**Utilization of EMDR with Grief and Mourning**

**Good Morning**

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# Loss, Deprivation and Change

- Loss always results in deprivation of some kind
- Change always involves loss (or at least of the status quo)
  - developmental loss (e.g. loss of hearing that comes with aging)
  - loss resulting from normal change/growth (birth of child)
  - competency-based loss (e.g. child leaves home)

# Loss

- Two Types
  - Physical
  - Psychosocial/symbolic
- Primary loss - the initial loss (e.g. death)
- Secondary Loss - Loss that goes with or results as a consequence of the death (physical or psychosocial/symbolic)
- Special type of secondary loss: Loss/violation of assumptive world

# Loss of a loved one: Inner working model/assumptive world

- Death of a loved one requires the mourner to confront a permanent absence of someone who was both *a real and present attachment figure* (or recipient of caregiving in the case of parents) and *a representational figure* in the individual's internal working model of the relationship.
- Death entails a drastic permanent change in the ongoing real relationship that is easily perceived yet cannot be immediately assimilated into the working model.
- This decisive inconsistency between perceived reality and its mental analogue is the hallmark of trauma (Shear and Shair, 2007; Janoff-Bulman, 1992) - Loss of Assumptive World

# Assumptive World

- Death of an attachment figure presents a decisive and temporarily irreconcilable mismatch between an unrevised mental representation of a loved one and a dramatic change in the ongoing relationship with that person. (Shear, et.al, 2007)
- Violation of the assumptive world

# Assumptive world

- The assumptive world is built through experiences, memories, and needs; and confirmed by experience, behavior, interaction and role relationships
- The assumptive world influences appraisal, interpretation and attribution processes.
- Assumptive world is fundamental in anticipation, organization, and processing of experience

# Four Consequences in relation to grief and mourning (Shair, et al, 2007)

- Continuing sense of the presence of the deceased (difficult accepting reality the loved on is not coming back).
- Activation of attachment proximity seeking – triggers strong sense of yearning and longing for the deceased, activation of thoughts and memories of the person

  (often with no sense of felt connection which makes yearning and proximity seeking worse).

# Four consequences

- Effective functioning of the working model is temporarily disrupted leading to loss of emotional regulation and emotion, attention and physiological processes
- Activation of attachment system, which is associated with inhibition of the exploratory system, resulting in loss of interest in the world and inhibition of goal seeking.

# Issues created by violated assumptions (Worden)

- Difficulty accepting the loss (not real)
- Grappling with meaning - can't make sense or find emotional meaning (e.g. loved one with God and no longer suffering, he died doing what he loved to do) or develop new goals or new purpose
- Questioning one's faith
- Preoccupation with causality, responsibility and blame (attempts to rework worldview and regain a sense of order, control and justice)

# Other issues created by violated assumptions

- Guilt – People, especially parents, have deep feelings of responsibility for the safety of their children, which are readily transformed into guilt after a child's traumatic death.
  - Guilt may be an attempt to feel in control
- Preoccupation with the deceased's suffering - what they were experiencing when they died

**GRIEF**
(Rando, 2014, In Press)

*Grief* refers to the process of experiencing the psychological, behavioral, social, and physical reactions to the experience of loss.

# Grief

- Natural reaction to an important loss
- Express in a wide variety of ways – no right or wrong way to grief
- Grief is not static but changes continually over time
- Does not decrease in linear manner. May decrease for awhile then increase with an anniversary or triggering situation

# Grief responses express:

- Mourners feelings about the loss and the deprivation it causes (e.g. sorrow, depression, guilt)
- Mourners' protest at the loss, and wish to undo it and have it not be true (e.g. anger, searching, yearning, preoccupation with deceased
- Mourners personal actions resulting by grief (e.g. crying, withdrawal, increased use of medication)

**MOURNING**

(Rando, 2017, In Press)

- *Mourning* refers to coping efforts through engagement in six processes that promote the personal readjustments and three reorientation operations required to accommodate the loss of a loved one.
- Mourning it the accommodation or adaptation to the loss, involving reconciling differences in order to integrate one thing with another (e.g. old ways of perceiving the world with new realities)

## MOURNING (Rando, 1993)
(cont.)

The three reorientation operations of mourning occur in relation to:

- *The deceased loved one.* This involves the undoing of the psychological ties that had bound the mourner to the loved one when that person was alive, and the development of new ties appropriate to that person's being dead. Former attachments are altered to permit transformation from the old relationship based upon physical presence to the new one characterized by physical absence.

## MOURNING
(cont.)

- *The mourner.* This involves the mourner personally adapting to the loss by revising both his/her assumptive world and identity insofar as each has been changed by the loss of the loved one.

