

EMDR AND MOURNING

Dr Joany Spierings

THE NORMAL MOURNING PROCESS:

DEFINITIONS

PHASES

TASKS

THE COMPLICATED MOURNING PROCESS:

CLINICAL INDICATORS

HIGH-RISK FACTORS

PATTERNS & SYNDROMES

GENERAL TREATMENT PRINCIPLES

TREATMENT TECHNIQUES

PROTOCOLS

THERAPIST FACTORS

ATTITUDE PROBLEMS

SELF-CARE

In this presentation on EMDR and mourning I will first cover some basic material on grief and mourning, since this gives the best starting point to talk about complicated mourning later on.

Throughout the presentation I will be talking about your own relationship as a therapist to grief and mourning.

Although I will discuss a lot of treatment techniques with you, both EMDR and other techniques, and mixtures of EMDR with more traditional techniques, I will strongly discourage you to view the treatment of mourning as a technical problem.

It is my conviction that more than 80% of the outcome of mourning therapy depends on the attitude of the therapist, and that is why I will spend considerable time on this topic.

Besides that, if you have a clear sense of what mourning is about, you can develop your own treatment techniques.

First I will start with the normal, undisturbed mourning process to see what a healthy mourning process looks like. This will provide us with the background necessary to talk about complicated mourning in the second part of this presentation.

I lean heavily on Therese Rando's excellent book "Treatment of Complicated Mourning", it is THE most comprehensive book on mourning.

Some important concepts to start with:

Loss: Death is the most cruel, relentless, irreversible loss. But there can also be loss without death: being childless, losing some part of your body, or your health, your youth, your illusions, a good relationship, your job.

There is a saying that goes: "In every loss there is trauma, in every trauma there is loss." Loss also has important opportunities for growth:

there is a beautiful book by Judith Viorst on the losses all of us have to suffer throughout life, "Necessary losses". It sensitizes to the dynamics of loss, and as the title suggests: without loss there can be no growth.

A loss is almost never a single loss, with every loss you suffer many losses and you have to mourn them all. These are called secondary losses, the losses that go with the primary loss.

Let me give you an idea what the secondary losses might be if you lose your husband: you lose the father of your children, the grandfather of your grandchildren born and unborn, your lover, your oldest and most trusted friend, the one who would be there when you were sick or tired, the one who

was supposed to hold your hand at your death-bed, the one who knows all your stories, your favourite songs and dishes, your hopes and fears and little secrets, the one who was there at the important moments of your life, who shares your memories. Your bridge partner, gardener, carpenter, and many, many more.

Grief: Grief is the natural reaction to loss.

It is a process with psychological, behavioral, social and physical aspects. Its form depends on the individual's perception of the loss.

It has to do with pain, sadness, suffering.

Grief is the necessary first part of mourning, the part that is about recognizing the loss. Without grief there can be no mourning, but mourning is much more than grief.

Mourning: Mourning is the process of adaptation to the loss.

Successful mourning is characterised by:

1. Reaffirmation of the lost object in a new way
(Which means a new relationship with the deceased)
2. Reconstruction of the inner world
(Which means a new self)
3. Renewal of turning outward
(Which means a new relationship with the world)

Mourning is the building of an authentic new identity, not the returning to an old identity. One will never be "the old me" again, there is a rupture forever in the life history. Life is organized into 'life before' and 'life after'. The old identity is destroyed by the loss.

As in trauma, the assumptions about God, life and the world are violated. Basic attitudes of psychological health that were mastered fully or partially have to be redeveloped.

Old pains and losses and former crises show up again, and ask to be resolved again, often to the despair and terror of the mourning person.

This adds to the weight the mourner has to carry, and it is very important that a therapist is alert to this, and can explain to the client why this is happening. As in trauma, psycho-education is useful in grief.

Grief is such a tremendous task, it appeals to all your abilities and resources and makes visible both your strengths and your weaknesses.

**THE SIX 'R' PROCESSES OF MOURNING
IN RELATION TO THE THREE PHASES OF GRIEF AND
MOURNING**

I. AVOIDANCE PHASE

1. RECOGNIZE THE LOSS

- Acknowledge the death
- Understand the death

II. 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 all secondary losses

**3. RECOLLECT AND REEXPERIENCE THE DECEASED AND THE
RELATIONSHIP**

- Review and remember realistically
- Revive and re-experience the feelings

**4. RELINQUISH THE OLD ATTACHMENTS TO THE DECEASED
AND THE OLD ASSUMPTIVE WORLD**

III. ACCOMODATION 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

From: Treatment of Complicated Mourning, Therese Rando, 1993

THE SIX R PROCESSES OF MOURNING

- AVOIDANCE PHASE

1. RECOGNIZE THE LOSS

-ACKNOWLEDGE THE DEATH:

This is about accepting the death as a fact. Realize how many people react to the news of death by saying NO, IT'S NOT TRUE.

The task for the person is to accept the fact of death: I'm not dreaming, it's real. It is not someone else, it is him. He is not sleeping, he is dead.

There is often a protective refusal to admit the fact of death.

It is almost impossible to realize the immense impact in the beginning, it would be completely overwhelming.

What you typically see is awareness alternated with denial.

In old bereavement rituals the corpse is in the house and everybody comes to pay respect, to bring condolences and with every visitor the mourner has to realize what happened.

To accept the death as a fact, it is important to see the dead body or part of it, even when it is damaged, as in accidents or some suicides.

It is important to see with your own eyes the person is really dead.

One of the horrors families of missing persons go through is never being able to declare: "Yes, it is true, she is dead."

-UNDERSTAND THE DEATH:

We are talking here of developing a narrative: this is how it happened, the story of the death. What you typically see is a story being built together by the family during the days before the funeral, with some provisional meaning in it: for example: this is the way Dad would have wanted it; Mama

died the way she lived; it is good because there has been no suffering; it is good because there was so much suffering; she had to die alone, she could not go as long as someone was around; she waited to die until everybody was there.

This narrative will be told over and over again, with every visitor coming to bring condolences.

What you can see with people in the avoidance phase:

Emotional shock, disbelief, denial, numbness, dissociation.

In this phase dissociation is functional: it helps to cut the suffering in smaller bits and do them one by one. It works like a shock absorber.

II. CONFRONTATION PHASE

2. REACT TO THE SEPARATION

-EXPERIENCE THE PAIN:

The anaesthesia of the first period comes to an end, here is pain.

It gets worse after the funeral. This is the phase of fulltime griefwork: in the beginning no other activity is possible or has any meaning. Everywhere you look, everything you think of has some connection with the deceased.

All you see and all you think of ends in pain, and there is no escape. The only way out is the way through.

Freud defines griefwork as : "What was 'we', has to become 'I'."

