

Brief Grief:

Components and the means to reduce grief to the shortest period of time.

I. The trials of life:

There is no escaping pain in life, what Shakespeare's Hamlet refers to as "the slings and arrows of outrageous fortune."

No matter what, we all can and will at various times experience misfortune, or loss and an attendant pain. As the poet, Henry Wadsworth Longfellow put it over 150 years ago, when he pointed out that into each life some rain must fall:

The Rainy Day Henry Wadsworth Longfellow

Written at the old home in Portland

THE day is cold, and dark, and dreary;
It rains, and the wind is never weary;
The vine still clings to the mouldering wall,
But at every gust the dead leaves fall,
And the day is dark and dreary.

My life is cold, and dark, and dreary;
It rains, and the wind is never weary;
My thoughts still cling to the mouldering past,
But the hopes of youth fall thick in the blast,
And the days are dark and dreary.

Be still, sad heart, and cease repining;
Behind the clouds is the sun still shining;
Thy fate is the common fate of all,
Into each life some rain must fall,
Some days must be dark and dreary.

II. Description of Grief:

Grief is the normal human response to loss, something that everyone feels to some degree or another, depending upon the magnitude of the loss for the individual and the emotional coping repertoire of the individual for dealing with loss.

Such normal, uncomplicated bereavement may recur subsequent to a loss, but it does not obstruct the individual's capacity to move on in his, or her own life.

Why? Because, as Longfellow put it: *Be still, sad heart, and cease repining;*
Behind the clouds is the sun still shining.

There are, however instances where people are unable to see the sun shining behind the clouds, where grief becomes obstructive and dysfunctional, and this is the area of concern to be addressed here. The resolution to this continuance is also presented here.

III. TIME is important

When it comes to dealing with grief, time is an important factor, one that affects the person who is grieving and those around him, or her.

Time enters the picture two ways, in terms of duration of grief, and in terms of length of treatment. And it is valuable to remember the significance of time, for all of us, all of the time. And to keep that in mind when addressing grief and attempting to remedy issues that arise when grief goes awry.

When, grief becomes problematic for a person, time is one of the most important issues for him, or her, because grief can become interminable. Suffering under the burden of unresolved grief can result in prolonged misery and negative consequences for the person's functioning in every-day life.

The effects of interminable grief can extend to those around the grieving person. We know those family members and friends who care for that person in grief become concerned and take their positive actions. But, after a month or 90 days, or some limited time, offering to take that person to lunch, or when the offers to take that person to an activity is refused due to their grief, the good hearted person gives up. The friend or family member determines "I can't change his or her grief." When that abandonment occurs, the friendship slips away, the family events come and go without invitations. This doesn't take long, perhaps in less than a hockey season.

If friends, family members and business or career associations find they can't help, they disassociate. The loss of friends, family and career interactions can be profound. With this, life expectancy, retirement funds and planning, career can be nearly destroyed. But, we cannot predict to whom this may occur. And, we cannot predict the depth to which grief can become debilitating to each individual.

When such dysfunctional grief occurs, time becomes important in terms of finding relief and resolution. The longer treatment takes, the longer the person "clings to the mouldering past" (as Longfellow put it), and the longer he or she resides beneath a rain cloud, the more entrenched and difficult to treat the grief becomes, and any treatment that does not, at least initially, seek speedy relief, can fail.

This is not an usual or new idea. In fact, there already exist treatments designed to produce speedy relief. Unfortunately, they are all psychopharmacological. Medications can indeed change a persons mood, but unfortunately they do not resolve the basic psychological issues underlying and sustaining the grief. Any mood altering medication can be palliative and can be as interminable as the grief itself.

But there is another way, one that does not involve medication, one that does lead to brief grief, and on that will be discussed fully here.

In acknowledging the affects of dysfunctional grief on career, retirement, friends and family, and the need for speedy assistance, we can agree Brief Grief is a significant and important goal to be acted upon, for a longer and more joyful life.

IV. Description of Complicated/dysfunctional Grief:

There are times when grief does not function well, times when it becomes a problem for the individual, rather than a means for emotionally coming to terms with loss.

Two factors leading to complicated/dysfunctional grief: There are two general ways in which grief can be problematic; Duration (which we've mentioned above) and Intensity.

