's picture from her right side and placing it quickly over to her left, close by. 'And as you *do that* ... see your mother *there now* ... bright, colourful, close, within arm's reach, with full movement and sound ... a spontaneously happy memory from the past.' You could see the physiological shift taking place almost immediately. She sighed and shuddered, and then broke into a smile.

'Now Martha, it doesn't matter if you do this next bit with your *eyes* open or *shut now* ... beginning to *relax more deeply*. And just behind where you see your mother now ... in her new place ... you can imagine ... like a pack of cards ... a whole series of pictures ... each with one of her particular qualities ... her attributes ... a special, happy event or memory ... and you don't need to see them all clearly ... just get the sense that they're there ... perhaps the corner of each card peeking out ... one behind the other.' She closed her eyes and a relaxed look came over her face.

I continued 'And keeping your mother in her new ... and rightful place ... I'd like you to imagine taking the rest of the cards ... spreading them into where you picture your future ... some in the foreground ... some in the middle ... and others further out ... in the distance. And just notice them now ... as they begin to sparkle ... and turn into stars that light the way ahead ... so that you know ... no matter where you go ... no matter what you do ... that you can have a comforting sense of her presence ... left with you always ... as you live your life ...'

Two weeks after this session Martha reported that she had awoken the next morning following the session, after a deep sleep, feeling at ease with herself 'for the first time in ages'. That was around eight years ago, and since then she has not had any depressive symptoms or required medication. It never ceases to amaze me how, following this process, most people report that they feel better within 24 hours. As I say to them, 'crazy but true'!

Anna's uncle

Anna was one of the very first patients with whom I tried this process. Her favourite uncle had died two months previously. She had found him lying on the floor, his face grotesquely skewed from his terminal stroke, in a pool of urine and faeces. She knew that she had to clear the house of all his belongings, but could not face doing the task. Every time she thought about it she would see his sightless eyes staring up at her as he lay on the bright red carpet. She even avoided driving on the street in which he had lived, and her sleep was disturbed and unrestful.

The image that she kept seeing in her mind's eye was a potential barrier to using the grief pattern successfully. It loomed up at her whenever she thought of him. Before continuing, we needed to do something else first. I said 'Anna, I'd like you to take that picture, drain out all of the colour, and as it becomes a black-and-white snapshot, push it way over there into the distance'. Once we had successfully changed the submodalities that had made the image vivid and intruding, she felt more resourceful.

'Now, Anna, what was it you really valued about your relationship with your uncle? What were the particular qualities, the times and the events that made this special for you?' It was important for Anna to focus on the positive aspects of the relationship that had been lost, rather than the final event itself. In fact, the process will really only work well when you ensure that this step is completed. If you fail to do this, it is likely only to result in more misery! Anna replied: 'Well, he was kind, caring, and always said something to make me laugh'. I asked her to make a representation of her uncle with these qualities. She smiled as she described her projected picture at arm's length in front of her.

We used this representation of her uncle as we went through the process in a similar way to that described above for Martha. She had a relative, a close cousin, who had emigrated to Canada 10 years previously, and we used this as the template to map across her experience of loss. Her submodalities were of a full-coloured movie at 45 degrees to her left. I knew that the session was successfully completed when I spoke about her uncle again and this time she looked spontaneously over to her left and broke into a wide smile. There were some tears, but they were now tears of reunion rather than of loss.

Anna phoned me the next day to say that she had spent the best part of the morning cleaning out her uncle's house, and she had felt fine. The next week she sent her mother (her uncle's sister) to see me, and we used the same process to resolve her grief.

Angie's angst

Angie's grandmother had died a year previously after a long and harrowing illness, and in her final weeks was looked after in our local community hospital. At the age of 22 years, this was the first death that Angie had witnessed at first hand. During the last year she had lost her usual sparkle and energy, and everyday tasks seemed like major chores. She had not initially consulted specifically about grief, just about her 'tired all the time' symptoms. As she was not a regular patient of mine, and this was the first time I had seen her, I had not known about her grandmother. When I asked about recent family bereavements she burst into tears, with racking sobs.

I gently explained that I had a process which would help her, and we set up another appointment.

Angie had been really quite traumatised by her grandmother's death, particularly the manner of her passing. Etched on her brain were vivid pictures and sounds of the whole event, especially the last few hours, when the rattle of retained secretions seemed to go on and on. The terminal episode had been like an epileptic fit – quite grotesque. This memory was imprinted on her to such an extent that it blocked out any of the good times they had had prior to the illness.

This particular memory had become like a phobia – a strong visual/kinaesthetic synaesthesia. Therefore, prior to using the resolving grief pattern, we used the phobia cure. In exactly the same way as described in Chapter 10, we ran the whole of the movie of the terminal event in double dissociation, disconnecting the negative synaesthesia and reassociating Angie to a much more resourceful 'Angie'. Once this was out of the way, the rest of the process proceeded smoothly.

