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Article

The Relevance of After-death Communications to Bereavement Counselling

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Abstract: After-death communications (ADCs) are spontaneously occurring experiences that are perceived as encounters with the deceased and have been the subject of recent scientific interest. In a recent German language study, the phenomenology and effects of ADCs were investigated. The present article draws on the findings of this study to consider whether and how ADCs can be included in bereavement counselling. The first part discusses the question of authenticity. From a psychological point of view, ADCs are usually regarded as grief hallucinations; however, in a significant number of cases, the ADC occurs at a time when relatives or friends were not yet aware of the person's death (coincident experiences), which speaks against this. The second part is about the effects on the grieving process. ADCs seem to convince the bereaved that the connection to the deceased remains and acts to alleviate grief. This suggests that it may be unhelpful to dismiss ADCs as "hallucinations", and that their coping potential for grief processes should be recognised and included in grief counselling. The third part asks how and under what circumstances ADCs can be included in grief counselling. In the case of complex grief, there is a risk that mourners will hardly be able to find their way out of their negative feelings. Grief experts therefore suggest supplementing the confrontation of loss with work on resources. From this point of view, ADCs can be included in that resource work.

Keywords: after-death communication, Induced After-Death Communication, grief, grief counseling, bereavement counselling.

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1. Introduction

Most of us can expect to be confronted with the loss of a loved one at some point in our lives and experience the pain of grief and the difficulty of coping with it. How serious and profound a loss is felt depends on various factors. The loss of a person with whom there was a close emotional relationship is usually experienced as particularly difficult, especially if it involves a child, the loss of a parent during childhood or adolescence, a sudden or unexpected loss through suicide, or other traumatic circumstances such as an accident (Kachler, 2022, p. 17 f.). Coping with grief can be made more difficult by feelings of guilt and unresolved conflicts, including regret over being unable to say goodbye or give thanks, which might have provided an opportunity for closure.

In the case of severe losses, prolonged grieving processes are to be expected that go beyond the "year of mourning previously regarded as normal" (Kachler, 2022, p. 23). In these cases, we speak of complex or complicated grief. It is often a chronic condition "characterised by a barely noticeable reduction in distress over the years and is often accompanied by other psychological and somatic symptoms" (Znoj, 2016, p. 20). Since 2022, the diagnosis of persistent grief disorder can be made according to symptoms listed in the ICD-11.

Some people seek counselling in difficult grief situations. The issues they bring to grief counselling often include the question of whether death means the definitive end, or whether there is hope for a continuation of life and a reunion. Grief therapist Roland Kachler (2022, p. 180) writes that this question takes up more space in grief counselling "than in any other counselling or psychotherapeutic constellation". During many grief counselling sessions, he has experienced mourners asking where the deceased is now. For many mourners, this is an existential question. It is especially important where the loss concerns children (Kachler, 2022, p. 150).

With this topic, however, the ideological convictions of bereavement counsellors are also on the agenda. How do bereavement counsellors deal with their own beliefs in this counselling-therapeutic context? The question is also pressing because during counselling some bereaved people report encounters with the deceased and are typically disappointed with how they are received (Evenden, Cooper & Mitchell, 2013, pp. 14-23; Rees, 1971, pp. 37-41; Parker, 2005, pp. 179-192; Roxburgh & Evenden, 2016a). Such experiences are referred to in the literature as after-death communications (ADCs: Elsaesser et al., 2021; Keen, Murray & Payne, 2013, pp. 384-402; Holden, 2017, pp. 3-9), sensory and quasi-sensory experiences of the deceased (Kamp et al., 2020) or experiences of continued presence (Hayes & Leudar, 2016). Some members of the public and some scientists regard them as hallucinations. (e.g. Castelnovo et al., 2015), yet they can be highly significant for those affected, and a negative attitude on the part of the bereavement counsellor can have a negative impact on bereavement counselling.

