

# **Neuro-Linguistic Perspective of Long- and Short-Term Psychotherapy of Grief. Theoretical Background, Method and Case-Studies**

**Przemysław Turkowski M.A., M.Sc.<sup>i</sup>**

Polish Society for Neuro-Linguistic Psychotherapy, Section of Research and Science

## **Abstract**

**Introduction:** *Grief and loss are topics that appear quite often in psychotherapy. They have always been present in people's lives through culture and religion. Existential ideas (Yalom, 1999; Frankl, 2008) and the ideas of Elizabeth Kubler-Ross (1969) are quite common in the psychotherapy of people in mourning.*

**Objectives:** *This article shows a neuro-linguistic model of work with loss and grief. It draws from the assumptions of neuro-linguistic psychotherapy (NLPT) and is inspired by contemporary research on effectiveness (Milman, 2013; Hall, 2014). The “4 steps for handling bereavement and loss” were developed as a result of modelling of successful mourning processes and modelling of psychotherapeutic activities aimed at supporting people in mourning, developed in the constructivist and narrative trends (Marwit, Klass, 1996; Gillies, Neimeyer, 2005; Fuller, 2009; Stroebe, 1997; Walter, 1996; Gillies, Neimeyer) taken by the people working with the NLPT approach (Witt et al, 2011).*

**Methods:** *This paper presents the assumptions of the model, theoretical background, models and tools, 2 case studies and conclusions on the applicability of the model in psychotherapy of clients reporting various symptoms.*

**Results:** *The cases discussed illustrate its usefulness in both short-term and long-term therapeutic processes. A short-term, structured, 5-session intervention led to measurable changes described by the client and his family. In a long-term psychotherapy of a person suffering from bereavement for a person who, during life, evoked ambivalent feelings and traumatic issues in relationship, there were observed several positive changes (also at the level of personality) and personal growth.*

**Conclusions:** *The model shows potential at supporting people in bereavement and as a practical set of techniques and it allows working in a form similar to crisis intervention and undertaking deeper work at the level of personality disorders.*

**Keywords:** *grief, loss, bereavement, neuro-linguistic psychotherapy, NLP*

---

<sup>i</sup> Corresponding author: Przemysław Turkowski, Polish Society for Neuro-Linguistic Psychotherapy, Section of Research and Science; BetterFLOW.pl, email: przemek@betterflow.pl.

## **Introduction**

The presented model of work with grief was created as a result of a two-year project ‘Lifelong learning - Leonardo da Vinci’, which was implemented by psychotherapists and coaches from Germany, Catalonia, France and Poland. The chosen context concerned working with loss understood as death of a loved person and coping with grief, as well as supporting terminally ill people and their family and friends. The aim of the project entitled ‘Dying and Death in Europe’ was to develop a coherent work methodology (theoretical basis, scheme of work and techniques) for professionals (psychotherapists, hospice psychologists, doctors and nurses, volunteers) whose work is related to the subject of dying, death and grief.

Using the neuro-linguistic methodology of modelling success strategies (Dilts, 1998), a question was asked: how did people who successfully went through the mourning process do this? How did they embrace successfully the experience of loss and/or experience of accepting their own dying? Thanks to modelling the processes of going through mourning, asking questions, talking to hospice employees, physicians, psychologists and volunteers, and confronting their experience with psychological theories in the field of constructivism and existential approach, a comprehensive model was developed, whose milestones are the abovementioned four steps for handling mourning and bereavement. The length and intensity of each of them depends on the individual situation of the client/patient in psychotherapy. They can be applied both in long- and short-term work, as illustrated by the two case studies discussed below.

### **4 steps for dealing with bereavement.**

1. Building rapport and work with beliefs.
2. Finding a meaning and defining a key message.
3. Experiencing a turning point - transition ‘from survival to personal development’.
4. Integration of life experience.

These steps can be implemented differently, depending on the circumstances and on the person receiving support (whether it is a dying person or their family and friends). In a similar way, it is possible to use this path when working with other types of loss (job loss, illness, failure).

### **Step 1. Work with beliefs**

Focusing on individual beliefs about death and dying enables us to check the consistency or dissonance between our emotions and thoughts. Both professionals

and people in mourning should be aware of the strength of their own beliefs (Gillies, Neimeyer, 2006; Gillies, Hall, 2014).

The “Logical Levels” model is very useful here. It was initially formulated by Gregory Bateson (1973) and developed by the pioneers of Neuro-linguistic Programming (Dilts, 1983) and has since been commonly used (Tosey, Langley, Mathison, 2018). In brief, the model shows that each reaction is caused by a certain behaviour, which in turn is the result of skills, capabilities or their lack. Learning new skills allows us to demonstrate new behaviour and obtain a new reaction as a result (McDermont, Yago, 2001). Capabilities and skills are based on a system of values and beliefs, which in turn is based on identity and group affiliation. Spirituality and mission can be considered as the highest level that affects both identity and values and beliefs. All levels (identities, beliefs, skills, behaviours or reactions) exert a two-way influence on the other levels. A change of beliefs will have an impact on the change of skills, and the level of behaviour or emotions (reactions) is also able to influence one’s identity.

**MISSION**

-----  
**IDENTITY  
AFFILIATION**

-----  
**VALUES  
BELIEFS**

-----  
**CAPABILITIES  
SKILLS**

-----  
**BEHAVIOUR**

-----  
**ENVIRONMENT/REACTIONS**

The purpose of step 1 is to explore the client’s/patient’s and the professional’s system of values and beliefs. In this way, we will be able to better understand our way of thinking and the feelings that this way of thinking generates. Following the principle of neuro-linguistic psychotherapy that good communication is a meeting in the client’s world map (Korzybski, 1958; McDermont, Yago, 2001), it was assumed that without understanding and empathically accompanying the client in discovering how their thoughts, system of assumptions, beliefs and values, i.e. their inner world, affect their state (emotions, feelings, well-being) and behaviour, it is not possible to move on from grief.

