

WORKING THROUGH GRIEF AND LOSS WITH MHA



SUSAN KRIEGLER

GRIEF IS UNIVERSAL AND INEVITABLE

Not a single human being will be exempt – the Buddha story.



Some form of loss and grief always lurks in the background, no matter what problem our client presents.

Somewhere there is a dead body: a career, a relationship, or a dead child.

Every fire renders not only light and heat, but also ashes.

Yet our society pretends there is no death or misery.

MEDICAL HYPNOALAYSIS AND GRIEF

The experience of loss may be the Initial Sensitizing Event (ISE) for:

- The Walking Zombie Syndrome (*WZS*), and it may be:
 - Spiritual
 - Emotional or Ego
 - Physical
- The Ponce De Leon Syndrome (*PDL*)
- The Identity Problem (*IDP*)
- The Jurisdictional Problem (*JDP*)
- The loss of a parent during childhood is often an ISE for these syndromes.



MEDICAL HYPNOALAYSIS AND GRIEF

The trauma may be the Symptom Producing Event (SPE) that launches previously existing ISE's, for example:

- A PNE of being unloved, resulting in an IDP
- The WZS that originated during a difficult birth where the baby had a near-death experience and gave up on life because of the BAS



- The Separation Anxiety Syndrome (SAS) where the ISE was the baby being separated from the mother after birth by being placed in an incubator
- The guilt complex or JDP which may have been caused by an overly religious upbringing

MEDICAL HYPNOALAYSIS AND GRIEF

The experience of loss may be the SIE for any pre-existing syndrome.

Like a hand grenade being thrown into the unconscious mind.

Hole in the Soul – toxic shame/ I am not good enough - may be made even larger.

If the person was half-dead already, loss may drag the still living part into the tomb.

It may deepen the conviction that I deserve the death penalty – and the unconscious mind will produce the necessary terminal disease.



CASE STUDY

Anna

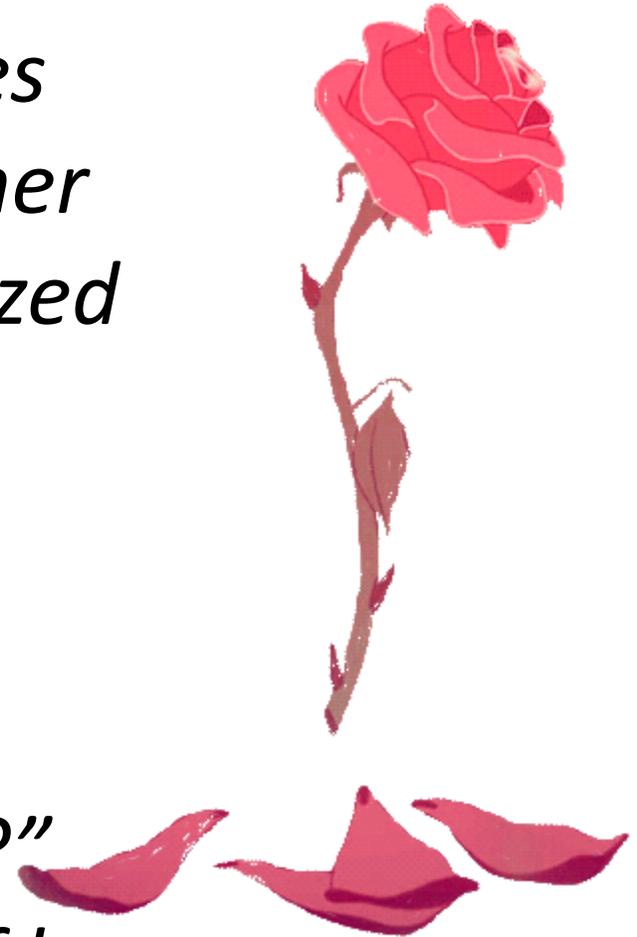
*An example of how the a trial of cinders, ashes, descent, and grief may wind its way through the life of an individual and be rooted in generations past, is the case of **Anna**, a plump, 56 –year old woman with a baby face, who couldn't stop crying after her mother's death. She was mortified by the collapse of her previously strong and rational personality.*



CASE STUDY

Anna

Her mother's death was the SPE for troubles she had been unaware of while caring for her husband and two daughters. She now realized her life had been largely unfulfilled and meaningless (a Spiritual WZS lives through others). As a girl, she had dreamt of a red BMW and a red briefcase. Although like Cinderella she lamented: "What about me?" she had no idea what to do with the rest of her life (IDP).



