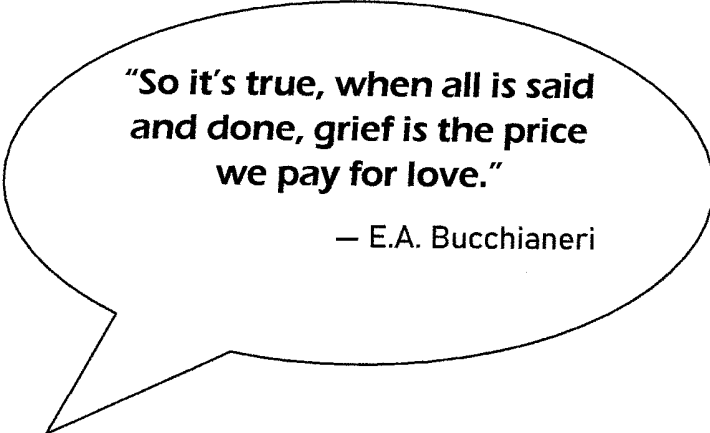


Diagnosis & Treatment of Prolonged Grief Disorder

HANDOUT INDEX

Please note that handouts are not numbered, due to some already having a number, or the trainer intending to use a handout for another training in the future.

Handout	Page
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Inventory for Complicated Grief (ICG) * *There is an updated version (ICG-R) but it is not readily available for download online.	2
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**“So it’s true, when all is said
and done, grief is the price
we pay for love.”**

– E.A. Bucchianeri

TABLE 1. ICD-11 and DSM-5-TR prolonged grief disorder criteria

ICD-11 prolonged grief disorder criteria ^a	Proposed prolonged grief disorder criteria for DSM-5-TR ^b
History of bereavement after the death of a partner, parent, child, or other loved one	The death, at least 12 months ago, of a person who was close to the bereaved individual (for children and adolescents, at least 6 months ago).
At least one of the following symptoms: A persistent and pervasive longing for the deceased; a persistent and pervasive preoccupation with the deceased	Since the death, the development of a persistent grief response characterized by one or both of the following symptoms, which have been present most days to a clinically significant degree: intense yearning/longing for the deceased person, and preoccupation with thoughts or memories of the deceased person (in children and adolescents, preoccupation may focus on the circumstances of the death). In addition, the symptom(s) have occurred nearly every day for at least the last month.
At least one symptom of intense emotional pain: sadness, guilt, anger, denial, blame; difficulty accepting the death; feeling one has lost a part of one's self; an inability to experience positive mood; emotional numbness; difficulty in engaging with social or other activities	Since the death, at least 3 of the following symptoms have been present most days to a clinically significant degree: identity disruption (e.g., feeling as though part of oneself has died) since the death; marked sense of disbelief about the death; avoidance of reminders that the person is dead (in children and adolescents, may be characterized by efforts to avoid reminders); intense emotional pain (e.g., anger, bitterness, sorrow) related to the death; difficulty reintegrating into one's relationships and activities after the death (e.g., problems engaging with friends, pursuing interests, or planning for the future); emotional numbness (absence or marked reduction of emotional experience) as a result of the death; feeling that life is meaningless as a result of the death; intense loneliness as a result of the death. In addition, the symptoms have occurred nearly every day for at least the last month.
The disturbance causes significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.	The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Time and impairment: persisted for an abnormally long period of time (more than 6 months at a minimum); following the loss, clearly exceeding expected social, cultural, or religious norms for the individual's culture and context	The duration and severity of the bereavement reaction clearly exceeds expected social, cultural or religious norms for the individual's culture and context. The symptoms are not better explained by major depressive disorder, posttraumatic stress disorder, or another mental disorder, or attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

^aSource: Killikelly and Maercker (30).

