EMDR and Bereavement

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Aims and Objectives

- Review healthy grieving and mourning
- Examine risk factors for and aspects of complicated mourning
- Explore the use of EMDR in uncomplicated and complicated mourning – basic protocol and special applications
- Examine how EMDR can be combined with other methods
Learning Objectives

- List phases and processes of grief and mourning – the “grief work”
- State the risk factors for complicated mourning
- Describe the use of the basic EMDR protocol for excessive grief
- State special applications for complicated mourning
- List other methods and how they can be combined with EMDR during and between sessions
Bereavement

- **Bereavement** – the objective situation of having lost someone significant
- **Grief** – the emotional response to loss
- **Mourning** – actions and manner of expressing grief (culturally determined)
Phases of Grief

1) Initial shock, disbelief and denial
2) Acute mourning period – acute somatic and emotional discomfort and social withdrawal
3) Culminating period of restitution. Periods may overlap (cf the early models by Kuebler-Ross, Parkes)
Uncomplicated Grief and Mourning

- **Tasks of Grief and Mourning:**
  1. Accept the reality of the loss
  2. Work through the pain of grief
  3. Adjust to environment in which deceased is missing
  4. Emotionally relocate the deceased and move on with life
EMDR Excessive Grief Protocol

Standard Protocol (use Float-back or Affect Scan, expect higher min. SUDs)

1) **Past Memories**
   - Actual events, including deceased person’s suffering/death
   - Intrusive images
   - Nightmare images
EMDR Excessive Grief Protocol

2) **Present Triggers**
- Triggers/stimuli associated with grief experience
- Issues of personal responsibility
- Safety/mortality – self or others
- Previous unresolved losses

3) **Future template**
Case 1 – Male, early 20s

- RTA
- Driver and passenger (friend) killed
- Issues: guilt
- “I don’t want to forget my mate.”
- 5 sessions
- During EMDR created a picture of friend on the wall
- Outcome: abstract love for absent one (vs concrete love for one physically present)
Risk Factors of Complicated Mourning

1) Circumstances surrounding death:-
- Sudden, unexpected death
- Uncertain loss - dead or alive?
- Death where no body is available
- Death through murder, suicide, self-neglect
- Death from overly lengthy illness
- Death seen by mourner as preventable
- Loss of child
- Disaster with multiple losses
Risk factors of Complicated Mourning

2) **Relationship between bereaved and deceased:**

- Highly ambivalent
- Highly dependent
- Narcissistic relationship – deceased seen as extension of self
Risk Factors of Complicated Mourning

3) **Life History of Bereaved Person:**
   - A history of complicated grief reactions
   - Experienced several losses in a short span of time
Risk Factors of Complicated Mourning

4) **Personality of bereaved person:**
   - Avoid feelings of helplessness
   - Perceive self as “strong” person

5) **Social Factors:**
   - (Perceived) lack of social support
   - Death is socially unspeakable or negated – conspiracy of silence
Types of Complicated Mourning

1) Absent or Denied Mourning
2) Delayed or Postponed Mourning
3) Chronic Mourning
4) Distorted Mourning
5) Somatized Mourning
6) Traumatic Mourning
Features of Complicated Mourning

- Vulnerability to separation/loss
- High death anxiety (self/others)
- Extreme arousal, business
- Excessive/persistent over-idealisation of deceased/relationship
- Rigid, compulsive behaviours
- Persistent obsessive thoughts or pre-occupation with the loss
Features of Complicated Mourning

○ Self-destructive relationships, e.g. excessive care-giving
○ Fear of intimacy/avoidance future loss
○ Self-destructive behaviour/acting out
○ Constricted affect
○ Chronic numbness
○ Chronic anger/depression
General Treatment Principles

- The bereaved person has attempted to deal/cope with loss, but in an unhealthy way:-
  1) Hold on/avoid relinquishing the lost one
  2) Deny, repress, avoid aspects of loss, the pain and the realisation of the implications of the loss

