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Love shows the way

Spontaneous contact with deceased relatives or friends through various senses is defined as an after-death experience. IADC grief therapy combines the resolving of traumatic blockages as part of the natural process of mourning with the healing and comforting effects of after-death experiences. After-death experiences are not random inductions through the IADC therapist, but are the direct result of treatment with grief as the prime focus.

Love brought me here“
Laura’s words echoed in the stillness (name altered for reasons of privacy). Love as the bridge between the young person who had passed away and her mother. Laura’s presence in the room was palpable, for the mother who had lost her daughter in a tragic accident as well as for me, the psychotherapist, guiding her through the process of mourning.

Laura’s being filled the room, stirring the heart, bringing consolation and relief as well as a freedom from the feeling of weight, pain and doubt which was so closely connected to the violent death of the 15 year old.

In the course of the session, the mother experienced other inner images, which further cemented the connection to her daughter. They supplied her with the certainty that Laura was in a good place. Having reprocessed, the mother then sensed images and words while undergoing a psychotherapeutic session of IADC grief therapy. Reprocessing the trauma-specific memories of the accident and her daughter’s death.

What is IADC Grief Therapy?

IADC stands for "Induced After Death Communication" and is an independent therapeutic method, which focuses on relieving deep-seated trauma and long-lasting grief. (The difference between the natural

processes of grief and prolonged grief are explained below. See "Grief and prolonged grief".) The founder of this method, the American psychotherapist, Dr Allan Botkin, describes in his book, "Induced After-Death Communication: A New Therapy for Healing Grief and Trauma"[1], how in the mid 1990s, he discovered and researched the healing potential of working on encounters with the deceased with heavily traumatized war veterans in his psychotherapeutic work at a veterans hospital.

Botkin was taught bilateral stimulation with eye movements in training sessions of the trauma therapy method EMDR² by its pioneer Francine Shapiro. In bilateral stimulation, the patient concentrates on the traumatic events and at the same time follows the movements of the therapist’s fingers, causing his eyes to move back and forth. After pauses and feedback to the therapist, the process is continued until the patient feels relief and a sense of calm. As a result, altered memories of traumatic events open up the possibility of replacement through forgotten positive events,

- 1 Botkin A. Hogan C. Induced After Death Communication. Charlottesville: Hampton Roads Publishing Company 2005, 2014
- 2 Eye movement desensitization and reprocessing (EMDR) is a form of psychotherapy that is controversial within the psychological community. It was devised by Francine Shapiro in 1987 and originally designed to alleviate the distress associated with traumatic memories such as post-traumatic stress disorder (PTSD). [Wikipedia.org](https://en.wikipedia.org/wiki/EMDR)

thoughts or new ideas.

Bilateral Stimulation: comparing IADC-Therapy to EMDR

- Omitting cognitions
- Focusing only on the sadness
- Eyes closed for 15-20 seconds after each set of eye movements
- Strengthening the „open receptive mind“ after treatment of the traumatic memory.

During intensely challenging emotional work with war veterans, Botkin altered some of the methods which belonged to the EMDR standards. The intensive group work in the clinic brought highly emotional memories to light.

In the individual sessions which followed, negative cognitions were not searched for, but the emotional pain was worked on directly.

Botkin suggested to grief sufferers that they could circumvent anger, guilt and other feelings by concentrating on their sadness and the pain of separation. Focusing on

these sad and traumatic areas of loss they could be identified and reprocessed, so that patients felt themselves calmer and more peaceful. This was followed with more sets of eye movement and the suggestion to remain open and aware without particular expectations.

Originally, Botkin’s concern was thus to further the newly established inner peace.

To his surprise, Botkin witnessed his patients experiencing deep-seated healing. They told him they had received loving and calming messages from the deceased in a very convincing manner. Connected to this they also had positive feelings and deep and lasting conversion of their feelings of grief.

What are spontaneous after-death experiences?

Inner, subjective experiences of closeness to a deceased person are short-lived and spontaneous, that’s to say, they cannot be created by willing their appearance, either through the patient himself or through the therapist. They usually appear as a surprise, unintentionally, unprepared and are often felt by more than one of the senses.

They are different from other experiences such as imagination, fantasy or health-related hallucinations. Those who have experienced them often have difficulty in categorizing them, they may have fearful reactions and the patient may prefer to keep the knowledge to himself. They are seldom discussed in an official context and scientific analysis is very rare.