^bSource: Moran M, "Board Approves New Prolonged Grief Disorder for DSM," *Psychiatric News*, published online Oct 28, 2020 (<https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2020.11a12>).

and is further pronounced for survivors of suicide (16, 17). Data from clinical research settings suggest anywhere from 20% to >50% of treatment-seeking individuals endorse suicidal ideation (18–20). Moreover, prolonged grief reactions are uniquely associated with general health impairments (11), including cancer and health problems (21), as well as increased substance use (22).

Although much research is improving the understanding of grief and associated psychopathology, the predictors and etiology of these diverse outcomes remain insufficiently understood. Some studied risk factors for development of prolonged grief include demographic characteristics, pre-existing psychiatric conditions, nature of the death, and inadequate social support. Demographic risk factors include female gender, older age, and lower socioeconomic status (23). Prolonged grief prevalence is also higher among individuals with a history of a mood disorder (e.g., bipolar disorder, major depression) (24, 25) as well as those who experienced childhood adversity (26). Furthermore, depression that is present in early bereavement may increase

risk of developing prolonged grief (27). Those bereaved by sudden losses (e.g., suicide, homicide, or accident) also may be more likely to develop prolonged grief conditions (27). In addition, bereaved caregivers may have unique risk factors; development of prolonged grief in this population is predicted by severe preloss grief and depressive symptoms, being a partner of the deceased, and education level (28).

DIAGNOSIS OF PROLONGED GRIEF DISORDER

Diagnostic Criteria

Prolonged grief disorder was only recently included as a codable diagnosis in the World Health Organization's *ICD-11* (29); it has recently been approved but not yet published by the American Psychiatric Association for the revision of the *DSM-5* (the most recent available diagnostic criteria for *ICD-11* and *DSM-5* can be found in Table 1) (30). However, several proposed criteria sets for prolonged grief conditions, labeled pathological grief (31, 32), prolonged grief (10), and complicated grief (11), have existed before these recent

Inventory for Complicated Grief

For each item, describe how you feel right now using one of these five terms:

- Never
- Rarely
- Sometimes
- Often
- Always

	Answer
1. I think about this person so much that it's hard for me to do the things I normally do...	
2. Memories of the person who died upset me...	
3. I feel I cannot accept the death of the person who died...	
4. I feel myself longing for the person who died...	
5. I feel drawn to places and things associated with the person who died...	
6. I can't help feeling angry about his/her death...	
7. I feel disbelief over what happened...	
8. I feel stunned or dazed over what happened...	
9. Ever since s/he died, it is hard for me to trust people...	
10. Ever since s/he died, I feel like I have lost the ability to care about other people or I feel distant from people I care about...	
11. I have pain in the same area of my body or have some of the same symptoms as the person who died...	
12. I go out of my way to avoid reminders of the person who died...	
13. I feel that life is empty without the person who died...	
14. I hear the voice of the person who died speak to me...	
15. I see the person who died stand before me...	
16. I feel that it is unfair that I should live when this person died...	
17. I feel bitter over this person's death...	
18. I feel envious of others who have not lost someone close...	
19. I feel lonely a great deal of the time ever since s/he died...	
Number of 'Never' answers	
Number of 'Rarely' answers	X 0
Number of 'Sometimes' answers	X 1
Number of 'Often' answers	X 2
Number of 'Always' answers	X 3
Number of 'Always' answers	X 4
Total Score	
A total score of 25 or less is probably not complicated grief	
A total score of 26-30, is probable complicated grief	
A total score of 31 or higher is definite complicated grief	

ID _____

Date _____

Yearning in Situations of Loss (YSL) Scale—Bereaved

Instructions: Each blank refers to the loved one that you lost. Please indicate how often you feel the way described by selecting one of the responses.