From a psychological point of view, there is a relationship between the feelings of pain, illness and sadness, because people think that what happens to them should not have happened. The nature of life focuses on life, not death, though death is a natural and inevitable result of life. A man looking at the world from a psychological and social perspective very often does not perceive death as a natural part of life and he even does not accept its existence. The culture of life and death requires that the dying people, their relatives and professionals accept the fact that the dying process is a natural part of life. If we assume that dying is an inseparable part of life, it will be easier for us to cope with loss (Gillies, Neimeyer, Milman, 2013).

Working with beliefs, apart from getting to know oneself and creating an atmosphere of acceptance and a therapeutic alliance, includes a phase in which it is possible to reformulate the client's cognitive perspective in order to make it more flexible and to help them find a new reference point that may help them accept the reality in a gentler way. The goal is to define the Current State and provide the client with the awareness that the Desired State can be achieved (Stipanic, Schütz, Dond, 2010; Huflejt-Lukasik, Peczeko, 2011).

A very important aspect of this step is also to provide the client with space to show emotions in a way that he/she is not subject to evaluation, i.e. often also to certain beliefs: I should respond this way, I must not, I should, etc. This is important because the death of a close person is often accompanied by ambivalent feelings (relief and sadness, anger and regret, guilt and despair). It happens sometimes that they remain 'frozen' for years because clients do not allow themselves to feel and express these feelings freely (Pearls, 1971; Sills, Fish, Lapworth, 1999).

The therapy involves techniques and exercises making it possible for the clients to:

- become more conscious of their own representation / mind map related to dying, death and mourning.
- discover their representation / mind map (related to dying, death and bereavement).
- identify their Current State.
- identify the main limiting beliefs that maintain the state of bereavement,
- explore their own convictions about death and develop supportive beliefs,
- discover and express feelings and emotions related to death,
- define the Desired State, i.e. how the client wants to feel, behave, think when mourning is over.

## **Step 2. Finding a meaning and defining the key message**

When the client is able to accept dying and death as a natural part of life, we move from a painful perspective of survival to the perspective of personal development and the use of the gift of life. This idea assumes that "in every experience there must be a meaning that can be discovered!". Starting from this assumption, even the process of dying that is full of suffering may be a life chance for personal development – the last chance for the dying person or an emotionally deep opportunity for their family and friends (Fuller, 2009).

The exercises to be performed at this stage are designed to help people find a meaning and define an individual key message. Finding a meaning in a painful experience of one's own life allows us to integrate it with our entire personal story (Currier, Holland, Neimeyer, 2006). This in turn will positively influence the beliefs and emotions and will support the process of ending grief (Fuller, 2009). In psychotherapeutic work, we support the client in establishing communication with the dying (or deceased) person about their life message, so that they can appreciate life experiences from different perspectives (Walter, 2010; Stroebe, 2010). In addition, experiencing this kind of conversation and emotions sharing is a gift and a life celebrating happening. If such a conversation is not possible because this person has already passed away, there is nothing simpler but to recall the memories associated with this person and the impact they had on our life. What have I learnt from him/her? What do I value him/her for / what do I value in him/her? What am I proud of? The psychotherapeutic techniques developed in the 4 steps model serve this purpose. There is always something we can learn from relationships and experiences with a dying or deceased person. If the client is able to appreciate this and integrate it as a message directed to our present and future, it will support the grieving process and help them cope with their loss. Even if we perceive the behaviour or life of the deceased as a bad example, we can always find something in it that we will define as a message. This life message will be a legacy that will support our life (Frankl, 2008; Stroebe, Shut, 1999; Neimeyer, 1999).

From a psychological perspective, it is important in this step to:

- assign existential meaning to the personal relationship with the deceased,
- notice the positive intentions of their actions (i.e., separate for example the abusive ways of fulfilling their needs or ways of coping with

deficits, from their needs and intentions themselves, which is important especially in dealing with bereavement over people for whom the client has ambivalent feelings, who, for example, used violence or were addicted, etc.),

- externalise experiences by changing the perspective of perceiving the experience from 'I' to 'observer', which automatically affects the change in the intensity and quality of emotions felt,
- formulate the 'key message' from the deceased or dying person,
- prepare for a change of perspective from 'survive' to 'grow'.

### **Step 3. Transition from the state of survival after a loss to personal development – a turning point**

After the stage of finding a meaning and defining the key message, the client should be ready to turn towards personal development, they are prepared to give up the perspective of survival after a loss. At this stage, it is important to accept death emotionally (not only someone else's but also your own) and experience emotions thanks to creating space for various thoughts and fears about reality. Expressing attitudes and emotions such as denial, anger, sadness, pain and desperation is an expression of deep love and bond. Loss causes emotional chaos because the deceased is no longer able to enter into physical interaction and it is impossible to close the situations which may not have been closed completely during their life. And yet, in their mind and memory, the close person who has passed away still exists. We can help the mourner overcome this internal confusion. Questions arise: is it possible to maintain respectful memories and relationships through the joyful continuation of one's own life? Are there any doubts, guilt, shame or unresolved problems accompanying the client? Coping with a loss requires harmonizing and balancing one's values and beliefs. It is equally important to reconcile, whether in the imagination or through a conversation with a dying person, one's relatives or the community. The main goal here is to find a way to deal with a loss by recognizing and appreciating your past, present and future life experiences.

Reaching this point means personal development (Hall, 2014). Every day, people try to relieve or cope with grief by following intuition, hoping that time heals all wounds, or relying on religion. Mourning can be painful, because it is indeed a difficult road. Both family and friends and professionals very often are afraid to cross this border and get in contact

with a person in grief, because they feel helpless and uncertain. Moreover, the phenomenon of cultural support is increasingly disappearing from the social tradition. This makes people feel left alone with their emotional pain. Under these conditions, it is difficult to open up to new perspectives. And only this 'turning point' can make a new, joyful life, respectful of the loved one who passed away, possible (Walter, 1996; Libby, Eibach, 2002).