- *The external world.* This involves the mourner's learning how to live healthily in the new world without the loved one through adoption of new ways of being in that world, along with reinvestment in it, to compensate for and adapt to the loved one's absence.

# Grief vs. Mourning

- Grieving is reacting to the personal experience of the loss. Mourning goes further and involves actively dealing with loss
- Grieving involves experiencing and expressing one's reactions to the loss. Mourning goes further toward adaptation through accommodation

# Grief and mourning

- Some survivors experience the pain of grief an an attachment and at some level may not want to give up the pain. Mourning can feel like resignation and accepting exactly what one wishes to resist – acknowledging that the death is "OK" - which can be intolerable.
- Loss can leave a person feeling powerless and resisting acceptance can give the illusion of control – though ultimately it robs the mourner of true empowerment.

# Common reactions to Loss- Feelings

- Sadness
- Anger: from two sources

a) sense of frustration that there was nothing one could do to prevent the death

b) regressive experience that occurs after the loss of someone close (protest – "how dare you leave me")

- Often displaced - blame someone, including inward toward the self, leading to depression

# Feelings

- Guilt and self reproach - usually manifested over something that happened or something that was neglected around the time of the death, something that may have presevented the loss
- Anxiety – fear one will not be able to take care of themselves, and/or awareness of one's mortality
- Numbness - often experienced early in the grieving processes - too much to deal with all at once

# Feelings

- Lonliness - emotional lonliness (broken attachment) and social lonliness
- Fatigue
- Helplessness
- Shock
- Yearning
- Emancipation - can be a positive feeling
- Relief

# Physical sensations

- Hollowness in stomach
- Tightness in chest
- Tightess in throat
- Oversensitivity to noise
- Depersonalization (nothing seems real)
- Breathlessness - short of brerath
- Weakness in muscles
- Lack of energy
- Dry mouth

## Cognitions

- Disbelief - "It didn't happen"
- Confusion
- Preoccupation (obsessive thoughts about the deceased)
- Sense of presence (deceased thinks deceased present in space and time, e.g. watched by deceased), can be comforting, but not always
- Hallucinations - frequent experience of the bereaved, usually transitory illusory experiences

## Behaviors

- Sleep disturbances
- Appetite disturbances
- Absentminded behavior
- Social withdrawal
- Dreams of the deceased
- Avoiding reminders of the deceased

## Behaviors

- Searching and calling out
- Sighing
- Restless hyperactivity
- Crying
- Visiting places or carrying objects that remind the survivor of the deceased
- Treasuring objects that belonged to the deceased

## Subsequent Temporary Upsurge of Grief (STUG) Reactions (Rando, 1993)

- Cyclic precipitants (e.g. anniversary, birthday, holiday)
- Linear precipitants (e.g. age correspondent, associated experiences, life transitions, crisis evoked, ritual prompted)
- Stimulus cured precipitants (e.g. memories, reminders, reunion themed reactions, music elicited reactions)

## Grief and Depression

- Main distinction - in both you find classic symptoms of sleep disturbance, appetite disturbance and intense sadness, however in grief there is not the loss of self-esteem commonly found in clinical depressions

## Prolonged Grief Disorder vs Depression

- PGD - Pervasive misery and pessimistic rumination focused on separation from the deceased, and the primary alteration in cognition is intense preoccupation with the lost loved one.
- Global guilt or a sense of personal worthlessness, common in depression, is not part of PGD (although there may be inappropriate self-blame)
- PGD - there is a sustained interest in the deceased and belief that reunion will bring satisfaction vs depression entails a broad loss of interest and inability to imagine any source of pleasure

# Major depression following loss

- Feelings one would be better off dead
- Morbid preoccupation with worthlessness
- Marked psychomotor retardation
- Prolonged and marked functional impairment

# Three phases of Mourning

- Avoidance – mourners are overwhelmed, unable to comprehend what happened, strong desire to resist acknowledging the death.
- Confrontation – painful interval where mourner confronts the loss and gradually comes to understand its impact.
- Accommodation – mourner moves adaptively into the new world without forgetting the old, and able to reinvest emotionally in life.