Never		Sometimes		Always
1	2	3	4	5

1. I am reminded of _____ by everyday objects, places and occurrences. 1 2 3 4 5
2. I find myself wishing that things could be the way they were when I was with _____. 1 2 3 4 5
3. I am distracted from things that are happening around me (e.g., conversations I am having) because I am thinking about _____. 1 2 3 4 5
4. I daydream about _____. 1 2 3 4 5
5. It's hard for me to be happy without _____. 1 2 3 4 5
6. I feel like things used to be so perfect before I lost _____. 1 2 3 4 5
7. I feel that in my ideal world, losing _____ would never have happened. 1 2 3 4 5
8. I imagine and choose things I would be willing to give up in exchange for having _____ back. 1 2 3 4 5
9. I feel separate from the world around me without _____. 1 2 3 4 5
10. The feeling of wanting _____ back is so strong it is indescribable. 1 2 3 4 5
11. I like to imagine what I would do if _____ were with me. 1 2 3 4 5
12. I am much more engaged in a conversation if it is about _____. 1 2 3 4 5
13. I feel that there just is no one else who can love me the way _____ did. 1 2 3 4 5
14. I wish I could do the things I used to do with _____. 1 2 3 4 5
15. I feel like it would be impossible to find another person that would make me feel the same way as _____ did. 1 2 3 4 5
16. I miss _____ as much or more than I have missed any other person. 1 2 3 4 5
17. Without _____, I feel alone. 1 2 3 4 5
18. I don't feel like going out as much without _____. 1 2 3 4 5
19. It's hard to imagine feeling as comfortable and happy as I was when I was with _____. 1 2 3 4 5
20. I feel like if _____ were here, I would know what to do about things. 1 2 3 4 5
21. I feel like I could be completely happy if I was with _____. 1 2 3 4 5

GRIEF WHITE PAPER SERIES

I. HEALING MILESTONES: WHAT TO EXPECT FROM GRIEF WITH COVID-19 ADDENDUM

We grieve naturally and we adapt naturally after we experience a difficult loss. However, this process is neither simple nor predictable and people struggle to know what to expect. Grief is a complex, multifaceted process that has no rules. You may ask yourself whether you are “doing it right.” You may be wondering whether your grief is going the way it should. You may want to know what to expect and when it will be over. Grief doesn’t occur in stages of denial, anger, bargaining, depression and acceptance. However, there are milestones you can encourage and derailers you can watch out for. This White Paper introduces two acronyms, HEALING and DERAILERS, that can serve as a helpful grief guide.

HEALING Milestones

Honor your loved one and yourself; discover your own interests and values.

Ease emotional pain; Open yourself to emotions – both painful and pleasant ones; trust that you can deal with emotional pain; it doesn’t control you.

Acept grief and let it find a place in your life.

Learn to live with reminders of your loss.

Integrate memories of your loved one; let them enrich your life, and help you learn and grow.

Narrate stories of the death for yourself; share them with others.

Gather others around you; connect with your community, let people in and let them support you.

You reach for these milestones in your own way, moving back and forth among them, in no particular order. In doing so, a healing process unfolds naturally. As this happens, grief quiets and recedes into the background. However, sometimes HEALING can be derailed. It’s useful to be aware of possible derailers.

DERAILERS

This section describes common derailers. It's important to be aware that all of these occur naturally in the aftermath of a loss. When you notice them, be sure to practice self-compassion. Then just take a few minutes to consider how you might gently and respectfully resolve them or set them aside. You do this in the service of inner peace, to honor your ongoing relationship with the person who died, and to free the HEALING process. To find and deal with derailers, consider that all of us must learn to accept what we cannot change and decide how to best channel our energies towards ways we can learn and grow and towards acting where we might make a difference.

Doubt that you did enough for the person who died.

Embracing ideas about grief that make you want to change it or control it.

Repeatedly imagining scenarios where the death didn't happen or happened differently, "if only" thinking.

Anger and bitterness you can't resolve or let go of.

Insistent belief that this death was unfair or wrong or shouldn't have happened.

Lack of faith in the possibility of adapting to the loss and having a promising future.

Excessive avoidance of reminders of the loss.

Rejecting support from others, unable to let others help, feeling hurt and alone.

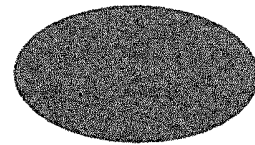
Survivor guilt that is stopping you from experiencing joy and satisfaction.

