

HEARTWORN HIGHWAY

A LESSON IN LETTING GO.

WORDS *Elle Glass*

WHEN LAURA PALMER died, Twin Peaks fell apart. Good girl Donna Hayward – peach lipped and dark curls – started smoking; and secrets from the small town – long left undisturbed – were dredged to the surface. Grief did funny things to that town. But it's not just death that breaks things apart. You can grieve opportunities missed, relationships soured, friends lost. Grief is searching for something; something that's missing. It's that something you didn't want to let go of. It's the little things; the everyday somethings that, despite the reasoning of your rational self, you can't throw away. The lemonade bottle – half drunk – that sits permanently on the bottom shelf of your fridge; the mobile account you pay with military precision on the 23rd of each month so you can run the voicemail again and again; the address books, the postcards, the tear sheets. It's that something, that proof, that it hasn't always been this way.

Grief, says Dr Holly Prigerson – an associate professor of psychiatry at Harvard – is “wanting what you can't have”. In this way, I guess it's something we're all afflicted with. When measured by the likes of Prigerson, this ailment falls into one of three baskets: prolonged or complicated grief, acute grief, and normal or resilient grief. Prolonged grief affects a rough one in 10 and is the stuff daytime television is made of; it's long and drawn-out and sits at the extreme end of the scale. “It is an unfortunate outcome,” writes Dr George A Bonanno, professor of clinical psychology at Columbia University. “People with prolonged grief struggle for years, yearning and pining for a lost loved one. They never seem to get any better. For them, grief is one long horrible experience.” With acute grief – more common than prolonged grief – you suffer intensely for a short amount of time and then appear to recover. And finally, normal grief. Or as Bonanno coins it, ‘resilient’. Resilient grief falls to the masses. This is the

muscle-through-it approach. Those who leave a six-year effort with the boy they always knew was wrong, and meet their copy deadline the same afternoon. My grandfather took the hour off for my grandmother's funeral and then went back to work. “It is not that they don't grieve or don't care; far from it,” writes Bonanno. “Rather, they are able to put the pain aside when they need to and they continue to meet the demands of their daily life.” This is obviously the more productive of the three on our grief smorgasbord, and one – more often than not – preferred by those around you.

Grief makes us uncomfortable. People don't know how to respond to grief. A breakup maybe, but death, or even a big loss in the career stakes, is somehow trickier. When faced with grief, you don't know what to do. That's why we try to box it up, check it off. The ‘stages’ of grief – pioneered by Elisabeth Kübler-Ross – are easy. They're neat. Denial and isolation, anger, bargaining, depression, acceptance. They give us a structure to work though, a framework to fall back on in the effort of polite – if forced – conversation. Many since, though, have taken gripe with them. Kübler-Ross herself admitted the stages are based on anecdotal observation, rather than empirical evidence – even she stressed the stages “were never meant to help tuck messy emotions into neat packages”.

“We prefer to call them ‘states’ of grief because stages would imply they are mutually exclusive phases that a person would experience one at a time,” says Prigerson. In truth, grief is closer to a kaleidoscope: you move in and out of focus, restlessness, distress and sadness until – gradually – you regain focus. In grief, you're a loss, literally. You make endless cups of milky tea and sit cross-legged on the carpet flicking through photo albums as each cup goes cold. You read the same passage of a book over and over again, not taking any of it in.

Darian Leader, Brit psychoanalyst and author of *The New Black: Mourning, Melancholia and Depression*, says the biggest danger when it

comes to grief is not recognising it. Leader says how you respond to grief is your choice, “but we need to see if the response emerges in some other part of life: the person who says that some loss didn't matter to them but it turns out they started drinking then, etc.” Grief builds up, and whether you deal with it resiliently or acutely, all it takes is a small bump to push your kaleidoscope's image out of focus. I know. Months after I'd lost someone close, the smallest thing would set me off: a broken glass, the taste of English Breakfast, the smell of the morning. And I would have no idea why. Years later, I lost it. Late nights, colds that lasted for months. A close colleague told me I had to “go see Wendy”. And fast.