CASE STUDY

Anna

Her father died when she was 10 (SIE). When she was 6 she fell from a bicycle. She was bruised and bloodied, but he just looked at her standing beside the gate and drove away to work. A part of her was still standing there asking “What about me?” (PDL).



CASE STUDY

Anna

The ISE for all of these problems was her PNE: Anna was accidentally conceived as an after-thought (not another girl!) of a couple who had both been widowed and had two children each when they married. Anna was the sixth child in a family with limited emotional or financial means. She was born on the farm, and the midwife was not qualified to handle the breach delivery (BAS).



MHA PROCEDURE

The initial interview is extremely important.

Look out for non-verbal signals.

WAT can clarify diagnosis.

Layers of an onion – start with the most recent trauma.

Light trance will suffice – depth will develop spontaneously.

A grieving person is actually already in an altered state.

There is a treasure chest of beautiful scripts.

MHA SCRIPTS FOR GRIEF

Soothing and calming induction.

Dissociated experience – for example on a TV screen.

Saying goodbye in a personal sanctuary.

The scripts are old – perhaps new packaging or style is needed.

Detour ahead.

I didn't get
to say goodbye.

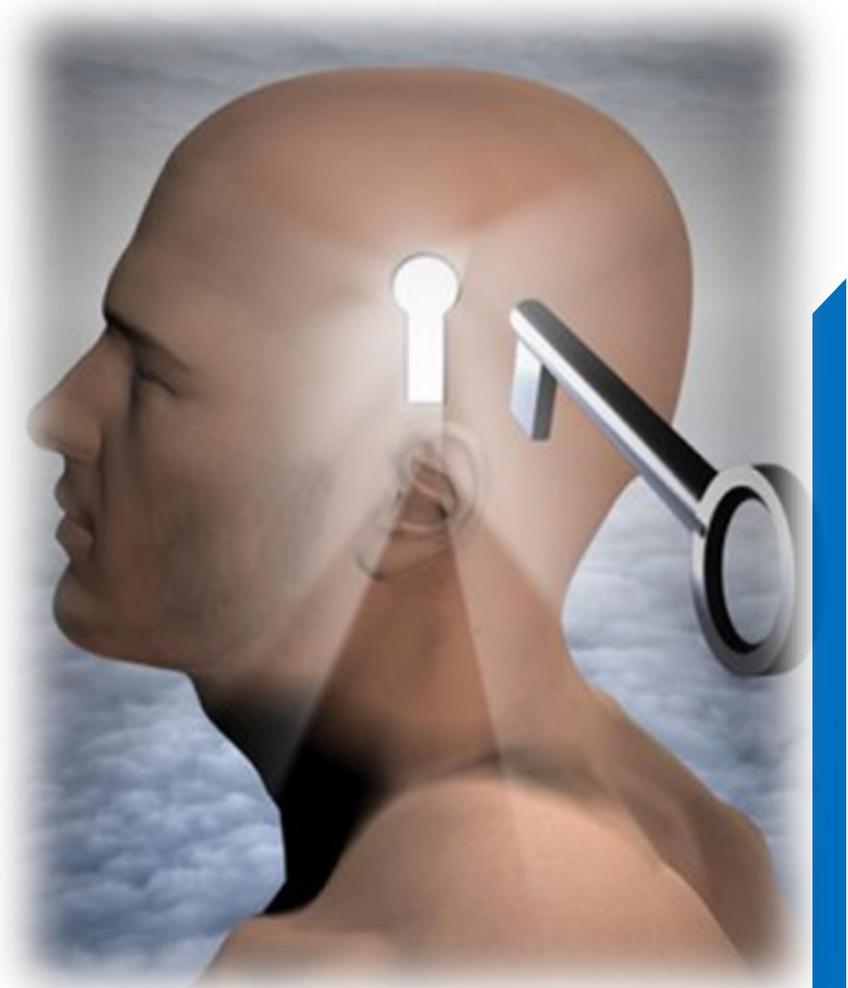


UNLOCKING THE EMOTIONAL BRAIN

Bruce Ecker, Robin Ticic, Laurel Hulley (2012).