If you are going to approach grief resolution in this way, it is important that you use the phobia process only on the 'traumatic' elements of the terminal process (e.g. road traffic accident, etc.). To use it on prior 'good' memories would strip them of all their positive feelings, thus *intensifying* the grief. In a sense, grief is the dissociation from the ability to feel connected to the positive past experiences in the present moment.

We shall now move on to the step-by-step details of the process itself.

The grief resolution process

Steve and Connirae Andreas have done much to elucidate both the structure of grief and its resourceful resolution. I first read about the process in *Heart of the Mind*, and adapted it to suit my way of working as described below. It is important to honour the positive intention of grief, which is the wish to be reunited in some way with the deceased. Because many people believe that to stop grieving is in some way to dishonour the dead, you can reframe these types of objections before starting the process. This is known as pre-framing.

I usually suggest that rather than letting go and forgetting about the person who has gone, this process is more about reconnecting them in a wholesome way and honouring what the relationship meant to them, carrying that forward into the future. Sometimes it is useful to state a variation of the following: 'If you were to die, would you want your relatives to keep grieving, being unable to carry on with their lives? Or would you tell them to remember all the good times as they move on in life?' It is unusual for someone not to see the logic in that statement. Surprisingly, however, one or two have not seen it! It turned out that they still retained some anger and resentment which needed to be dealt with

first. For those who are still uncertain, I let them know that if they do not like the changes, we can put it back the way it was (I've never had to do this).

Exercise 13: The grief resolution process

- 1 Ask the patient to *think of the situation of grief* and loss (it could be an object or a job, as well as a person). If this is a very traumatic event you may have to do a submodality shift or the phobia cure first. Ensure that the patient is thinking about the positive value and the good things about what has been lost. *Identify the submodalities* of this picture (often beyond arm's reach, dissociated, dark, dull or transparent). Notice *especially the location* – this is the main submodality driver.
- 2 Now ask the patient to *think of a situation of 'loss' that their brain codes in a pleasant and joyful way*. This may be someone they have not seen for a long time – at school, college or university, a friend, relative, etc. It may be someone who is already dead, but they still feel connected to all the good feelings. Identify the submodalities of this experience (usually closer, colourful, with movement, sound, etc.). Pay special attention to the *location* of this image.
- 3 Ask if they have *any objections* to seeing the person who has gone (from step 1) in this new light, connected to them in a resourceful way. Pay attention to any objections that come up, and *reframe them* before moving to the next step.
- 4 Now comes the 'mapping-across process'. *Change the submodalities of the experience of loss into those of connection*. Usually location is the main driver – you can imagine physically holding their picture of 'loss' in your hand and transferring it to the location of 'connection'. You will probably *notice an immediate physiological shift*. Calibrate to ensure that the change has occurred prior to the next step.
- 5 Thinking of *all the positive qualities*, attributes, past happy events and memories of this relationship, ask the patient to imagine that these are all represented in some way *on a pack of cards*, each card representing a different quality. They don't have to see them clearly – just notice the edges of the cards situated behind this new image of connection.
- 6 Now, keeping the new image of connection safely in place, ask the patient to imagine these cards *streaming out into the future* – their future. And as they begin to settle in the foreground, the middle distance and out into the far future, let them turn into sparkling stars of light. And as the patient walks out into this new future they can *enjoy the continuing sense of connection* – spreading out to encompass others whom they know, and those whom they have yet to meet.

This process is an example of *submodality mapping*, where you identify the critical differences between two experiences and map one on to the other. This can be used in a variety of different ways (e.g. confusion to certainty, doubt to belief, problem to opportunity, failure to success, etc.). However, before making the changes it is important to address any objections that hold valuable information about ecology.

You can adapt the above process very easily to deal with loss of objects of sentimental value, job loss, moving house, etc. When resolving any type of grief, there are certain things you can do to ensure that the process goes smoothly.

- 1 Always pre-frame! Let them know that they are *not* forgetting the person, but simply reconnecting in a more enhancing way. Deal with residual anger and resentment before going any further.
- 2 If the images of loss are traumatic, use another submodality pattern or the phobia cure first. You want the patient to have an image of the loss of what was most valued in the person, relationship or object.
- 3 The fundamental driver of the process is the submodality of location. Simply changing the location is often enough to allow the other submodalities to spontaneously change as well.
- 4 Be very aware of any responses that may be objections. You must reframe them before moving on to the next step.
- 5 If they do not have an experience that is coded as 'pleasant loss', then ask about how they represent someone who is currently in their life to whom they feel connected but who is not in the room at present. Use the submodalities of this representation for the mapping across.
- 6 If you use step 5 above, ensure that the patient recognises that, unlike the person currently in their life, the deceased person is still gone and will not be physically present and contactable in the same way.

Let us continue with another example – this time a job loss.

Eric on the scrapheap

Eric, in his early fifties, had been made redundant from his engineering job a year previously. He had felt tired and lethargic, with a complete lack of motivation, lamenting that he was now on the scrapheap of life. His whole identity had been bound up in his job, and he now felt an aching sense of loss at the thought that he would never work again. He felt ill at ease, and was unable to settle on the mundane tasks that faced him at home.