ADC research has now produced many findings that may be of significance for bereavement counselling (Elsaesser et al., 2021; Elsaesser et al., 2022; Elsaesser et al., 2023). This includes estimates of the frequency of occurrence, which may help clients understand that they are not alone in having such an experience. Based on a review of published estimates, it is thought that 30-35% of people have experienced one or

more spontaneous ADCs at some point in their lives. Among the bereaved, the prevalence is estimated at 70-80% (Streit-Horn, Holden & Smith, 2022, pp. 141-176). In this article, we consider the implications for therapeutic practice, drawing on data from an online study conducted by Elsaesser et al. (2022) in German-speaking countries that generated 235 completed questionnaires.[1] The inclusion criterion was that the respondent had had an experience that they considered to be an ADC. The study asked about the phenomenology, circumstances and impacts of ADCs, including effects on the grieving process and spiritual attitudes.

A comprehensive 194-question questionnaire was created, the main items of which included an initial description of the ADC in the respondents' own words to ensure that their account was not distorted by the specific questions that were subsequently asked. Respondents then answered specific questions about the circumstances of the occurrence, the characteristics of the experience in relation to each modality (including sleep), the profile of the perceived deceased and details of their death, the impact on personal beliefs and on the grieving process. The questionnaire contained closed-ended questions with fixed response options (e.g. "Did you feel any physical contact that appeared to be initiated by the deceased? Yes, No, Unsure") and open questions that followed affirmative answers and allowed for further explanation (e.g. "On which part of your body did you feel the touch and how did it happen?").

2. The question of authenticity

An awareness of presence

In contrast to contacts that are attempted with the help of a medium or through aids (such as Instrumental Transcommunication ITC; Laszlo, 2008), ADCs are characterised by the fact that they are direct and spontaneous experiences. In the experience of the people concerned, they emanate from the deceased. They can occur in different forms. Elsaesser et al. (2022) speak of an ADC "when a person unexpectedly perceives a deceased person with their sense of sight, hearing, touch or smell" (p. 39). Most common are ADCs in which a contact is experienced during sleep, when falling asleep or waking up, although the person concerned is typically adamant that their experience was not just a dream that fulfilled a latent wish (Nicolay, 2024). However, many after-death communications occur when the person is awake. In the German study, 39% were fully awake and active and 17% were awake and in a resting state.

The experiences are generally perceived as authentic by those who experience them. In the German study, 83% of the participants were convinced of their authenticity, and a further 15% were inclined to believe that the ADC may have actually really taken place. Irrespective of their ontological status, it is clear that such experiences have great significance for people, and that phenomena that are psychologically real can have tangible consequences for the grieving process, so that they should be recognised as a reality of experience and incorporated respectfully into

[1] The German study was preceded by an international online study in French, English and Spanish that generated 1004 responses – see Elsaesser et al., 2022 for details.

bereavement support. This is easier to appreciate if one attempts to understand what makes the bereaved person believe that such an "encounter" is real. Here is an example from a study participant:

> I was lying on the sofa reading a book in the afternoon. A few months earlier, my sister had died of a brain tumour. Suddenly she stood about 1 1/2 metres away in front of the sofa. She looked very transparent (you could only see her from the waist up). I thought I was out of my mind. I was really sitting on the sofa with my mouth open and looking at her. She wanted to say goodbye, she was communicating through 'thought transfer'. I had the feeling that she was hugging me. She sent me a very heartfelt feeling. This is very meaningful for me because she really hated me from a young age (unfortunately, my parents always favoured me). (G016)

It was the awareness of an unmistakable presence that convinced the woman that she had encountered her sister. It is emphasised by the astonishment expressed in the text ("I was really sitting on the sofa with my mouth open...").

The awareness of presence characterises all ADCs that are experienced as encounters with the deceased, regardless of whether they occur during sleep, in the intermediate phase between sleep and waking or in the waking state. Sometimes the ADC only consists of a feeling of presence. In these cases, one speaks of ADCs with a sense of presence. In the case of ADCs with a sense of presence, the awareness that the deceased is nearby occurs unexpectedly and suddenly. It is associated with an almost physical feeling of closeness. The presence can be localised. Experients also describe an intuitively perceived exchange. Here is an example from the study in which a woman wanted to spend the night with her dying mother. When she arrived at the hospital, her mother had just died. Her body was already laid out in a room in the basement. The woman writes:

> I was standing alone in front of her and was very sad that I couldn't say goodbye and thank her again for her love when I felt her presence behind me in the room, very clearly and very comforting. Without words, she told me: everything is fine, don't worry. I replied in my mind: thank you, I understand, you can leave now. The experience was so clear that it has not faded in the 27 years since. (G007)

The ADC enabled the woman to say goodbye. This would not otherwise have been possible and might have become a burden during the grieving process.