Unlocking the Emotional Brain: Eliminating Symptoms at Their Roots Using Memory Reconsolidation.

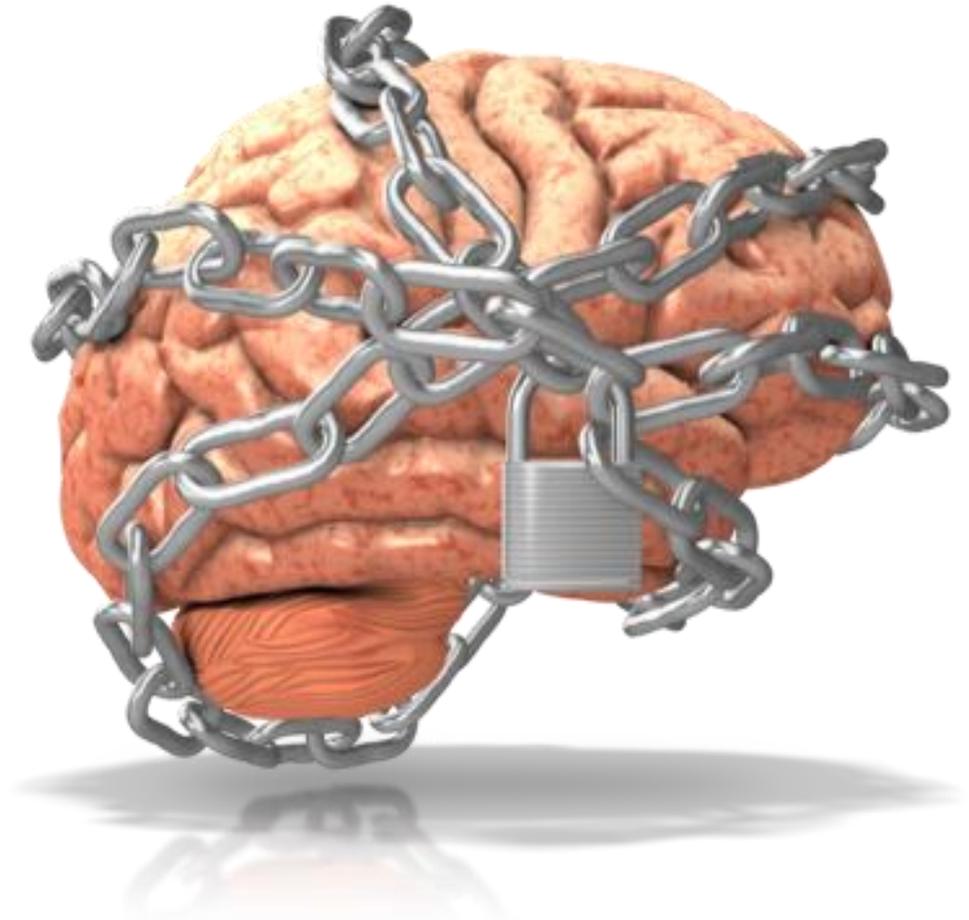
The brain's ability to delete a specific, unwanted emotional learning, including core, non-conscious beliefs and schemas, at the level of the physical, neural synapses that encode it in emotional memory.



EMOTIONAL MEMORY: A BLESSING AND A CURSE

Emotional memory consists of:

- The raw sensory data of what happened
- A mental model / template / schema / generalization, making sense of what happened in implicit memory, that does not exist in words
- This converts the past into an expectation of the future – a blessing
- Our worst experiences of the past persist as felt emotional realities in the present and sense of the future - a curse
- A potent magical spell that feels real and lasts a lifetime



NON-VERBAL MODELING OF THE WORLD BEGINS EARLY AND LASTS A LIFETIME

At 18 months we have expectational models of contingency.

We know when others want things different from what we want.

We distinguish between intentional and accidental actions.

Meaning-making begins in the womb.