The ties have to be untied, one by one, and this hurts.

What you see in people in this phase:

Shoots of sharp pain, often described as a knife, panic, disorganization, restlessness, depressed feelings, sleeping problems.

There is protest and yearning, a painful longing, followed by waves of sadness when once more is realised the deceased will never come back to fulfil this longing.

-FEEL, IDENTIFY, ACCEPT AND EXPRESS ALL THE REACTIONS TO THE LOSS:

What you see in people is intense involvement in memories.

Some people play 'the dying videotape' over and over.

You see extensive seeking behavior: seeking in photo albums, seeking in places the deceased used to go, go to the grave to see if the deceased is there, talk with people who knew him to find a trace.

All this seeking behavior leads to learning over and over again: the deceased is not to be found, he is gone.

Identification is another way of reacting to the loss. It helps to cling to the deceased: play his music, wear his cloths, eat his favourite food, do as he always did.

Taking over the symptoms of the illness is very common.

All this clinging behavior inevitably leads to the painful conclusion: the deceased is gone.

And from 'He is gone now' to 'He is gone forever' is a long, long way.

For some people their own reactions to the loss can be frightening, even unacceptable.

For some people anger is threatening, for others relief. There are guilt issues that can be very difficult for people.

I will come back to this in the section on complicated mourning.

-IDENTIFY AND MOURN ALL SECONDARY LOSSES:

This means not only realizing the beloved one is dead, but also realizing what it means the beloved one is dead. The full impact on every aspect of life, the real extent of the loss. Allowing oneself to feel and work through all of these losses is the very essence of the mourning process.

Here is where most of the processing takes place.

Some authors describe this phase as 'subjective realizing'.

We are talking emptiness and loneliness here, deadlock, a vacuum between a past that is gone forever and a future that is not there.

One of the choosing points between chronic mourning and integration lies here. For some people the pain of mourning is preferable to the emptiness they see ahead.

3. RECOLLECT AND REEXPERIENCE THE DECEASED AND THE RELATIONSHIP

-REVIEW AND REMEMBER REALISTICALLY:

Memories have to be relived, stories told and retold: "Remember when Daddy...?", tears have to be cried.

There is a saying in Dutch: "Nothing but good about the dead", which forbids to say anything negative about the deceased.

This is asking for trouble later on.

What you typically see in people is idealization of the deceased in the beginning, followed by more realistic remembering later on.

-REVIVE AND RE-EXPERIENCE THE FEELINGS:

Untying the ties by processing the feelings involved.

Therese Rando views this as the reverse of the building of the relationship.

She says: All the needs, thoughts, memories, hopes, wishes, fantasies, dreams, assumptions, expectations and beliefs –and the feelings associated with them- must be revived and re-experienced in order to lose their emotional charge.

Must be desensitized in order to be reprocessed, as we EMDR therapists would say.

4. RELINQUISH THE OLD ATTACHMENTS TO THE DECEASED AND THE OLD ASSUMPTIVE WORLD

To those of us who work with trauma the shattering of assumptions about life and the world is a familiar phenomenon.

We know what devastating effects this has on people, when their trust of life is temporarily damaged

In mourning we are not only talking about global assumptions like:

I have control over my life; life is predictable; life is fair and just and meaningful; I will get what I deserve: bad things happen to bad people, good things happen to good people; I am invulnerable.

We are also talking about a whole set of specific expectations and beliefs, about what life with this person was supposed to be like.

The death of someone you love is a profound shock to so many things you built your life on, counted on. Your world as you knew it broke down.

The mourner has to give up this internal world that has betrayed its promises.

Harold Kushner, a Jewish rabbi whose son died of an incurable disease, wrote a beautiful book about the conflict with God. Life and mankind after a tragedy like this: "When bad things happen to good people".

- ACCOMMODATION PHASE

5. READJUST TO MOVE ADAPTIVELY INTO THE NEW WORLD WITHOUT FORGETTING THE OLD

-REVISE THE ASSUMPTIVE WORLD:

The more fundamental and extensive the role played by the deceased, the more reconstruction is needed of the internal world.

Elements of the old assumptive world will find a place in the new one, for example: I have no control over my life, but I have control over the way I handle it.

Life is unpredictable, but I can trust myself to react to things.

-DEVELOP A NEW RELATIONSHIP WITH THE DECEASED:

For some clients AND THERAPISTS the idea of building a new relationship with the deceased is difficult to accept, while others welcome it as a relief that they are permitted to carry their loved ones with them through life and do not have to destroy them.

When the idea of a relationship with a deceased person is very strange to either the client or the therapist, this robs the client of a wonderful resource that could be very helpful in the mourning process.

Human beings are symbolic creatures. We do not need a concrete presence to have a relationship. Many clients will tell you about their ongoing interaction with their beloved, as soon as they have ascertained that you as a therapist will not think they're weird or crazy, or will try to take this away from them.

They use words like: he is always with me, I carry him with me in my heart. Or: he comes when I need him.

Therapists who never suffered a serious loss themselves are not familiar with this symbolic interaction, and view it as 'pathological hanging on'.

The two important criteria to distinguish between pathological clinging and a healthy symbolic relationship:

-Does the mourner fully realize the person is dead?

-Is the mourner moving forward toward adaptation to a new life?

A healthy new relationship is an abstract love for an absent loved one (instead of a concrete love for someone who is physically present) .

-ADOPT NEW WAYS OF BEING IN THE WORLD:

For all the roles the deceased fulfilled, another way of living has to be designed.

All other relationships a person has will be changed too: friendships will be closer. Or will break when the other cannot tolerate the suffering.

Other family members or friends will take over tasks and activities. The cards are being reshuffled.

New skills have to be learned, like filling in tax papers or mending clothes.

Sometimes unexpectedly this brings new life to a person: finding oneself capable of doing all these new things can enhance self-esteem. Also suppressed parts of the self for which there was no place in the relationship can develop, sometimes accompanied by guilt: how can I enjoy this?

-FORM A NEW IDENTITY:

The mourner is no longer the person he used to be.

When your father dies, so does the part of you that is his daughter.

The more ways you were attached, the more self you lose.

Clients typically use the word 'amputation' to describe this destruction of their identity. A new identity has to be built, a new self-image.

Some of the changes reflect a gain, for example many clients will tell you they have learned such a lot about love, about life, and about feelings in the whole mourning process; that it has enriched their lives, although it was very difficult; that they can help other people now with this new life experience which is an important part of their new identity.

6. REINVEST

The emotional energy that was invested in the relationship must be reinvested in a way that brings new gratification.

Reinvestment does not mean you have to enter a new relationship. It means you are taking part in life, that you have an 'emotionally gratifying person, object, belief or activity into which to put your energy and from which you receive satisfaction in return.