Are ADCs based on wishful thinking?

From a psychological perspective, it makes sense to interpret ADCs as the result of wishful thinking. Sigmund Freud believed that mourners do not want to accept their loss. They resist recognising reality. He believed that this resistance could be so intense that mourners turned away from reality and held on to the "object" through a

"hallucinatory wishful psychosis" (Freud, 1975, p. 198). According to this theory, ADCs would be the result of a psychological disorder that occurs in extreme situations of great grief. However, there are several reasons against this theory.

Firstly, ADCs also occur when the experient was not grieving for the deceased person. In the German study, 9% of respondents stated that they had never mourned the deceased. In some cases the person is unknown to them at the time of the experience.

Secondly, if one assumes that ADCs are a result of the experient's need for the return of the deceased person, this presupposes that the experient already knows about the death of the person concerned. However, this assumption is not always true. There are reports of experiences that occur at a time when the relative or friend is not yet aware of the death of the person concerned; they only realise that the person is dead at the moment of the experience. Later they receive confirmation. These are known as coincident experiences (Fenwick & Fenwick, 2008). Such reports are quite common. In the German study, 23% refer to experiences that occurred at the time of death without the person concerned being aware of the death (or even the illness) of the deceased person, as in the following case:

> When my grandmother died, she came to me as a "ghost" to say goodbye. I was at home and suddenly realised her presence very clearly and that she had come to say goodbye. She was in hospital at the time and I didn't yet know that she had died. Later that day, my mother called me to tell me that my grandmother had died. (G007)

As in this example, 66% of the subgroup with coincident experiences included in the study were later confirmed to have occurred at the time of death. Coincident experiences are similar in character to ADCs that occur at a later point in time. They therefore also speak in favour of the authenticity of the ADCs that occur later.

Thirdly, if ADCs were grief hallucinations, we might expect that they would be based on the desire for the deceased to return. In an ADC, however, experients do not have the impression that the deceased will return. Rather, the experience is linked to the awareness that the deceased is here to say goodbye, and their continued existence will be on another level. ADCs are spiritual experiences related to an "otherworldly" reality.

Further reasons for the authenticity of the experience

There are three further features of ADC cases that speak in favour of their authenticity, in that they are challenging to account for from a hallucination perspective and may be regarded as evidential by the experient.

(1) Information that was previously unknown

In some ADCs, surviving relatives receive information that was previously unknown to them. This information is later confirmed. This was experienced by 31% of the participants in the study.

> The most surprising thing for me was the contact with the mother of a colleague close to me. Her mother had died about two weeks earlier. The colleague was mentally unwell. We were sitting in the room before a meeting when I suddenly felt [the mother's] presence in the top left corner. Although I had never met her, I somehow knew that it was the colleague's mother. She said she was sorry. I confided in my colleague: "Please, don't laugh at me and don't think I'm crazy, but I can feel your mum up there in the room and she says she's sorry. I don't know what to make of it, but that's exactly how I received the sentence." My colleague then left the room. She later thanked me for my trust and that her pain had gone since that message. (G035)

Roe et al. (2023) write that the information that bereaved people receive in this way often relates to everyday objects. These can be, for example, lost objects that have a special value for the person. This could be the location of a family record book, a life insurance policy that someone took out without their knowledge, stock investments that someone had kept secret, or any other document that is urgently needed by the deceased person's family or friends.

(2) ADCs involving several persons

While it is more often the case that the person is alone when the ADC occurs or that other people are present but do not perceive the deceased. (Roe et al. 2023, p. 24), there are some cases in which several people perceive the deceased together. This is referred to as "shared ADC" (Roe et al., 2023, p. 24). In the German study, the ADC is experienced by several people at the same time, either collectively (32%) or separately at some other moment (34%) In the following case, mother and daughter had an ADC on the same night which caused them to realise that their son/brother has died.