Growing Around Grief

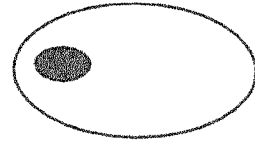
Often when we read about grief we are told that people go through various stages and that in the end the grief gets 'resolved'. This suggests that when we have moved through these stages and the 'grief work' has been done we can then 'move on'. This is not everyone's experience. Some people find that their grief never really goes away and sometimes can be as painful as it ever was.

Another way of trying to understand our grief is explained below and came from a woman who had lost her child. It might help to make sense of your own grief.

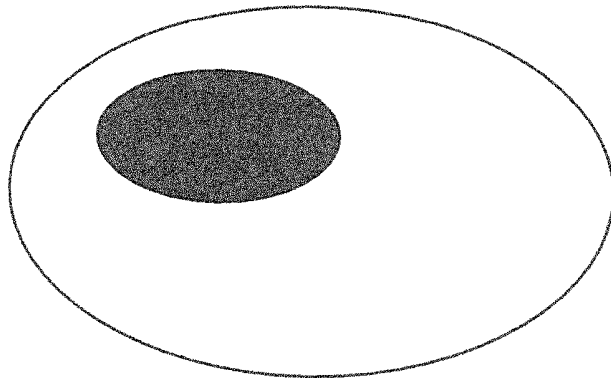
The woman's child had died some years before. At this time, she said, grief had overwhelmed her totally, filling every part of her life, awake and asleep. She drew a picture with a circle to represent her life and shading to indicate her grief. It was all consuming.



She had thought that as time went by the grief would shrink and become neatly encapsulated in her life, in a small and manageable way; she was realistic enough to imagine that it would not go away entirely.



But what happened was different. The grief stayed just as big, but her life grew around it. There were times, anniversaries or moments which reminded her of her child, when she functioned (or couldn't function) entirely from out of the shaded circle in her life and her grief felt just as intense as it every had. But more and more she was able to experience life in the larger circle of her life.



What helps some people with this view of grief (and it does not fit everyone) is that it reduces our expectation that our grief should largely go away. Often we have a sense of disloyalty to the deceased about carrying on with our lives and we get stuck or feel held back. This model shows how we can still grieve the loss of our loved one while continuing our own lives. It explains the dark days, the not so dark days and also the depth the grief has given our lives. It shows how we may have to 'grow a new life', embracing the loss into our lives as we move forward...

Goodbye Letter

To: _____

I am saying goodbye because _____

Saying goodbye makes me feel _____

I remember a time when we _____

You taught me _____

Something I want you to know is _____

I will always remember _____

From: _____

Grief Sentence Completion

Right now, I feel... _____

I feel the saddest when... _____

The thing I miss most about the person I lost is... _____

Since the loss, things have been different because... _____

My family usually feels... _____

If I could ask the person I lost one thing, I would ask... _____

Something I liked about the person who I lost was... _____

One thing I learned from the person who I lost is... _____

Handout 4: Self-Compassion Break

When you experience a difficult moment in your day, take a few moments to say the following 3 phrases to yourself:

1. ***“This is a moment of suffering”*** (mindfulness)
(If the word “suffering” doesn’t resonate, try another phrase, like “This is difficult” or “This is a stressful moment.” The idea is to acknowledge that whatever you’re going through is difficult.)
2. ***“Suffering is a part of life”*** (common humanity)
(Remind yourself that this is part of the human experience. We all experience difficulties and this is something that connects us to each other, reminding us that we aren’t alone, even when it feels that way. Alternatives: “I’m not the only one who struggles with this” or “Other people feel this way too” or “We’re all in the same boat, trying to do the best we can with what we have.”)
3. ***“May I be kind to myself in this moment”*** (self-kindness)
or “May I accept myself just as I am”

For the third phrase, feel free to use whatever words speak to your particular situation. You might use the phrases you selected for yourself last week or you can ask yourself, **“What do I need to hear right now, as I am facing this difficulty?”** Try out a few different phrases until you hit on one or two that resonate with you in the moment:

May I believe in myself	May I find peace
May I be kind to myself, unconditionally	May I be safe
May I have contentment	May I be healthy
May I be happy and free from suffering	May we learn to live together in peace
May I have courage	May I cherish myself

As you say these 3 phrases, you can also try putting your hands over your heart. This kind of physical gesture can help us to connect with our intention to respond to difficulties with kindness and caring. **The key is to offer yourself goodwill not to change the difficult emotions but *because* of the difficult emotions you’re feeling.** It’s like giving a hug to a child with the flu. You are not doing this to take away the flu but to give the child some comfort *because* he or she is feeling miserable.

Offering yourself kindness in moments of suffering is not about manipulating the particular circumstances of your life (e.g., “May I pass all my classes”). It’s about noticing your suffering and cultivating goodwill in the face of it, staying on the *wishing* side of the equation rather than the outcome side. Good feelings may come as a byproduct of this exercise, but the main purpose of this exercise is to cultivate a kind attitude in the face of suffering, regardless of what the outcome is.

You can practice this exercise with eyes closed or eyes open, for just a few seconds in the middle of a difficult situation or for longer. See what works for you.

INTERVENTIONS FOR PROLONGED GRIEF

Solution-focused therapists do not usually offer direct advice. However, in some circumstances they may choose to offer strategies or ideas which others have found to be of value. In common events such as grief there are a number of recognised options which can be tried. Some are drawn from solution-focused practice while others have been developed by different disciplines.

Introduction

Losing a loved one by death or separation is followed by grief. Prolonged grief is defined as grief which is not moving through the expected stages at the expected pace or where grieving is continuing beyond the expected time period. This must be distinguished from a formal depressive illness arising from the stress of bereavement, which has identifiable symptoms and may require treatment in addition to any intervention required for the bereavement process. According to The Compassionate Friends organisation for bereaved parents (TCF; <http://www.tcf.org.uk/>) grief for a lost child is never wholly completed. This can apply to parents who lose children through adoption or separation as well as loss through death.

Normal grief after the death of a pet is a maximum of three months (Keddie 1977). But if we die, our pet will not grieve for three months. We grieve according to our kind, not according to the nature of the relationship. So there is a time of grieving which we cannot shorten, although some of the techniques described may reduce our pain. Equally, we can know that one day our pain will be less. When we receive a physical injury, often that first moment is the worst that it will ever be; thereafter, even in small ways, healing and recovery are reducing the pain. Mourning follows a similar pattern.

Prigerson et al (1997) propose that 'traumatic grief' predicts prolonged distress. Shear et al (2005) rename this concept 'complicated grief', identifiable within six months of the loss by 'a sense of disbelief regarding the death; anger and bitterness over the death; recurrent pangs of painful emotions, with intense yearning and longing for the deceased; and preoccupation with thoughts of the loved one, often including distressing intrusive thoughts related to the death'. (They devised 'complicated grief therapy' (CGT): see below.)

Prolonged grief may benefit from intervention. Also, certain individuals may benefit from earlier intervention in the grieving process. For example, a young mother who has lost her partner may not be able to care for her children adequately unless her own distress can be reduced. Similarly, personal distress can make it difficult for counsellors to practise their profession.

Some of the techniques below have proved useful in both prolonged and acute grief and are offered as possibilities for appropriate situations. The list is deliberately short and to the point. In acute grief many people do not find it easy to follow complex strategies or instructions. However, a single brief response or action may allow the pain to diminish for the time being.

Initial stage

In solution-focused therapy the first session will include future-focused questions such as the miracle question. With some clients who have experienced a recent loss or bereavement,

their miracle will be a restoration of the loss such as 'My girlfriend will come back', 'My gran will not be dead'. This is evidence that they are still in the 'numbness' stage of bereavement and have not yet accepted their loss. They will not be able to develop new visions of the future until they accept the loss, so further future-oriented questions are unlikely to be useful at this stage. Possible responses are: 'Is there any chance that you will get together with your girlfriend again?' or 'It would be good if your grandmother could come back to life but I guess that this is not very likely to happen?' Then the worker can move to crisis intervention questions.