MOURNING TASKS IN THE THREE DOMAINS

Now we have seen what process the mourner is going through, let's take a closer look at the tasks he has to accomplish.

In dealing with loss, we always deal with three domains: the deceased, the self and the outside world.

Successful mourning accomplishes new developments in all these three domains: a new relationship with the deceased, a new self, and a new relationship with the world.

So in each of these domains work has to be done by the mourner.

We begin with the self, because this is the most fundamental part.

MOURNING TASKS RELATED TO THE SELF

One of the most essential truths about mourning is:

'THE MOST PAINFUL LOSS IS NOT LOSING THE PERSON YOU LOVED, IT IS LOSING THE PERSON YOU ARE.

A beautiful Dutch book on grief is called: 'Weeping for the lost me.'

1. Altering the needs, feelings, thoughts, behavior and interaction patterns, hopes, wishes, fantasies, dreams, assumptions, expectations, and beliefs that had been predicated on the presence of the loved one.
2. Coping with the defenses and behaviors used to mitigate the pain of the loss, minimizing and ultimately relinquishing those that interfere with the completion of the mourning process.
Typically there is a natural dosing of the pain, regulated by what can be tolerated. When clients are extremely scared of emotions or loss of control you see too much repressing. Most clients tell you they learn to let the pain come like a wave.
3. Finding ways to incorporate the loss into the philosophical framework of one's life and integrate the loss with other meanings and systems of belief in the assumptive world; finding ways to eliminate, reduce or accomodate cognitive dissonance.
4. Sustaining meaning in the face of major loss-which can destabilize meaning- and creating some sense out of the "non-sense" of the loss. Typically the first work for this is done in the preparation for the funeral, by the mourners who come together to share.
What you see is the collective construction of a narrative, which contains views of the deceased, views of the way he died, with all kinds of symbols and connections in it.
Decisions about the memorial service, the mortuary card, the announcement in the newspaper etc. all help to create this narrative. It is very important for the mourners, the words used have deeply felt meaning and provide support.
5. Developing a new sense of identity to reflect and incorporate the many changes and readjustments that occur as a consequence of the death. For some clients this new identity is the identity of the mourner. Being a widow can be a fulltime job, and give the right to endless attention, freedom from obligations towards others, etc.

6. Deciding whether the loss will be survived and, if the decision is to survive, choosing how to do so.
It is not uncommon for couples who have been together almost all their lives to die within a few months after each other. This has to do with a refusal at a very deep level to go on living without the partner.

MOURNING TASKS RELATED TO THE DECEASED

1. Coming to grips with the reality of the loss
by gradually acknowledging and understanding the death and its implications and ultimately relinquishing hope that the loss can be reversed.
2. Reacting to separation from the lost one (acute grief)
and finding ways to experience, express, and channel all the pain and other psychological reactions
3. Reviewing and re-experiencing psychosocial ties with the deceased (memories, thoughts, feelings, hopes, needs), modifying them, and reacting to changes in them
4. Doing something with the unfinished business with the deceased that presses for completion.
Here we are talking about saying goodbye, speaking of feelings that remained unspoken, forgiving and being forgiven.
5. Transforming the attachment to the deceased from one anchored in physical presence to one of symbolic interaction, changing the relationship to recognize the death and develop appropriate new ways to relate to the deceased.

MOURNING TASKS RELATED TO THE EXTERNAL WORLD

And you may include God here. As in trauma, the assumptions about life and the world are violated, life has betrayed us and the world has proved to be a very unsafe place. Also life will change in many, many ways that require new answers.

1. Readjust to the loss by taking on healthy new ways of being in the new world without the loved one (i.e. adopting or modifying specific roles, skills and behaviors).
The need to develop new behaviors is helpful in restructuring life. It fills some of the emptiness, gives something to do in the overdose of time to spend. For some clients the reverse is true: having to learn and being thrown back upon themselves creates immense anxiety. Extreme dependency in the relationship often creates problems that lead to complicated mourning.
2. Finding new people, objects, roles, hopes, beliefs, causes, ideals, goals, or pursuits in which to put the emotional investment that formerly had been placed in the relationship with the deceased.

MOURNING TASKS RELATED TO THE SELF

1. Altering the needs, feelings, thoughts, behavior and interaction patterns, hopes, wishes, fantasies, dreams, assumptions, expectations, and beliefs that had been predicated on the presence of the loved one.
2. Coping with the defenses and behaviors used to mitigate the pain of the loss, minimizing and ultimately relinquishing those that interfere with the completion of the mourning process.
3. Finding ways to incorporate the loss into the philosophical framework of one's life and integrate the loss with other meanings and systems of belief in the assumptive world; finding ways to eliminate, reduce or accommodate cognitive dissonance.
4. Sustaining meaning in the face of major loss-which can destabilize meaning- and creating some sense out of the "non-sense" of the loss.
5. Developing a new sense of identity to reflect and incorporate the many changes and readjustments that occur as a consequence of the death.
6. Deciding whether the loss will be survived and, if the decision is to survive, choosing how to do so.

MOURNING TASKS RELATED TO THE DECEASED

1. Coming to grips with the reality of the loss
by gradually acknowledging and understanding the death and its implications and ultimately relinquishing hope that the loss can be reversed.
2. Reacting to separation from the lost one (i.e., acute grief) and finding ways to experience, express, and channel all the pain and other psychological reactions.
3. Reviewing and re-experiencing psychosocial ties with the deceased (memories, thoughts, feelings, hopes, needs), modifying them, and reacting to changes in them.
4. Doing something with the unfinished business with the deceased that presses for completion.
5. Transforming the attachment to the deceased from one anchored in physical presence to one of symbolic interaction; changing the relationship to recognize the death and develop appropriate new ways to relate to the deceased.

MOURNING TASKS RELATED TO THE EXTERNAL WORLD

1. Readjust to the loss by taking on healthy new ways of being in the new world without the loved one (i.e. adopting or modifying specific roles, skills and behaviors)
2. Finding new people, objects, roles, hopes, beliefs, causes, ideals, goals, or pursuits in which to put the emotional investment that formerly had been placed in the relationship with the deceased

THE USE OF EMDR IN NORMAL MOURNING

The normal mourning process is a natural, self-healing process. It involves a lot of pain and negative emotions, but it requires no therapeutic intervention. When you have mourned yourself it will be easier for you as a therapist to trust this process.

Although it is not per se necessary to intervene, sometimes EMDR can be used to help the client with a specific part or aspect of the processing. It can help facilitating the normal mourning process.

Possible applications:

-There are always some aspects that are particularly painful, for example the images of suffering in the hospital during the last few days, or a quarrel just before the unexpected death, or the decision to pull the plug of the breathing machine NOW.