Wendy was a kinesiologist. In her clinic, I lay on a massage table and she asked me questions while tapping my arm. Despite my initial reservations (I was raised in whitebread Anglican suburbia, so I had more than a few), kinesiology offered me clarity not just on what I was dealing with but how I could deal with it – I walked out from each session feeling lighter, more confident, more connected.

“It was percolating,” explains kinesiologist Terese Mudgeway of the grief I'd pushed away. “Everything that happens to us gets stored in our muscles – they call it muscle memory.” Muscle testing – the tapping – allows her to unlock when something happened, to work out where it's stored and to work at clearing it. “The body can only sustain it for so long and it will start to show up in other ways like cold or flu or back pain or who knows? There's not a formula for how it represents itself through the body of the biochemistry because each individual is different. That's the beauty of my work; that's why we don't treat symptoms, we treat the individual, looking for the cause of the symptom, rather than the symptom of the cause.” Mudgeway says grief causes imbalance in our lives, more specifically, in our ‘triangle of health’. This triangle – one side representing the physical



and structural, another the emotional and spiritual, and the third, the biochemical – is the basis for her practice. “A kinesiologist balances the body's energy to get it to a state of homeostasis so it can heal itself. We want a well-balanced triangle,” she says. In grief, “people alter what they do, how they live life,” says Mudgeway. “Some shut down, some go into action – grief is an emotion, but it impacts you on a physical and structural level.” Late nights, later mornings, too many glasses of red – this all ends in a biochemical change. “Kinesiology treats the individual, deals with uncovering, clearing and balancing energies from the past.” This is where muscle memory comes in – it betrays your belief systems and where they're formed. “We're consistently joining the dots.”

Your body tells you things that, all too often, you yourself refuse to acknowledge: panic attacks, chronic migraines, excessive lethargy can all be signs of something more. Grief “is linked to loss but not necessarily a direct response,” says Leader. “Sometimes people feel grief without realising why till much later.” Mudgeway says kinesiology, for many, helps people back in the driver's seat of their lives rather than feeling like they're (only just) surviving. But this doesn't mean it will work for everyone. Conversely, Bonanno warns against professional intervention, with findings indicating it can – especially in relation to resilient grief – often do more harm than good. “It can be helpful for some and unhelpful for others,” says Leader. “Never force it!”

“It's like anything,” says Mudgeway, “you have to find someone that you connect with, whether it's a kinesiologist or a counsellor or a psychiatrist or a Reiki therapist, you've got to know what works for you.” Often, what works for you – and those around you – is what

keeps you working. Life, we're told, goes on – we can't all afford to live in Grey Gardens. But can resilience be conditioned? Mudgeway says you can be resilient without that resilience being detrimental – and she's walking proof of it.

In the middle of last year, a close friend of Mudgeway's was diagnosed with cancer. Four weeks and four days later, he was gone. His funeral was at 12pm on a Friday in Auckland. By 8.30am on Saturday, Mudgeway was teaching in a college in Sydney – a class the students requested her back for because she was so much fun. “It's like this: really shitty, awful, horrible stuff happens in life and really extraordinary, amazing, beautiful things happen in life, and we forget that we are human beings and what we have is the ability to choose who and what we be in relation to what happens. I own my thoughts and feelings rather than them owning me. I can package up my world of upset and put that aside.” You can choose who you want to be in relation to what you're doing; it's a conscious choice. Interestingly, Bonanno's research found that the people who smile early on in bereavement recover faster.

So how long does that Sprite bottle have to stay in the fridge? The voicemail paid? Prigerson likens grief to an addiction; it's a refusal to let go of what – or who – you've lost. “Bereaved survivors need to find other rewards given their loved one is gone,” says Prigerson. Those rewards are perhaps best expressed in the words of *Twin Peaks'* Special Agent Dale Cooper: “I'm going to let you in on a little secret. Every day, once a day, give yourself a present. Don't plan it. Don't wait for it. Just let it happen. It could be a new shirt at the men's store, a catnap in your office chair, or two cups of good, hot black coffee.”