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Grief and prolonged grief disorder

Grief is a normal process we go through on losing someone we have been close to. Grief helps to process the new situation and to establish a new emotional relationship to this person. There is a process of shock, a sorting out of feelings and an unwillingness to believe in the loss of a special person through death. This may develop into resignation and anger until a slow acceptance of the new situation is established and the continuation to a changed identity.

In the latest and largest worldwide research study [1] of phenomenology and impact of after-death experiences, led by the Geneva based death researcher, Evelyn Elsaesser, over 1000 detailed surveys showed that 62.2% experienced after-death contact during sleep, followed by tactile and visual perception. Audio perception or a prod to our sense of smell are as spontaneous as awareness of a presence, where prompt identification of the person in question scored a high mark of 91%. More evidence concerning the status of these research results are available at the website of the researcher [2]. After-death phenomena are much more common than widely assumed. Depending on the survey, between 10 and 50% of the population have experienced contact to a deceased person at least once.

According to these surveys, the experiences are not unusual, but they belong within the complete spectrum of human experience, along with other phenomena concerned with dying such as near-death experiences or deathbed visions.

All these factors make it easier to understand death and dying and help best to prepare for and manage the separation

Those who develop long-lasting symptoms of grief, are unable to feel a sense of relief even after a comparatively long time. The pain of separation and longing for the deceased person remains, some of those affected may feel bitterness because of the loss and join their identity to the person who has passed on. "Part of me has died too". On top of which they may avoid opportunities for remembrance or deliberately bypass intense offers to come to terms with their loss.

and grief process.

After-death experience in therapy

Credit is due to Botkin for his surprising and authentic work with after-death experiences in psychotherapy and making the knowledge and research public. In his work at the clinic, he was able to successfully teach colleagues how

NOTE

IADC-therapists do not induce the after-death experience directly. They work with specific methods to promote a situation where working with a loss and grief, an after-death experience may take place spontaneously.

to utilize his methods for their own therapy.

After-death contacts take place in 75% of all IADC sessions. The subjective impression of closeness in such a way offers certainty and consolation, which cannot be felt in the same way through conversation or imagination.

Our humanity: Experience transcends our reality

IADC therapy has no role for religious or spiritual beliefs. Neither the patient nor the therapist needs to fulfill certain requirements. The only consideration is the healing effect which grieving people experience and the ability to reconnect to their life's story after encountering a severe loss.

This is usually in conjunction with particularly difficult causes of loss such as suicide, violence or unresolved previous losses.

In cases of continuous grief, medicine is only of very limited help as it suppresses the relevant emotions. In Germany, approximately 5% of those affected by grief fall into this category.

New in ICD: prolonged grief treatment

Prolonged grief, much like the complex Post Traumatic Stress Disorder is an accepted diagnosis in ICD 11 new, as covered in the paragraph "Disorder as a result of exposure to extreme Stress". It describes an intense longing for the lost loved-one, after an unusually long time since their passing, coupled with heavy emotional pain and an inability to cope in several aspects of life.

In a psychotherapeutic session where a patient is drawn to a transformative experience through expanded consciousness of transcendent factors outside of our normal awareness, this is considered a reality. As IADC therapists we see our role as helping people come to terms with their loss, through phenomena generated by the methods described and thus find peace, support and consolation in their grief.

What actually happens during IADC sessions?

Requirements for IADC sessions are:

- a good therapeutic relationship
- Information about trauma, grief,
- sufficient distance from the loss (approx 6 months)
- Willingness on the part of the patient to allow space for feelings of grief (not usually possible in a state of shock)
- sufficient affect tolerance

First Session

If the conditions are right, the first IADC session can work through the saddest memories and intrusions (uncontrollable memories) of the loss experience through bilateral stimulation. As a result, generally speaking, feelings of grief and physical tension are thus transformed into feelings of tranquility and peacefulness.

Even in the first session, after-

death experiences can emerge spontaneously. But usually this is not yet possible due to the many stressful aspects of the loss that need to be resolved.

Second Session

In the second IADC session, further memories of death are processed using bilateral stimulation. Secondary consequences of a loss that are not directly related to the circumstances of the death may also be included here: Dates of birth and death, revisiting the sites of previous vacations, clinics, as well as shared activities, can all be triggers for stress-related symptoms. Similarly, the death of a loved one can cause serious and painful short- or long-term changes.

