



## **Griefbuster**

by

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*The Griefbuster protocol is, in my opinion, THE most effective Psychotherapeutic intervention FOR GRIEF RELATED ISSUES I have ever come across in 26 years of clinical practice. It is a combination of elements of Terence's hypnotherapy Griefbuster script and BWRT. It is done in the following manner:*

1. People seldom 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 sore to talk about etc. This will allow you to assess the nature of their grieving and whether intervention is necessary.
2. Where they present with "I can't get over my dad's/moms/partners/grandma/grandpas' death, etc." the diagnostic process is more obvious.
3. Ask them to get the worst memory of the persons passing away. You will need to show much empathy here to get them to that painful place and keep them there for a short while. If YOU, and the patient are comfortable you may want to hold their hand to comfort them through the process.
4. When they signal they are there, get the pal score. Very often its very obvious because there is pain, hurt, tears and anguish present.

5. Ask them to zoom in to the WORST moment and then Freeze . As always a STRONG freeze is necessary.
6. Now ask them to create a memory of them doing the 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 intensely private and they will not be sharing this with you. (SO YOU WILL NOTE THAT THE LG REPLACES THE PREFERRED MEMORY HERE)
7. Then tell them that when they have completed this loving goodbye they HAVE to let the person GO. And when they have done so to indicate with their allotted finger.
8. Then allow them the space and time to do so.
9. Often it is very sad, sore and tearful and you will need to gently, but firmly, encourage them to continue if they are struggling.
10. A VERY SHORT LOVING GOODBYE almost always indicates they have not done it properly and are resisting.
11. When this happens gently, but again with firm encouragement, make them do it again, still with their eyes closed. You could say something like” Ok we’re going to do that whole process again just to make sure that you got to say EVERYTHING you wanted to say.
12. This time it should take longer. The time from starting the Loving Goodbye to “letting them go” varies from an average of 1minute to up to 10 minutes (in very difficult 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.
13. 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. Sometimes they will say that they see themselves reunited one day in heaven with their loved one. This is acceptable but you need to assess that it does not indicate suicidal tendencies.
14. Loop as normal, except to use the words “loving goodbye” to replace better/preferred memory.

15. Loop 6 times and then finish as normal at "NOW".
16. Interactive re-inforcement appears to be always necessary in the Grief Buster to get the PAL down as low as possible.
17. A VERY IMPORTANT PROVISIO: 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.
18. 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 GRIEFBUSTER 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 LG FOR A SHORT WHILE. USUALLY, BY THE END OF THE SESSION IT IS REPLACED BY FEELINGS OF PEACE, CALMNESS AND CLOSURE. YOU WILL NEED 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 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 300 GRIEFBUSTERS NOW AND ALL HAVE PROVEN TO BE SUCCESSFUL.

19. Discovering the death in a traumatic way does not need a separate session. The traumatic aspect gets resolved during the Griefbuster session, e.g. Finding the person hanging or discovering a murdered loved one.