



The Griefbuster

by

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Course outline

1. What it is
2. What it can do
3. What to use it for
4. When to use it
5. How to use it
6. What can go wrong and how to “fix” it.

The Griefbuster protocol is, in my opinion, THE most effective Psychotherapeutic intervention FOR GRIEF RELATED ISSUES I have ever come across in 30 years of clinical practice. It is a combination of elements of Terence's early hypnotherapy Grief script and BWRT. It is done in the following manner:

1. People don't always present with Complicated Grief as their primary presenting problem. When you take a detailed history from the patient be sure to ask about ALL loved ones who have passed on and how they responded to the death; whether they were present at the moment of passing; is it still painful to talk about etc. This will allow you to assess the nature of their grieving and whether intervention is necessary.
2. Sometimes people say "oh no I am over that a long time ago" but your gut tells you something else. Say to them "that's fine, but can I just do a little check?" Then proceed to ask them to tell you what they remember about the death. As they talk, if there are any triggers, it will come out during this conversation. You can then say, compassionately, that it looks like it may still be quite painful and that you can help them work on it.
3. Where they present with "I can't get over my mom/ dad /spouse /grandparent/ child etc. your focus is then much clearer and you have a starting point.
4. If this is the case start by taking a **detailed history of the relationship** your patient/client had with the deceased. You are looking for any situations where the patient is still angry about something. (not the anger at the person passing away but something in the relationship. For example, an affair, being beaten up by the father for failing exams, violence in the home, divorce etc).
5. **This is important because no one can do a GB Protocol if they're still angry about some things in the past to do with the deceased.**
6. If you discover such incidents, you have to do basic **Level One Virtual World Protocol first to clear that anger**. It is actually quite simple. You ask your patient to make a list of the worst memories with the deceased and work through them systematically. When you have completed this work (sometimes it will just be one or two memories, sometimes more) then your patient/client will be ready for the Grief Buster.
7. **Before you start the grief work it will be important for you to explain to your patient that the work you will be doing with them is not going to delete the memory of their loved one. But it will remove the intense pain that they are suffering and replace it with normal sadness**, which, because it is normal does not require any therapy thereafter. In fact they will be able to remember all the good things about the relationship which the current pain prevents them from accessing. This is usually very

reassuring for those patients who may resist if they fear that you are going to take away all their memories of the deceased.

8. So, to start, ask them to close their eyes and just THINK ABOUT the person's passing away, and to signal with their finger when they are thinking about it. For online work ,they must nod their head clearly. For work over the telephone they must say "yes" clearly.
9. Then ask them to THINK about the **worst memory** of the persons death and to signal when they have it in their mind.
10. Then ask them to **go right into this memory, so that they are right there, looking at it through their eyes** etc. You will need to show much empathy here to get them to that painful place and keep them there for just a short while. You can say " I know is sore but just for a few seconds I need you to be right there in that memory".
11. When they signal they are there, get the PAL score. **Very often it is obvious because there is pain, hurt, tears and anguish present. In this case there is no need ask for the PAL. In fact asking for the PAL in this case would be distracting.**
12. Ask them to zoom in to the WORST moment and signal when they have it and then **Freeze it**. As always a STRONG freeze is absolutely necessary. Even more so with Grief. Remember the the feelings can be very intense here. **Do not be distracted or fearful**. Remember the Freeze will reduce it very soon.
13. If you find that your patient/client is struggling to freeze then you have to become more forceful and push them hard to do the Freeze .On rare occasions, it will initially look like it was a good freeze but as you move to the next step you will feel that there is still way too much emotion. In this case you simply rewind to the Worst Moment again and freeze again. Much more powerfully this time. You need to sound confident to reassure your patient that you know what you are doing.
14. Now ask them to create a Mental Video of them doing their MOST LOVING GOODBYE (LG) with the deceased; ALL the things they wished they had said, wanted to say; needed to say. And the deceased person can talk to them too **if they want**. Reassure them that it is private and their intimate last moments and they will not be sharing this with you. (SO YOU WILL NOTE THAT THE LG REPLACES THE PREFERRED MEMORY HERE). Encourage them to take their time doing this. (Make sure that YOU don't talk too much here as this will distract them)

