

## GUIDED IMAGINAL CONVERSATIONS WITH THE DECEASED

John R. Jordan, PhD, FT, Private Practice, Pawtucket, RI and Wellesley, MA

**Clients for whom the technique is appropriate:** Those seeking to reconnect with the deceased, to “finish business” with the loved one and to do reparative work on the psychic connection with the deceased. The technique should be used with great caution, if at all, with clients who are suicidal, are traumatized, or have dissociative or psychotic experiences. Likewise, clients who are very recently bereaved or who are likely to be overwhelmed by the emotional intensity evoked by the technique may need to wait until they feel more in control, and the therapeutic relationship has developed to function as a “holding environment” for strong affect.

### **Description**

Prompting a guided imaginal conversation with the deceased is a powerful technique, one that should not be used casually or outside the context of an ongoing and secure therapeutic alliance with a client. It also should be used only after the client has been given informed consent about the technique, its possible risks and benefits have been explained, and the therapist and client have reached a consensus about the goals for the procedure. These could include taking leave of the deceased (when this has been denied by the location or manner of death); settling of “unfinished business” about aspects of the relationship that were troubling, hurtful, or confusing; renewal of the emotional bond with the deceased, and development of images of the deceased as being physically and psychologically healed and at peace (to help deactivate the trauma and “rescue of the deceased” responses); invocation of assistance from the deceased in coping with life since the death; resolution of ambivalent feelings about the process of healing and building a changed life; and other purposes that may be agreed upon by the therapist and client. For most

clients, this is a middle- to late-stage therapy technique. It is ideal for clients who have been able to integrate the loss on a cognitive and emotional level and to gain some capacity to “dose” or regulate their grief. This ability to voluntarily choose when to go towards or away from their grief usually indicates that the mourner can tolerate an intense “encounter” with the deceased through the technique, and to make good use of it in their bereavement recovery.

#### *Steps in Leading the Guided Imaginal Conversation*

*Relaxation.* Extra time should be scheduled to conduct the technique without the client or therapist feeling rushed—generally at least a 90 minutes. The procedure begins with a method that helps clients reduce their physiological and psychological arousal in preparation for the conversation. I often begin with a brief exercise that asks clients to become aware of and follow their diaphragmatic breathing (i.e., breathing from the belly, rather than from the upper chest). With eyes closed and sitting in a relaxed posture, clients are simply asked to begin with a deep, relaxing breath, and then to keep their attention focused on their breathing for a few moments, allowing thoughts that may enter the mind to come and then leave without a struggle. This simple process seems to help almost anyone relax, while also setting a norm of openness to whatever experience is about to follow.

*Entry.* Following this, eyes closed, the client is invited to imagine walking into a room with two comfortable easy chairs facing each other, ready for the occupants to have a conversation. As the client enters the room, he or she sees that the deceased is there, already seated in one of the chairs, smiling and waiting to greet him or her. As a very important part of this technique, the client is asked to imagine that the deceased is completely healed of all physical illness or injury, and is psychologically at peace. Moreover, the motivation of the deceased is to come and hear whatever the mourner needs to say. This is true regardless of

whatever has happened during the relationship in the past, and whatever state the relationship was in at the time of the death. *It is crucial that the mourner be asked to imagine the deceased as healed at every level, and now ready and wanting to be an empathic listener to the mourner's concerns and feelings about any issue.*

*Conversation.* Having set this psychological stage, the mourner is now invited to “tell \_\_\_\_\_ whatever you need them to say to him (or her).” Clients can do this in silence, within their own minds, or out loud, as they choose--although enacting the conversation through vocalization seems to deepen the intensity of it for many people. To help them begin, the clinician may want to offer the client a prompt such as “What do you want \_\_\_\_\_ to understand about what their death (or the relationship) has meant to you?” The prompt can also target an issue the client and therapist have previously identified, such as “What do you want to say to \_\_\_\_\_ about the regrets that you have about the relationship?” or “What do you wish that you could have said to her before she died?” After the client has begun, the therapist's job is usually to be silent, allowing the client to have the conversation in whatever fashion they need to do so. After completing what they wish to say to the deceased, the client can then be asked to imagine what the deceased would say in response. This is often a key part of the experience, as the client “hears” what the perspective of the deceased might be. This can allow the mourner to begin to see him or herself, the relationship with the deceased, and the death in a new light, one that can help to shift the narrative that may feel troubling or stuck for the client. Again, this can be done in silence, or out loud.