Learnings accompanied by strong emotion form neural circuits that are exceptionally durable.

Retriggering of emotional knowledge is not a disorder – it is evolution.



CASE STUDY

Cara

Cara's case illustrates how there is often a dead body in the past. She was 45, and had crying spells and anger outbursts at the office - over-competitive (IDP) and over-responsible for other's people's problems (JDP). She thought her lack of self-love was caused by her mother preferring her siblings above her. After the symptoms were erased with BWRT, she wanted to work with her weight problem. She had gained 40 kg since an attempted rape at 23 (SPE).



CASE STUDY

Cara

She thought the weight was a way of protecting herself against being raped. She had been sexually molested by an uncle – a pastor - from 10 to 12 (SIE). She had been sent to live with her aunt and uncle after her father’s death (SIE). When we “Focused” on her weight issue, the memory was of the morning when her father committed suicide, when she left the house without greeting him.



CASE STUDY

Cara

If she had stayed at home, she could have kept him alive (JDP). After a “loving goodbye” in hypnosis, she realized her obsessive over-achievement at work stemmed from the pressure from her father to always be the top student in her class (PDL). Her mother had already been unhappy during the pregnancy due to the father’s depression (ISE).



SEPARATE MEMORY NETWORKS IN THE BRAIN

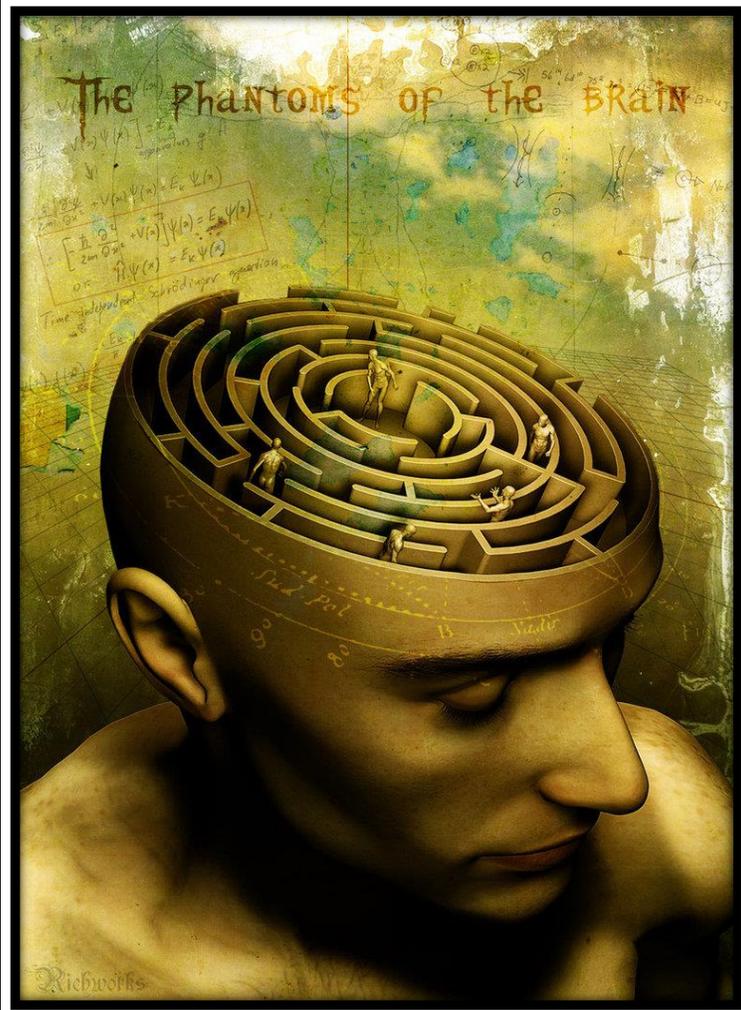
Consider the way people talk about grief and loss:

- Explicit / autobiographical / episodic memory differ from
- Non-verbal schemas / patterns / templates / models that actually generate volcanic behaviours, emotions and thoughts in response to present experiences, while remaining outside of conscious awareness
- Client often looks for the root of their problems in the conscious / episodic memory.

Memory of events is unaffected by the erasure of the schemas.

