

Eye Movement Desensitisation and Reprocessing (EMDR) as a therapy for Complicated Grief.

Does it have a place in hospices?

Background

EMDR is a comprehensive psychotherapy developed in the 1980s as a natural process to successfully treat Post-Traumatic Stress Disorder (PTSD). It can help someone to process and recover from past experiences that are affecting their mental health and wellbeing.

Sometimes the bereaved do not respond to regular counselling alone and continue to find it difficult to cope with living in the present. This is known as Complicated Grief, where painful emotions can be so long lasting and severe that those affected have trouble recovering from the loss and resuming their own life. EMDR can be successful in treating Complicated Grief and help someone to process negative images, emotions, beliefs and body sensations associated with traumatic grief memories that seem to be stuck.

Aim

To successfully utilise EMDR as a grief therapy for those experiencing complicated grief: recognising that for some, complicated grief is akin to PTSD.

Results

We have had some very successful outcomes when EMDR has been used for complex grief.

We have offered EMDR to 12 family members or loved ones, and nearly all have had a significant reduction or elimination of complex grief symptoms such as distressing images, intense bodily sensations, negative feelings, or negative beliefs about themselves. As a result they have been able to resume what we would consider a typical grieving process without intense distress and trauma responses and with the ability to continue life without feeling stuck in the grief.

Results have been via qualitative feedback, but we are introducing the use of the Impacts of Events Scale Revised outcome measure.

Method

St Raphael's Hospice employ two counsellors who are qualified to deliver EMDR therapy.

EMDR is offered to those who present with the following complex grief symptoms (disclosed via their regular bereavement counselling):

- . Intense sorrow, pain and rumination over the loss
- . Focus on little else but the loved one's death
- . Excessive avoidance of reminders
- . Intense and persistent longing or pining for the deceased
- . Problems accepting the death
- . Numbness or detachment
- . Deep sadness, guilt or self-blame that does not resolve with

"I was sceptical at first about EMDR and if it could help me with the trauma surrounding the death of my father, specifically his last breath and the time leading up to that. I was unable to think of my father in those last days without feeling immense pain and physical sickness. After a few sessions, although painful at first, I was able to remember without feeling traumatised".

Conclusions

EMDR is an evidence based intervention and there is psychological literature and research supporting its effectiveness for complex grief. EMDR applied for complex grief in our hospice service has enabled us to effectively help the therapeutic processes when talking therapy may not have sufficient to relieve the suffering (stuck elements of trauma) in grief. EMDR for complex grief is a psychotherapeutic approach all hospices might want to consider to offer in addition to counselling.

References 1. <https://emdrassociation.org.uk> 2. Shapiro, F. (2018). *Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols, and procedures* (3rd ed.). The Guilford Press. 3. Solomon, Roger M. (2018). *EMDR Treatment of Grief and Mourning*. *Clinical Neuropsychiatry* 15, 3, 173-186. 4. Luber, Marilyn (2012). *Protocol for Excessive Grief*. *Journal of EMDR Research*. Vol. 6, issue 3. 5. Sprang, G. (2001). The use of eye movement desensitization and reprocessing (EMDR) in the treatment of traumatic stress and complicated mourning: Psychological and behavioral outcomes. *Research on Social Work Practice*, 11(3), 300-320. 6.