> My son was injured in a Syrian prison and we had had no sign of him since then. In a dream on the night of 30 April to 1 May 2020, I dreamt about him. In the dream he told me that he was fine and that he was in a safe place ... That same night, my daughter saw him standing in her bedroom. She was in a twilight sleep, but she could see him ... In September 2020, we then found out from the authorities that my son must have actually died in the April/May 2020 time frame. (G003)

Pets that are present during the ADC can also react unusually: 17% of respondents confirmed that an animal was present during their ADC. Of these, 18% had noticed unusual behaviour on the part of the animal.

(3) ADCs in non-mourning situations

ADCs are also reported by people who were not themselves in mourning for the deceased person. This may be because a considerable amount of time had passed in the meantime, allowing them to come to terms with their loss, or because they were

not emotionally close to the person. It may even be that they did not know them at all (Roe et al. 2022, p. 23). Such cases are not uncommon - in the German study, 14% were no longer sad and mourning and 9% had never mourned the perceived deceased person. It is not very plausible to explain such cases with a psychological need, because such a need is not evident.

There are therefore a number of factors that encourage experients to regard their experiences as authentic. However, the question of the actual causes of the phenomena is not decisive for the grief counsellor's approach. Their task is to help clients integrate their extraordinary experiences into the grieving process. To do this, it is helpful if they create an open and non-judgemental space in which clients can explore the meaning of their experiences (see Rabeyron, 2022; Roxburgh & Evenden, 2016a).

3. The coping potential of the ADCs

A new understanding of the grieving process

If bereaved people talk about an ADC during counselling, bereavement counsellors could see this as a sign of not wanting to acknowledge the death of a loved one. They may fear that such experiences will encourage the bereaved to deny the reality of the loss. However, data suggest that ADCs actually contribute to coping with the grief. The ideas of how a loss can be overcome have changed in recent decades. Freud assumed that mourning served the purpose of "letting go" of the deceased person (Freud, 1975, p. 198 f.). People who had lost a close loved one felt under unreasonable pressure to sever ties. Since that time, bereavement counsellors have moved away from the expectation that the mourner must give up the relationship with the deceased. Instead, the aim is to continue the relationship in a modified form in line with the continuing bonds theory (Klass & Steffen, 2018; Mikulincer & Shaver, 2008). The newer treatment approaches differ from the older ones in that "the aim of the treatment is not to dissolve the relationship with the deceased person, but to change this relationship after the death of the deceased" (Rosner et al., 2015, p. 33).

This process can be supported by ADCs. In an ADC, mourners recognise that the connection to the deceased remains. In the German study, before the ADC, 30% of respondents had thought that the relationship would end with the death, but following the ADC believed that the bond would continue. For 47% of respondents who were already convinced that their relationship with the deceased would continue, the ADC had deepened that bond.

The awareness of an ongoing, reciprocal bond is a relief. It makes the grieving process easier if the bereaved person believes that death does not have the last word. Grief loses the paralysing effect associated with the idea of the finality of death. It gains a foundation. Acceptance is made easier if you have gained the conviction from an ADC that the deceased person lives on. The experiences provide a "place of inner security from which to recognise the disturbing reality" (Conant, 1996, p. 179).

4. How might ADCs be comforting?

The relief that an ADC can bring is expressed in a feeling of comfort. In the study, 80% of participants answered yes to the question "Did the ADC bring you comfort/emotional healing?". What is the comforting effect based on? Elsaesser (2023) interprets this in terms of the communication function of an ADC. She explains that the contact is typically interpreted by the recipient as conveying (explicitly or implicitly) one or more of the following sentiments (which we have termed the 'four Rs'): "Reassuring, I am alive and well, don't worry about me, the troubles I had at the end of life are now behind me; Resolving, settling old conflicts, allowing space for apologies, providing closure; Reaffirming, continuing bond, affectionate, I love you, I will always be by your side, we will meet again one day; and Releasing, don't be sad, pursue your life, don't hold me back by your suffering" (p. 188). These sentiments are illustrated in the following cases:

> A few days after my husband's death, he stood next to my bed at about 4 o'clock in the morning and told me: 'I'm fine'. I felt his lips on my mouth for a brief moment. But what meant a lot to me was that my husband, who was severely disabled, looked completely healthy. I had never seen my husband with a straight torso before, as he already had the disability when I met him. I had the feeling that he wanted to tell me that he was fine and that I shouldn't be so sad. (G071)

As in this example of reassurance, in many cases people not only hear from the deceased that they are doing well, but they can also see it in their eyes. This also applies to the state of mind of the deceased. In the vast majority of cases, they are perceived as being positive and amicable. They appear serene (23%), radiant with happiness (45%), endeavour to comfort (44%) and full of compassion (28%) (Elsaesser et al., 2025, p. 13). Experiencing a deceased person restored and happy after their death can create healing impressions that supersede any distressing memories. The deceased person often radiates great love. This can happen in a way that apparently was not possible when the deceased was alive. One daughter saw her mother, who had died "quite suddenly" from multiple organ failure, in her sleep a few months later. "She appeared to me with the words: 'You must have thought I had forgotten you'. She looked much younger and very cheerful and happy… She also shook my hand with a very intense warmth and a feeling of very great love, which she showed me." (G150).

Clarifying the relationship with the deceased can be important for coping with grief. Znoj writes that the relationship with the deceased person must always be taken into account, especially in very intense states of grief. "The nature of the current relationship with the deceased person has the strongest influence on the course of grief; ambivalent feelings towards the deceased person have a very unfavourable effect" (Znoj, 2016, p. 77). Mourners sometimes report ADCs in which unresolved conflicts were resolved, reconciliation took place or feelings of guilt were dispelled. Here is an example from the German study.

> Four days after his father's death, the son suddenly woke up in his sleep and had the feeling that his father was present. The father spoke to him "very calmly and with very precise words". "In my father's monologue, he apologised for what he had done to us, my brother and me, over the years. We didn't have a good childhood (alcohol, violence, financial problems, etc.)." The man explains how the apology affected his attitude towards his father. "Today, after more than two years, this phenomenon has flattened my years of pent-up anger and resentment towards my father to such an extent that I can now be relatively neutral and, above all, no longer so negative towards him." (G090)

The following case illustrates the releasing function, imploring the experient to escape the cycle of sadness, and go on with their life:

> I had a stillbirth in 2010. A few hours after the stillbirth, I could intensely feel the child's presence in my hospital room. It felt as if the whole room was filled with love. I also had a feeling of warmth and a supporting, almost uplifting feeling. I 'heard' a voice, but not with my ears. It gave me the feeling that I didn't have to be sad. The apparition lasted for what I thought was a very long time until I fell asleep. It was so indescribable, but when I think about it, I can immediately 'bring back' that feeling. (G 202)

The calming, affirming, clarifying and liberating effect of ADCs emphasises the contribution they can make to coping with grief.

5. Anchored in human nature

Despite the legitimate concerns of therapists, ADCs do not seem to be indicative of pathology (Elsaesser et al., 2021). Indeed, the characteristic features of the ADC, such as the absence of suffering, the absence of concomitant psychiatric illnesses, and personal growth as an after-effect, stand in stark contrast with indicators of pathology (Moreira-Almeida and Cardeña, 2011). Its healing potential can be seen in the finding that sadness diminishes in many cases as a result of an ADC. For 49% of those surveyed, the ADC had led to a reduction in sadness, and for a further 9% it even disappeared completely. In only 24% did it remain unchanged.

How can we explain the fact that sadness is reduced or disappears completely in the majority of cases, but remains unchanged in others? In some reports, the deceased were perceived as sad (8%), agitated (9%), frightened (3%) or threatening (1%) (Elsaesser et al., 2025, p. 13). In these cases, the comfort that the encounter with the deceased can provide is missing.[2] The fact that the problem faced by the bereaved as a result of the loss is only partially solved by the message conveyed by an ADC may also play a role in the persistence of grief. Comforting ADCs strengthen the conviction in the bereaved that the deceased has not been destroyed by death, but lives on and is

[2] However, the study also contains cases in which the deceased was perceived as sad or frightened during a first ADC, but appeared peaceful or even happy during a further ADC, which is interpreted by those affected as a development of the deceased's emotional state.

doing well. However, this does not change the knowledge that the relationship on the physical level can no longer be continued as it was during life.