Here EMDR can be useful.

-Unfinished business is another possible application for EMDR.

-What you typically see in working with EMDR in grief issues is a strong spontaneous tendency to discover and attribute meaning. Meaning has the effect of reconciliation, of bringing consolation.

In uncomplicated mourning, as in type I trauma, the basic EMDR protocol will do. In complicated mourning, as in type II trauma, we are talking about preparation, timing, cognitive and other interweaves.

EMDR then becomes less of a technique and more of an art.

WHERE NORMAL MOURNING ENDS AND COMPLICATED MOURNING BEGINS.

There is no clear-cut boundary between normal and complicated mourning. Sometimes the clinical picture is deceptive: either the client does not show or tell the full extent of the internal world, e.g. in case of shame or guilt.

Or the therapist sees pathology where there is only intensity, or a personal style. Frequently, complications manifest themselves with regard to limited, specific aspects, while others remain at a non-problematic level.

The bereaved seems to be 'stuck' or 'locked' in some aspect of grieving.

SYMPTOMS MISTAKEN FOR SIGNALS OF COMPLICATED MOURNING

1. Experiencing a resurrection of issues from past losses that were or were not accommodated successfully.
2. Experiencing feelings other than sadness (for example guilt or anger), or reacting to the loss in other than psychological ways (physically, socially).

1. Feeling that part of the mourner has died along with the loved one.
2. Having a continued relationship with the deceased.
3. Maintaining parts of the environment to stimulate memory of the deceased.
4. Taking actions so that others won't forget the deceased.
5. Feeling increased vulnerability about the possibility of one's own death or the deaths of other loved ones.
6. Feeling reluctance to change things if the deceased has been a part of them (not wanting to move to a new year/house/job).
7. Experiencing some aspects of mourning that continue for many years, if not forever.
8. Feeling resentment that others continue to live whereas the loved one has died.
9. Experiencing temporary periods of acute grief long after the death:
STUG reactions (Subsequent Temporary Upsurge of Grief)

COMPLICATED MOURNING: HIGH-RISK FACTORS

I. FACTORS ASSOCIATED WITH THE SPECIFIC DEATH

1. Sudden, unexpected death
Especially when traumatic, violent, mutilating or random.
2. Death from an overly lengthy illness
3. Loss of a child
4. Death is seen by the mourner as preventable

II. FACTORS INCLUDING ANTECEDENT AND SUBSEQUENT VARIABLES

1. Markedly angry or ambivalent, or markedly dependent relationship with the deceased
2. Prior or concurrent mourner liabilities.
3. The mourner's perceived lack of social support

COMPLICATED MOURNING: HIGH-RISK FACTORS

I. FACTORS ASSOCIATED WITH THE SPECIFIC DEATH

1. Sudden, unexpected death
Especially when traumatic, violent, mutilating or random.
The risk of complications has to do with things like: there was no time for preparation, no possibility to say goodbye.
The dramatic circumstances, strong sensory impressions and/or fantasies bring additional distress. The assumptions about the world are challenged or shattered, the world has become an unsafe place.
The traumatic aspect increased the chance of more intense reactions, delayed reactions and development of PTSD.
Also it can be very difficult to permit oneself to be angry at someone who died by violence.
2. Death from an overly lengthy illness
This often means: a long period of stress with several critical periods. Uncertainty, insecurity; the experience of a loved one growing weaker, and having to witness suffering and/or pain.
There is anticipatory grief, saying farewell too early, or several times. There will be tensions in the family, conflicts, unequal burdens. Emotional, social and physical strain. The family members are exhausted in the end.
There have been secret wishes that it might be over, and guilt about those wishes.
3. Loss of a child
The most difficult loss of all. It violates every law, the fundamental order of life. When there is an aspect of guilt, it is extremely difficult to forgive. It is important to realize that for example unborn, stillborn children or –on the other extreme- adult children can provoke the same reactions in parents.
There are often problems with disappointment in the social support

system: other people are reluctant to share and to respond, because it represents their worst fears.

Typically you see a lot of resentment.

There are also relational problems following the death of a child: differences in style of mourning, sharing and communication problems, wanting to protect each other, the one you turn to for consolation is the one who is suffering too, etc.

4. Death is seen by the mourner as preventable.
There is typically protest and much more anger and/or guilt.
The finding of meaning is much more difficult.

II. FACTORS INCLUDING ANTECEDENT AND SUBSEQUENT VARIABLES

1. Markedly angry or ambivalent, or markedly dependent relationship with the deceased.
More about this in dealing with distorted mourning, as one of the patterns of complicated mourning.
2. Prior or concurrent mourner liabilities.
This is about prior losses, or other current stressors. People who suffered many losses can feel responsible in a magical way, as if they attract evil.
3. The mourner's perceived lack of social support

As you see these factors are not mutually exclusive, they can combine to almost certain complicated mourning.

CLINICAL INDICATORS OF COMPLICATED MOURNING

1. A pattern of overreaction to experiences of loss and separation.
2. Extreme restlessness, arousal, oversensitivity, with the need always to be occupied, as if cessation of movement would permit surfacing of anxiety-provoking material.
3. Unusually high death anxiety focusing on the self or loved ones.
4. Excessive and persistent overidealization of the deceased or the relationship.

5. Rigid, compulsive or ritualistic behavior, interfering with normal life.
6. Persistent obsessive thoughts and preoccupation with the loss.
7. Inability to experience the various emotional reactions to loss and/or uncharacteristically constricted affect.
8. Inability to articulate existing feelings and thoughts about the deceased and the loss.
9. Relationships with others marked by fear of intimacy and other avoidance of future loss.
10. A pattern of self-destructive relationships commencing or escalating subsequent to the death, including compulsive care-giving and replacement relationships.
11. The commencement or escalation after the death of self-defeating, self-destructive or acting-out behavior, including abuse of substances.
12. Chronic experience of numbness, alienation, depersonalisation, or other affects that isolate the mourner from him/herself and others.
13. Chronic anger or a combination of anger and depression.

PATTERNS OF COMPLICATED MOURNING

1. ABSENT OR DENIED MOURNING

There is no death acknowledged, only separation to endure.

When there has been no confirmation of the death, no contact with the body, for example.

The main problem is to start grief.

2. DELAYED MOURNING

The mourner decides consciously or unconsciously to postpone grief, for more or less rational reasons, for example family reasons.

The main problem is to start grief once the time is there.

3. CHRONIC OR PROLONGED MOURNING

The mourner stays in the state of acute grief: intense sadness, rumination, protest, depression and anxiety.

You often see this pattern after a relationship that was markedly

dependent, or in a system that permits no recovery.

The main problem is to end grief.