# Mediators of Mourning

1)Who was the person who died

2) Nature of the attachment

Strength of the attachment

Security of the attachment

Ambivalence in the relationship

Conflicts with the deceased

Dependent relationships

# Mediators of mourning

4) Historical antecedents - Previous losses, mental health risks

5) Social variables - Perceived emotional and social support and perceived satisfaction are important. Religious resources and ethnic customs make a difference

6) Concurrant stressors - Change is inevitable, but some experience high levels of disruption

# Mediators of mourning

7) Extent of Trauma

- An event perceived to be inescapable, confronts a person with actual or threated death or serious harm
- Overwhelms a person sense of vulnerability and control
- Violates assumptive world
- Memories get "stuck" in the brain, unable to process
- Trauma interferes with grief/mourning and grief/mourning interferes with trauma recovery

# Mediator of mourning

8) **Personality variables**

- Gender – differences in ability to grief may be more a part of differences in socialization
- Men respond better to affect-stimulating interventions, and women to problem-solving interventions (Stroebe, e al, 1999)

## Mediators of mourning: Personality variables: Coping style

- Problem solving coping (to solve problems)
- Active emotional coping (effective strategy for handling problems and managing stress)
  Redefinition is effective – find something positive or redeeming in a bad situation
- Avoidant emotional coping - least effective
- Passive strategies "nothing I can do about it" also not effective

## Mediators of mourning

3) How the person died
   Proximity
   Suddenness or unexpectedness
   Violent/traumatic death
   Multiple losses
   Preventable deaths
   Ambiguous deaths
   Stigmatized deaths

# Personality variables:

## ATTACHMENT (1)

- Almost all people who seek grief therapy have had their attachment system (or caregiving in the case of bereaved parents), activated by the loss (Kosminsky and Jordan, 2016),
- Bereavement symptoms can be understood as manifestations of the a)hyperactivation of their attachment system as expressed in the psychological need to "search" for the lost individual, and b) deactivation of the exploratory system. (Kosminsky and Jordan, 2016),

# :Attachment Style (2)

- Attachment styles set up early in life as the result of early parent-child bonding
- Goal of these infant/child attachment behaviors is to maintain or reestablish proximity to a caregiver (attachment figure), usually the mother
- Attachment figure's responsiveness to child's emotional needs, especially under stress, determines these patterns

# Attachment style (3)

- Appraised availability or psychological proximity of the attachment figure is the important factor determining whether the person feels secure or distressed in the absence of the attachment figure
- Attachment bonds exist between adults, but differ from child-parent bond because partners can serve as attachment figures to each other

# Attachment style (4)

- Attachment system activated when child feels distress and the caregiver is not immediately available or responsive, resulting in separation distress and expressed in behaviors aimed at restoring proximity of caregiver and safety.
- If proximity is not restored, the child becomes increasingly activated.
- Three stages, protest, despair, and detachment

# Attachment (5)

- Infants/children learn how to best get attention – which is SAFETY, and adjust behavior accordingly.
- If protest is successful in reestablishing proximity with the caregiver, this becomes primary strategy in the future.
- If not successful (caregiver does not return or is impatient, rejecting, angry ) child will adapt secondary strategies in an effort to reduce discomfort.

## Two Secondary Strategies (6)

- 1) **Hyper-activating strategy** – Attempts to restore proximity by crying louder and harder, thrash, pound, escalate - Increase in intensity of distress signals in effort to attract attachment figures' attention and care (Bowlby, 1982).
- When caregiver returns, child may attempt to maintain proximity by clinging, crying or otherwise showing distress and protest at any signal of imminent separation. Precursor to anxious attachment style.

## Two Secondary Strategies (7)

- **Deactivation strategies**- a shutting down of the awareness of discomfort, and of signaling behavior designed to produce a reunion with caregiver, when repeated attempts to seek comfort do not succeed.
- Attachment system is deactivated even though a sense of security is not achieved. Child stops expressing his dismay or discomfort as the primary way of surviving in an environment that does not provide the needed support and protection.
- Precursor to avoidant attachment style.

## Attachment, internal working models and loss (8)

- Secure attachment is attained through consistent, accessible, and responsive experiences with early caregivers.
- Insecure attachment results from inconsistent, inaccessible, and/or unresponsive caregiving (e.g. anxious and avoidant styles)
- Disorganized attachment occurs when the source of safety is also the source of terror (prolonged and severe abuse, neglect)

## Attachment style (9)

- As children grow into adulthood, engagement with others is largely based on the internal working model developed with attachment figures – including how people react when someone whom they are deeply attached/bonded with dies.
- A person's attachment style is a major determinant of how they grieve and accounts for variations in grief response.

## Attachment style (10)

- When relationship to attachment figure is severed through death, survivor (feeling threat) strives to maintain or reestablish proximity to the attachment figure
- There is separation distress but gradually bereaved comes to appreciate the permanence of the loss
- ***Healthy adaptation is for the mourner to internalize the deceased into him/herself and life schema so that psychological proximity substitutes for the previous physical proximity***
- Moving from loving in presence to loving in absence.