He had two pictures in his mind. The first was a distant still photo of his last day at work. He saw this on his left side. The second was a closer, yet stark

picture of him actually sitting on a scrapheap off to his right. I asked him what he had valued in his job, and he replied 'A feeling of doing something important and making a difference. A sense of being part of a team, and the security of a good wage'.

I asked him about times in the past when he had experienced loss, yet had moved on purposefully into the future. We explored various options and came up with one which I thought would work well. When he had been employed in England many years previously he had lived in a cottage near the Lake District. He had changed jobs 10 years ago and moved back up to his current residence in Scotland to a new job. The release of equity from the desirable cottage had given him substantial funds to buy outright a much larger property in the north. He had a colourful, panoramic mental picture of the cottage and its surroundings, projected down and off to his left, about five feet away.

I decided that I would use *both* the picture of his last day at work and that of him sitting on the scrapheap in the grief resolution process. I intuitively felt that this might give him a deeper sense of connecting the past, the present and the future together, allowing his resources an unrestricted flow. He released a big sigh when he turned each of them into a colourful, panoramic picture down and off to the left. Then, when creating the 'pack of cards', I asked him to think of all the qualities he had back then, especially doing something important, being part of a team, making a difference and the sense of security engendered. We added in the various skills he had manifested when dealing with other people, particularly communication and rapport, together with his ability to get the job done and produce a first-rate product.

'Now, Eric, I'd like you to take all of those qualities ... and the others of which you're not yet consciously aware ... and scatter them into your future ... and not only in the immediate few weeks ahead ... but also spreading out over the many months and years to come ... knowing that as you look back into the past that was ... you can feel a developing sense of reconnecting with the very best of you ... passing through the present ... and on into the kind of future possibilities that are yet to come ...'

Although he was initially sceptical, he noticed an increased feeling of ease within himself – the frustration and boredom quickly disappeared. A few weeks later he enrolled on a computer training course at the local college. One thing led to another, and he now has a part-time job with the local enterprise trust, helping to give advice to new business start-ups.

How the grief resolution process works: connecting theory to practice

Grief is of course a learned behaviour, and can be thought of in *state-dependent* terms. When you look at the various world cultures and see how their reactions to loss vary from abject misery and prolonged mourning to happiness, acceptance and celebration, then it is clear that the same event can be given many different meanings. Therefore your own reaction will depend not only on the country in which you were born, but also on your experience moulded by parental influence, and your developing religious and spiritual beliefs.

At its most fundamental, the structure of grief can be thought of as a dissociation process. There is a profound state of disconnection, which creates feelings of emptiness and loss. However, resolved grief is a reconnection with all that was and is wholesome, good and resourceful about the relationship. This is an associated state, with access in the here and now to nourishing past memories which give continued future sustenance. There are several ways to think about how the process works.

The submodality shifts of mapping across are a way of visually collapsing anchors. This is a type of *counter-conditioning* process in which two states – one negative and the other positive – are simultaneously brought to bear on each other. This is often accompanied by easily seen physiological shifts, sometimes of major proportion. The seeding of changes into the future acts via *operant conditioning*, providing a stimulus to move towards. Of course, each of these events could be recast as different types of systems *attractors*, with a subsequent profound shift in the attractor landscape.

There is also a large element of *cognitive restructuring*, with a major and often instantaneous shift in visual imagery processing. This is accompanied by a simultaneous modification of self-talk and beliefs *about* the deceased, which further embeds the changes. The future pacing of values, qualities and attitudes is a strategy installation typical of modified *skills training* and rehearsal, thereby enhancing *self-efficacy*. When the session is facilitated by someone who has gone through the process him- or herself and has a deeper unconscious imprinting of the pattern, this too can have a powerful *modelling* effect.

Concluding

Grief and loss are major elements of our day-to-day encounters in medical practice. By widening the scope of loss to involve life transitions of all kinds we become equipped with a very potent tool for change. There is an immense

amount of psychological and physical energy bound up in unresolved grief, which can lead to a heavy stagnancy and sense of being stuck that prevents contemplation of the future, let alone action. The grief resolution process can be thought of as freeing up, reconnecting and recycling these energies, allowing them to be channelled in a worthwhile direction. It is often quite amazing how liberating this can be.

Remember that people's beliefs about loss and grieving may be substantially different from yours. Yet it does no one any good if they continue to carry around a debilitating burden. It will repay you many times over to practise your pre-frames so that you can help your patients to honour what is past as you assist them in moving on. I have even used the process to help people to recontact their unfulfilled dreams of yesteryear, so that the qualities and attitudes which they espoused then could be resurrected in a new and more fulfilling project. As we conclude this chapter, I suggest that you find some of your own unresolved losses to experiment with and further ground you in the technique. As you step back now and look at the mapping-across process from a wider perspective, you may find it valuable to think about the other types of personal and clinical experiences with which you can use it.