The first two steps: working with beliefs, finding a meaning and defining the key message, should have prepared a new, more open mind map and an atmosphere of readiness for the turning point. The next step will help the client take up the challenge, jump at the opportunity of finding new perspectives in the present and the past as well as the chance to discover new opportunities for the future.

In the third step, it is important to:

- shift from the perspective of fear of death to saying 'yes' to life,
- shift from dependence on the deceased person (or the fact of their death) to autonomy,
- solve the problems resulting in a sense of guilt towards the deceased/dying person,
- change the psychological perception of time from 'past-oriented' to 'here and now' and 'future-oriented'.

### **Step 4. Integrating life experience by harmonizing the bereavement panorama**

We build our future on the basis of our experiences, memories and conclusions that we keep in mind and which we believe to be the truth. However, the only permanent element of life is change. Pain, sadness and grief are natural reactions in dealing with change. From a philosophical point of view, we can ponder on how people deal with this phenomenon, how they integrate experience into their mental construct of the world. The bereavement panorama is a constructivist model that mirrors the social reality. In order to feel safe, confident, and to define their identity, people enter images of other people into their inner mind map of relationships (Derks, 2005). They need, either in a conscious or unconscious way, to 'know' their place in relationships with other people. The bereavement panorama shows the relationships they have, used to have and want to have. We are able, in our minds, to imagine all the people with whom we are connected, everyone we have met, both living and dead, and even the people we wish to meet in the future (for example, our children or grandchildren who have not been born yet).

The grieving process shows that there is a bond with and love for people who are gone physically. Each mourning therefore creates a natural need to reconstruct the inner mental landscape of a person. Integrating dying, death and grief as a reconstruction of the relationship, which is reflected in the bereavement panorama, actively supports the client on their way towards full life (Marwit, Klass, 1996).

Exploration of the bereavement panorama helps us understand how the deeply suffering people got lost in the process of mourning. Finding a new place for the deceased persons may, together with their entire legacy, love and respect, find a new space in the mind of a bereaved person, bring them a sense of security, trust and peace. People hope that this will happen unconsciously over time, which may deepen the suffering of weak and sad people and make them go through an unnecessarily prolonged grieving process (Gort, 1984; Jordan, Litz, 2014).

The model of bereavement panorama assumes that most people perceive their relations with others by placing them in their internal social image of other people. This internal representation of a person determines our real attitude to a particular relationship and affects our feelings and behaviours. A person who died does not disappear from our thoughts. The memory lingers. It's just the body that is gone. The images in our imagination hurt and at the same time are a sign of love and keeping the deceased in our heart. The loved person is still represented in the so-called social mind (Derks, 2005; Trope, Liberman, 2010).

Bereavement panorama helps us see how clients assign places in the internal representation (in imagined space or using figures) to the deceased persons. This insight will let them appreciate the life experience associated with the deceased person and rearrange their representation of social reality. In practice, this means that we design representations of dead and living people in the space around us. The place we assign to them in this mental area determines our relationship and its emotional significance for us. The emotional influence of these mental images supports the natural process of grieving or causes its pathologisation (Gillies, Neimeyer, 2006).

The advantage of applying the bereavement panorama model is that we do not have to wait, hoping that time will successfully heal the wounds. You can work through the structure of mental relationship and the mourner may harmonise it by changing its location and sub-modality associated with the image of the deceased. Grieving is a process that we do not choose,

but we can support it and catalyse it going through particular stages. A mental representation of a particular person is something different from the real person, but it is their picture that affects our emotions and social reality. Even when we fall in love, we hold in our arms and let ourselves be carried away by the emotions that are evoked in us by a mental image of our beloved. So, our love (or hatred), at a certain level, is nothing more than the activity of neurons in the brain.

What is more, people can be completely unaware of the social ideas embedded in them. However, emotions related to relationships arise from them, which results mainly from the pattern imprinted in early childhood or during some later experience. The bereavement panorama is helpful and easy to apply. Even if the client is unaware of it, the panorama changes as they go through a successful process of handling bereavement. There is no need to end a relationship with the deceased, but it must be re-structured and re-entered into the perception of social bonds (Klass, 1992).

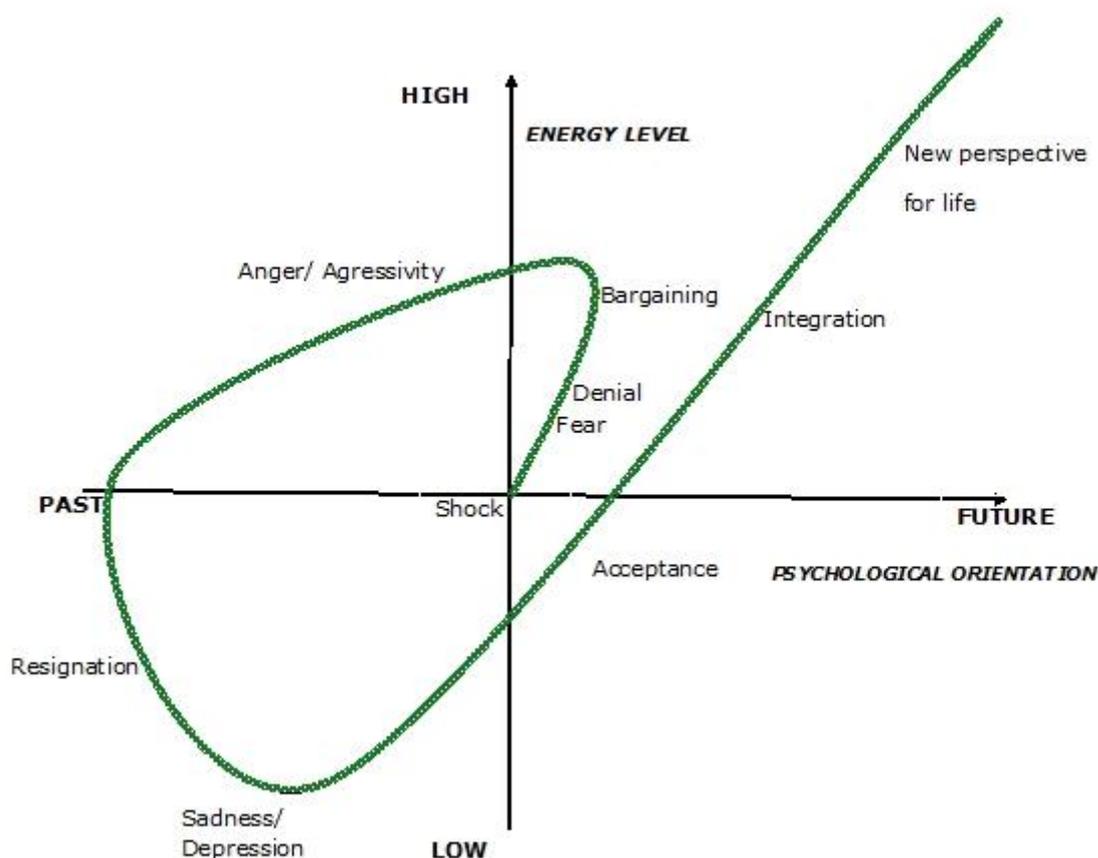
In step 4, it is important to:

- become aware of one's internal social representations and create a graphic representation of the bereavement panorama,
- understand our own system of social relationships and the impact of bereavement,
- strengthen the constructive mechanisms of coping with own perception of a deceased person,
- create a new representation of social relations and support development.

Each of the steps reflects the stages of mourning described classically already by Elizabeth Kubler-Ross (2005). Clinical practice shows that these stages do not have to be experienced linearly, i.e. in the order described by the author. There may be fluctuations, relapses, the client may not notice or go through certain stages. Undoubtedly, Kubler-Ross's works are, however, a very good theoretical foundation for looking at grief. Entering the constructive discourse with this model, we have created its complementation and extension by selecting psychotherapeutic tools so that it would be possible to support clients who start therapy at every stage.

*See below:*

Fig. 1. Mourning curve: possible stages of grief in time (originally published in Klaus et al., 2011)



### Case study 1 – short-term psychotherapy

The client was a 15-year-old boy Krzysztof (the name was changed for the purposes of the case description), whom his father brought to the first visit. The superficial reason for starting therapy was that the boy was apathetic and did not want to learn. During the initial conversation, in which father and son participated, it turned out that the boy's mother had died suddenly 8 months before. Her death was discovered by Krzysztof.

### Method

5 psychotherapy sessions based on NLPt tools and the abovementioned steps.

**Session 1.** Preliminary diagnosis. Participants: Krzysztof and his father.

When making the appointment and during the initial interview with the psychotherapist, the father does not address the topic of death. He speaks about it as if it could not affect the current situation. He describes the condition of his son at the level of symptoms, mainly related to the school context. He mentions the death of his wife and the boy's mother parenthetically, when he is asked about the current family situation. At the same

time, it can be seen that he maintains non-verbal contact with his son, e.g. he is touching his shoulder, although he avoids eye contact. During the conversation about the death of his wife, there are signs of a stronger arousal, tears in his eyes, a trembling voice. It turns out that the father and son had not talked insightfully about the death of the boy's mother until then.

The boy is quite tense, he responds with monosyllables, he does not elaborate on the topic on his own when answering questions. In the second part of the session, which no longer involves the father's participation, an individual contract is concluded. It is also the first opportunity to talk freely about how the boy feels. You can see that he is trying very hard not to show emotions related to the death of his mother, although at the same time he starts to speak fluently about what he remembers, how he feels at the moment, etc.

During the conversation, the boy's assumptions about death (in general) and the death of his mother are slowly revealed. He talks about them quite calmly, a stronger reaction in the form of crying appears when he utters the words 'and I fear that I will not cope without her because I do not know if she managed to give me everything I should have in order to be

successful in life...'. It seems to be the key conviction causing anxiety and affecting its assessment and perception of the whole event. Despite this, the client was unable to formulate any purpose of psychotherapy. He could not say what he would like to change or 'what should change'.

At the end of the session, he talks about his sense of relief that he was able to tell someone the whole story for the first time about this event. Thus, it is possible to observe the establishment of the relationship and the first effect of 'closing the figure' becomes visible (Perls, 1971). It turns out that the boy told this story for the first time from the moment he last saw his mother alive until after the funeral, when his life without a mother began (that continues to the present point). A broadening of perception occurred - previously it was mainly focused on the moment of his mother's death and an indefinite vision threatening the future.

The client was familiarised with the steps to go through. The important information was that because of the nature of the father's work (the client came from another city), they would be able to come to 3-4 more appointments. After discussing possible further needs and the probability of accomplishing goals in such a short period of time with the father, we fixed a series of meetings.

**Session 2.** Participant: Krzysztof.

The second session was devoted to deepening the contact through a simple conversation about events and emotions that occurred during the time between the sessions. This conversation was used to introduce the topic of noticing, naming and understanding one's emotions. The conversation concerned also how thinking about the death of his mother and about his relationship with her affects the client's emotions. The psychotherapist offered the boy a conversation about memories related to his mother. For this purpose, a neuro-linguistic concept of working with a timeline was used as a structure. The client was asked to draw significant positive memories of the relationship with his mother using symbols on sheets of paper and arrange them in a line (timeline), starting from the earliest memories and finishing on the present.

**Session 3.** Participant: Krzysztof.

In the next step, the psychotherapist led the client through the process of associating memories and then, from the perspective of an observer, looking at the symbols on the pages, the client formulated a 'key message' from the deceased mother for the rest of his life. It was the result of the emotional experience gained from the memories of the relationship with the mother

(and experiencing these memories from the perspective of an 'actor' followed by reflection from the perspective of an 'observer'). The client did not disclose the exact content of the message. He only said that it gave him the feeling and conviction that what he got from the relationship with his mother was enough for him to survive in the world and develop and that he would never lose it, it would always be in his heart. What is important, is that the moment in the course of work in which the client created some space to set himself a goal: to be able to live without fear that she is not there, using what she had already given him.