# Attachment style (11)

- Securely attached people, though impacted and saddened by the loss, are likely to have easier time adapting. Time helps heal emotional wounds
- People with insecure attachments (anxious, avoidant, disorganized) have a more problematic adaptation to the loss, and problems may intensify over time

# Attachment and loss (12)

- The loss of a significant person in adulthood will evoke many of the same feelings that accompanied separation form an attachment figure in childhood. (Kosminsky and Jordan, 2016).
- The same instinct to maintain connection is present in adults and the same response to loss of connection that causes such distress in young children is manifested by bereaved adults (Kosminsky and Jordan, 2016).

# Attachment style (13)

- Individuals without secure attachment have difficulty with mourning process, experiencing anxiety, depression, and anger.
- Anxious-ambivalent styles especially likely to show great clinging and loneliness, with their overwhelming negative affect presenting an obstacle to mourning.
- Overall grief of anxiously attached people tends to be more intense and persistent than that of securely attached people (Meier, et al 2013).

# Attachment style and coping (14)

- Recent studies suggest that avoidance is associated with problematic bereavement, particularly in cases of traumatic loss and should not be confused with resilience (Meier, et al 2013). People with avoidant coping style may appear to be doing well, but still may continue to experience considerable internal distress.

## Attachment style (15)

- Anxiously attached clients likely to be hyperaroused much the time (anxious, overwhelmed), and avoidantly attachment clients may be hypoaroused (numb, shut down). Exploration of deep feelings too early after the loss can in client going outside their "window of tolerance".
- Anxiously attached clients are likely to ruminate about their loved one, while avoidantly attached clients my feel they are being flooded with unwelcome, distressing emotions.

## Models of grief: Continuing Bonds (Klass, et al. 1996)

- Bereaved people maintain some type of psychological connection with their deceased loved one
- The developing child tolerates separation from the caregiver due to internalization of the secure relationship
- Continuing bonds theory and research suggest the internalization of the relationship with the deceased allows the mourner to tolerate the permanent separation created by the death.

# Continuing bonds

- The deceased may continue to serve as an attachment figure and an important source of felt security, comfort and reassurance, and a secure base for exploration (into the new world), finding meaning (e.g. new sense of purpose)
- However, healthy adaptation requires acknowledgement of and accommodation to the fact of the person's death. For some this may be unbearable, too much to realize, and traumatizing.

# Continuing bonds: Connection

(Neimeyer, 2002)

- Important distinction between behavioral manifestations of continuing bonds and internal state of felt-connectedness.
- *Mourner may feel he/she cannot "connect" with the loved one - trying to connect and the deceased is forever gone - which can be too much to accept.*
- The pain of missing the loved one may be a connection that a person is afraid to give up.

# Models of grief: Dual Process Model (Stroebe & Schut, 1999, 2010)

- Healthy grief - healing from loss involves oscillation between thoughts and feelings related to the loss (a ***Loss Orientation***) and the psychological and practical issues surrounding a future life without the deceased (a ***Restoration Orientation***).

# DPM

- When a loved one dies the loss is irreversible - primary strategies for seeking comfort (involving the deceased)– are no longer relevant.
- Secondary strategies must come into play. Some days in which mourner preoccupied with person and days in which energy and attention are taken up with other things (dealing with life).
- So, healthy grief involves alternation between confrontation of the loss (LO) and periods of avoidance and respite (RO).

## DPM (Milkulincer and Shaver, 2008)

- Hyperactivation of attachment system allows mourners to explore the meaning and significance of their lost relationship and find ways of maintaining reorganized, many symbolic bonds with loved partners.
- Deactivating strategies contribute productively to the reorganization process by enabling momentary detachment from the deceased and inhibition or suppression of painful feelings and thoughts.

## DPM

- When oscillation has broken down, intervention may be necessary to enable the person "oscillate within normal bounds", thus enabling them to reorganize their attachment hierarchy and gradually integrate the loss
- Attachment style (and conflicts) underlies failure to oscillate LO and RO.

## "R" Processes (Rando, 1993, In Press)

- Important for the healthy accommodation of a loss. If the mourner does not accomplish these processes, complicated mourning results.
- Useful in helping client and clinician understand where they are in the mourning processes and what has to be done to facilitate accommodation to the loss.
- People do not go through the "R" processes in a linear fashion

## Models of grief: THE SIX "R" PROCESSES OF MOURNING (Rando, 1993; In Press)

- The "R" processes tend to segue from one to another, with the earlier "R" processes a prerequisite for the later ones. However, often a client needs to go back and again process issues and stuck points related to earlier "R" processes.
- Prior trauma or loss and attachment related memories can exacerbate the trauma of the loss, and complicate the grief, and block movement through the R processes
- Attachment theory can guide EMDR target selection

## Models of grief: THE SIX "R" PROCESSES OF MOURNING

(Rando, 1993)

Avoidance Phase

1. Recognize the loss

   - Acknowledge the death
   - Understand the death

## THE SIX "R" PROCESSES OF MOURNING

(cont.)