90% of IADC sessions are thus dedicated to working through the loss with a focus on more or less deep sadness through trauma therapy. Experience shows that this also resolves other issues such as guilt, anger or helplessness.

As a result this makes room for the spontaneous emergence of a renewed encounter in the last part of the second IADC session. By reinforcing the calm and peaceful feeling through bilateral stimulation through the therapist's guidance the patient remains open to whatever may happen without specific expectations. This is called the "receptive attitude." The question of what the mourner still wants

1 Elsaesser E Spontane Nachtodkontakte. Amerang: Crotona; 2019
2 <https://www.adcrp.org/> last visited 12.12.2023

From Our Files: Meeting with her mother

A 60 year old working woman visited my practice because she felt very weighed down having to care for her 85 year old father. A few years previously, she had supported her mother while she was dying of cancer and now she felt her suffering repeating itself before her eyes. She was constantly reminded of her mother's emaciated face and the smells of the hospital, so that she felt herself grieving as she did soon after her mother's death. As if nothing had really moved

on from those sad days. She didn't want to leave her father alone, but felt constantly overwhelmed.

After our first meeting and two IADC sessions, where we worked with bilateral stimulation (eye movement left and right) she concentrated on the saddest memories of her mother's death and the stressful sensory impressions connected to her loss, she experienced a "melting" of her feelings and physical tension. The uncon-

trollable images and sounds resurfaced before turning darker and disappearing.

After repeating the eye movement process several times, towards the end of the second session, she suddenly saw her mother's face. Following this she felt a touch. "My mother stroked my cheek and said these words, 'I know how you're feeling. I am here with you. Tell your father we will meet again.'" " She told me later how loving she felt this ge-

sture had been, and that she had had no idea that she would ever experience something quite as profound.

She told her father what she had experienced and both of them now look forward to a much calmer view of his life.

to communicate to the deceased can also be included in this process if required. It represents a useful preparation for a possible after-death contact and presents an opportunity to calm agonizing uncertainties or to clarify what has remained unsaid.

Subsequent sets of bilateral stimulation encourage a feeling of inner connection with the deceased. This is usually characterized by feelings of closeness, impressions and sensations that are reported as moving, vivid, and healing. Messages that are heard or felt internally are positive, accepting and loving in their nature. In response to specific questions, there may also be clarifying references, symbolic images or sensations, the deeper meaning of which is usually immediately apparent to the respective patient.

Clients experience IADC sessions individually and thus very differently. However, the pro-

cess is always accompanied by a joyful and relaxed mood.

How does IADC Grief Therapy work?

The impressions received lead grieving people to a new and lasting inner certainty of being connected with the deceased through love and continued support. Experiencing attachment as an intrinsic survival capacity of human life heals the despair of having been left behind and left alone, together with the subsequent grief which this implies.

The painful experience of final separation through physical death is transformed into the acceptance of dying and gratitude for the time spent together.

Even if - as in about 25% of the sessions - no after-death experiences are experienced spontaneously, the mourners still feel noticeable relief and reassurance for the further

path of mourning through therapy.

Clients report improvements of emotional and physical symptoms and experience relief with a new and peaceful perspective on their memories: Positive memories emerge and replace negative impressions from the process of dying that have overshadowed the natural path of grieving up to this point. As one client put it, "It is so liberating to feel the painful burdens disappear, replaced by positive experiences and images that I had forgotten about and are now ever-present in my heart."

It is also not uncommon for connections to the deceased to occur in vivid dreams, symbolic events, or unexpected impressions in the days following therapy sessions.

The essence of Grief Counseling

Accompanying people who are grieving means being there for them, acknowledging their individual sensitivities, knowing supportive methods for the emotional transformation of mourning and, last but not least, facing one's own mortality. In this sense, IADC grief therapy is either a focused short-term therapy that takes place in time-limited sessions or can be integrated into longer-term psychotherapy or grief support. Prerequisites for IADC therapists include basic psychotherapeutic training and professional experience, as

well as knowledge of enduring grief.

The evidence that there is something within us that transcends time and which sustains us is a valuable contribution to healing, especially for people who are grieving. In IADC sessions, connecting with the deceased opens up access to a silent presence, an unconditional love and acceptance that goes beyond our mental imagination.

"What counts here are those moments, feelings and thoughts that penetrate the heart unspoken, without anyone having to say anything." [1]

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1 Grodhues J., Stockmar D. Like a Wave from Another Shore - After-Death Communication between Art and Psychotherapy. Dreieich: MEDU; 2012