**Session 4.** Participant: Krzysztof.

The penultimate session was dedicated to bridging the future and embedding the experience of previous sessions in the relationship map. For this purpose, the social panorama technique was used. The client rearranged the sensual representation of his relationship with his mother and found a new, different place for his father. It was also the moment when he realised, and felt emotionally, that his father could support him in growing up and going through life, although it would be manifested through other means of expression and in slightly different areas.

**Session 5.** Summing up and closing the process. Participants: Krzysztof and his father (at the end of the session).

The last session was devoted to summing up the whole process. The client was asked to look at all this period of time, at himself at the beginning and at the end of the process, describing changes both in the area of emotions and well-being as well as thoughts and behaviour. Importantly, the client noticed and described changes in all these areas. Changes in behaviour, such as the disappearance of apathy, taking action and meeting with peers, were also confirmed by the client's father.

## **Results**

A short-term structured intervention led to measurable changes described by both the client and his father. These changes concerned both his behaviour (initially: apathy, staying in bed all day, lack of contact with peers, worse school performance, lack of out-of-school activities) and emotional state (initially: sadness, even dismay, freezing emotions, lack of feeling and the ability to name emerging emotions) and on the level of beliefs (initially: I am alone, I cannot cope, I have nothing, others have it, it should be different, it should not have happened). The end result of the whole process was: greater peace and faith that the client can develop

and grow up without the physical presence of his mother. In addition, according to the model of neuro-linguistic influence of emotions on thoughts and of thoughts on behaviour, cascade changes occurred involving various areas of the young man's life.

### **Discussion**

From the perspective of the psychotherapist, it was important to be able to work and keep a balance between structuring the process (procedure) and phenomenologically following the client. Due to the inability of the client to formulate the purpose at the very beginning of the process, the structure (mainly the first step 'Work with beliefs') helped create space for the emergence of the client's beliefs and emotions, thanks to which he was able to become aware of the problem, name it and realise how much it affected him. Despite a short-term contract, it was also possible to establish a therapeutic relationship and create a therapeutic alliance. Exploration of the level of beliefs allowed in the first step, to quickly refer to the client's map and thanks to gaining access to emotions, it moved work to a deep level concerning the real experience of the client. This prevented the process from occurring only on the intellectual level, in isolation from emotions.

The client could also be treated on fully equal terms. He was provided with structures for 'processing' content that appeared and at every stage, he decided what appeared, what he accepted, how he would use it. It gave him the feeling that he was actually facing the problem and closing the bereavement, and he was not guided by the hand and that thanks to someone from the outside he was restored to balance. This thought appeared during the summary, it was manifested in the fact that the client talked about how he managed in the first person.

The main tool during this process was the timeline. Thanks to it, it was possible both to organise memories and broaden the cognitive perspective, experience both from the association (position of an actor) and dissociation (observer's perspective) (Libby, Eibach, 2011). The key intervention, including two sessions, allowed us to formulate a new assumption, which concerned not only the fact of the mother's death, but also his picture of himself and his future opportunities. A turn towards the future thus occurred (while previously attention had been focused mainly on the past).

From the perspective of the psychotherapist, the changes were extremely fast. So, the question arose whether these changes were permanent and real, and to

what extent they occurred in order to meet the expectations of the father and the therapist. It seems, however, that emotional engagement and real feelings that arose during the exercises showed that the change was real.

### **Case study 2 – long-term psychotherapy**

The client, aged 43, was referred to psychotherapy by a psychiatrist. She sought his advice because of constant bouts of fear and crying after her mother died in a car accident. Despite the tranquilisers administered temporarily, she did not decide to start pharmacotherapy. The client practically did not leave home for the last six months (12 months had passed since her mother's death). She did shopping after dark and always in the same well-known store. She was afraid of moving to unknown places. She had difficulty coming to the initial sessions. She stopped working (she was on sick leave for some time), although earlier her professional activity was close to workaholism. Psychotherapy lasted for 8 months in this case. During this time, 32 sessions were held. For the purpose of this article, we will mainly describe the part of the process related to work with grief and loss.

### **Method**

#### **Sessions 1 – 3.**

During the first consultation the client cried a lot, it was difficult for her to talk about herself and about what had happened. She said that she had suicidal thoughts, but she would not dare to take her own life because she thought that it would be wrong, and probably someone would suffer because of it.

However, she described her situation and the story of her life. She started by saying that after her mother died in a traffic accident she was left alone. She does not feel she has close friends. Her sister emigrated to another country. Her father has been dead for years. At the beginning of her story, the mother was very idealized, and her loss was depicted as a loss of everything. The client said that she was not waiting for anything anymore, that she had nothing to live for, that there were absolutely no plans that she believed would come true. A symbiotic relationship with her mother (called by her client 'mummy') emerged from her story.

Gradually during the first three sessions, the client revealed more and more details from her personal story. It turned out that the last 4-5 years was actually the first period in which she experienced being loved by her mother. This idyllic period, idealised by her, was interrupted by the death of her mother in an accident.