Confrontation Phase

2. React to the separation

   - Experience the pain
   - Feel, identify, accept, and give some form of expression to all the psychological reactions to the loss
   - Identify and mourn secondary losses

## THE SIX "R" PROCESSES OF MOURNING
(cont.)

3. Recollect and reexperience the deceased and the relationship

   - Review and remember realistically
   - Revive and reexperience the feelings

4. Relinquish the old attachments to the deceased and the old assumptive world

## THE SIX "R" PROCESSES OF MOURNING
(cont.)

Accommodation Phase

5. Readjust to move adaptively into the new world without forgetting the old

   - Revise the assumptive world
   - Develop a new relationship with the deceased
   - Adopt new ways of being in the world
   - Form a new identity

6. Reinvest

**COMPLICATED MOURNING**
(Rando, 1993)

*Complicated mourning* is present whenever, taking into consideration the amount of time since the death, there is some compromise, distortion, or failure of one or more of the six "R" processes of mourning.

# Two attempts of complicated mourning

- In all forms of complicated morning, there are two attempts
- To deny, repress, or avoid aspects of the loss, its pain, and the full realization of its implications for the mourner
- To hold on to, and avoid relinquishing, the lost loved one

## Complicated mourning and attachment (Kosminsky and Jordan, 2016)

- Chronic mourning - inability to move from a state in which awareness of the death, with its attendant fear, pain, and yearning. Interferes with mourner's ability to engage in his normal, everyday tasks. Similar to the infant who is preoccupied with reestablishing a tolerable level of proximity to a caregiver

## Complicated mourning

- Chronically bereaved person determined to regain connection with the deceased, and cannot accept this is impossible. The energy put into denial, protest, and despair leaves little energy for tasks of reconciliation and rebuilding of assumptive world, which is critical for adaptive grieving. (Kominisky and Jordan, 2016)

## Complicated mourning can be engaged in either:

- Activating strategies motivated by a seeming conviction that if they protest long and loudly enough, the deceased will return.
- Deactivating strategies where mourner will do whatever he/she can do to avoid being reminded of the loved one, will deny strong feelings about the loss and suppress these thoughts when they arise. However the feelings, if even out of awareness, affect the state of mind and can be triggered by reminders of deceased.

## Clues for complicated mourning

- Person cannot speak about deceased without experiencing intense and fresh grief
- Relatively minor event triggers intense grief reactions
- Themes of loss come up consistently in sessions
- Mourner unwilling to move material possessions belonging to the deceased, taking into account appropriate time, cultural and religious factors
- Physical symptoms similar to symptoms of deceased

## Clues

- Radical changes in their lifestyle following a death or who exclude from their life friends, family members, and or activities associated with the deceased
- Long history of subclinical depression, marked by persistent guilt and lowered self-esteem
- Compulsion to imitate the dead person
- Self-destructive impulses can be triggered by many situations, including unresolved grief

## Clues

- Unaccountable sadness occurring at a certain time each year
- Phobia about illness or death that is related to the specific illness that caused death of deceased
- Find out how mourner behaved at time of loss - e.g. avoided visiting gravesite or participating in death related rituals or activities

# Complicated Grief Disorder

- Bereaved individuals with complicated grief experience ongoing difficulty comprehending the death, intense yearning and longing for the person who died.
- Significantly and functionally impaired by prolonged grief symptoms for at least one month after six months of bereavement
- Known in DSM V as Persistent Complex Bereavement-Related Disorder
- Known in ICD-11 as Prolonged Grief Disorder

## EMDR Therapy utilization with grief and mourning

- Facilitates "natures way" of movement through processes of mourning
- EMDR will not take anything away the person needs
- Acute grief is a form of post-traumatic stress
- Facilitate working through of painful moments, "stuck points", and underlying connecting past memories
- Results in positive memories, emergence of meaning of relationship and loss, and facilitates positive inner representation

## THREE-PRONGED PROTOCOL

- Processing the past memories underlying the current painful circumstances.
- Processing the present triggers that continue to stimulate pain and maladaptive coping.
- Laying down a positive future template.

## EMDR targets - Past

- Loss related- moments of shock, denial, other dissociative symptoms, (e.g. moment of hearing the news, funeral scenes, flashback moments.... ) and moment of realization. moment(s) of realization
- Trauma/loss related – previous losses and traumas, including attachment related issues (were they soothed, needs met, attachment breach/repair?)

