Case Studies in Induced After-Death Communication

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There is growing evidence that continuing bonds with a deceased loved one result in more adaptive responses to grief. After-death communication (ADC), a naturally-occurring phenomenon in which a living person experiences a connection to a deceased person or animal, has been shown to have beneficial impacts on those who are grieving. A process known as Induced After-Death Communication (IADC) can facilitate a receptive state in which after-death communication is likely to occur. This manuscript describes the use of IADC with two grieving clients, the impact of their experiences on continuing bonds with their deceased loved ones, and the healing effects on their grief.

> Goodbyes are only for those who love with their eyes. Because for those who love with heart and soul there is no such thing as separation.
> – Rumi (Treasure Quotes, 2019)

Loss is a natural part of being human, and grief is the natural healing response to loss. Research suggests it is normal and healthy to maintain ongoing attachments or "continuing bonds" with the deceased (Brennan, 2014; Klass & Steffen, 2018). Though controversy still exists regarding whether continuing bonds are indicative of healthy or unhealthy responses to grieving, these psychological controversies cannot be separated from the sociocultural contexts of "normalcy" in which they arise (Klass & Steffen, 2018). Despite these disparate positions, there is growing evidence to support the assertion that continuing bonds with the deceased result in more adaptive responses to grief (Brennan, 2014; Klass & Steffen, 2018; Worden, 2018). Models of grief counselling have been revised to incorporate the concept of continuing bonds, even considering it a central task of healing grief (Worden, 2018). A particularly salient example of such continuing bonds is after-death communication (ADC).

After-Death Communication (ADC)

After-death communication (ADC) is an experience in which a living person has a sense of direct contact with a deceased person or pet (Holden, 2017; Streit-Horn, 2011). Streit-Horn (2011) conducted a systematic review of all ADC research from 1894 to 2006. She estimates that 30–35% of people are likely to experience ADC during their lives. ADC is reported by people of all ages, genders, nationalities, ethnicities, education levels, incomes, religions, and physical and mental health statuses, though ADC is more common in women, older adults, and people from ADC-affirming cultures. Most significantly, ADC is more common in bereavement, with 70–80% of bereaved individuals likely to experience ADC within a year of loss (Streit-Horn, 2011). This has particular relevance for counsellors working with grieving clients as ADC is considered a normal part of the grieving process (Streit-Horn, 2011).

ADC may take various forms, including sensory experiences (visual, auditory, tactile and/or olfactory), a feeling of presence, electronic or technological involvement (e.g. computers, telephones, email) or symbolic representations such as flowers blooming out of season, songs on the radio, or objects moving independently (Holden, 2017; Streit-Horn, 2011). The most commonly reported type of ADC occurs during sleep. "Sleep ADC" is reportedly more vivid and real than typical dreams, is qualitatively different, and is remembered with clarity and detail over time than typical dreams, which can rapidly fade and be hard to recall over time (Holden, 2017; Streit-Horn, 2011).

ADC has beneficial impacts on those who experience it, particularly in relation to the perception of continuing bonds (Streit-Horn, 2011, pp. 73–74):

> People usually find ADC to be beneficial, using descriptive words like pleasant, positive, mystical, serene, elating, helpful, comforting, healing, spiritual, and a good experience. Most ADCrs report that, as a result of the ADC, they feel reassured and comforted that the deceased continues to exist—and in a state of wellbeing and happiness, and the relational bond of love between the ADCr and the deceased continues—albeit in a different form. In summary, the ADCr feels affirmed that neither the deceased nor the relationship with the deceased has ceased; rather, both have transformed and continue.

Similarly, a qualitative study by Knight (2011, p. 277) indicated that "the relationship each co-researcher [participant] experienced with the deceased [was] confirmed and/or transformed" in the direction of being "richer and more meaningful" as a result of the ADC. Thus, the experience of connection with the deceased through ADC appears to have a positive impact on the bereaved that is "comforting", "helpful" and "healing" (Streit-Horn, 2011, p. 73). Although ADC is generally a spontaneouslycoccurring phenomenon, psychologist Allan Botkin (2000, 2014) discovered, while experimenting with a variation of Eye-Movement Desensitization and Reprocessing (EMDR; Shapiro, 2018), that clients were experiencing ADC, and developed a psychotherapeutic procedure for facilitating ADC with clients: Induced After-Death Communication (IADC).

Induced After-Death Communication

While working at a Veterans Administration hospital, Botkin (2014) provided EMDR to a Vietnam veteran,

"Sam", who had suffered the painful loss of a 10-year-old girl he planned to adopt named "Le". After a final set of eye movements, Sam closed his eyes, suddenly stopped crying, smiled, giggled and, "When he opened his eyes, he was euphoric" (p. 12). Sam described a profound ADC with Le, who appeared "as a beautiful woman" (p. 12). Surprisingly, his symptoms, which consisted of sadness, intrusive images, anxiety, and depression, resolved.