15. Then tell them that when they have completed this entire Loving Goodbye they HAVE to let the person GO. This should be in a compassionate, but firm manner. And when they have done so to indicate to you.
16. Then allow them the space and time to do so. Just sit quietly and supportively, and wait it out.
17. Often it is very sad, sore, tearful and the anguish is real. You will need to gently, but firmly encourage them, sometimes, to continue if they are struggling. You could say "I am right here with you, you can do this".
18. A VERY SHORT LOVING GOODBYE almost always indicates they have not done it properly and are resisting as it is too painful. (approx less than 30 seconds)
19. When this happens, gently, but again with firm encouragement, make them do it again, still with their eyes closed. You should say something like **"That's good. And now we're going to do that whole process again just to make sure that you didn't miss anything out and that you got to say EVERYTHING you want to say, need to say, wish to say. And maybe your dad,also wants to add something else too.(Repeat the instruction).**
20. This time it should take longer. The time from starting the Loving Goodbye to "letting them go" varies from an average of 1 minute to 3 minutes but can go to up to 15 minutes in very rare cases, usually where the loved one has committed suicide. In this case you just wait for them with gentle encouragement every now and again until the process is complete.
21. The FUTURE MEMORY is critically important in this protocol because it projects them into the future which is, almost always, filled with hope about life without the deceased person etc. Most patients are able to do this, and it feeds into the "Readjustment Phase", which represents a functioning life without the deceased. Sometimes they will say that they see themselves reunited one day in heaven with their loved one and this makes them happy. This is common and acceptable. However, you need to assess that it does not indicate suicidal tendencies. (you can obviously check this during the Enquiry phase)
22. Loop as normal, except to use the words "loving goodbye" to replace "better/preferred memory".
23. Loop 6 times and then finish as normal at "NOW".

24. Make small talk as per Consolidation phase.
25. Then do your Enquiry ...which moment did they freeze; where did they do their Loving Goodbye; what was their Future Memory. (DO NOT ask the details of what was said in the LG. Don't forget you gave them the reassurance that it was their private moments earlier on. If they spontaneously tell you that's fine.) If you are happy with 2PF then..
26. Then ask them to close their eyes and go back to the frozen Worst Moment and get the PAL score. It is **highly unlikely** to be a 0. Don't worry this is normal in Griefwork.
27. At this point you use **Interactive Re-Inforcement (IR)**. IR appears to be **always** necessary in the Grief Buster to get the PAL down as low as possible. Keep going. It is very interesting to watch how the emotions change with each IR loop. **And they will change**. As the PAL reduces their feelings move towards peacefulness. acceptance and closure in most cases, but still some sadness (which would be normal
28. **RECAP: IR is done in the following manner, spoken at a normal pace** "go all the way back to the frozen bad memory, how upsetting does that feel to you now? (You want the PAL score)." Now go to your Loving Goodbye and **tell me what feelings you are getting there.**"
29. "Now go to your Future Memory and **tell me what feelings you are getting there**"
30. "Now go all the way back to frozen bad memory and tell how upsetting does that feel what number would you give it now"
31. You continue with this process, talking at normal pace, until the PAL reduces. You stop when it does not reduce any more after a few more normal pace IR loops eg it gets to a PAL of 4 and after 2 more IR loops it stays at a 4.
32. The **articulation of what feelings** they have is very important as it reinforces that feeling in the brain when they say it out aloud.
33. Then ask them to open their eyes. You can hand them tissues again to wipe their eyes or nose or they may need to wipe their eyes if it is online and then say "I want you now to try really hard to think about that frozen bad memory and take it back to a 8 or 9 or 10 (whatever the starting PAL score was). This is **RETRIGGER PHASE**, which is an essential part of completing the protocol.
34. If we have done it right they will not be able to feel it the same way. They will obviously still be able to see it in their mind but will be disconnected from the feeling.

Often they will look surprised/ relieved/ confused and ask “but why can’t I feel it anymore?” You can offer any BWRT explanation you feel fits.

35. Then as one, final retrigger attempt you can say” so remember that time when you found your sister hanging from the ceiling/your dad lying lifeless in hospital(whatever the Worst Memory was). How does it feel when I actually say it like that. Again, if we have done it right there will be no retriggering.