TENACITY OF IMPLICIT EMOTIONAL MEMORY: A PSYCHOLOGICAL PRISON

Yesterday this day's madness did prepare. Rubáiyát – Omar Khayyám



Since Pavlov, studies of the extinction of implicit learnings never achieved erasure, only temporary suppression.

There is no known brain mechanism for erasing negative emotional learnings.

These are ultra durable synapses – a psychological prison.

The process of physically installing emotional learning is known as consolidation.

IMPLICATIONS FOR PSYCHOTHERAPY

Counteractive methods that compete against or suppress unwanted learning.

Build up a preferred learning and responses to override or suppress unwanted response, e.g. CBT, Solution-focused Therapy, and Positive Therapies.

Ongoing counteractive effort is needed to prevent relapse, e.g. relaxation techniques, positive resources and thoughts, medication.

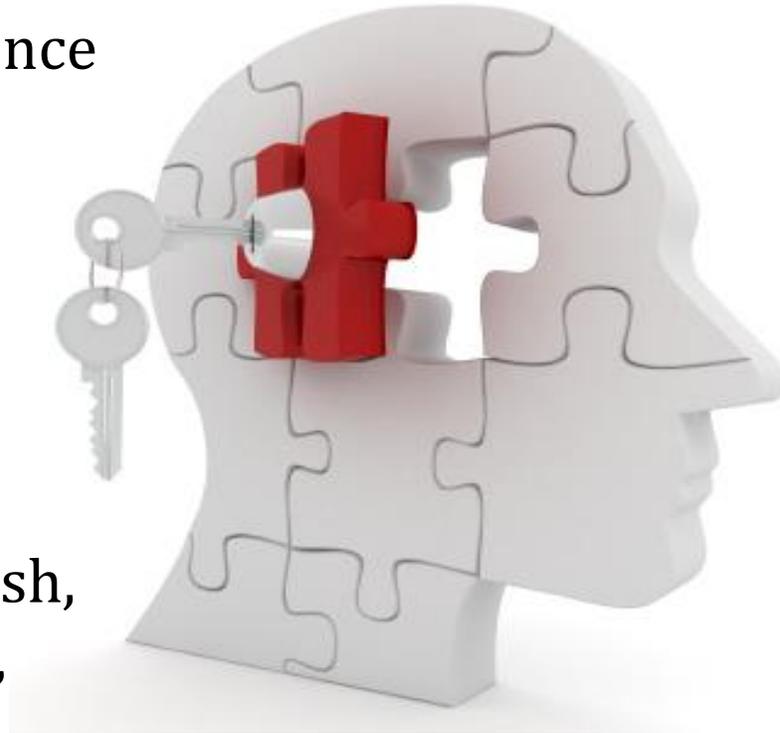


THE PRISON COMES WITH A KEY: MEMORY RECONSOLIDATION

Since 1997: synapses can be unlocked - the limbic life sentence can be commuted.

Memory reconsolidation: unlocking and erasing neural connections.

Nematodes, snails, sea slugs, fish, crabs, honeybees, chicks, mice, rats, and humans.



Three steps:

1. Reactivate emotional response
2. Unlock synapses
3. Create new learning that unlearns, rewrites, and replaces unlocked target learning