The worst situation is where the intensity is so high that it interrupts psychological functioning, and/or it lasts so long that it leads to behavioral and emotional failures (such as, loss of employment and interpersonal relationships).

Components of *Complicated/dysfunctional Grief* are:

A response to an Initial *Sensitizing Event* (it may be the loss that leads to all grief, such as *the* death event, or it may be a prior death event, or it may be some other event not involving death but one that creates a basis for the dysfunctional response to a death, a basis for a dysfunctional grief)

The continuance of Ruminating Conversations (internal mental dialogues), without end, thereby obstructing other, more productive and positive experience and action.

Dysfunctional emotionality:

Anger and Fear (especially fear arising from *not feeling safe*) that are not working for the person

Emotions of Anguish, Despair, Anger and Fear placed in **human learning**, *without human language* while transitioning into sleep.

Universality of components:

Regardless of personal background and different circumstances, clinical experience indicates the above description is present in different measures for each person who experiences complicated/dysfunctional grief.

In other words, we know that people differ but within a common framework. Take our physical bodies. Unless something removes them (such as an automobile accident), we all have two arms and two legs, but the length of our arms and legs may vary.

Utility of this approach:

This description of Complicated/dysfunctional Grief is offered, because it is the foundation for the possibility of change, in the shortest time, perhaps as little as 30 days.

As we shall see, *when each of these components is addressed, and feeling safe is restored, grief can become brief.*

There are those who categorize grief as a “process without specific interdictions.” In which case, each instance of complicated/dysfunctional grief has to be dealt with individually.

The approach taken here acknowledges the variations in individual psychological make-up and history, but maintains that in general if all the factors discussed above are addressed in general terms, grief can be brief and beneficial.

This presentation is to achieve these outcomes, so joy can again live.

V. How complicated/dysfunctional grief arises

When we think of grief, and when we include time factors, we see that a full understanding of when and why grief may become complicated and dysfunctional must be understood in terms of the past, the present, and the future.

Out of the Past: The process of growth and development

We human beings live and develop through processes, as all living things. All living things have growth and development.

Please consider the process of an acorn growing to a mature oak tree. Germination, the growth of a sapling. Receiving sufficient light, water and nutrients. Culminating in a large oak tree creating a new acorn. This process *can be* interrupted. It can be enhanced. It can be brought to completion faster with positive intervention only if...

We understand germination, photosynthesis, geotropism, and the other aspects of tree growth and mature reproduction of trees, we have the ability to affect the outcome.

The same is true in terms of human growth and development.

When grief is complicated and/or dysfunctional, it is a result of a process of development that can lead to fixation(s) that prolong grief and preclude people from moving onward in their lives, from finding the sun behind the clouds, from embracing the future and the opportunity to experience joy and fulfillment.

There are several components to the formation of complicated and dysfunctional grief. These arise in the process of growth and development. They include the Initial Sensitizing Event, the Anchor, Fixations, Repressed Memories, a Sorting Process, and the Transition into Sleep, all are discussed below.

Understanding what these components are and how they arise creates the foundation for Brief Grief, a process whereby complicated/dysfunctional grief can be treated and resolved.

Initial Sensitizing Event

The process that eventually leads to a grief experience, that is dysfunctional, begins with an initial sensitizing event, which can have occurred prior to the death that is leading to grief, or in some cases can be the death event itself.

The initial sensitizing event is NOT in itself a bad feeling or debilitating when it occurs. Rather, this event appears to be a primer for future **learning associations**. This is an event, which can cause us to bring future emotions to anchor on that initial learning. This seems to be the human learning process. Not only to make association with intellectual growth, but to make associations with emotional disappointments.

The human learning process is not without, emotion.

This initial sensitizing event is the psychological basis for the eventual difficulty dealing with grief.

The Anchor

The Initial Sensitizing Event has the capacity to become an anchor to which other experiences, thoughts and feelings can be attached. It serves as the central, focal point for the perpetuation of moods and beliefs, some of which can be dysfunctional, and some of which can lead to prolonged and complicated grief.

Understanding the development of fixations

If we understand the emotional fixations of anger and fear, grief can be made brief. These factors can establish our understanding to make grief brief.