Solution-focused crisis intervention questions:

How will you get through the rest of today?

How have you kept going so far?

What else helps?

Is there anyone else who shares this with you?

What were the happiest times with X?

Can you do any of the same things without X?

What is happening now that you want to go on happening?

(Following a death) What can you do to keep the memory of X alive?

(Following a death) What would X want for you now?

John Sharry and his colleagues (2002) have suggested creative uses for rating scales from 1-10: 'How confident are you that you can get through the day / the weekend? What would increase that by one point?'. They also use the interview to take stock of the effect of the event itself. 'Has this event made you stronger or weaker? Are there things that you are thinking now that had not occurred to you before? Is it possible that some good might come of this? If you look back in six months and see that this turned out for the best, what will you be doing then?'

Shared memories

It can be important to face and perhaps remove painful cues concerning the lost person (Shear et al 2005; Mawson, Marks and Ramm 1981). Some may be objects with a practical use and therefore worth keeping. It is usually advisable to retain one photograph of the person, preferably out of sight or put away for safe keeping. In the future, a single photograph can be useful for family memories or life history techniques. If some of the reminders are large items, consider a car boot sale or an auction house.

Dispose of favourite snacks and drinks.

Clean the whole house.

Vacuum everywhere: behind sofas, under beds, to remove any bodily trace of the lost person.

Clean baths / toilets.

Change bedlinen and towels; wash everything that has been in contact with the lost person.

Use air fresheners to dispel the scent of favourite perfumes and lotions.

Communications

Modern means of communication have added to the variety of reminders of the lost person that may be retained inappropriately.

Delete all emails with painful contents, but be careful not to delete email sequences until you have made sure that there are no useful facts further down in the sequence. Consider if you wish to block emails from the person and if they should remain in your 'Contacts' list.

Remove the person from your social networking groups.

Delete all relevant texts. Consider if you want the person's number to remain in your phone.

It can be helpful to change their name in your mobile phone directory so that you can recognise the caller without it being a painful trigger. In some cases you may wish to bar calls from a former significant other.

Remember that any itemised telephone bill will be a reminder of when contact stopped, which may take you by surprise when the bill arrives weeks later.

Delete unwanted photographs from your mobile phone, camera and computer.

Shared life experiences

The object of these exercises is to begin the creation of new memories which do not include the lost person.

Visit all the places of which you have relevant memories, alone or with a friend:

Park in the same place.

Sit in the same seat.

Drink the same drinks, eat the same foods.

Walk the same walks or visit the same museums and galleries.

Play the same music: one track / one CD depending on what you can tolerate at one time.

You can use the music as a background for writing tasks (see below).

If you have sexual fantasies about the person, replay them imagining some other person from your life or from magazines or films.

Eat the foods that they never liked; watch the movies that they did not enjoy as much as you.

External relationships

Restrict talk about your loss to one or two people. These may be personal friends or professionals. Otherwise you will constantly be asked 'how are things?' and so be reminded again. Once your feelings have moved on, you may not wish people to know how distressed you were.

Change all documents such as bank statements which include the lost person.

Go out and meet people and have many brief conversations. This will also help you to identify aspects of the lost person for the exercises below.

If possible, do not move home until the grieving process has diminished. It is easy to make mistakes while distressed and the additional stress of removals will not help. It is usually wise not to form a new relationship until you have moved some way through the grieving process, as your distress means that you are likely to make mistakes and experience additional pain.

To reduce intrusive or negative thoughts

Options:

1. Set aside a time every day to write about the person, your relationship and your current situation. It is best if you can arrange to do it at the same time every day. Length of time should be a few minutes longer than you think is really necessary. For example, set aside 20 minutes if you think 15 minutes will be enough. If you do not have enough thoughts to fill

the time, copy out again what you have already written until the time is up. This may provoke some additional reflections as well as filling the allotted time. Some people find it helpful to keep a note of any points that seem essential, but otherwise destroy each sheet by shredding or burning within 24 hours.