## EMDR targets - Past

- Attachment related – significant and often "seemingly small" moments that underlie attachment style issues that contribute to present dysfunction
- Negative cognition/theme related - memories that underlie issues of responsibility, safety, control

## EMDR targets – present and future

- Moments of distress and disorganization
- "Stuck" points, blocks and complications
- Situations where negative cognitions/themes were experienced (e.g. issues of responsibility/self – defectiveness, safety, choices)
- "R" processes can guide target selection
- **Future template** follows processing of each present trigger

## Attachment theory and case conceptualization

- Loss of a loved one can arouse many of the same reactions that accompanied separation from an attachment figure in childhood -- attachment style is a major determinant of how a person grieves and accounts for variations in the grief response.
- Attachment style can be conceptualized as memory networks resulting from child-caregiver interactions
- Target relevant attachment memories (obvious significant memories and "seemingly small" but impactful moments) underlying current difficulties.

## Therapeutic relationship

- Given the importance of attachment on grief, it cannot be emphasized enough the importance of the therapeutic relationship as the vehicle for safety, integration, adaptation, and change.
- Therapeutic relationship provides the safe base for exploration of both inner and external worlds.

## Grief from an AIP Perspective: Emergence of meaningful memories/inner representation

- A loss can be so distressing that it blocks access to memory networks containing positive memories of the loved one. With processing of distressing moments and memories, these memory networks become accessible.
- The emergence of memories plays a vital role in accommodation of loss. Memories of the deceased serve as an essential bridge between the world with and the world without the loved one and are the building blocks of inner representations.

## INNER REPRESENTATION

- Having an adaptive inner representation of the loved one is essential in mourning. We do not lose attachments to loved ones that die, they are transformed. Data suggests that rather than detach from the deceased, survivors find a way of carrying an inner representation of the deceased that is dynamic and changes with time.
- Fairbairn (1952) defines the inner representation as: (a) those aspects of the self that are identified with the deceased, (b) characteristics or thematic memories of the deceased, and (c) emotional states connected with those memories.

## INNER REPRESENTATION
(cont.)

- This inner representation, experienced through memories and the meanings we give to them, is what seems to emerge with EMDR. It is the emergence of memories of the deceased that lets us know and acknowledge the meaning of the relationship with the lost loved one and that person's role in our life and identity. It enables us to carry into the future the basic security of having loved and been loved. We can go forward in a world without the deceased because we have an adaptive inner representation to take with us.

## Inner Representation

- Death of a loved one is the permanent absence of an important *attachment figure* (or recipient of care-giving in the case of partents) and a representational figure in the individual's internal working model of the relationship.
- Through the emergence of memories that are "heart felt" (an adaptive inner representation) with EMDR therapy, the deceased may continue to serve as an *attachment figure* for the mourner, and be an important source of felt security and a safe haven in times of distress.

## INNER REPRESENTATION
(cont.)

- There are situations where the inner representations are negative and distressing in whole or in part. This occurs in relationships complicated by anger/ambivalence/guilt/dependency/abuse, etc.
- When the inner representations evoke distress, the past traumas, conflicts, and negative memories need to be processed to bring about adaptive resolution.

## EMDR ISSUES

- Not a shortcut - Facilitates movement through process of mourning
- Does not skip processes
- Readiness for emotional impact
- Respect person's pace
- History/mental status
- Cautions/contraindications
- EMDR Preparation

## EMDR AND THE PROCESSES OF MOURNING

- EMDR is utilized to:

1) Complete what is necessary in uncomplicated mourning
2) Avoid obstacles that can complicate the mourning
3) Process the obstacles in complicated mourning that prevent successful completion of the "R" processes
4) Process past memories and present triggers/future template related to maladaptive behavior/coping

## Phase 1 History: Assessment Issues

- Circumstances of the death; including the events that led up to and followed it
- Nature of the loss and its meaning to the client.
- Reactions to the death, and what client has been doing to cope
- Reactions of others in the client's life and degree of support client has received (and is still receiving)
- What has changed in the client, and in life since the death.

## Assessment issues

- Explore the relationship now to the deceased
- Reaction to things that remind the mourner of the deceased.
- Explore explore the history of prior loss experiences how have they have impacted the client before this loss and now.

## Assessment issues

- How does the client feel he/she has been doing with this loss, and how she/he will be able to deal with it in the future.
- What emotional difficulties has the client experienced prior to this loss and how are these issues impacting the client now.

## Explore meaning of the loss (Kosminsky and Jordan, 2016)

- How are you doing now?
- Can you tell about the death/dying
- Can you tell about the life of the person? ("back story" of the loved one's life and the client's relationship)
- What have you lost?
- Who are you now?
- What do you need to hold onto?
- Has anything good come out of this experience for you?