As Botkin applied his protocol, clients continued reporting ADC experiences with subsequent resolution of clinical symptoms. The grief experienced by clients who reported having an ADC "suddenly and completely resolved" (Botkin, 2000, p. 182). The noted effects were more than just symptom amelioration: "Many patients literally began the session in despair, and left feeling joyous" (Botkin, 2000, p. 193). Pre-post outcome analyses of patients of Botkin (Botkin & Hannah, 2013) and 15 other IADC-trained therapists (Hannah et al., 2013) indicated significant improvement of patients' grief symptoms.

Recently, the first empirically based study of IADC for grief was conducted with promising results (Holden et al., 2020). Although continued research on the efficacy of IADC for grief is warranted, the following case studies illustrate the transformative power of this procedure.

Case Examples

"Jordan"

"Jordan" was a 37-year-old college professor. He had lost his sister 10 years earlier to a brain aneurysm when she was 6 months pregnant with his niece. She had undergone several unsuccessful surgeries to repair the aneurysm, subsequently lapsed into a coma, and spent 2 months being kept alive by mechanical means with no brain activity. She had to remain in that state until the baby was viable enough for cesarean birth. During that time, Jordan said he had the full realization that: "When my niece has to be born, my sister will have to die." To him, that was the sinister and dreadful, though completely understandable, transaction that had to take place.

I began the session asking him to describe who his sister was to him. What did she mean in his life besides just being a biological relation? He described his sister, who was 8 years older, as a kind of "junior Mom". This relationship was deeply appreciated and held in great -reverence.

Then we moved to the events surrounding her collapse and eventual death. His story continued from his parents' announcement that his sister was not going to recover, through the news that she was showing no brain activity, to the day when it became necessary and feasible to take the baby—and his sister's body off life support. During each phase of Jordan's story, I looked for changes in his body and breathing, and on several occasions simply asked: "How painful is it at this moment to be hearing yourself talk about this in detail?"

Most notable in his telling of his story was his reaction to coming into the hospital room for the first time and seeing his sister hooked to a tangle of tubes, sensors, and wires. Jordan spoke of seeing all his sister's belongings, pictures, flowers, and other items from home now in this very strange place. He seemed to become more inward at that moment, as though he was there and seeing what he spoke of in real time. He appeared anxious and moved in his seat as though trying to find comfort where there was none. Not even getting the news that his sister's body was failing and that they would have to go ahead with the caesarean delivery seemed to have that same impact for him.

After he finished telling the story I checked with him about my perceptions of what part seemed the most difficult for him. He agreed that it was indeed that first scene of his sister, unconscious, in this very strange room where hope had been banished. There was only helpless longing in that place. I suggested that this was the place he and I were looking for—the place of the most "core sadness".

At that point we moved to the bilateral stimulation sets. He spontaneously closed his eyes, and after a few seconds began to weep quietly. After that first set I gently asked him to report what he noticed. He took a moment to let his sobbing subside, and then told me that indeed the sadness had intensified, and it felt like a terrible heaviness in his chest, stomach, and shoulders. Then we did a second set. There was more quiet crying with his body rocking with his silent sobs. Then he relaxed, took a deep breath, and remained still with his eyes still shut.

I asked Jordan what he noticed and he reported a significant reduction in the sadness. After another set, he reported that he felt like his head was floating, rather like the feeling he remembered after being given nitrous oxide in a dentist's office. He described it as a very pleasant feeling, not disturbing. Following additional sets I asked again; "What do you notice now, Jordan?"

Without changing expression and with little hesitation Jordan reported: "She got up out of the bed. She's standing beside the bed."

Then, without opening his eyes, Jordan began to softly cry again for a few moments. After a short time, his crying stopped. His head was slumped forward, and his body looked like it had melted into his chair. There was no stiffness and no anxious movement. After a couple of minutes of being quiet with the experience, he appeared to "come back" and reported that he again felt the weight of his body where he hadn't been noticing it at all before. He looked grounded again, and he also looked relaxed. It seemed like the time to let him reflect on what meaning he was finding in his recent experience of his sister.

"Jordan, what do you think seeing her get out of the hospital bed was about?" He paused and looked off at nothing for a short time, and then an idea began to emerge for him. He stated, in a very matter-of-fact way:

> Seeing her standing by the hospital bed means that I don't have to carry that sorry image of her stuck in the bed, alive but lifeless, helpless, and imprisoned with me for the rest of my life. She is to me no longer forever brain dead. She got up!

We processed that a little, but it was clear that the message was received. For Jordan, the memory now continued past that doleful picture that had haunted him for a decade. His sister was no longer trapped in oblivion. She was free now, and so was he.

Four months later I saw Jordan again and asked how he felt about his experience. He stated: "I feel like I have been cleansed. I don't have all that junk inside me anymore." He also said that his relationship with his now 10-year-old niece had improved greatly since I saw him. She had been raised by his parents (her grandparents), and was more like a younger sister than a niece. He said he no longer felt like there was a wall between them that prevented him from fully showing his affection for her, and that she had responded very well to his new openness.