4. DISTORTED MOURNING

Two subtypes are distinguished:

Distorted mourning of the extremely angry type

Distorted mourning of the extremely guilty type

Both can follow a markedly ambivalent relationship with many conflicts and unfinished business.

Other mourning reactions like sadness and yearning are absent in distorted mourning.

The main problem is to get access to the full spectrum of reactions.

5. TRAUMATIZED MOURNING

The mourner remains stuck in post-traumatic stress, still coping with the trauma and not getting into the mourning process.

The trauma remains in the foreground.

The main problem is to resolve trauma and get on with the loss.

6. SOMATIZED MOURNING

Somatic symptoms and complaints, often from identification with the symptoms of the deceased, take the place of feelings and mourning reactions.

The main problem is to help translate these symptoms to mourning reactions again.

GENERAL TREATMENT PRINCIPLES

CLINICAL PERSPECTIVE

In all aspects of complicated mourning there are basically two attempts:

1. To hold on to and to avoid relinquishing the lost one
2. To deny, repress, or avoid aspects of the loss, its pain and the full realization of its implications.

Thus the dysfunctional mourning actually consists of attempts to deal or cope with the loss, but in an unhealthy way.

The term 'complicated', as opposed to 'pathological' implies that something has gone wrong, but can be corrected.

The aim of the therapist is to un-complicate mourning, by working through the blocks, resistances and defences, and removing the complicating factors. Dysfunctionally stored material can move toward adaptation.

This perspective on complicated mourning blends very well with the conceptualization underlying EMDR.

BASIC DO'S AND DON'TS

- Give recognition for all the losses involved. Recognition is the balm on the wound of loss. By giving recognition you as a therapist say: yes, I see your loss; yes, I see your suffering; you are having a very hard time. It's a form of containment.
To be able to give honest recognition and not only use a technical phrase, your own tolerance for negative emotions and the level of containment you are capable of, plays an important role.
- Give permission to all the feelings involved. It is important to give explicit permission to all the negative and positive feelings. Be prepared to tolerate all reactions, including hostility.
- Give psycho-education, confront myths, teach on grief and mourning. Clients are often afraid of doing something wrong, and never recovering; or their own reactions scare them.
- Identify, label, differentiate, verbalize.

- Stay away from pathology that is not interfering with the mourning process. You are helping people to mourn, not turning them into better persons.
And there is always the old rule: "If it is not broke, don't fix it."
- Maintain a family systems perspective in dealing with the mourner.
- The client decides on the meaning of the loss. View the loss from the unique perspective of the bereaved. Everyone is entitled to his/her own process of mourning, and attributing your own meaning and making your own symbolic gestures is healing in itself.
- Do not attempt to explain the loss in religious or philosophical terms too early. Timing is a very important aspect to your interventions, bad timing ruins the effect.
- Don't try or hope to take away the pain from the bereaved. Here again your own frustration tolerance is important. Sometimes it is even crucial NOT to take the pain away, as the pain can serve many functional purposes.
- Do not forget to plant the seeds of hope. Work from the expectation that the bereaved ultimately will successfully accommodate to the loss and will subside in the end.
- Do not necessarily accept what is on the surface, probe for underlying issues. When a normal, expectable emotion is absent, address the omission. React to what is there, but also to what is not there.
- Acknowledge that repetition is an inherent part of treatment, but ensure that repetition takes part in the service of processing.
- Therese Rando sums up five important non-specific therapeutic variables, the five Ps of attitude:
 - Presence: I'll be there for you
 - Permission: It's O.K.
 - Patience: I can take the time you need
 - Predictability: You can count on me
 - Perseverance: I'll stay as long as you need me.
- Be there with your client: let genuine concern and caring show. Recognize the critical therapeutic value of your presence.
- Do not attempt to minimize the situation, as your defence against the client's despair. But do not let your own sense of helplessness restrain you from reaching out to the bereaved.
- Don't let your personal needs determine the experience for the client
- As a therapist, know your own grief and mourning, it will resonate. Take care of yourself, after intense sessions. Don't underestimate the reactivation of your own loss.

RECOMMENDED LITERATURE FOR CLIENTS

Elizabeth Kübler-Ross, On death and life thereafter (?), 1985

Über den Tod und das Leben danach

A small, moving book that gives an idea of what might happen to you after you die; it helps people to develop some form of contact with the deceased.

Harold Kushner, When bad things happen to good people

Written by a Jewish rabbi after his son died; helps clients who struggle with shattered assumptions (This is not supposed to happen) and with protest: why me, where is God? How can He let this happen?

PSYCHO-EDUCATION ON GRIEF AND MOURNING

It is important to normalize and legitimize appropriate affects, cognitions, wishes, fears, behaviors and symptoms.

Typically clients are afraid either to mourn too much and never getting over it, or too little and being punished with symptoms later on.

Birth and death are mysterious happenings in a human life, powerful archetypes, so people approach them with awe, and myths are very influential. They often play an important role in inducing shame, guilt and anxiety.

It is the task of the therapist in psycho-education to prepare, explain and interpret, teach, and confront myths.

PREPARE FOR:

- Emotions and thoughts that may come, help create reasonable expectations
- Confronting and handling traumatic reminders, anniversary reactions, STUG reactions
- Returning to painful places or activities
- Supernatural experiences, especially with people from other cultures
- Reactions from the social network, both positive and negative
- Changes in values

EXPLAIN AND INTERPRET:

- The 'logic' of immediate reactions
- Trauma and grief, the shattering of assumptions
- Family dynamics: role changes
 - asynchronicity, differences in regulation of emotions
 - blaming (self-blame and blame of partner) and guilt
 - worrying and overprotection,
 - lowered capacity for caring

grief competition and grief ownership
family secrets

- Gender differences: differences in speed of recovery, type of reactions
anticipation of potential conflicts and conflict areas
interpretation of partner behavior

TEACH:

- Self-help strategies and techniques:

give words to experience, keep a diary, write letters
seek out others to confide in, join a grief group
treat yourself with care, lower expectations at work
try to re-establish daily routines as soon as possible
take part in physical activities

- Strategies for taking (or relaxing) control

- Coping strategies

CONFRONT MYTHS:

- Grief and mourning decline steadily over time

- Everyone mourns in the same way

- Mourning is over in a year

- Intensity and length of mourning are a testimony of love for the deceased

- To be healthy after the death of a loved one, you must put that person out of your head

- If you are not sad 24 hours a day, this proves you didn't love him/her

- If you still cry about it sometimes after many years, it means you did not process it at all

- If you still have contact with your loved one, you are crazy and they are going to lock you up in a psychiatric hospital

TREATMENT TECHNIQUES

I will first discuss some EMDR protocols specially designed for working with grief, then other useful treatment techniques, and combinations of EMDR and non-EMDR techniques.