What preceded it was the story of escapes and struggles for survival from an early age. At some point the client began to say that from early school age to the moment of leaving home for college, she was a victim of her father's physical abuse. Her father died over 10 years before. From that time on, her relations with her mother began to improve gradually. Talking about her parents, the client feared strongly that she was crossing a taboo. She talked about her hesitation about whether she should talk about what happened to her at all. It was connected with a strongly internalised, instilled by her parents, belief that 'they deserve respect'. So even now, after more than 20 years since moving out (and despite the fact that both parents died), the conviction really worked on the client. A picture of a father who constantly humiliated and beat her under any pretext and a passive mother, who, being next door, did not react, emerged from her story. At this initial stage it was very important for the client that the therapist accepted her with her story, that she was allowed to tell her story and reassured that she was allowed, like every human being, to experience ambivalent feelings, that on the one hand she can miss her mother and her love, and at the same time feel angry that she showed this love for her so late and that she did not defend her. That she may grieve because of the feeling of loss, that she does not need to feel guilty, that no one is allowed to hurt a child. At this stage, a foundation was laid for further work related to the confrontation and rebuilding of the assumption system, which, until then, was a trap. Moreover, the assumptions connected with death were also discussed. This concerned not only death in general, not only the death of the mother in an accident, but also very important assumptions about what is one allowed and what not to think and say about a deceased person – in accordance with the Roman principle 'speak well about the dead or say nothing at all'.

#### **Sessions 4 – 7.**

The next few sessions oscillated around giving a new meaning to her previous experience. First, the main work focused on building a coherent narrative about the client's life, which has been fragmented so far. The client had access to some areas of experience and repressed others. She assigned much more importance to some experiences than to others. Using symbols, metaphors and the timeline technique, the client could look at her relationship with her parents (including her mother) and look at her younger self in a different way. So far, thinking about herself in the past was associated with regret, pain, but also with anger and guilt that 'she was imperfect, and it was probably her fault', and with

the conviction that 'after all, parents always want something good for their children'. This created strong ambivalence and inability to break out of the vicious circle of anger - fear - guilt. As a result of the psychotherapeutic work, the client could first look at the traumatic situations from the perspective of an observer. So far, memories always returned to her in associated form (in the first person), some of which were flashbacks (e.g. when she entered the parents' apartment). A change in the form of access to memories caused a lot of emotional relief and the possibility of broader analysis. The client was able to separate herself from the family system in the story of her life and using the timeline technique she could provide support to herself from the past. The key message was 'you survived, you did it' and 'you have the right to think about what happened from your own perspective'. Thanks to this, the client experienced a release from constantly trying to justify her parents (both her parents also had very difficult family stories, which I will not describe due to the need to anonymize the client in the case description). At this stage, it was very helpful to use the technique of three positions of perception, association/dissociation, working with sub-modalities and anchoring resources. It was also important for her to separate her adolescence period, during which she experienced abuse, from the period of her studies and independence and to formulate a key message from the last period of several years of her life with her mother.

#### **Sessions 8 – 14.**

The mental and emotional separation from the family, as well as a better understanding of her emotions and their causes and consent to feel them allowed the client to overcome guilt and regret. Space has appeared for recognizing the positive intentions of her mother's behaviour while acknowledging her own harm and suffering. It enabled her to separate love for the mother from grief and the feeling of harm and, consequently, experience each of these emotions and free herself from the need to continually go deeper into brooding over them. As far as the neuro-linguistic techniques are concerned, at this stage all those techniques whose mechanism of action is based on the mechanism of memory re-consolidation (e.g. re-imprinting, visual-kinaesthetic dissociation) were very helpful. At the same time, continuation of work with the timeline made it possible to embed the whole process in the metaphor of growth and the development of self-care skills.

The final element, a kind of ritual, was to look into the diaries that she wrote when she was a child and a teenager. She read their fragments at sessions and then

buried them in a special box at the allotment (which her parents bought and which she intended to sell). The entire stage was a preparation to turn away from the past and head towards the future. Between the 5th and 7th sessions, the intensity of symptoms such as bouts of crying and despair also decreased significantly. The client began to leave the apartment. She took up physical activity and training in order to return to the sport she used to practice for pleasure.

#### **Sessions 15 – 16.**

At this stage, the question ‘how am I supposed to live?’ arose spontaneously, since I no longer have to suffer, blame myself and go back to the past. As a catalyst for these deliberations, the social panorama technique was used, which made it possible to look at both the relationship with the deceased and the sister (who was also a witness to her suffering and humiliation from childhood who did not react) and new people appearing on the horizon (relationship with a man).

The panorama allowed us to work with the ‘kinaesthetic I’, which the client has experienced very little so far. The kinaesthetic I is the embodiment of ‘I’. People who are victims often have problems with feeling themselves, especially in social situations, which leads to a feeling of insecurity and it does not allow them to use internal resources (skills, strategies, positive states, etc.). Instead, such people have a visual representation of themselves (‘the visual self’) which in turn reinforces the effect of comparing themselves and of an unfavourable self-assessment. Both sessions were devoted to working on building contact with the ‘kinaesthetic I’ and creating a new representation of the relationship within the social panorama model (Derks, 2005).

#### **Sessions 17 – 26.**

Subsequent sessions were devoted to creating plans for further action. The client decided to sell her parents’ apartment. It required emptying it and deciding what she wants to keep, what to give away, and what to throw away. So, she planned the next steps and the resources needed to implement them. The planning process and learning the strategy of action also concerned professional areas, as the client returned to professional activity. Other topics addressed were related to new friendships and a personal relationship.

#### **Sessions 27 – 32.**

The client devoted her last five sessions to planning further professional activities. The issues related to bereavement for her mother were no longer brought up. The entire work ended with a summary using a timeline. The client could experience her change

from the beginning of psychotherapy to its end. She could acknowledge the change, thank herself and feel proud of all the changes she has introduced. This was aimed at increasing her self-awareness and consolidating changes (Libby, Eibach, Gilovich, 2005).

### **Results**

Eight-month psychotherapy with sessions held once a week allowed the client to achieve real changes. They were visible both in the client’s condition observed during the sessions and in the actions taken by her. In the initial phase of psychotherapy, the client was very emotionally unstable, she experienced a lot of fear and despair. Sometimes, she cried alone for several hours without interruption. These symptoms disappeared already after the first few sessions. The flashbacks from the past and traumatic experiences from childhood have also ceased. Furthermore, the client took steps to organise the legal status of her inheritance matters. She finally sold her parents’ apartment and invested her part of the money in activities related to her own business. She also established a relationship with a man which continued at the time of ending psychotherapy. Therefore, changes could be observed on many levels, starting from the environment, through skills, beliefs and values, and ending with identity.

