Utilization of EMDR with Traumatic Bereavement

Roger M. Solomon, Ph.D.
(with inspiration from Therese A. Rando, Ph.D.)

Attachment, Loss, and the Experience of grief

- Bowlby's attachment theory provides a way to conceptualize the tendency in human beings to create strong bonds with others and a way to understand the strong emotional reaction that occurs when those bonds are threatened or broken.
- Attachments come from a need for security and safety, develop early in life, directed toward a few specific individuals, and endure through a large part of the life cycle.

Attachment

- Attachment behavior seen in humans and animals with young child (and animal) leave primary attachment figure for increasingly long times to search an ever-widening radius of their environment.
- But they always return to the attachment figure for support and safety.
- When attachment figures disappears or is threatened, the response is intense anxiety and strong emotional protest.
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)

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 assumptive world

- Organized mental schema containing everything a person assumes to be true about the world, the self, and others on the basis of previous experiences
- Assumptions, Expectations, Beliefs
- Most of these become virtually automatic habits of cognition and behavior
Assumptive World

- Two categories of assumptive world that pertain to trauma and bereavement
- Global – pertain to the self, others, life, the world in general, and spiritual matters
- Specific – pertaining to what has been lost (loved one, object, belief); the continued interactive presence in the world; expectations, meaning, and ties to, what has been lost

Three fundamental assumptions (Janoff-Bulman, 1992)

- The world is benevolent (bad things won’t happen to me)
- The world (life) is meaningful (its controllable, meaningful, fair, self-outcome contingency
- The self is worthy (bad things don’t happen to good people)

Issues created by violated assumptions

- 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)
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, 2014, 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 is 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 (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 does 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 as 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 prevented 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

- Loneliness - emotional loneliness (broken attachment) and social loneliness
- Fatigue
- Helplessness
- Shock
- Yearning
- Emancipation - can be a positive feeling
- Relief
Physical sensations
- Hollowness in stomach
- Tightness in chest
- Tightness in throat
- Oversensitivity to noise
- Depersonalization (nothing seems real)
- Breathlessness - short of breath
- 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
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.

THE COURSE OF TRAUMATIC BEREAVEMENT
(Rando, 2010, In Press)

1. Not a linear decline of symptom intensity
2. The “6-9 month phenomenon”
3. The “two year phenomenon” and the “window” in traumatic bereavement
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

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

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

Mediators

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Mediator 7) 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, et al, 1999)

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

Personality variables: Attachment Style

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

- 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

- 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 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 styles

- Secure attachment - positive mental models of being valued and worthy of support
- Experience pain of sorrow but able to process this pain and move on to develop healthy continuing bonds with lost loved one.
Insecure attachment styles

- Anxious/preoccupied attachments
- Anxious/ambivalent attachments
- Avoidant/distancing attachments
- Avoidant/fearful attachments
- Disorganized attachments (dissociation)
- Important mediators because they can make adaptation difficult and contribute to development of complicated mourning

8) Extent of trauma

- An event perceived to be inescapable, confronts a person with actual or threatened 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

Acute grief is a form of traumatic stress

- With loss there is trauma, with trauma there is loss, inherent involvement and overlap between loss and trauma
- Loss can be a personal disaster (Raphael, 1981)
Assessment issues (Rando 1993)

- Circumstances of the death; including the events that led up to and followed it
- Nature of the loss and its meaning to you.
- 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 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.
To what extent is Phase Oriented Treatment needed

- Stabilization (Phase 2 EMDR) - Important to assess for complex trauma/dissociation and provide appropriate resource work and raising of integrative capacity.
- Memory Work (Phases 3-7 EMDR)
- Personality (re)Integration (Phase 8 EMDR, and inherent in the past-present-future prongs of EMDR therapy)

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 mourning, 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

Trauma

- An event perceived to be inescapable, confronts a person with actual or threatened death or serious harm
- Overwhelms a person sense of vulnerability and control
- Violates assumptive world
- Memories get “stuck” in the brain, unable to process

Acute grief is a form of traumatic stress

- With loss there is trauma, with trauma there is loss, inherent involvement and overlap between loss and trauma
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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 TARGETS

- 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)
- Fears (target irrational fears and develop actions plans for appropriate fears)

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 UTILIZATION WITH GRIEF AND MOURNING

- Facilitates "nature's 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 and "stuck points"
- Results in positive memories, emergence of meaning of relationship and loss, and facilitates positive inner representation

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 self that are identified with the deceased, (b) characteristics or thematic memories of the deceased, and (c) emotional states connected with those memories.
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.

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 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
USING EMDR IN AVOIDANCE PHASE

1) **Recognize the Loss**
   1a) Acknowledge the death
   1b) Understand the death

EMDR ISSUES

- Person’s readiness for emotional impact
- Coping skills/Resources
- Support System

EXAMPLES OF EMDR TARGETS

- Moment of 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 access issues of responsibility/safety/choices
USING EMDR IN CONFRONTATION PHASE

2) React to the Separation
   2a) Experience the pain
   2b) Feel, identify, accept, and give some form of expression to all the psychological reactions to the loss

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 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).

USING EMDR IN CONFRONTATION PHASE
(cont.)

2) React to the Separation
   2c) Identify and mourn secondary losses
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)

USING EMDR IN CONFRONTATION PHASE (cont.)

3) Recollect and Reexperience the Deceased and the Relationship
   3a) Review and remember realistically
   3b) Revive and reexperience 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
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).

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

USING EMDR IN CONFRONTATION PHASE
(cont.)

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

Letting go of that which was invalidated by the death

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... 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).

USING EMDR IN ACCOMMODATION PHASE
5) Reduct to Move Adaptively into the New World Without Forgetting the Old
   (5a) Revise the assumptive world

EXAMPLES OF EMDR TARGETS
- 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
USING EMDR IN ACCOMMODATION PHASE
(cont.)

5) **Readjust to Move Adaptively into the New World Without Forgetting the Old**
   
   5b) Develop a new relationship with the deceased

EXAMPLES OF EMDR TARGETS

- 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)

USING EMDR IN ACCOMMODATION PHASE
(cont.)

5) **Readjust to Move Adaptively into the New World Without Forgetting the Old**
   
   5c) Adopt new ways of being in the world
EXAMPLES OF EMDR TARGETS

• 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 (cont.)

• 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.

USING EMDR IN ACCOMMODATION PHASE (cont.)

5) **Readjust to Move Adaptively into the New World Without Forgetting the Old**
   
   5d) Form a new identity
EXAMPLES OF EMDR TARGETS

- 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

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
TWELVE HIGH-RISK ELEMENTS FOR TRAUMATIC BEREAVEMENT
(Rando, 2010, In Press)

1. Suddenness and lack of anticipation
2. Violence and Its Consequences: Injury, Mutilation, and Destruction
3. Human-Caused Event

TWELVE HIGH-RISK ELEMENTS FOR TRAUMATIC BEREAVEMENT
(cont.)

4. Suffering (Physical or Emotional) of the Loved One Prior to the Death
5. Unnaturalness
6. Preventability
7. Intent of the Responsible Agent(s)

TWELVE HIGH-RISK ELEMENTS FOR TRAUMATIC BEREAVEMENT
(cont.)

8. Randomness
9. Multiple Deaths
10. One’s Own Personal Encounter With Death
11. Untimeliness of the Deceased’s Youth
12. Loss of One’s Child