In the next chapter we will go over the patterns of complicated mourning and discuss the specific treatment issues and techniques for each of these patterns.

EMDR PROTOCOLS AND APPLICATIONS

EMDR does not cure; it takes away the blocks that prevent people from healing themselves.

It helps people to do their grief, it does not take it away.

People can mourn with less anxiety and guilt, with more inner peace.

It can be necessary to work with EMDR **immediately after a loss:**

- to prevent a person to become suicidal or dysfunctional in an extreme way
- to reduce intrusive sensory impressions, images, memories or fantasies
- to counteract massive avoidance

Steve Lazarove designed a simple but beautiful bereavement protocol.

He asks the client this one question:

"What is it about what happened that you need to hold on to, and what do you want to let go of?"

- There may be aspects of the trauma that, although painful, carry essential meaning and must be retained. It gives permission to do so.
- It suggests that not all painful aspects are essential, and that change is possible. It places control over the decision completely with the client.
- The question is self-reflective: to answer it, the client must go back into the experience, which restarts the processing. Once an answer is offered, the therapist responds with: "Go with that" and continues as in the standard protocol.

This intervention may be repeated as necessary.

Francine Shapiro's protocol for excessive mourning:

Targets: Actual events, including the suffering and/or the death
 Intrusive images
 Nightmares
 Present triggers or traumatic reminders
 Issues of personal responsibility, mortality, or previous unresolved losses

Roger Solomon and Atle Dyregrov suggest using EMDR also for:

- Guilt and self-reproach, both imagined and real
- Ambivalent relationships
- Ambivalent feelings when re-entering pleasurable activities
- Inability to express reactions
- Hopelessness about/ re-orientation towards the future
- Misdirected anger
- Absence of social support

In general, when working with EMDR, expect a higher minimum SUD-level.

OTHER TREATMENT TECHNIQUES

RITUALS: Separation rituals (leave-taking)
 Transition rituals (enter a new phase, purify)
 Incorporation rituals (re-unite, strengthen ties)

A ritual is a specific behavior or activity which gives symbolic expression to certain feelings and thoughts of the actor individually or as a group.

Rituals have very profound therapeutic effects, and involve a number of specific healing properties: they provide a beneficial acting out, a legitimization of emotional ventilation, they help focus by provision of symbols, enhance the sense of control, give security.

Rituals offer containment, protection against overpowering feelings, and cognitive grip. A ritual, has a beginning, a middle and an end, and a clear focus; so it helps channeling global, undifferentiated, ambivalent or poorly defined affect and cognition.

A ritual also gives permission to bring psychological closure.

Some mourners need an external structure or authority to free them from the need to demonstrate their feelings endlessly.

A group ritual enhances group identity, cohesion and solidarity.

It reaffirms relations among the living, and helps to express and reflect shared meaning.

EMDR sessions have a ritual meaning for many clients.

WRITING ASSIGNMENTS: Keeping a diary
 Writing (a series of) letters to the deceased
 Writing letters to others, in sad moments

Some clients find ways to express their feelings in writing poetry, and find it helpful. Writing is ego-strengthening in itself, it channels expression, and creates some distance.

GESTALT TECHNIQUES FOR UNFINISHED BUSINESS:

This can either be a monologue (empty chair technique) or a dialogue:

 Forgiving or asking for forgiveness

 Explicit leave-taking or saying goodbye

 To say now what could not be said then

 To say now what needs to be said, and listen
 to what he/she says to you.

INTERNAL DIALOGUE WITH THE DECEASED

I would not call this a technique, but I do teach my clients to talk with their loved ones so that they can ask for their guidance, answers, advice.

Or I ask: did you already talk about this with your loved one? What did he/she say? What does he/she make you feel?

When clients believe in life after this life, and still feel a connection with the deceased, this is very natural to them.

For more sceptical clients I explain that you can never know if it you yourself who is making up the answer, or the deceased giving you the answer. But still you come up with this answer, and not another one.

It is still an answer in the spirit of the other person.

And instead of asking "What does he say?" I will ask "What would he say?" The deceased can be a powerful resource for the mourner, to help with the processing.

IMAGERY TECHNIQUES

Visualization techniques: go through the narrative frame by frame
visualizing person in coffin
attending the burial etc.

Guided imagery: restructuring the memory
locking the memory up, storing it for the moment

Developing resources: inner helper
fantasy resources
safe place

COMBINATIONS OF EMDR AND OTHER TECHNIQUES

The techniques described above can all be used in combination with EMDR in the same way as the cognitive interweave: when the processing is stuck, looping, or in other ways asking for more than just the basic protocol and staying out of the way.

It is important to be attuned to the client, these techniques should be applied 'hand-made, especially for...', not 'series produced'.

EMDR AND RITUALS

-The therapist can suggest to develop a ritual, to bring momentum to the processing.

-Sometimes clients spontaneously design their own ritual in the course of an EMDR session: they think of a gesture that symbolizes their feelings or the meaning they discovered. Between sessions they carry out their plan.
-To perform a ritual in the form of inner activity is another possibility.
-Working with a linking object, an object that has strong symbolic value, is another possibility. This can be either a representation of the deceased, like a photograph or a letter, or an object that gives expression to some important aspect of the deceased or the relationship (something that belonged to the deceased, like a ring, or favourite clothing).

EMDR AND WRITING ASSIGNMENTS

The only experience I have is my own: I put my bilateral tape in my walkman while I write. I can recommend it to you, you get better ideas, but I don't give this tape to clients.

EMDR AND GESTALT TECHNIQUES FOR UNFINISHED BUSINESS

Gestalt techniques are very powerful in themselves, but in combination with EMDR they have even more power. The impact deepens, and you can expect strong abreactions.

One important difference the EMDR makes is the possibility of working in silence, inside. Many clients feel embarrassed and ridiculous when they are asked to talk to an empty chair, and the embarrassment blocks the processing. During EMDR they can say things aloud inside, and still benefit from the processing.

EMDR AND THE INTERNAL DIALOGUE WITH THE DECEASED

In many, many cases the dialogue with the deceased occurs spontaneously during the EMDR. In my experience it is almost always the best resource there is. Like the cognitive interweave: 'What if it were your child?' you can be sure the answer will be given by love: it will be accepting, forgiving, growth-enhancing, mild, warm, caring, etc.

The same goes for the deceased as a resource: always answering from a perspective of acceptance and a helping attitude.

Other applications:

Tell the deceased all the things you will miss about him/her

Confronting statements: I will never be able to...

We will never....

You are gone forever and I....

EMDR AND IMAGERY TECHNIQUES

Possible applications: Imagery suggestions while doing EMDR
("Maybe you can think of.....Just imagine.....")
Guided imagery: revisiting scenes of the loss
Different endings for nightmares
Visualizing the event: fill in memory gaps
Draw the death scene, more detail every time
Resource development, safe place, etc.