Accepting the loss is important for coping with grief. When asked whether the ADC had made it easier to accept the loss, 68% of participants agreed, while 21% disagreed. These figures are an indication of the relevance of an ADC for coping with grief. While 18% of the sample thought the grieving process would have been the same if they had not had an ADC, 61% believed that the process had been changed by the experience.

The comfort and help that ADCs offer people seems related to the spiritual, otherworldly nature of the experiences. The wish of the bereaved for a "return" of the deceased to earthly life is denied, to be replaced by the awareness that the deceased continues to live on a different, "otherworldly" level. This nourishes the hope of a reunion in another reality. The extent to which this hope grows in people with ADCs is indicated by further figures from the study. Before the ADC, 61% of the participants in the study believed in an afterlife, after the ADC, the figure rose to 91%. At the same time, the attitude towards death has changed among experients. Fear of death decreased for 45% and disappeared completely for 29%. At the same time, the participants' self-assessment of their attitude towards spirituality has increased. Before the ADC, 59% considered themselves to be spiritual; afterwards it was 85%.

6. Integration into bereavement counselling

Who is responsible for interpretation?

The reservations about ADCs are reflected in the specialised books on grief counselling and grief therapy. Although, as the statistics show, ADCs occur relatively frequently, they are hardly mentioned in the German-language specialist literature. One exception is the book *Hypnosystemic Grief Counselling. Ein Leitfaden für die Praxis* by Roland Kachler (2022). Kachler does not use the term ADC, but speaks generally of "proximity experiences". He refers to these as "hallucinatory experiences". This initially sounds plausible when he cites examples in which mourners misinterpret signals from their surroundings, for example when they believe they see the deceased in a crowd of people or hear their voice somewhere. But Kachler also includes experiences that relate to ADCs, for example when he writes: "Mourners experience themselves as very permeable to the relationship with the deceased, with whom they experience encounters that are perceived as 'real'". But he also regards these as hallucinations, explaining this by saying that mourners construct their own reality "under the impression of loss".

Despite this scepticism, he is clear that such experiences must be "absolutely accepted and honoured" in grief counselling, and labelling as "hallucination" must be avoided in grief counselling because it is hurtful to the grieving person (Kachler, 2022, p. 56). Grief counsellors who follow Kachler's advice would therefore have to conceal their opinions from the bereaved. Under these conditions, however, congruent communication based on trust does not seem possible. In the sensitive psychological state in which mourners find themselves, they are particularly susceptible to tensions or disagreements. They sense it when verbal expressions of appreciation for what they

have experienced are met with behaviour on the part of the bereavement counsellor that seems to indicate a lack of interest or even rejection.

In order to establish a good basis for dialogue, the bereavement counsellor must be transparent about his or her attitude to ADCs. This includes disclosing differences on a topic that may be very important for mourners. The person concerned can then decide whether they want to continue with this bereavement counsellor or seek another who aligns better with their expectations and needs (Rabeyron, 2022).

Research shows that it can cause stress when regular, traditional medical and psychological services do not take abnormal experiences seriously and do not address the existential issues they raise (e.g. Taylor, 2005). The degree to which people with ADCs can find a counselling or therapy situation unsatisfactory under these conditions is shown by a Dutch study of people who sought support after contact with a deceased person. Of these, 53% experienced the help they received as inadequate (Eybrechts and Gerding, 2012). Roxburgh and Evenden (2016b) explored this dissatisfaction through interviews with 8 therapists who worked with clients who had reported unusual experiences in therapy. The participants recognised the need to address such experiences in training so that these experiences are understood and seen as normal. This would prevent them from feeling overwhelmed.

In the end it is about the question of who has the "competence to interpret". This can only be the mourners themselves. They alone can judge their ADC and find an appropriate way of dealing with it. Louis LaGrand points this out[3]. He writes: "It is their grief, their experience, their interpretation and - most importantly - their faith. Therefore, openness on the part of the support person is essential in order to utilise the experience therapeutically. One must prioritise the client's belief system" (2005, p. 14).

