

Chapter 45

EMDR Therapy and Grief

There are shelves of sensible, helpful, and well-reasoned books and articles about EMDR therapy. Decades of solid research and scholarship exist about grief. However, much of what I have heard consultants say about EMDR therapy around grief topics goes against every sensible understanding that we have about either. These are just a few examples of the nonsense:

- “It is recommended to wait six months to a year before starting to target anything related to death or grief.”
- “You want to give the natural grief processes time to do their thing before you start messing with it with EMDR therapy.”
- “We have to wait until the person is completely sure that their loved one is gone before we can start EMDR therapy.”

EMDR therapy does not spare us the need to grieve. We grieve by grieving. Often, that is a lifelong process. However, EMDR therapy can help remove the obstacles to adaptive and effective grieving. Guilt, shame, blame, and responsibility are like tarps pulled over grief that can make the grieving process both stuck and eternal.

Grief also appears in many forms not connected with someone’s death. Grief is ubiquitous in heartache. We grieve futures that we planned but cannot have. Grief, in all its forms, ensures that we suffer in this life. If you have a really great life and live long enough, everything that you loved when you were young will start to die away. That’s wounding. Live long enough and your body and mind will start their long and slow estrangement from you.

One of my first EMDR therapy clients was a man in his 60s whose mother received in-home hospice services about 20 years prior. The client reported that he cried violently almost daily since his mother passed away. His grief was debilitating. In describing the loss, he said, “My mom was sleeping and I laid down to take a little rest. I heard something and I didn’t know what it was. I thought it probably was my house air conditioner

turning on. I got up a little while later and found that my mom died. I always think that if I had just gotten up my mom would still be alive today.” This client was an otherwise intelligent, insightful, and generally self-aware person. Because of the way that this loss was experienced, the client was not able to start the adaptive grieving process because of how he was stuck in blame and responsibility.

In this client’s EMDR reprocessing of his mother’s passing, the client noticed substantial distress in the memory and arrived at: “My mother was in hospice.” This realization appeared as though it was the first time it deeply occurred to him.

Then, “My mother was really sick. She was never going to live more than a few days.”

Followed by, “I took care of her the best way I knew how to.”

And finally, “I didn’t kill her.” The client noticed that. Then, huge tears flowed. The client reported that they were good tears. They were the tears that he had not been able to cry before. This was the beginning of the client’s adaptive grieving process twenty years after the loss. EMDR therapy helped remove the obstacles to adaptive grieving. These were things that many people had told him, but EMDR therapy allowed him to finally make that information actionable with this loss.

The ease with which clients turn “I might have done something different” into “I killed her” is remarkable. Clients whose family members undergo a doctor-recommended surgery and do not survive the surgery, are often stuck in “I should have made them not do the surgery,” which is held by the nervous system as “I killed him.” Clients who did not visit an elderly grandparent often enough become convinced that their “neglect” helped kill their loved ones.

Grief is particularly complicated when our relationships are complicated. My mother passed away a few months ago after falling in our house. I had done enough of my own EMDR work related to my childhood traumas to be able to take care of her as her health began to fail several years ago. She was diagnosed with dementia, and it was progressing rapidly the last few months before she fell. On the day she fell, she was not feeling well. She collapsed and fell several times earlier. I was there to catch her each time. She agreed to get in bed and said that she would not get out of bed. When I left the room, she got out of bed and collapsed and fell again. This time she fell into a dresser and broke her neck in multiple places. Because of the underlying state of her dementia, the ER and consult staff did not believe that she would be able to undergo the surgery and participate in the rehab that would be required for recovery. They recommended hospice care, and she went directly from the ER to inpatient

hospice. Hospice gave her enough pain medication to keep her comfortable. This is what she wanted. It was also enough medication to keep her from eating or drinking. She did not die from a neck fracture. She died from malnutrition. This was horrible to witness. I witnessed as much of it as I could, which wasn't as much as I should have. It took ten days for her to die. In many ways, she died a comfortable and "natural" death. It was a complicated death, and images of her slowly sliding into it were stored in the part of my brain where trauma is stored. I felt the pull of guilt, shame, blame, and responsibility. I should not have left the room before she fell. Part of me knew that she would not stay in bed. Was I too quick to agree to hospice? Taking care of her was more exhausting than I realized when I was in it. She had been up for hours at a time in the middle of the night before she fell. She regularly turned on the faucets and forgot to turn them off. When she was up, I had to be also. When she was dying in hospice, the house was still and quiet all night for the first time in months. I realized I slept the whole night through. Parts of me were afraid that she would die before more family members could arrive in town to say goodbye. Parts of me were terrified that she wouldn't die.

Many people in my generation are trying to figure out how to take care of people who didn't know how to take care of them in the 1970s and 1980s. When she was dying, I also had flashbacks of lovely memories. I felt myself as a little child holding tight to a piece of her flowing skirt as we were moving through a store in about 1973. I remembered how happy she was on a particular day in August of 1990. Parts of me were already missing her. And in a single moment, you lose both mothers. You lose forever the one you had. You also lose all hope for the one you always needed.

Loss can be traumatic for those of us still here. It has the potential to get stuck in places where trauma is stored. Parts of it can get stuck and serve as a bottleneck that prevents us from accessing good memories directly. When we have to go through the horror of the loss to access anything else, everything else may be experienced as trauma. Trauma makes a shrine of the stuck points, rather than of what deserves remembering. EMDR therapy can remove obstacles and open the possibility of productive grieving.

For a while, we had people who shared our lives. They taught us important things about ourselves and the world. Grief work should clear the way for us to eventually access the good memories, if they exist, without having to first go through the stuck points and the gut punch of the loss. Getting access to the small, important, and meaningful memories is the only tribute that many of us can carry with any kind of ease.