THE PRISON COMES WITH A KEY: MEMORY RECONSOLIDATION

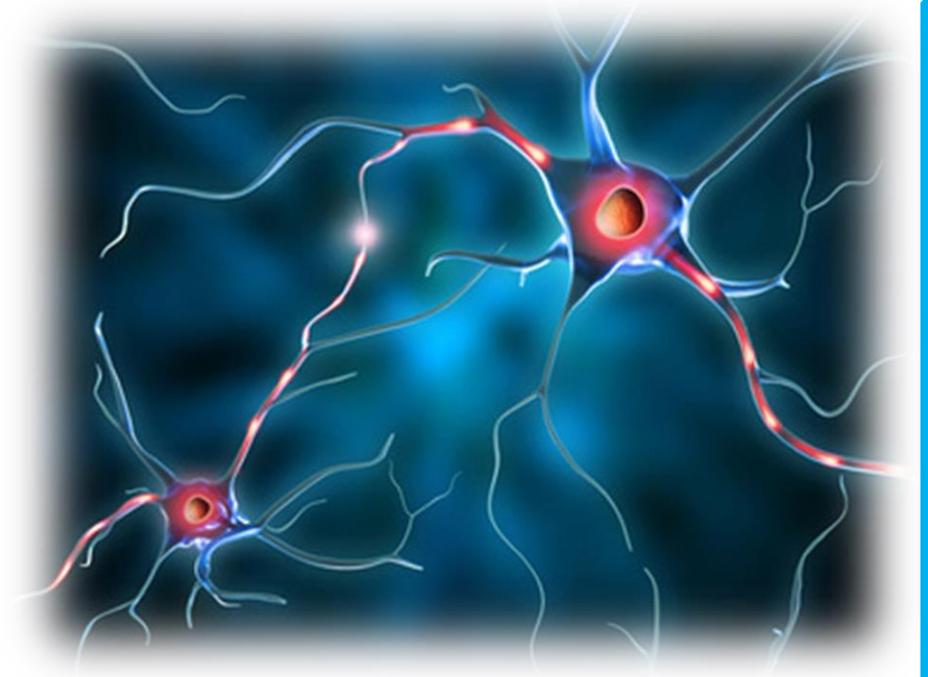
What induces the brain to use its built-in key to unlock synapses?

2004: Hector Maldonado's crabs = a counter event that is a powerful mismatch between learned expectation and reality.

A vivid contradiction of the reactivated learned pattern = a *prediction error experience*.

Normally robust neural circuits deconsolidate,
i.e. become labile and fragile
(can be erased chemically).

If nothing new is introduced to overwrite
it, the synapses automatically relock
or reconsolidate and restabilize.