## Assessment issues

- *Trauma Issues*: Loss can trigger other earlier trauma-related emotional issues (such as feelings of terror or helplessness or a need to freeze).
- *Conflicts*: Previous conflicts with the loved one that preceded the death do not go away. They are left still to be resolved, although the loved one is no longer here to do so. Those with significant attachment issues/history of trauma or neglect involving the deceased may have further problems to deal with and resolve, along with grief/ mourning issues

# Assessment issues

- *Past and Present Functioning*: Past trauma and pre-morbid functioning, along with the impact of the loss on current functioning, needs to be carefully assessed. Treatment may need to address these long standing problems if they predominate or complicate the clinical picture,

# Present functioning

- Interpersonal relationships - nuclear family, marriage or primary partnership, parenting, extended family,
- Affect regulation and coping skills
- Self-esteem issues
- Daily life – work, leisure and recreation, spiritual or religious community, legal/criminal justice system, social support [important for people to feel loved, cared for, valued, and understood], impact of death on potential supporters, mourners' tendency to withdraw vs. seek support

# High risk factors

- 1. Suddenness and lack of anticipation
- 2. Violence
- 3. Human-Caused Event
- 4. Suffering (Physical or Emotional) of the loved one Prior to the Death
- 5. Unnaturalness
- 6. Preventability

# High risk factors

- 7. Intent of the Responsible Agent(s)
- 8. Randomness
- 9. Multiple Deaths
- 10. One's Own Personal Encounter with Death
- 11. Untimeliness
- 12. Loss of One's Child

# Phase 2: Preparation

- Affect regulation strategies as needed
- Resourcing
- Collaborative therapeutic relationship
- Social support
- Coping skills
- Treatment plan

# When to start

- *How soon does one apply EMDR therapy*? The earliest time to think about processing a memory is when the client starts to feel the emotional impact, (e.g., the numbness wears off), can stay present with the emotions, and can articulate and reflect on the impact of the loss.
- Affect regulation, self-soothing ability, coping skills, and stabilized environment (to a "good enough" level)
- Recent Event Protocol/RTEP when appropriate

# Where to start

- When the time is right, start with the issue/memory that is most predominate, troublesome, or intrusive.
- Usually the moment of shock (hearing about the death if not present, or images of the scene if present) or realization of death
- May be a past memory or issue that was triggered and is prominent (e.g., "the loss of my husband is bringing awful memories of when my father died.")
- Client's response to the processing, and what emerges, determines the next step and course of therapy.

# Phases 3-8

- Past, present, future
- Past target may be moment(s) of shock or realization of the loss and other distressing memories
- Past memories underlying current difficulties (previous trauma, losses, or attachment related)
- Present triggers representing "stuck points" and difficulties in functioning
- Future templates for each present trigger

# Blocks and obstacles

- When processing is present triggers are blocked or difficulty traversing through the R processes is evident, past losses and trauma, and attachment related childhood memories need to be identified and processed.

## EMDR through the mourning process

1) Recognize the Loss

   1a) Acknowledge the death

   1b) Understand the death

## EXAMPLES OF EMDR TARGETS

- Moment of shock or realization of the death – often the moment the person heard of the death or worst moment(s) associated with the death
- Funeral and other significant moments
- Negative images (both real and vicarious)
- Moments that access realization of violated assumptions
- Moments that trigger issues of responsibility/ safety/choices

## 2) React to the Separation

- 2a) Experience the pain
- 2b) Feel, identify, accept, and give some some form of expression to all the psychological reactions to the loss
- 2c) Identify and mourn secondary losses

## EXAMPLES OF EMDR TARGETS

- Moments/situation triggers of acute distress
- Acute emotional reaction – Some clients experience raw felt emotion that can be directly targeted and processed - assuming the client meets EMDR readiness criteria. However it is usually more containing and grounding to start with moments/situations where the pain was evoked.
- Processing allows the client to experience, express and discharge the pain. This is necessary for the eventual adaptive shifting that results from the linking in of other networks with positive, adaptive information (e.g. healthy accommodation).

## EXAMPLES OF EMDR TARGETS

- Moments/situations where secondary loss was evoked (triggers)
- When mourner is overwhelmed by the sheer number of losses, target one at a time, starting with most felt loss (e.g. the loss that is most accessible)
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3) Recollect and Reexperience the Deceased and the Relationship

3a) Review and remember realistically

3b) Revive and rexperience the feelings

## EXAMPLES OF EMDR TARGETS

- Memories and present triggers that evoke intense emotions
- Memories that access feelings of ambivalence/ dependency/anger
- Memories that are difficult to face because of what person did or did not do
- Memories that access thoughts, feelings, and fantasies mourner now feels guilty about in light of the death
- Past linking memories pushing present distress

## EXAMPLES OF EMDR TARGETS

(cont.)