Grief: Components Contributing to Briefness and Healing

Paul Rieker and Roger Russell, PhD © 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015

1. If we understand the process of initial sensitizing events and how they create a **learning of Anger/Fear.**
2. If we recognize and agree that emotional **responses are learned.**
3. If we understand that in **learning an emotion and review of that emotion causes our increased ability and skill to practice and participate in it.**
4. If we understand that over time all this psychological material can become unconscious and repressed.

These components of grief can be changed.

But, without this recognition, it's possible the focus of attention may not be re-directed to joy.

Working definition of Fixation: A strong attachment to a person, thing, or psychological event, especially such an attachment formed in childhood and manifested in immature thoughts and feelings and behaviors that persists throughout life.

- Arrested development: an abnormal state in which development has stopped prematurely
- Obsession: an unhealthy and compulsive preoccupation with something or someone. Possible sensitizing event/psychological trauma

Repressed Memory

Over time, the Initial Sensitizing Event, the Anchor, and Fixations can come to reside in the unconscious. That is, they arise over time and out of the past, initially with full awareness, but eventually becoming unknown to the person, such that they influence both the present and the future, as that person deals with grief.

The repressed memory is *not* created in that moment. In other words, it is not the case that the moment an ISE occurs, or knowledge of a death occurs, is the moment it becomes repressed.

Further, a repressed memory many times *may not be* a terrible event, but rather a small event, perhaps in itself an event of seemingly no consequence.

The repressed memory is a **1st learning, established by learning to associate the emotions of Anger and or Fear to that event.**

In fact, it is most likely that **a repressed memory is more the LEARNING to associate anger and fear over time, rather than the single event in itself.** (Yes, of course it's possible to have the huge event which is repressed, but for the most part the process of review with anger and fear causes the ISE not only to be debilitating, but also precludes other processes from accessing the issue on a cognitive basis—that is, prevents conscious resolution.)

The repressed memory is an accumulation of anger or fear or both, until such that the wrappers of anger and fear are so available, the emotions which are accumulated makes one blind from intellectually **knowing the causation event of the emotional learning.** This is what I refer to as wrapping an event or thought or belief with the “wrappers of anger or fear”.

The Sorting Process

This learning is the beginning of the SORTING PROCESS the human mind uses for our incremental education. Behaviorist refer to this as **associational learning**, whereby the individual recognizes and organizes current events in relation to past learning, thereby

facilitating the learning—it's easier to learn something that can be seen as relating to something already learned, than to learn something that is so new it cannot be related to prior learning. So the mind sorts learning and incorporates new material within that process of sorting.

There is both a benefit and a detriment to this sorting process. The sorting and comparison process makes future recall extremely fast. But, this speed of recall, through this sorting process comes with a price. That price is the emotional hurt, accumulating over time, with the cause hidden from the conscious mind.

Grief, which is not in that single event itself (the death of a person), can become a real debilitation over time through the process of the continual opening and reviewing the event *and other conversations like it*. "Like it" is the sorting process, the comparison which compounds anger and fear.

Transition into Sleep

Another factor that can lead to a dysfunctional grief is the nightly transition into sleep, a time when that which has been sorted and that which has components of anger and fear can become even more embedded in the unconscious. When this transition occurs over and over, with anger and fear associated with the loss, the grief, it moves toward dysfunctional bereavement.

The state of sleep, known as Hypnagogic within the 1st 30 minutes is when we embed emotionalized life experience of the prior hour or two into our subconscious. Concert violinists and other professional musicians utilize this, practicing immediately before sleep. Practicing the emotions of grief embed when sleep is entered. This is a significant action which creates the displayed behavior with the emotions of fear, despair, anguish, helplessness and anger, creating fixations which preclude the ability to focus on other life events, all interpreted as grief.

We typically do not recognize these mechanisms. They cause grief to become dysfunctional. The **transitioning into sleep, learning despair and anguish**, anger and most of all fear is the **primary learning** contributing to malfunctioning grief. Too often, people expect the use of language alone to break these wrappers of anger and fear.

Therefore, since they are implanted without language, use of language alone will not lead to resolution and freeing from fixations. Since there is a strong emotional component (i.e., anger and fear), it is necessary to move in the direction of healing the emotions, rather than masking or ignoring the emotion.