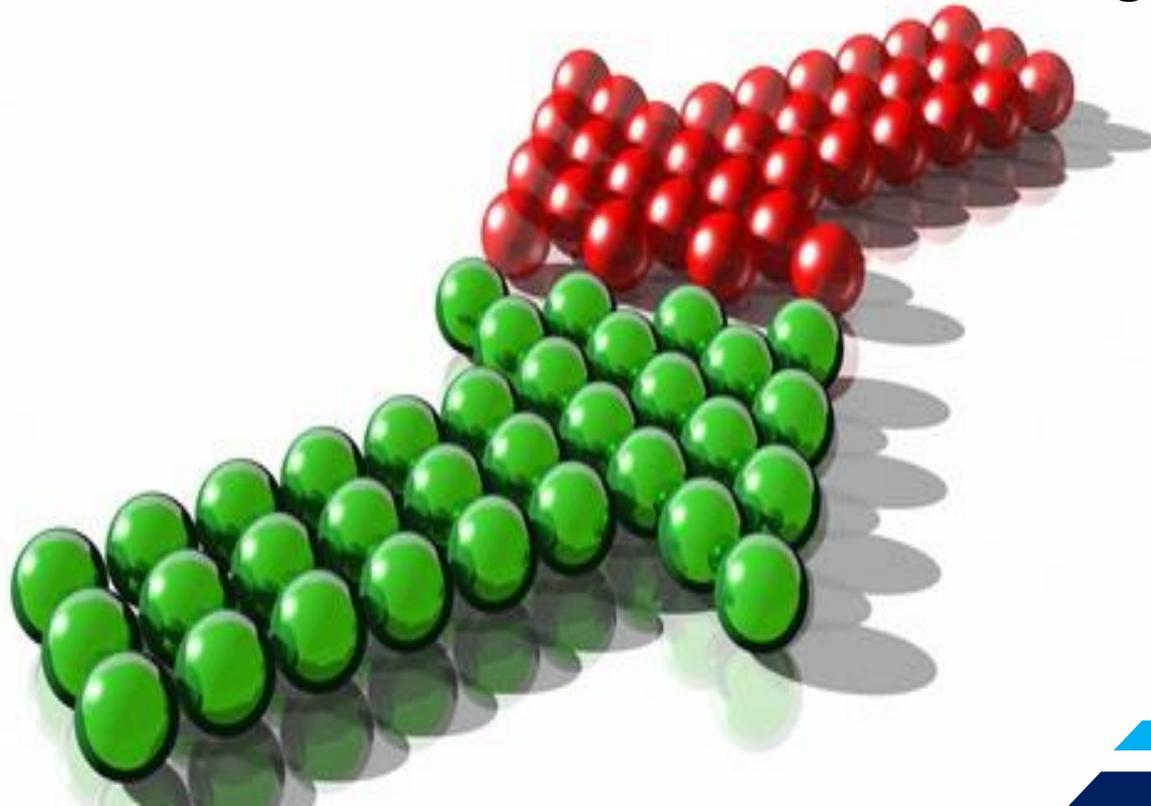


REQUIREMENTS FOR DE-CONSOLIDATION: REACTIVATION PLUS MISMATCH

The mismatch can be either a full contradiction and disconfirmation of the target memory or a novel, salient variation relative to the target memory.

A predictive error signal (from some brain region) is a crucial prerequisite for reconsolidation to be triggered.

The mismatch between consolidated and current information re-engages the encoding process.