*Closing Down.* The guided imaginal conversation should be closed down by asking the client to visualize a leave-taking from this session with the deceased. It should be noted that this does not have to be a “final farewell,” as the client can use the technique to return for further

conversation with the deceased as needed in the future (part of re-establishing a continuing bond). After the leave-taking, clients can then be brought back to following their breath for a minute or two, and then asked to open their eyes.

*Debriefing.* If the client has done the technique in silence, he or she can be invited (though not required) to debrief by sharing some of what transpired during the conversation. It is valuable to ask about what the conversation with the deceased means to the client, particularly what their reactions are to what they have “heard back” from the deceased. Lastly, having done the technique, it is important to find out about the client’s current physical and emotional state. If there are concerns about how clients will handle their reactions after leaving the session, plans should be made for self-soothing, support from friends or family, or contact with the therapist as needed. Clients can also be encouraged to continue to reflect on and journal about the experience, perhaps bringing this into the next session for discussion.

### **Case Example**

*Nancy, age 29, was referred for grief counseling by her therapist 18 months after the death of her husband, Brad, from a degenerative neurological disorder. During the last year and a half of his life, as his physical pain increased and his mobility deteriorated, Brad had become depressed, hostile, and overtly suicidal, though it was unclear from the circumstances whether his death was self-inflicted or not. Although she had been a devoted caretaker for Brad and a fierce advocate for him with the medical care system, Nancy reported significant guilt about a decision to separate from him a month before his death, feeling that she abandoned him to die alone. She also had intense yearning for him, wondered whether he was still suffering, and whether she would ever be with him again. A complicating factor was that over the course of therapy, Nancy began dating another man, and felt highly conflicted about whether this*

*represented a betrayal of her husband.*

*As part of a series of 12 sessions with Nancy, two sessions of guided imaginal conversation were used to address the several problematic aspects of her grief noted above. In the sessions, she was able to visualize an encounter with Brad in which his body was free of pain and disease, his mind was clear, and his mood was peaceful and loving towards her. In one of the sessions, he was surrounded by the small animals that the couple had often befriended and for which they shared a great love. Crucially, she was able to hear him state clearly to her: "I'm okay now. I need you to remember me, but I don't need you to protect me anymore." She also heard from Brad that they would be reunited again, and that the animals would serve as messengers between the two of them while she was on Earth.*

*Nancy experienced these conversations as liberating, and reported considerable relief from her guilt in the coming weeks. She felt surer that her husband's spirit continued in some way, and described several encounters with animals in which she felt a strong sense of connection with him. She reported a diminution of the intrusive, troubling memories of Brad's tortured physical and emotional state near the end of his life. Lastly, she reported that she felt that she had his permission to go on with her life here, including the new relationship. The therapy went on for a number of sessions after the two guided imaginal conversations, both to consolidate the meanings that they had for Nancy, and to work on additional grief, family, and life issues. Nonetheless, for both the clinician and the client these two sessions appeared to be a turning point in her healing process after a very difficult and troubling loss.*

### **Concluding Thoughts**

The use of techniques that allow the mourner to psychologically encounter, repair, and rework the relationship with the deceased appear to offer great promise for bereaved persons

who are dealing with sudden, unexpected deaths and troubled relationships with the deceased (Brown, 1990; Jordan & McIntosh, 2011; Smith, 1996), and play a major part in evidence-based treatment for complicated grief (Shear et al., 2005). They offer hope that the relationship with the deceased, as a living entity that continues to evolve and grow after the death of a loved one, can become a source of healing from the wounds of loss. When used skillfully at the right time with the right client, guided imaginal conversations can be a powerful means for fostering integration of the loss and psychological growth in bereaved clients.

### References

- Brown, J. C. (1990). Loss and grief: An overview and guided imagery intervention model. *Journal of Mental Health Counseling, 12*(4), 434-445.
- Jordan, J., & McIntosh, J. L. (Eds.). (2011). *Grief after suicide: Understanding the consequences and caring for the survivors*. New York: Routledge.
- Shear, K., Frank, E., Houch, P. R., & Reynolds, C. F. (2005). Treatment of complicated grief: A randomized controlled trial. *Journal of the American Medical Association, 293*, 2601-2608.
- Smith, B. J. (1996). Uncovering and healing hidden wounds: Using guided imagery and music to resolve complicated and disenfranchised grief. *Journal of the Association for Music & Imagery, 5*, 1-23.