### **Discussion**

The presented case concerned work with bereavement for a person who during her life experienced ambivalent feelings: from feelings of love to feelings of rejection and strangeness. Overcoming this grief involved at the same time overcoming many traumatic experiences that had a huge impact on the client’s personality. If she was to be described in terms of ICD-10 diagnostic criteria, she could probably be diagnosed with categories from the F41 area (e.g. F41.2) and from the F.60 area (e.g. F60.6) (ICD - 10, 2007). The applied approach enabled us both to deal with the current need, because of which the client came to the psychotherapist, and to address her entire life experience. It is noteworthy that the client formulated her goals as late as around the 15th session. Until then, the main expectation was ‘please help me get out of this’. Even though the client was able to answer the question ‘how do you want to feel when it is over?’ with difficulty, her answer was largely determined by what she wanted to get rid of. At the end of the psychotherapy she admitted that she was surprised with what she achieved. She imagined that the effect would simply be that she would stop crying at the sight of, for example,

her mother's clothes or that she would return to her former work. As a result, she set herself goals that have changed her life and her relationships with people. Therefore, it seems fair to say that in this case the '4 steps' methodology of working with grief helped not only to cope with pathological mourning, but actually thanks to reaching and crossing the 'turning point' enabled personal growth, which in terms of ICD 10 diagnosis was a treatment of personality disorder.

The main techniques that triggered the change, apart from building contact and following the non-directive leading the client towards reformulation (pacing & leading), included: reformulation, positions of perception, work with time perspectives on the timeline, work with the key message involving giving new meaning to difficult experiences, work on the timeline connected with providing support to the younger self and isolating oneself from the family system, work with emotions (discovering positive intentions, functions of emotions), the social panorama method, work with goals, bridging the future. We can therefore observe that the psychotherapy activity changed from support in overcoming the current state to potential activation and working with goals.

### **Final conclusions**

The presented model of work with grief and loss shows great potential as a concept of supporting people in bereavement, and at the same time as a practical set of techniques to be used. The cases discussed illustrate its usefulness in both short-term and long-term therapeutic processes. What is promising, the structure of work allows you to work in a form similar to crisis intervention and to undertake deeper work at the level of personality disorders. The experience of the authors of the project shows that pathological mourning often gives symptoms similar to those observed in post-traumatic stress: avoiding places associated with the deceased person, obsessive thoughts, flashbacks, intrusions, emotional instability. Staying in such a condition for a long time leads to personality changes, even if they do not qualify for a specific diagnostic category of ICD or DSM (Horowitz et al., 2003). The developed model of work with bereavement is even more promising as it enables effective work at a sufficiently deep level and at the same time allows you to quickly get rid of symptoms that hinder day-to-day functioning or make it impossible. By inviting the client to strengthen himself/herself and showing them how to do it, we can simultaneously maintain their motivation to work and develop after the symptoms they originally reported, disappear (this applies particularly to long-term processes).

At the same time, the model is a kind of road map that allows the client to take up challenges suitable for a given moment in their life, to rise to their potential, etc. From the perspective of neuro-linguistic psychotherapy, the '4 steps for handling bereavement' model is also an attempt to face the question arising in this approach: to what extent is it a phenomenological approach to a process, Erickson's 'following the client' and to what extent is it a kind of procedure that leads to a specific point (Wake, Gray, Bourke, 2013). In the work methodology presented, we can treat the successive steps as both milestones and checkpoints, which allows us to diagnose the cause of the client's condition quite quickly.

The discussed cases are one of the first reflections on the effectiveness of the neuro-linguistic model of work with grief – '4 steps for handling mourning and loss' and it is probably advisable to further study their effectiveness in clinical practice, including qualitative and quantitative methods.

### **Acknowledgements**

I would like to thank my friends, participants of the Leonardo da Vinci partner project 'Dying and Death in Europe', thanks to whom the subject of work with mourning appeared in my life, and with whom we modelled the methodology of work with grief and loss, often touching our deep personal experiences: Łukasz Dąbrówka, Marian Gonzales, Sophie Haas, Magdalena Mastalerz, Josep Soler, Michelle Vinot-Coubetergues and Dr. Klaus Witt in particular. Klaus, your passion and commitment are a great contribution to the world!

### **References**

- Bateson, Gregory (1972). *Steps to an Ecology of Mind: Collected Essays in Anthropology, Psychiatry, Evolution and Epistemology*. University of Chicago Press.
- Currier, M.J., Holland, J.M., Neimeyer, R.A., (2006). Sense-Making, Grief, and the Experience of Violent Loss: Toward a Mediatonal Model, *Death Studies*, Volume 30, 2006 - Issue 5. <https://doi.org/10.1080/07481180600614351>
- Dąbrówka, Ł., Gozales, M., Hass, S., Mastalerz, M.M., Soler, J., Turkowski, P., Vinot-Coubetergues, M., Witt, K., (2011) *Manual to Support Professionals During Their Work with Dying and Bereaved Persons*. Bargaheide: Psymed-Verlag.
- Derks, L., (2005). *Social Panoramas: Changing the Unconscious Landscape with NLP and Therapy*. Crown House Pub.
- Dilts, R., *Modelling with NLP*, Meta Publications, Capitola, CA, 1998.
- Dilts, R., *Roots of Neuro-Linguistic Programming*, Meta Publications, Capitola, CA, 1983.
- Frankl, V.E. (2008). *Man's Searching for Meaning*. London: Rider.
- Fuller, A.A. (2009). The unexpected gifts of loss. *Bereavement Care*, Volume 28, 2009 - Issue 3. <https://doi.org/10.1080/02682620903355291>