- Complicated:- it has gone wrong, but can be corrected
General Treatment Principles

- Give recognition for the loss, give permission, be there
- Provide psycho-education
- Do not try to take away the pain
- Take a wider (family/system) view
- Confront the “myths” of mourning
- Teach self-help techniques/strategies
Complicated Mourning - Treatment

1) **Absent or Denied Mourning:**

- **Issue:** To start grief
  - Explore reasons (e.g. absent body)
  - When will you know?
  - Use of language “was” > “is”
  - Work to allow reaction - retelling, use visualisation, exposure to concrete memories (e.g. video)
  - Farewell letter
  - Hold session at the scene of event
Complicated Mourning - Treatment

- Blocked Processing/Interweave:-
  “What is it about what happened that you need to hold on to, and what do you want to let go of?
(Steve Lazarove)
Complicated Mourning - Treatment

2) **Delayed/Postponed Mourning**

Issue: to start grief once time is there

- Explore reasons (lack of support, safety), preoccupation for welfare of others (e.g. children)
- Fear of losing control
- May need to install resources first
3) **Chronic Mourning**

Issue: to end the grief

- Provide psycho-education to counter myths
- Is there a grief competition?
- EMDR and skills coaching for new behaviours
- Explore the meaning of pain
- CI – the balance of scales
- Give permission for mourning to end
Complicated Mourning - Treatment

4) **Distorted Mourning**

Issue: to get access to full spectrum of reactions

- Two types – anger and guilt
- Get under the emotions
- EMDR and Gestalt for unfinished business
- Psycho-education on difference guilt and guilt feelings – if guilt, make reparation
- Performing a ritual may help
5) **Somatized Mourning**

Issue: translate symptoms to mourning reactions

- “The good and important reason”?
- If pain could talk, what would it say?
- Dialogue with pain/draw pain
- Breathe into/Healing Light
- NB Facsimile Illness as Masked Grief
Complicated Mourning - Treatment

6) **Traumatized Mourning**

*Issue:* to resolve the trauma and get on with the loss

- Intrusive images and thoughts – EMDR, imagery techniques, thought stopping, distraction/control techniques
- Increased arousal – EMDR, Safe Place, Hypnosis, Relaxation/breathing techniques
Complicated Mourning - Treatment

6) **Traumatized Mourning (cont’d)**

- Avoidance reactions – Gradually approach the memories/thoughts
- Planned re-exposure of event, gravesite
- Imaginary exposure
- Rituals
- Other methods – art, writing (letter, diary)
Case 2

- Female
- Husband died as result of RTA
- Emotions: guilt, anger towards husband, anger towards mother
- Skills coaching, psycho-education
- One-handed interweave with ritual
- Reparation
Other Methods of Grief Work

- Gestalt techniques (empty chair)
- Inner dialogue with deceased
- “Re-grief work” – use of linking objects (e.g. picture of deceased)
- Writing assignments – can be combined with other methods
- Can all usefully be combined with EMDR
Grief and Mourning in Children

○ May blame themselves (magical thinking)
○ Behavioural problems/acting out
○ Young children: child/adult/carer tells biographical story/historical account with BS
○ Older children: standard protocol
Grief and Mourning in Children

- Early interventions important:
  1. Death through suicide/murder
  2. Child witnessed a death
  3. Child was responsible for the death, or the dead person, or was with the person who died

(Dyregrov)
Grief, Mourning and Rituals

- **Ritual** – specific action that expresses feelings and thoughts in a symbolic way
- Legitimate release of emotions
- Safety and containment
- Structure: beginning, middle, end
- Gives permission for closure
- Types: - Separation, Transition, Incorporation
Poems and Storytelling

- Storytelling provides explanations:
  1. Causal
  2. Motivational
  3. Justifying
- Potent myths, archetypes
- Individual or as group work
References


Spiering, J. *EMDR and Mourning*, HAP UK.


Resources