Interestingly, it is this transition into sleep that points toward the resolution of complicated grief that will be discussed here, for the hypnagogic state that leads to the creation of dysfunctional grief can also be utilized to reverse this process.

The emotions of Anger and Fear are implanted without language; therefore, the use of language alone will not lead to resolution and freeing from fixations. Since there is a strong emotional component (i.e., anger and fear), it is necessary to move in that direction, and as will be discussed later, abreaction and the emotional reframe, is the releasing modality to enable this shift.

This “prior learning” is described in the Centers for Disease Control’s ACE Study. This study is of Adverse Childhood Experience. <http://www.cdc.gov/ace/index.htm>. These are the experiences, which are embedded into learning with anger and fear.

VI. The Present: The day-to-day experience of grief

It is normal and appropriate for people to experience grief when loss is large. In the case of uncomplicated grief, this daily experience leads gradually but reasonably quickly to the point where the grieving person can find joy, optimism and expectations of future rewards.

But when the stage has been set for dysfunctional grief, this daily experience does not result in eventual resolution. Instead, it is at risk of becoming interminable and debilitating, preventing the person from reaching joy, optimism and expectations of future rewards.

VII. The Future: Grief over time

Time, as noted above, is important, and when the present remains unchanged and stretches far into the future, grief can become a dysfunctional process.

As noted above, part of this dysfunctionality has to do with past learning, but it is also created by future expectations.

If one expects grief to be a process without intervention:

It is often the case that current conceptions of the process of grief can lead to the expectation that there is no need for any intervention.

And this may well be true for uncomplicated grief.

BUT it is NOT true for those caught in a dysfunctional grief, especially those who (for reasons discussed above) cannot and do not recognize their situation. For them, this expectation is highly damaging, because they keep waiting for their grief to reduce, and *it doesn't*.

Consider today an individual who has broken their arm. Which is your expectation?

- A) Do you expect an intervention which identifies where and how severe the break, the setting of the bones, and the repair of the associated tissue. The immobilization of the arm until it heals. Or,
- B) An arm debilitated, which no longer functions as it normally did prior to the break?

With modern knowledge of medicine and healing which do you expect?

The worst possible consequence of the expectation that there is no need for intervention is the further expectation that grief is indeed endless and that a person simply needs to learn to live with it.

For this reason:

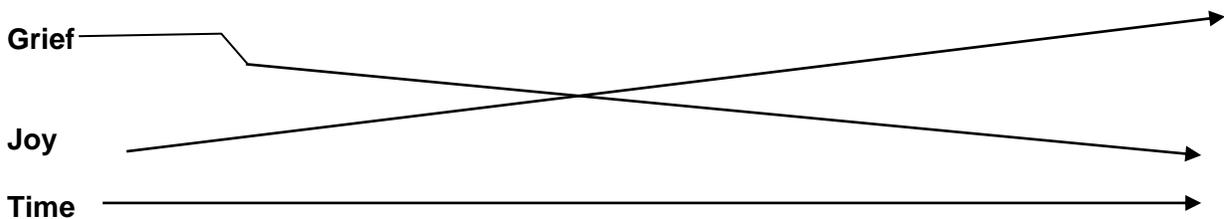
- It is important for all people who are grieving to be aware of possible dysfunction. Possible complications may prolong their grief indefinitely, perhaps resulting in all manner of life difficulties in addition to the lost of joy.
- It is important for all to know that intervention is possible and indeed highly beneficial

- It is important to have options available to the grieving person, so she, or he can do more than passively experience pain and despair.

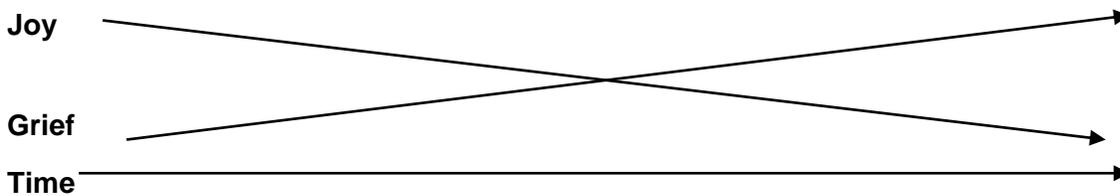
It is unfortunate that those people who have become so deeply despairing have the expectation that despair will continue. There are those who may actually become angry with anyone who offers the possibility of joy and forgiveness, due to the significant and often severe conflict of the continued rumination of anger, fear and despair—they are rooted in the *status quo*.