SPECIFIC TREATMENT TECHNIQUES FOR THE PATTERNS OF COMPLICATED MOURNING

For all types of complicated mourning first investigate together with your clients the reasons why they react as they do, to find blocking beliefs, core cognitions, unresolved traumatic material, etc.
give relevant psycho-education whenever needed.

1. ABSENT OR DENIED MOURNING

- The main problem is to start grief.
- First explore with your client why he/she cannot grieve.
- Sometimes the problem is the absence of a body, or there is only negative confirmation (for example no more signs of life).
- Have your client concretize the starting point: "When will you know?"
- Use visualization & Gestalt technique: The client should imagine the person in front of him/her, and then ask permission from the person to stop considering him/her as alive.
- Use words to help release feelings, have the client say 'was', not 'is'
- Have the client hold a picture of the deceased, and say: "You are dead and I will never see you again"
- Work to allow reactions (combine with EMDR):
 - Retell in detail what happened
 - Exposure to concrete memories, like pictures, video's, concrete objects with emotional value, places connected to the dead person
- Write a letter of farewell to the deceased
- Hold a session at the scene of the event

-Sometimes the problem is the fear of losing control, or the belief that the hurt is too big and will be devastating.

Give psycho-education on control mechanisms first, if that is not enough, treat the belief as you would a blocking belief (Where did you learn this?)

“If I allow myself to realize my loved one is dead

.....I am all alone”I will go crazy”

These dysfunctional beliefs can be targeted using EMDR.

-Other techniques to reduce the fear of losing control:

Tell your client to take the time he/she needs

Portion out: one thing at a time

Redefine 'loss of control' to 'necessary expression of feelings' (positive labeling)

2. DELAYED MOURNING

The main problem is to start the grief once the time is there.

-Explore the reasons why your client is postponing mourning.

Rational reasons like: responsibilities toward small children, lack of safety, lack of support, can be investigated and steps can be taken to create opportunity for mourning.

-Have your client concretize the conditions to start grieving:

What do you need to be safe? How can you find support?

-Delayed grief is often accompanied by a preoccupation with the welfare of others. This may be included in the formulation of the conditions.

-Emotional reasons like: fear of strong emotions or fear of losing control, can be addressed with EMDR.

(Useful cognitive interweave: "Have you ever heard of someone who could not stop crying?")

-Maybe some resources have to be developed first: what qualities does your client need to be more in touch with?

3. CHRONIC OR PROLONGED MOURNING

The main problem is to end grief.

-Sometimes myths like “If I stop mourning my loved one dies once more” or “My mourning is a proof of my love” make it impossible to stop mourning.

Psycho-education is required here.

-Sometimes there is a grief competition going on in the family.

An authority from outside the family is needed to stop this destructive process, and to give permission to stop mourning.

-In very dependent relationships the dysfunctional negative cognition can be "I cannot survive on my own". Both EMDR and behavioral coaching into new behaviors are useful.

-Especially in working with chronic mourning it is important that you as a therapist do not try to take the pain away.

Rather, formulate treatment goals like 'Make the client stronger so he/she can bear the pain better' or 'Soften the pain, make it more bearable'.

Pain can have important functions for the bereaved:

- Pain as a healer: it leans out the wound and promotes healing
- Pain as a teacher: the pain teaches again and again the loved one is gone
- Pain as a connector: as a link to the deceased, a bond with the loved one
- Pain as a testimonial: the amount of pain is a testimonial for the amount of love
- Pain as punishment: for sins of omission and commission
- Pain as a redeemer: the pain helps the mourner atone for guilt
- Pain as a signal: that something requires attention
- Pain as a ticket to good things
- Pain as the great equalizer: pain equalizer people. No one escapes it, no matter how rich or poor, regardless of race or religion
- Pain as a symbol of strength: the person who endures pain, especially the person who endures pain stoically, is a strong, competent and brave person.

Find out the meaning of the pain before you try to take it away.

-Grieving entitles the client to care and attention from the people around him/her. For some clients the identity of the mourner is their major source of psychological income: it gives them all kinds of rights and frees them from responsibilities.

-Cognitive interweave: Joany's balance.

Tell your client his/her life knows many, many tragedies that cannot be undone. (Hold your hands, symbolizing balancing scales. Give a lot of weight to the pains this client had to suffer)

The only thing that can be done and HAS to be done in order to restore justice, is to put in weight on the other side of the scales, by actively seeking out the good things in life. Justice requires that experiences of joy, love etc. should be collected to counter-balance the sadness and the suffering.

4. DISTORTED MOURNING

The main problem is to get access to the full spectrum of reactions

- Give psycho-education about ambivalence, and the right to mourn about what was not there in the relationship.
- Identify the missing emotions, explore why they are missing. Find out and target what is blocking.
- With distorted mourning of the extremely angry/guilty type: get under the anger/guilt and target the roots with EMDR. Guilt can be a defence against underlying anger, anger can be a defence against underlying sadness, etc.
- Finish unfinished business with a combination of Gestalt and EMDR.
- Sometimes performing a ritual can be healing.
- Don't try to take away guilt from the mourner, as most people around them will try. Guilt can have an important function, as in trauma.
- Help your clients to face their guilt and not avoid it, so it can be processed.
- Give psycho-education about the distinction between guilt and guilt feelings: 'If you have done something wrong, feeling guilt is adequate. If so, you have to take responsibility and acknowledge your guilt.'

From there you can try to repair your wrongdoing to the person concerned. If that is not possible, you can try to make up for it to someone else. Then you can ask forgiveness from the person concerned, from someone else, from yourself or from God.'

If you did not really do anything wrong, feeling guilt is not adequate.'

-Cognitive interweave: 'What do you need to forgive yourself?'

5. TRAUMATIZED MOURNING

The main problem is to resolve trauma and get on with the loss.

(Atle Dyregrov)

- Traumatic images and thoughts:
 - EMDR
 - Imagery techniques (screen manipulations)
 - Distraction and control techniques
 - Thought stopping
- Avoidance reactions:
 - Gradual approaching of uncomfortable memories and thoughts
 - Planned re-exposure to scene of event or gravesite
 - Imaginary re-exposure to events
 - Music, dance art
 - Writing letters and diaries
 - Rituals
- Symptoms of increased arousal and anxiety:

EMDR

Relaxation techniques, safe place

Positive imagery

Hypnotic suggestions

Medication

6. SOMATIZED MOURNING

The main problem is to re-translate the symptoms to mourning reactions

For some clients developing physical symptoms is the only accepted way of expressing emotions, especially with older people and clients from other cultures.

