

WHAT IS EMDR?

Stress, grief, abuse and many other negative life events are known to be crucial risk factors for psychological health.

EMDR (Eye Movement Desensitization and Reprocessing) is a treatment for the consequences of traumatic experiences with large evidence-based and scientific research that has proven to be effective in the treatment of trauma of different nature. This therapy utilizes alternate bilateral stimulation of eye movements to enable the desensitization and reprocessing the memory of disturbing traumatic events. Recommended by many international guidelines for the treatment of PTSD, EMDR has gradually evolved into a sophisticated, complex and all-embracing approach, effective in the treatment of the most diverse psychological disorders.

HOW DOES EMDR WORK?

One major focus during an EMDR treatment, is identifying the client's specific problem. The client will be asked to think about a disturbing event, from a perceptive and cognitive level what he saw, heard, thought, and the present thoughts and beliefs he has about that situation.

The therapist guides the client in moving their eyes or uses other types of alternate stimulation, while the client is concentrating on the disturbing material, just simply noticing what comes to mind (images, thoughts, sounds, smells, etc). These bilateral stimuli and the guidance of the therapist allow the survivor to tap into the biological mechanisms that come into play during Rapid Eye Movement (REM) sleep. It is believed that this allows the individual to naturally process their memories – effectively removing those “foreign objects” so their mind can heal.

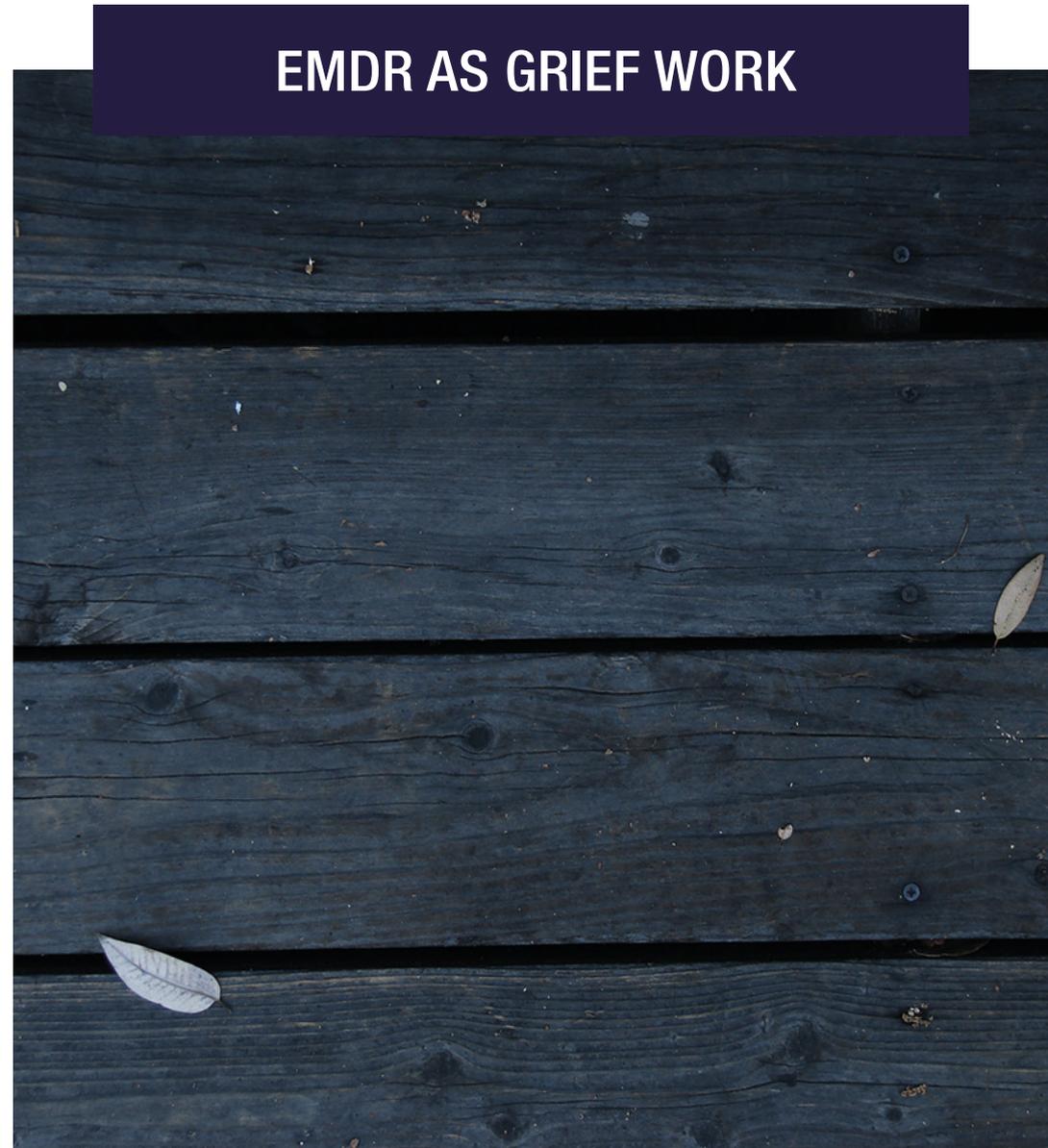
EMDR enables the reprocessing of the different grieving stage by readjusting to the world after the loss. It specifically delivers the following therapeutic goals:

- 1 Psychoeducation on traumatic grieving
- 2 Promoting the 11 general active ways for an adaptive grief processing
- 3 Allowing the 6 'R' of the grieving process to happen
- 4 Helping people to transform their traumatization
- 5 Focusing on specific strategies concerning the circumstances of the death of the loved one
- 6 Remembering the positive moments shared with the deceased and creating a continuing bond
- 7 Contributing to meaning making
- 8 Helping people to find ways to overcome the loss in a healthier and more functional way

Therefore, EMDR can be used for:

Active coping with the loss and reprocess complicated grief

EMDR AS GRIEF WORK



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INTRODUCTION

Loss is an inevitable part of life, and grief is a natural part of the healing process. The reasons for grief are many, such as the loss of a loved one, the loss of health, or the letting go of a long-held dream. Feelings of loss are very personal. People commonly associate certain losses with strong feelings of grief. These can include loss of a loved one like a family member, a close friend. Subtle or less obvious losses can also cause strong feelings of grief, associated to leaving home.

- ILLNESS/LOSS OF HEALTH
- DIVORCE
- DEATH OF A PET
- CHANGE OF JOB
- MOVE TO A NEW HOME
- GRADUATION FROM SCHOOL
- LOSS OF A PHYSICAL ABILITY
- LOSS OF FINANCIAL SECURITY

Sudden or shocking losses due to events like crimes, accidents, or suicide can be traumatic. There is no way to prepare. They can challenge your sense of security and confidence in the predictability of life. You may experience symptoms such as **sleep disturbance, nightmares, distressing thoughts, depressed mood, social isolation, or severe anxiety.**

Predictable losses, like those due to terminal illness, sometimes allow more time to prepare for the loss. However, they create two layers of grief: the grief related to the anticipation of the loss and the grief related to the loss itself.

The loss of a loved one can be devastating. Bereavement can hamper accessing positive memories related to the deceased. When a loved one dies, one slowly find ways to adjust and redefine the relationship with that person and the internal representation of them, allowing for a continued bond that will endure, An **internal representation is when we re-represent** an aspect of the other's self internally The internal representations that we make can consist of pictures, sounds, feelings, tastes, smells and self talk and it influences our state.

Building a continuing bond with the deceased loved one, is crucial for **reprocessing the loss.** EMDR helps access more positive aspects of the traumatic loss, by revoking memories of the loved one and by making meaning of the loss.

WHAT HAPPENS WHEN A "LESS THAN LOVED ONE" DIES?

Perhaps the deceased is someone with whom we should have had a more loving relationship. The death often exaggerates the torment rather than diminishing it. That is when many report experiencing feelings of anger, ambivalence, guilt. The inner representations we hold of these, can cause distress, conflicts and negative memories, which need to be reprocessed

The term **grief** refers to the process of experiencing psychological, behavioral, social and physical reactions to the perception of loss.

The term **grief processing** refers to all coping efforts aiming at overcoming the steps that facilitate peace of mind and reorienting, in order to readjust to the world after the loss of a loved one. The 3 re-orienting activities in grief regard the deceased person, the mourner and the external world.

Complicated grief occurs when, considering the time gone by from the death, one of the 6 "R" of grieving is compromised, distorted or not completed.

Traumatic loss is the sorrow state for the loss of the loved one, when grieving is overwhelmed by traumatic stress caused by the circumstances of death. A therapeutic action, especially EMDR, can provide relief from the most traumatic aspects of the death (e.g.: the moment of the bad news communication, images from the funeral, etc.) so that the loss can be processed more peacefully.

THE 6 "R" OF THE PROCESS OF MOURNING

Grieving is a personal experience difficult to generalize. Nevertheless, any form of grieving involves a processing period which goes through different phases, intertwined and with a variable timing. There is no exact universal time to determine the processing course. Research has identified a "physiological" timeframe for grieving: a 12 - 15 months depressive state, following the death of a loved on is considered normal. A persistent depressive state may lead to what is termed complicated mourning. Rando (2010) suggests her six Rs fall within three phases of mourning:

- 1 Recognize the loss (acknowledge the death, understand the death)
Avoidance phase
- 2 React to the separation (experience the pain, feel, identify, accept, and express all the psychological reactions to the loss. Identify and react to secondary losses)- Emotional confrontation phase
- 3 Recollect and re-experience the deceased and the relationship (review and remember realistically; re-live and re-experience emotions)
Emotional confrontation phase
- 4 Relinquish old attachments to the deceased and to old assumptions about the world – Emotional confrontation phase
- 5 Readjust to move adaptively in the new world without forgetting the old one (revisit hypothesis about the world, develop a new relationship with the memory of the loved one, adopt new ways of being in the world, forming a new identity)
Accommodation phase
- 6 Reinvest by putting emotional energy into new people and goals
Accommodation phase