- Conflicts – Finishing unfinished business lowers distress, brings closure, and prevents complications of mourning
- Caution: Be gentle when confronting memories where there is resistance (e.g., not wanting to acknowledge negative aspects of the deceased, not wanting to deal with unacceptable feelings).

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- Mourner has to be ready to deal with underlying pain and conflict.

## 4) Relinquish the Old Attachments to the Deceased and the Old Assumptive World

- Letting go of that which was invalidated by the death
- The following discussion of targets outlines present triggers that can be targeted.

## EXAMPLES OF EMDR TARGETS

- Moments where there were difficulties in letting go/severing the ties to the deceased and the old assumptive world
- Moments of realization that basic assumptions were violated (e.g. assumptions that framed and determined mourner's present and created future expectations)
- Moments that represent the pain, fear, and anxiety associated with severing the attachment

## EXAMPLES OF EMDR TARGETS

(cont.)

- Moments where the pain of the loved one's absence is acutely felt
- Moments where one is wondering who they are in this world without the loved one
- Moments where the mourner experiences/believes such as "I cannot live without him"…I cannot be alone"...."The world is different, I do not like it, and do not want to live in it"
- Sources of fear - Come up with action plans for appropriate fears and target irrational fears (past, present future perspectives).

## 5) Readust to Move Adaptively into the New World Without Forgetting the Old

- 5a) Revise the assumptive world
- 5b) Develop a new relationship with the deceased
- 5c) Adopt new ways of being in the world
- 5d) Form a new identity

## EXAMPLES OF EMDR TARGETS (revising assumptive world)

- Moments of distress and disorganization that reflect difficulties in revising one's assumptive world (e.g., "While grocery shopping, it hit me that we were supposed to grow old together...")
- Situations and moments where the mourner wants to recapture the old world and not go into the new
- Situations where life difficulties demonstrate how much mourner wants to be the way they were when the loved one was alive
- Bereavement overload – Moments when awareness of loss, including structure and meaning of life afforded by core assumptions, is overwhelming

## EXAMPLES OF EMDR TARGETS (relationship to the deceased

- Situations and moments where mourner is stuck in making the transition from loving in presence to loving in absence (e.g., "At my son's birthday party, I felt that I can't be happy because my wife died")
- Moments where the mourner believes they cannot function without the loved one
- Painful moments where mourner was unwilling to accept the need to form a new relationship with the loved one and wanted a return of the old relationship where he or she was physically present (e.g., difficulty acknowledging the loved one is truly dead and never coming back, and that one must go forward in life without the loved one)

## EXAMPLES OF EMDR TARGETS (Adapt to the new world)

- Situations/moments that evoke guilt/ambivalence/resistance/fear about assuming new roles and behaviors
- Moments where the mourner resists making changes in order to deny the implications of the loss
- Moments where the mourner is reluctant to assume new behaviors because of belief that the old behaviors are the sole ties remaining to the loved one

## EXAMPLES OF EMDR TARGETS

- Create treatment plans (past/present/future) for problems (e.g., anxiety, dependency, poor self image) that interfere with moving forward and trying new behaviors in a world without the loved one.
- Teach new skills/RDI/future templates that enable moving forward into the new world.

## EXAMPLES OF EMDR TARGETS (form new identity)

- Situations that exemplify the complications in forming a new identity without the deceased – difficulties in going from a "we" to an "I" (e.g., "When I went to the party by myself, I realized I don't know who I am without him.")
- Situations/moments that evoke guilt/ambivalence/resistance/ fear about assuming new characteristics, e.g., "I have to stand up for myself.")
- Moments where mourner is frightened by the changes they have made

## USING EMDR IN ACCOMMODATION PHASE
(cont.)

6) Reinvest

- Moments/situations where fear/anxiety regarding the future (including relationship and involvement fears) were experienced
- Concerns about betraying the loved one
- Provide psychoeducation, RDI, and positive future templates to learn new skills, overcome behavioral deficits, and reinforce new skills and adaptive changes

## EXAMPLES OF EMDR TARGETS

- Moments/situations where fear/anxiety regarding the future (including relationship and involvement fears) were experienced
- Concerns about betraying the loved one
- Psychoeducation, RDI, and positive future templates to learn new skills, overcome behavioral deficits, and reinforce new skills and adaptive changes

# Grief therapy techniques that can be integrated into EMDR

- Therapeutic conversation
- Writing techniques
- Visualization an enactment techniques
- Rituals
- Meaningful activities