VIII. Brief Grief: Treating complicated/dysfunctional grief

Perhaps, the most important consideration is once again that of time. In uncomplicated grief, there may be a gradual movement toward resolution that may take several weeks and months and even extend into years, but with a gradual return to joy, optimism and expectations of future rewards starting within a very short time, somewhat like this



This is all well and good for the person whose psychological resources enable grief to be uncomplicated. But what about the person who isn't able to experience grief this way, the person whose has the difficulties discussed above that result in grief wrapped in anger and fear? For them, the picture is more like this:



Given the hazards the person in the midst of complicated grief faces, it is important to encourage early intervention, to assist all (even those whose grief is uncomplicated) in knowing that Brief Grief is available.

This may seem like a radical proposal, but there is value in all who enter into grieving to seek some form of assessment and assistance, in the possible event that they might be vulnerable to a prolonged and problematic grief.

Current conceptions of the grief process:

Perhaps the most prevalent view of grief is to see it as a process involving stages. Here are two that have been suggested:

The stages Elizabeth Kubler-Ross identified are:

- Denial (this isn't *happening* to me!)
- Anger (why is this happening to *me*?)
- Bargaining (I promise I'll be a better person *if...*)
- Depression (I don't *care* anymore)
- Acceptance (*I'm ready* for whatever comes)

The stages Dr. Roberta Temes identified are:

- Numbness (mechanical functioning and social insulation)
- Disorganization (intensely painful feelings of loss)
- Reorganization (re-entry into a more 'normal' social life.)

Both of these formulations may offer understanding of how people move through an uncomplicated bereavement.

However, there is a DANGER lurking within them, one that has already been mentioned. This is the implication that these stages tell us there is no need for action, no call for intervention, when grief occurs. But, as noted above, this can lead to a highly detrimental expectation for those who actually are experiencing a dysfunctional grief.

For those in a dysfunctional grief, the continuing accumulation of anger and fear may NOT be stopped, if the person simply waits for the next stage to appear...and it doesn't appear. Instead, the next "stage" allows the transition into sleep, with despair and other sad emotion cause the learning and rehearsal of those emotions placed on new thoughts, rather than permanent interruption. The permanent interruption is in breaking the anchors created due to the initial sensitizing event(s).

Therefore, while the notion of stages of grief may have utility and we may not discard it entirely, we need to recognize the potential for this approach to actually do more harm than good—not always, perhaps, but often enough that they should not be automatically applied in ALL instances.

It is the wrappers of anger and fear, which precludes us from knowing the sun is behind the clouds. Similar to the hiding of the initial sensitizing event, when the wrappers of anger and fear are opened the sun can again be *expected* to shine.

While there are those who address the grief process, there is limited discussion of how and when it fails, and the process becomes stuck. Some see it as shifting into depression, and while that may be the case, it doesn't necessary address the fundamental grief issues, and can lead to a longer than necessary treatment approach. In contrast, the approach taken here does two things:

- (a) Focuses on the core problems (fixated anger and fear), and
- (b) By doing so makes it possible to address and resolve dysfunctional grief much faster than typical depression treatments.

Unfortunately, many people have the mistaken concept: "If I didn't have grief, I would not have all these bad feelings." This is simply not correct. It is being captured in multiple emotional thoughts, which cause the displayed behavior interpreted as grief.

Different Approach: A path to resolving grief in the shortest possible time

Since the stage approach has shortcomings, another approach is desirable, one that calls for an assessment of the grief a person is experiencing, and based on that assessment, a process of intervention for those in dysfunctional grief.