READY FOR UNLEARNING: DISSOLUTION OF PROBLEMATIC IMPLICIT KNOWLEDGE

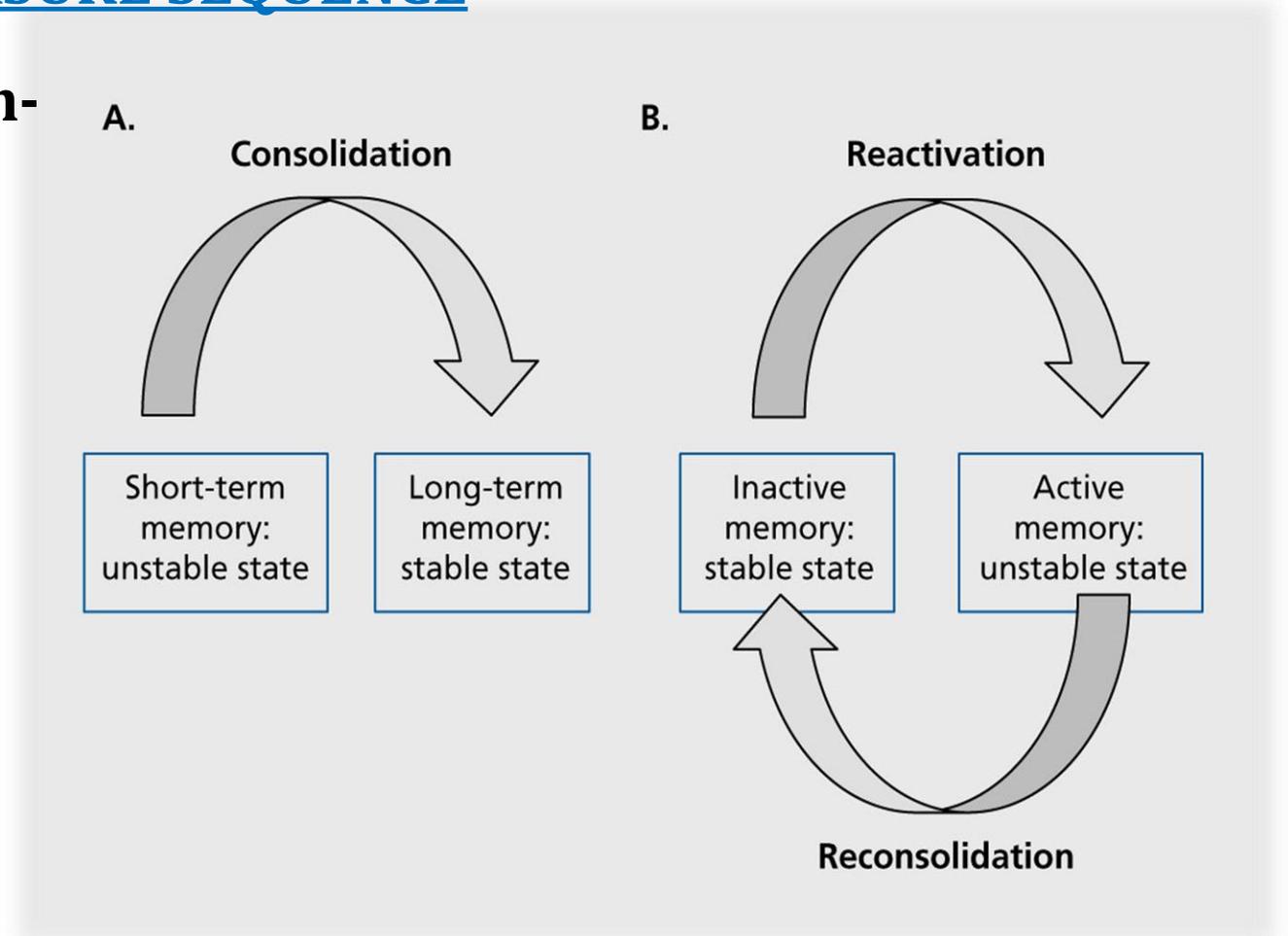
I ACCESSING SEQUENCE

- **Step A: Symptom identification:** Actively clarify with the client what to regard as the presenting symptom(s) – the unwanted behaviours, somatics, emotions, and / or thoughts.
- **Step B: Retrieval of target learning / symptom-necessitating emotional schema:** Retrieve into explicit awareness, as a visceral emotional experience, the details of the emotional learning underlying the presenting symptom.
- **Step C: Identification of accessible contradictory / disconfirming knowledge:** Identify a vivid experience (past or present) available to the client that can serve as living knowledge incompatible with the model retrieved in Step B. The disconfirming knowledge must be mutually exclusive, ontologically, with the target learning. It may be already part of the client's personal knowledge or may be created by a new experience.

READY FOR UNLEARNING: DISSOLUTION OF PROBLEMATIC IMPLICIT KNOWLEDGE

II ERASURE SEQUENCE

- **Step 1: Reactivation of symptom-necessitating emotional schema**
- **Step 2: Juxtaposed, vivid experience of contradictory knowledge**
- **Step 3: Repetitions of the juxtaposed experience in Step 2**



**READY FOR UNLEARNING:
DISSOLUTION OF PROBLEMATIC IMPLICIT KNOWLEDGE**

III VERIFICATION STEP

- ✓ **Emotional non-
reactivation**
- ✓ **Symptom cessation**
- ✓ **Effortless
permanence**



READY FOR UNLEARNING: DISSOLUTION OF PROBLEMATIC IMPLICIT KNOWLEDGE

Therapies that comprise
the sequence include

Coherence Therapy

Interpersonal
Neurobiology (IPNB)

Emotion-Focused Therapy
(EFT)

Accelerated Experiential
Dynamic Psychotherapy
(AEDP)

Eye-Movement
Desentization and
Reprocessing (EMDR)

Emotional Freedom
Techniques, particularly
Matrix Reimprinting (MR)

Neuro-Linguistic Programming Techniques, particularly **Brain Working Recursive Therapy
(BWRT)**

INTEGRATING THE MEMORY RECONSOLIDATION SEQUENCE WITH MHA



MR and BWRT can be used for grief and loss without any reference to MHA concepts.

BWRT is useful when there are time constraints, because you work with “the worst moment in the worst memory”, without asking what that “worst moment” was, and you juxtapose this memory with a “preferred memory” (which may be the “loving goodbye”), and a “future memory” of being at peace about the loss, then repeat, and verify.

INTEGRATING THE MEMORY RECONSOLIDATION SEQUENCE WITH MHA

However, if there is more time available, and if the client is amenable, integrating MHA concepts with these techniques grounded in memory reconsolidation theory can be extremely useful, for several reasons:

MHA offers a lens that helps discern and frame the archetypal schemas that may be involved in the emotional “learnings” resulting from loss, i.e., WZS, SAS, JDP, IDP, PDL, etc.

These concepts are particularly useful for people who have been raised in some kind of traditional religious atmosphere.

MHA scripts and philosophy offer healing concepts grounded in a liberatory spirituality focused on universal or divine love.

And this would be most of our clients, who, even if they are atheists or agnostics, have had their natural spirituality twisted by doctrines that foster guilt, shame, and the belief in hell.

The question is then how to operationalize this integration of MHA and techniques that are effective for memory reconsolidation in the brain.

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