Important notes

1. A VERY IMPORTANT REMINDER: if your patient/client harbours ANY RESENTMENT/ANGER towards the loved one for something that happened in the PAST,(eg father beat them up as a child, partner cheated etc), you first have to BWRT that issue AND then ,and ONLY THEN can you proceed to the Griefbuster. No one can say a loving goodbye to someone they are still angry with. Standard Virtual World does the job everytime.
2. Do not confuse this with anger about the person dying and leaving them. This type of anger gets resolved during the LG process.

PLEASE DO NOT ATTEMPT THE GRIEBUSTER IF YOU ARE NOT COMFORTABLE WITH HEAVY EMOTION. EVEN THOUGH THE FREEZE WILL STOP THE EMOTIONS FROM THE WORST MEMORY, FEELINGS OF SADNESS AND LOSS SURFACE IN THE LOVING GOODBYE FOR A SHORT WHILE. USUALLY, BY THE END OF THE SESSION IT IS REPLACED BY FEELINGS OF PEACE, CALMNESS AND CLOSURE.

IT IS CRITICALLY IMPORTANT TO REMIND YOUR PATIENT/CLIENT THAT THEY WILL EXPERIENCE "NORMAL SADNESS" FOLLOWING SUCCESSFUL THERAPY,WHICH DIMINISHES WITH THE PASSAGE OF TIME AND ONLY SURFACES RELATIVELY STRONGLY ON SPECIAL OCCASSIONS THAT WERE PREVIOUSLY SIGNIFICANT, e.g. BIRTHDAYS, ANNIVERSARIES,MOTHERS/FATHERS DAY/CHRISTMAS/EID/DIWALI ETC. AND TO POINT OUT THAT THIS IS NOT A RELAPSE BUT NORMAL AND EXPECTED.IT IS CALLED AN ANNIVERSARY REACTION

3. **Discovering the death in a traumatic way does not need a separate session, e.g. finding the loved one hanging, or a mangled body at an accident or a disfigured face at the mortuary.** The traumatic aspect gets resolved during the Griefbuster session. This will be their Worst Memory. You do not need to resolve the Trauma first.
4. On occasion the PAL may not come down as low as we would like, for example from a 10 down to a 5 even after IR. This is ok as you have shifted things in their brain by 50% and by the time you see them for the follow up session a few days or a week later, they often report that it is resolved and that they feel a sense of closure now.

AND THERE YOU HAVE IT. IF YOU FOLLOW THE STEPS OUTLINED ABOVE YOU WILL HAVE A BULLETPROOF METHOD TO RESOLVE ANY GRIEF ISSUE IN ONE SESSION. I HAVE DONE CLOSE TO 1500 GRIEFBUSTERS NOW AND ALL HAVE PROVEN TO BE SUCCESSFUL.

The only time I have had 'failures' is when I did not follow my own clearly specified rules.eg I jumped straight in and did a Griefbuster without checking the relationship history. Then discovered in the session that they are unable to do the Loving Goodbye due to anger about other things. In this case, you have to simply start again. Work through all the anger memories first. And then repeat the Griefbuster. No harm done.

Other uses:

1. Abortions, Miscarriages and Stillbirths:

You can follow exactly the same protocol. They resolve all their Guilt and Shame issues during the Loving Goodbye and generally find peace after the session.

2. For relationship issues where the person is struggling to accept the end of a relationship. After your assessment you can select which will be most helpful for your client : A Loving Goodbye, an Assertive Goodbye, or just a Goodbye. **Do Not allow an Angry Goodbye.**

3. A recent case here in South Africa taught me the power of **A Comforting Goodbye** where it is not someone that your patient knew well or not even at all, but was involved in some sort of care for the person. This may be very useful for Frontline Workers who lose patients due to Covid-19. It can also be used for police officers who lose a partner on duty, army personell,firemen/women etc. So where there is a relationship of closeness but not a love relationship, and the person dies while on duty with their colleague.

4. Loss of a limb: Standard Griefbuster

5. Loss of job

6. Change of city

7. You are only limited in your imagination for what kind of loss it can be used for.

TRY IT OUT . YOU HAVE NOTHING TO LOSE.

