



# **Utilization of EMDR Therapy with Grief and Mourning**

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**EMDRIA**

**October 4, 2020**



# GRIEF and Mourning

(Rando, 2014, Worden, 2009)

- *Grief* refers to one's reactions to loss ( psychological, behavioral, social, and physical reactions)
- *Mourning* is the term applied to the PROCESS of adapting to the loss



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

- 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

- A set of assumptions about the world, the self, and others, that help one to feel safe, capable, and in control of what happens to oneself and, in some ways, those around you.
- Benign universe
- Meaningful world
- Self is worthy
- Specific to personal world and relationship (“We were supposed to grow old together...”)



# Violation of assumptive world

can result in: (Pearlman, et al., 2014)

- Grappling with meaning
- Questioning one's faith
- Preoccupation with causality, responsibility, and blame
- Feelings of guilt
- Preoccupation with the deceased's suffering



# 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

## 3) How the person died

Proximity

Suddenness or unexpectedness

Violent/traumatic death

Multiple losses

Preventable deaths

Ambiguous deaths

Stigmatized deaths



# 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) Concurrent 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 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



# Mediator of mourning

## 8) **Personality variables**

- Gender – differences in ability to grief may be more a part of differences in socialization

## 9) Coping Style

- Active emotional coping
- Problem solving coping (to solve problems)
- Avoidant emotional coping - least effective
- Passive strategies “nothing I can do about it”



# 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)
- ▶ Attachment orientation accounts for variations in response to loss (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)

- 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 (protest, e.g. crying).
- 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 (Mikulincer and Shaver, 2016) (4)

- 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 (5)

- **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.*



## Secondary Strategies (6)

- When the caregiver is both the source of safety and the source of terror, then there can be hyperactivation and hypoactivation happening at the same time (or rapidly switching) resulting in **Disorganized Attachment**, fright without solution, which is the precursor to complex trauma and dissociative symptoms.



# Attachment, internal working models and loss (7)

- Secure attachment is attained through consistent, accessible, and responsive experiences with caregivers.
- Insecure attachment results from inconsistent, inaccessible, and/or unresponsive caregiving (e.g. anxious, avoidant, and disorganized styles)
- Attachment style can be understood as memory networks organized around child-caregiver interactions (Big “T” and small “t”) that provide a foundation of emotional information about self and other, thereby influencing relationships.



## Attachment style (8)

- As children grow into adulthood, engagement with others is largely based on the internal working model (attachment style) developed with attachment figures – including **how** people react when someone whom they are deeply attached/bonded with dies.





# Attachment and loss (9)

- The loss of a significant person in adulthood will evoke many of the same feelings that accompanied separation from 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).
- Hence, memory networks associated with attachment style underlie the complicated grief/mourning



# Attachment style (10)

- 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 style (11)

- Anxious-ambivalent style especially likely to show great clinging and loneliness, with their overwhelming negative affect presenting an obstacle to mourning (Meier, et al 2013).
- Studies suggest that avoidant style is associated with problematic bereavement due to emotional shutdown and avoidance. (Meier, et al 2013). Important to differentiate from resilience.

# 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.



# Dual Process Model (Strobe and Schut, 1999, 2010)

- With a death, primary strategies for seeking comfort (involving the deceased)– are no longer relevant.
- Secondary strategies must come into play. Some days the mourner is preoccupied with the loved one (Loss Orientation) and other days in which energy and attention are taken up with other things , e.g. dealing with life (Restoration Orientation).
- Healthy grief involves alternation between confrontation of the loss (LO) and periods of avoidance and respite (RO).

## DPM (Mikulincer 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, and go through it in their own individual way.



# Models of grief: THE SIX “R” PROCESSES OF MOURNING (Rando, 1993)

- 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 need to be processed.



# **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 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
- For most, intensity of grief subsides with time, but for 10-12%, the grief persists, and can be 20% or more with traumatic death (Djelantik, et.al, 2020 ).



# Prolonged Grief Disorder

- Grief reactions persisting for more than 6 months
- For most, intensity of grief subsides with time, but for 10-12%, the grief persists, and can be 20% or more with traumatic death (Djelantik, et.al, 2020 ).





# Prolonged Grief Disorder

- Complicated grief is characterized by an intense yearning and longing for the loved one who has died (Prigerson et al., 2008) leaving the mourner feeling empty, having little hope for the future, and being preoccupied by sorrow and regrets concerning the loss. Along with intrusive and distressing thoughts regarding the loved one's absence, ruminating on the death makes it difficult for an individual to move beyond an acute state of mourning.

# Complicated mourning and attachment

(Kosminsky and Jordan, 2016)

- Similar to the infant who is preoccupied with reestablishing a tolerable level of proximity to a caregiver
- 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.



## **EMDR Therapy 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, “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.

# 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
- Identify relevant attachment memories (obvious significant memories and “seemingly small” but impactful moments) underlying current difficulties.





# EMDR targets - Past

- Loss related- moment of shock (e.g. moment of hearing the news, funeral scenes, flashback moments.... )
- Moment of realization
- Past unresolved losses and traumas
- Attachment related – significant and often “seemingly small” moments that underlie attachment style issues that contribute to present dysfunction

# EMDR targets – present and future

- Moments of distress and disorganization
- “Stuck” points, blocks and complications
- “R” processes can guide target selection
- **Future template** follows processing of each present trigger





# 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/Continuing Bond

- 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 parents) 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.





## 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)
- Explore the relationship to the deceased (the “back story”)



# Assessment issues

- Reaction to reminders of the deceased.
- What has changed in the client, and in life since the death.
- What emotional difficulties has the client experienced prior to this loss and how are these issues impacting the client now. *Treatment may need to address these long standing problems if they predominate or complicate the clinical picture.*





# Present functioning

- Interpersonal relationships – spouse, immediate and extended family, friends,
- Impact on marriage and parenting
- Affect regulation and coping skills
- Self-esteem issues
- Daily life functioning
- Oscillation between Loss Orientation and Restoration Orientation



# 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 are at “good enough” level
- Early intervention protocols 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 moment
- May be a moment of realization the loved one was dead (“When I saw her in the hospital”)
- 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.”)





## 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 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)
-



### 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
- 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).
- .
- 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) Readjust 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 and enactment techniques
- Rituals
- Meaningful activities