"Neal"

"Neal" was a woman in her 60s grieving the loss of her brother, "Tom". Neal spoke openly in session, but her body was tense and rigid. Neal cared for Tom in a nursing home, visiting him almost daily. In exploring Neal's grief, guilt predominated. The night before Tom died, Neal left the nursing home and later that evening had an overwhelming feeling that she should go back. She learned the next morning that Tom had died.

Neal first had to connect with the core sadness beneath the guilt. After sets of bilateral stimulation (BLS) were used to reduce the accessed sadness, Neal sat with her eyes closed and began to cry, saying: "He's with love. … Love is all there is. … That's what I told him before he died, that love is all there is—and he found it."

I asked Neal what she wanted to say to Tom. She reported wanting him to know that she loved him, communicated that during sets of BLS, then promptly said: "He knows that." She reported a sense of connection with Tom and feelings of joy, calmness, peace, and love. She was visibly relaxed, sinking into the couch, reported relief, and stated that all tension had left her body.

I observed a qualitative difference in Neal's presentation of the relief from guilt at this point compared with earlier in the session when she appeared to be trying to convince herself not to feel guilty.

> That's just the most relieving thing; that I did do my best and so I don't need to feel like I should've done more. I needed to know that *he* felt that way. And, I feel he did … and that helps. That takes away any of the remaining guilt I had.

When asked to scale her guilt from zero to ten, she reported guilt was a zero and that her sadness had dissipated. When asked if there was anything else she wanted to communicate to Tom she seemed surprised.

> No, uh, actually, *no*. No. That's just kind of amazing. I wanted to know he was okay. Well, *he's okay* … I felt the joy and the peace and mostly the love. And I even felt my parents. I *did* … He was mostly there, but they were there too; and I felt the love there … I feel really like I could go home and go to sleep. I feel quite wonderful and at peace.

In our follow-up session, Neal reported that feelings of profound love and peace maintained, as did a strong continuing bond with Tom: "It's like I can hug my brother". Neal noted that she felt much more relaxed, had more energy, and felt more optimistic. She attributed this to her ADC.:

> I don't even know how to describe how that guilt that you led me into just morphed into the most powerful sense of love and peace and joy; it just *did*. And, with it came a sense of not just my brother, but my mother and father too … and when I felt them … there was no reason for guilt. There was nothing but love, and peace, and joy. Not only was that *their* state, but that was *mine* too … It transferred to me. … I could feel it inside myself.

The conversation transitioned to Neal's deceased mother-in-law, "Jean", and Neal's longing to know if Jean loved her like she loved her own children. There was an air of desperation in her desire to connect with Jean that interfered with her ability to allow the ADC process to unfold. The harder she grasped at connecting with Jean, the less connection she felt. The more she focused on her love and gratitude for Jean, the greater her connection became. An additional block emerged in her processing that involved an internal conflict over how she wanted Jean to feel about her versus what she felt was appropriate to want from Jean. I reflected that although they had a connection, some part of Neal wanted more and the wanting was interfering with the connection that existed with Jean: "It's almost like you're not letting her love you."

When Neal was in a state of gratitude, she felt Jean closer. But when she felt the grasping, there was a block to having a connection. Neal said that feeling gratitude reminded her of a time when she could palpably feel the love that Jean "left" when she died. I reflected to Neal: "She left love, meaning she gave love, which is what you said you wanted to feel." This statement, followed by a set of BLS, seemed to facilitate a dramatic shift:

> *Now* I feel her … It was just this overwhelming powerful sense of love … So, now, in that love, I feel her. And, that's where she is. Oh! [startled] That's where they *all* are! [crying] … there for a second I had them all. Not just her and my husband's father, but my mother, my father … my grandparents, people that were so important to me all my life, and that's where they are. They're in that love [crying]. They're all there. In that love, she was there. She was *always* there [crying], and I feel that. … It's so wonderful!

I reminded her that what she got from this connection with Jean was from Jean and *for her*.

> For *me* [crying] … and it makes me feel so joyful. … Love is our connection. And within the love is peace and joy. But, I feel her now. She is not gone. As long as I feel that love, I feel her right there with me.

Neal's ADC experiences allowed her to move past guilt and sadness to experience the healing power of continuing bonds as she felt a present-day connection with her loved ones.

Conclusion

An important component in healing grief is the experience of continuing bonds (Brennan, 2014; Klass & Steffen, 2018; Worden, 2018). ADC, which involves an experience of direct connection with deceased loved ones, is a natural part of the grieving process. Research suggests ADC has overwhelmingly beneficial effects for bereaved individuals (Holden, 2017; Streit-Horn, 2011). Therefore, healthcare providers should have basic knowledge of IADC (Botkin, 2000; Botkin, 2014) and implications for use with grieving clients. Helping clients understand and integrate ADC can facilitate healing grief by identifying and experiencing reconnection with loved ones. As Attig (2011, p.189) states:

> We can continue to "have" what we have "lost," that is, a continuing, albeit transformed, love for the deceased. We have not truly lost our years of living with the deceased or our memories. Nor have we lost their influences, the inspirations, the values, and the meanings embodied in their lives. We can actively incorporate these into new patterns of living that include the transformed but abiding relationships with those we have cared about and loved.

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