2. Use thought stopping techniques (snapping an elastic band on your wrist, popping bubble wrap) whenever negative thoughts arise. If the problem is a separation rather than a death, consider using the same technique every time you have a positive thought about the lost person. Although you will eventually want to recall the best parts of your relationship, in the early stages of grieving positive thoughts can also be painful or can reinforce reminders which you wish to avoid at this time.
3. If a painful trigger phrase comes to mind, repeat it 10-20 times, aloud if possible, as a desensitisation process.
4. Try not to think about the lost person while driving since your preoccupation or distress can lead to accidents.
5. If flashback memories occur in social or sexual situations, or when alone, they are usually triggered by some 'traumatic associational cue' (Dolan 1999). Ask yourself: What situation was I in when I felt this way before? In what ways is the current situation similar to the traumatic memory? How is the current situation different? What action can I take to feel better in the present?
6. Keep a single dose of your favourite relaxer (e.g. alcohol, diazepam, chocolate, herbal tea, incense) in a special place for use when all else fails. This reduces the risk of using such substances too often in an effort to relieve your distress.

Dreams of the lost person

During sleep, dreams of the lost person can be distressing reminders, which may also disturb sleep. Jungian practitioners have studied the psychotherapeutic aspects of the dreaming process for many years. They have found that dream material becomes less painful and less frequent if it is attended to in waking life. They advise writing down as much as you can remember of the dream and any thoughts and associations that come to mind about it while you are doing this (Martin 1955). This can form part of the 'write, read and burn' task described above. Dream content takes some months to catch up with changed appearances and relationships (Macdonald 1984).

Restorying techniques

Options:

1. Use Healing Letters (Dolan 2000). Write letter 1 to the lost person, expressing all that you want to say, good and bad. At another time, write letter 2 back from them in a form based on your worst fears about how they will react to letter 1; at the same session, write another letter (3) in which they express what you would like them to say in response to letter 1. Then at another session (maybe much later), write letter 4 in which you express your final message to them. Usually, these letters are not sent in reality. Some people choose to keep the letters but many prefer to shred or burn them once the process is complete. Sometimes the exercise may be repeated if new ideas or material become available.
2. It can be helpful to go to the graveside or to some other place closely associated in your mind with the lost person. Say aloud or to yourself what you really want to say to the person. It is best to prepare your statement in advance, but other thoughts may arise as you speak. You may also leave a written version, or burn the written version at the spot. Public memorials can act as a generic 'graveside' for this purpose.

3. Michael White (1998) suggests that in prolonged grief it can sometimes be helpful to 'say hullo' to the lost person. Instead of trying to suppress memories altogether, recall what they liked about you and how they viewed your talents.

Writing tasks

Options:

1. Write a newspaper obituary for the lost person, even if they are not dead, including some of their positive features.
2. Write down the advantages and disadvantages of your new situation.
3. Make a list of the good and bad features of your relationship with the lost person.

Some like to write these materials, reread them and then burn or shred them.

Complicated Grief Therapy (CGT)

A combination of imaginal exposure (from cognitive behavioural therapy) and restoration of effective functioning (from interpersonal therapy). Therapists record patients recalling stories of their loved one's death and patients listen to the tape between sessions. They try to reduce distress levels during each session by "promoting a sense of connection" to the loved one, for example through imagined conversations with the deceased and a discussion of positive and negative memories about him or her. They ask patients to discuss what their plans and goals would be if their grief was not so intense.

Eye Movement Desensitisation and Reprocessing (EMDR)

This has been used in pathological grief with benefit. It cannot help in the initial 'numbness' stage. However, in subsequent phases it can remove specific blocks and can ease the grieving process. It cannot accelerate the adjustment process, which will remain painful. (See Solomon and Rando 2007.)

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