The healing of grief comes through:

Abreaction	Emotional release
Desensitization	No longer a point of emotional focus
Emotional Reframing SM	To believe the best, over the worst; emotionally

This is because Grief is based upon:

Multiple: More than one

Compounded: Interleaved and cannot stand alone

Emotional: Not logic, not repaired with a spreadsheet or education

Fixations: Totally fixed, unmovable

The above is established and re-enforced through:

Negotiation: Bringing the points to focus

Agreement: Agreement to focus *or* not to focus on these aspects

Expectation: The future will hold the aspects of the agreement

Essentially, grief is the negotiation to feel fear and/or anger associated with an event. It is the agreement to accept that negotiation and it leads to the EXPECTATION the next time that thought/memory/experience is reviewed, the agreed emotion will live. The NAE is the powerful mechanism, which drives the placebo outcome.

The imbedding in the subconscious, transitioning into sleep with despair (and emotions described with other words), creates the repressed memory. This is the basis of severe and complicated grief. Remarkably enough, also the cause of short and limited grief. The shift out of this condition is the focus of this document. This document is *not* to teach how a psychological condition is created. This document is to focus on the positive shift, the techniques and the possibilities of joy.

The ultra brief shift available is through this process. Abreaction, Desensitization, Emotional ReframingSM.

In the emotional reframe, the safe feeling can be created so the balance of the emotional fixations can be resolved so joy can again become a choice over the ruminating stories of anger and fear.

The emotional reframe is the outcome, significant for these reasons:

Brief application –this can be applied with positive results with as short as 4 hours.

Not a non-specific loose formulation applied to everyone, but rather specific to the individual's impasse - The anchors of rumination becomes exhausted so future emotional cross linking cannot occur.

A word about abreaction

The Administration and Management of 10 “Emotional Shifts”, also known as abreactions, in deep relaxation in a single session, *is within* ‘the state of the art’ in advanced counseling techniques. Reframing the emotional fixations in a profound and healing method, breaking grief and the behavior associated is available. This approach is the most significant shift in breaking grief in a short time.

But; Abreaction is often misunderstood. When we see someone in the midst of an abreaction, our first impulse may be to do something to help them stop; it often appears so powerful that we erroneously assume it is bad for the person. So we want to put our arms around that person, perhaps to comfort them, and stop what we see as an event from a memory, which appears to hurt.

The idea that an abreaction is actually an 'abnormal reaction' is incorrect. Probably people have thought of it this way because:

Grief: Components Contributing to Briefness and Healing

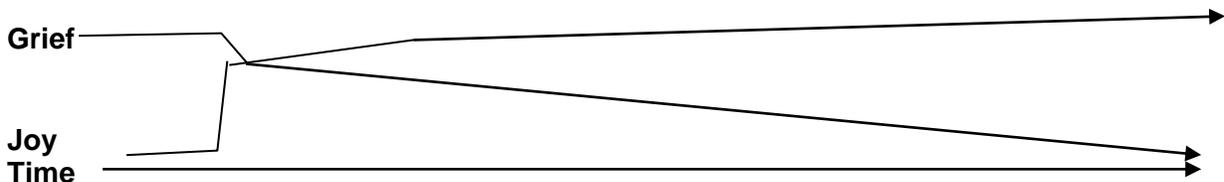
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1. Observation rather than personal experience: As noted above, those who observe and abreaction without having ever experienced one, may incorrectly conclude that it is harmful and bad. But those who have actually experienced an abreaction, in the appropriate circumstances, know of its benefits.
2. Incomplete knowledge and education: The assumption that "abreaction" is a contraction of "abnormal reaction" can arise from such incomplete knowledge. But, in fact, the true, dictionary definition of abreaction is: releasing (repressed emotions) by acting out, as in words, behavior, or the imagination, the situation causing the conflict (for a healthy resolution).
3. The abreaction is a component of the human experience. This is around the **learning, and then unlearning of anger and fear**. The ruminating conversations increase the emotions which hide the intellectual occurrence of the ISE, Every human has this in their life experience, but unfortunately it has been thought that this is 'special' only in unique therapies.

Abreactive response can also occur outside of this specific process, but not typically. Although other therapies allow abreactive emotional shifts, this may be the only approach where the emotional release is actually managed and administrated. With adequate knowledge of what the term means, this is one subject where, classes, lectures and reading assignments actually fall short of full learning. This is one learning experience, which can only be understood through personal experience. Practice enhances skill in administration of this process.