-Ask your client: "If this pain could talk, what would it say?"

"If this pain is trying to tell/teach you something, what would that be?"

-Ask the client to draw a picture of the pain

-Start a dialogue with the pain

-Ask your client to lay his/her hand on the pain

-Ask your client to breathe into the pain

-Ask your client to bring light to the pain

-Combine all these techniques with EMDR

CASE: MRS. G

MRS. G is a 55-years old Hindustan woman, married and mother of four now adult children. Her husband has retired early.

After their first child was born they came from Surinam to the Netherlands, and they live here for over thirty years.

Two years ago their youngest daughter has been strangled by her husband, with whom she had been happily married.

In the weeks before he had been acting more and more strange, being restless and talking about enemies and dangers.

Members of the family talked with him to help him, and professional help was asked: he was seen by a psychiatrist of the RIAGG (Mental Health Service). Admission in a hospital was not necessary, according to his judgement.

The situation escalated, again help was sought, and again no hospitalisation followed. The next day, he strangled his wife, she being a representative of the devil to him.

I see the mother for the first time half a year after the death of her daughter. She has taken her daughter's one year old son to live with her and her husband, she wants to raise him as her own child as the best thing she offer her daughter.

She is a wreck, she has numerous physical complaints, she is severely depressed and the most disturbing complaint is the intrusive image of her daughters strangled neck and dead face, which she sees night and day, and which is the only image she has of her daughter.

It is this intrusive image that we use as a target for EMDR, very early in treatment. The face of her daughter does not disappear, but then she gets another image: her daughter smiling at her, and saying "It is good, mama, I am fine"

In the weeks following the session, she has both images, and the smiling face is more and more on the foreground. Other images come back to her memory.

She develops a way to talk internally with her daughter, which gives her consolation.

In the months that follow, she finds a way to create her moments of mourning, letting sadness come over her, and concentrating on memories. She starts feeling these moments as moments of dedication, as something valuable.

Meanwhile things between her and her husband go worse.

He did not want professional help, he keeps being angry, alternated with denial. He resents the role of father, he had planned to enjoy his retirement, go back to Surinam. So there is a lot of secondary loss and resentment to new roles.

The power balance in the marriage begins to shift, as she is coping much better than he. Old patterns do not fit anymore.

GHOSTS AND LIFE AFTER DEATH

If you are scared of ghosts or not prepared to go to heaven with your clients, don't do EMDR with people who are grieving.

For example, there is the case of the Indonesian man, aged 50, who lost three of his life-time best friends within a year, the last one committing suicide.

A week after the funeral he is exhausted and very anxious: he cannot sleep anymore, because there is a presence in his bedroom that scares him enormously.

After some hesitation he tells me it is a woman-ghost, threatening to kill him if he falls asleep.

And there is someone else in his house also.

He believes strongly in "silent power", the magic of the Indonesians, and the friend who died had been experimenting with black magic.

White magic is about love and protection from evil, black magic is about acquiring power and making things happen. In black magic there is always a prize you have to pay.

He probably has been doing some black magic together with his friend, though he is not clear about this.

We do EMDR, targeting the funeral, as the anxiety began there.

He then sees in a series of sets that three ghosts slipped from their graves at the churchyard, and went with him because he was the only friend left.

After some sets in which he talked with these ghosts he could convince them of his good intentions, and in the end he negotiates a cleaning ritual and a

period of fasting, asking to be left alone. At that time the SUD comes down to zero.

Next week he performed the rituals and sleeps gradually better.

Those ghosts could very well be Guilt, Anger and His Own Mortality, but there was no need for this interpretation.

Another woman who lost four members of her family within a year and who got very depressed, saw all her dead relatives during the EMDR in circles of golden light, turning more and more into light only.

To her it was an immensely comforting image, and the depression was gone within a week.

Next case is an example of prolonged mourning, with aspects of both dependency and guilt.

Client is a young woman in her early thirties, who lost her mother two years ago. She died in a car-accident on the way to visit her daughter.

The car was driven by a brother in law, who very often took her to visit her daughter.

The car accident was his fault, as he failed to give way to a truck coming from the right.

The accident happened very near to my clients house, and seeing this place was still very difficult for her.

She kept feeling very guilty, and was almost obsessed with the thought that it would not have happened if she had not asked her mother to come that day.

She is depressed, she misses her mother very much, with frequent crying.

She refuses to accept her mother's death, keeps revolting against it.

The contact between mother and daughter had been very close: they saw each other almost every day, my client asked a lot of advice about bringing up her children.

She refuses "ACCEPTING HER MOTHER'S DEATH" which everyone tells her to do. But "SOFTENING THE PAIN" is a goal of treatment that she can agree with. THIS WAS A VERY IMPORTANT ISSUE TO HER.

We do one session of EMDR, with the image of the place where it happened, a negative cognition “I am guilty”, a (not too) positive cognition “It is not my fault” , VOC=3.
SUD is 8 to 9 in the beginning.

A lot of themes come by:

First the traumatic aspect is desensitized.

Then she realised that she had been a good mother herself without the daily help of her mother for the last two years.

Then she realised that the brother in law always drove her mother, hundreds of times, and they visited her many, many times.

I didn't do anything, she concluded, it just happened.

SUDs went down to a 1.

As an example of the protocol for excessive mourning I could tell you of an EMDR-session I had two years ago with a 49-year old woman whose two-year old son drowned seventeen years ago.

She has had the same nightmare every night for more than five years: every night she finds her little boy floating in the water behind her house, exactly as it happened.

She has had very little opportunity to talk about her feelings, having a husband who claims to be the no nonsense, down-to-earth type.

She describes her mourning as follows: My life is like a house, and after all these years my house is clean and in order.....except for one closet where I keep my mourning. And now this closet is pulsating, and I am afraid it will burst if I do not open it.

The image we work with is the image of her little boy floating in the water, with his pale face and cold body.

Her negative cognition was : I failed, I am guilty.

The positive cognition she developed was “I am good as I am”, with a VOC of 1.

The emotion was anguish, and she felt it everywhere in her body.

Her SUD was eleven to her.

In the EMDR-session she relives the whole sequence as it happened at that time, she smelled the water, she felt the slackness of his body, she tried mouth-to-mouth breathing, she was in the hospital again, again made the decision to let his coma end, relived the cremation, and then suddenly she tells me “He is here!”

She sits with her little boy in her arms for a long time, while I continue the bilateral sounds.

Then she has an image of her grandmother, whom she loved very much, with her son on her arm, both looking at her. They tell her its good.

After that she reports many dear memories, images, sensations, all very clear.

At the closing of the session she finds it very difficult to define a SUD, since the feeling has changed so much.

She decides on a 7 to 8, and she felt very grateful for the experience.