- Gillies, J., Neimeyer R. A. (2006). Loss, Grief, and the Search for Significance: Toward a Model of Meaning Reconstruction in Bereavement. *Journal of Constructivist Psychology*, Volume 19, 2006 - Issue 1.
- Gillies, J., Neimeyer R. A., Millman, E. (2013). The Meaning of Loss Codebook: Construction of a System for Analyzing Meanings Made in Bereavement. *Death Studies*, Volume 38, 2014 - Issue 4: Meaning and Spirituality in Grief. <https://doi.org/10.1080/07481187.2013.829367>
- Gort, G. (1984). Pathological Grief: Causes, Recognition, and Treatment. *Can Fam Physician.*, 1984 Apr; 30: 914-916, 919-[920], 923-[924].
- Hall, C. (2014). Bereavement theory: recent developments in our understanding of grief and bereavement. *Bereavement Care*, 33, 2014. <https://doi.org/10.1080/02682621.2014.902610>
- Horowitz, M.J., Siegel, B., Holen, A., Bonanno, G.A., Milbrath, C., Stinson, C.H. (2003). Diagnostic Criteria for Complicated Grief Disorder. *FOCUS The Journal of Life Long Learning in Psychiatry*, 2003, 1:3, 290-298.
- Huflejt-Lukasik, M., Peczek, B. Neurolingwistyczna psychoterapia. In: Grzesiuk, L., Suszek, H., (Eds.), *Psychoterapia. Szkoly i metody*. Warszawa: ENETEIA, p. 299-323.
- International Statistical Classification of Diseases and Health Related Problems – Tenth Revision* (2007) WHO
- Jordan, A.H., Litz, B.T., Prolonged Grief Disorder: Diagnostic, Assessment, and Treatment Considerations. *Professional Psychology: Research and Practice*, 2014, Vol. 45, No. 3, 180-187. <http://dx.doi.org/10.1037/a0036836>
- Klass, D., (1992). The Inner Representation of the Dead Child and the Worldviews of Bereaved Parents. *Omega-journal of Death and Dying*, 26, 255-272. 10.2190/GEYM-BQWN-9N98-23Y5.
- Korzybski, A. (1958) *Science and sanity*. Lakeville, Conn.: International Non-Aristotelian Library Pub. Co.
- Kubler – Ross, E., Kessler, D., (2005) *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss*. New York: Scribner.
- Libby, L.K., Eibach, R.P. (2011). Visual perspective in mental imagery: A representational tool that functions in judgment, emotion, and self-insight. In M.P. Zanna and J.M. Olson (Eds.), *Advances in Experimental Social Psychology* (Vol. 44, pp. 185 – 245). San Diego: Academic Press.
- Libby, L.K., & Eibach, R.P. (2002). Looking back in time: Self-concept change affects visual perspective in autobiographical memory. *Journal of Personality and Social Psychology*, 82, 167 – 179.
- Libby, L.K., Eibach, R.P., Gilovich, T. (2005). Here's looking at me: The effect of memory perspective on assessments of personal change. *Journal of Personality and Social Psychology*, 88, 50 – 62.
- Marwit, S. J., Klass, D. (1996). Grief and the role of the inner representation of the deceased. In D. Klass, P. R. Silverman, & S. L. Nickman (Eds.), *Series in death education, aging, and health care. Continuing bonds: New understandings of grief* (pp. 297-309). Philadelphia: Taylor & Francis. (Reprinted in modified form from "Omega - Journal of Death and Dying", 30(4), 1994/1995, pp. 283-298).
- McDermont, I., Yago, W., (2001) *Brief NLP Therapy*. London: Sage.
- Neimeyer, R.A., (1999). Narrative strategies in grief therapy, *Journal of Constructivist Psychology*, Volume 12, 1999 - Issue 1. <https://doi.org/10.1080/107205399266226>
- Perls, F. (1981). Cztery wykłady, In: Jankowski K. (Ed.), *Psychologia w działaniu*, Warszawa: "Czytelnik".
- Sills, Ch., Fish, S., Lapworth P. (1999). *Pomoc psychologiczna w ujęciu Gestalt*, Warszawa: Instytut Psychologii Zdrowia PTP.
- Stipancic, M., Renner, W., Schütz, P., Dond. R. (2010). Effects of Neuro-Linguistic Psychotherapy on psychological difficulties and perceived quality of life, *Counsell. Psychother. Res. J.*, 10(1): 39-49.
- Stroebe, M. (1997). From mourning and melancholia to bereavement and biography: An assessment of Walter's New Model of Grief. *Mortality: Promoting the interdisciplinary study of death and dying*, Volume 2, 1997 - Issue 3. <https://doi.org/10.1080/714892787>
- Stroebe, M., Schut, H., (1999). The dual process model of coping with bereavement: rationale and description, *Death Studies*, Apr-May; 23(3):197-224. DOI: 10.1080/074811899201046
- Tosey, P., Langley, D., Mathison, J. (2018). *Bateson's Levels of Learning as A Conceptual Framework for Workplace Learning*. Retrieved from: [https://www.researchgate.net/publication/268381863\\_BATESON%27S\\_LEVELS\\_OF\\_LEARNING\\_AS\\_A\\_CONCEPTUAL\\_FRAMEWORK\\_FOR\\_WORKPLACE\\_LEARNING](https://www.researchgate.net/publication/268381863_BATESON%27S_LEVELS_OF_LEARNING_AS_A_CONCEPTUAL_FRAMEWORK_FOR_WORKPLACE_LEARNING)
- Trope, Y., & Liberman, N. (2010). Construal-Level Theory of Psychological Distance. *Psychological Review*, 117(2), 440-463. <http://doi.org/10.1037/a0018963>
- Wake, L., Gray, R.M., Bourke, F.S.(eds) *The clinical effectiveness of neuro-linguistic programming: a critical appraisal*. London, New York: Routledge;
- Walter, T. (1996). A new model of grief: Bereavement and biography. *Mortality: Promoting the interdisciplinary study of death and dying*, Volume 1, 1996 - Issue 1. <https://doi.org/10.1080/713685822>
- Yalom, I. (2000). *Momma and The Meaning of Life*. New York: HarperCollins.