The participant in the abreaction does not feel the hurt. The feeling is more like the passing through that thought, even if an observer sees tears and perceived pain. At the end, there often is a feeling of relief. This relief is as if a large burden has just been put down, and a reservoir of emotion, which the person has avoided or been unaware of, has been drained. The openness to new joyful thoughts can occur.

Abreaction and the emotional reframe process release the grieving person from the wrappers of anger and fear, and allows the re-focusing on present life events, and living in the now.



The above chart shows the short time which Emotional ReframingSM can break the wrappers of the continuance of anger and fear. The possibility of 30 emotional reframes can occur in 3-5 sessions inside of a month, or less, depending on the commitment of the facilitator and the person who desires the shift to be attained. The specific 'details' and time is in the hands of the individual.

Dealing with Anger and Fear

As humans, we are limited in the volume of anger and fear we can contain. We are limited to the maximum amount of anger and fear we can endure. Breakdowns occur when we approach the limit. When the emotional release occurs, joy can become available. Afterward, actions can be seen in behavior shifts. These actions can be interpreted as forgiveness and offerings of love. Love and care for others can be realized through this process.

Without Human Language:

The **learning of grief is without human language**; the healing of grief must become the 'reverse' of this process. Reversing of the grief lesson may have to be accomplished **without intellectual learning**. With emotional shifts, the healing of grief comes with the emotional release and breaking the wrappers of anger and fear.

To make comparison, stopping a woman from giving birth due to her screams of agony, would stop her from the joy on the other side of the labor. Would you preclude the joy of childbirth?

What occurs on the other side of the "labor" of the abreaction is for joy to accumulate new thoughts and actions, no longer in the anger and fear of the past.

Delivery device

Insulin is delivered past the skin with a syringe. A woven mesh is installed over a hernia with a scalpel, moving tissue aside. Without scalpels and syringes getting past the natural barriers for medical intervention could be impossible. Passing through human defense of the intellectual mind and language requires trance. This is utilized as a delivery device. Time efficient and comfortable resolutions to fixated emotional conflicts can be achieved. Hypnotherapy and hypno-analysis enables both an exploration and assessment of the potential unconscious aspects of grieving and a technique for assistance in the event these unconscious aspects are leading to dysfunctional grief.

What exactly is involved when hypnosis is the principle tool to resolve issues? To understand this it is important to know just what hypnosis is NOT as well as what it is.

- *First, hypnosis does not involve control.* Contrary to what appears to be the case when a stage hypnotist performs, there is NO control of one person over another in hypnosis.
- *Second, hypnosis involves choice in the context of refined attention.* There are two elements to hypnosis, trance and suggestion. The first, trance, is a mental state in which all peripheral distractions are eliminated in order for the person to achieve and address ONE thought at a time. Relaxation and focused attention permit this to happen. There is not "sleep," any more than there is "control." Suggestion is just that. It does not involve commanding, or demanding, both of which would be controlling. In fact, it must never involve such control, since such psychological intrusions on the person have been instrumental in creating the dysfunctional grief in the first place.
- *Third, hypnotherapy is not radically different from any kind of psychological therapy.* All therapies seek to establish a safe environment. All therapies seek to relieve emotion via its expression. All therapies work toward reframing. And all therapies involve suggestions on the part of the therapist. Hypnotherapy simply offers is an opportunity to do all these things in a concentrated and swift manner.

Creating the 'safe feeling' in an emotional reframe over what was perceived and remembered as an angry or fearful experience can occur with this 'vehicle'. This is time efficient, low cost and unless the individual re-traumatizes himself or herself, potentially a permanent resolution. This is within current state of the art psychological counseling and behavioral change. It is our great opportunity to share the facts of this 'delivery device'.

Showing love, care, and feeling safe, are the opposite display of Anger and Fear. Living with the focus on 'now', working, learning and doing are the opposites of Anger and Fear.

To understand these concepts, one cannot solely, read a textbook, or take class. Although class work is important and many aspects are learned through learning and sharing thoughts, it is the participation in one's own shift, in this process for that person who is in pursuit of learning to apply this ultra brief therapy application to others in their care.

IX In Conclusion:

Changing the individual's impasse and encouraging the shift to occur in the shortest period of time, to again live in joy and optimism is available through these processes.

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