Some people who have had an ADC may have experienced it as real, but are aware that despite their own conviction their experience may not be recognised by the public and the scientific community and are seen as fantasies. This can lead to uncertainty. To help mourners reconcile their experience with their scientific worldview, LaGrand (2005, p. 14) recommends asking the following questions:

- Do you think your loved one would do something like this if he or she could?
- Do you feel that the experience has included a give and take of love?
- What is your deep, intuitive feeling about this event?
- Did the experience bring you peace?

With this approach, LaGrand shows how mourners can be helped to find an answer within themselves to the question of the authenticity of their experience. He provides them with criteria that they can use as a guide.

[3] LaGrand was a professor at the State University of New York and an experienced grief therapist who included ADCs in his grief counselling for many years.

7. ADCs in resource work

Znoj (2016) addresses the religious and spiritual level, which can become an issue in grief counselling and grief therapy. In complicated grief, he writes: "Critical life events can evoke religious feelings. Regardless of an official religion or religious tradition, unanswered questions and spiritual experiences arise that require processing" (p. 87). Znoj believes that many psychotherapists feel overwhelmed by these issues. In his opinion, they should give those affected the opportunity to discuss spiritual and religious issues with appropriately trained specialists or institutions or to deal with such issues themselves in a serious manner.

In this way, dealing with ADCs would be 'outsourced' from the grief counselling process to a certain extent. However, this would probably be unsatisfactory for people who have had an ADC, since these experiences can have such a deep and direct effect on the grieving process. At many points during bereavement counselling, they would have to block out their formative experience. In turn, grief counsellors would not be able to use the coping potential of their experiences. To make this possible, it would make sense to enable bereavement counsellors to deal with ADCs. Information about the phenomenology and impacts of ADCs on the grieving process should be integrated into the training for bereavement counsellors (Roxburgh & Evenden 2016a; Evenden et al. 2013).

Under what aspects and at what points could ADCs be included in bereavement counselling? One starting point could be resource work, the value of which Znoj explains in his book. The loss of a loved one is a loss of resources in many respects. Socio-economic deterioration is often compounded by deterioration in other areas. Existing relationships may no longer be able to be used as a resource, for example because the partner withdraws or needs emotional support themselves.

Particularly in the case of complicated grief, there is a risk that people will hardly be able to get out of their negative feelings. "As grieving itself is a process of adaptation -- the entire organism adapts to life without the attachment figure -- resources are needed to cope well with the change" (Znoj, 2016, p. 53). From this perspective, the one-sided focus on grief work (emotional working through) is not only unhelpful, but can even be detrimental because the grieving person is deprived of resources to cope with the loss.

Resources that can be activated in grief counselling include, for example, currently unused contacts with friends or previous leisure activities. Znoj cites emotional experience as an important resource. "Experiencing only the pain of loss is stressful, experiencing positive feelings is relieving" (p. 69). This is why Znoj also attaches great importance to (re)creating positive feelings towards the deceased person. The therapist can consciously draw attention to unproblematic aspects of the relationship and specifically ask about positive experiences.

For people with ADCs, their experience is one of the outstanding positive experiences that they associate with the deceased person. ADCs activate a resource that the bereaved were previously unaware existed. They have a relieving effect and minimise the negativity of the loss. The grief is reduced or even completely overcome. The path to a new beginning is paved. This is why they cannot be kept out of grief

counselling. They should be included from a resource perspective. They can provide effective support, especially when dealing with complicated grief.

Today's understanding of the grieving process and bereavement counselling is based on the continuing bonds model. But it is not self-evident that the bond continues. It is deeply disturbed by the physical death of the person. The love is there, but it reaches into the void. This is the reason for the great grief and despair in complex cases of bereavement. For people without ADCs, a "safe place" for the deceased (Kachler, 2022) must often first be painstakingly sought where the memory can find a foothold and the grieving person can continue their relationship. People with ADCs believe that they already know this "place". The surprising realisation that the deceased is alive despite all physical evidence and that the love continues is the basis of the relief that the ADC has given them. This is the reason why 89% of the participants in the study reported that they treasured their ADC.

Positive experiences with the deceased can also be helpful when mourners need to clarify unresolved issues, unresolved conflicts and any remaining feelings of guilt. Imagination exercises or work with the "empty chair" can be used for this purpose (see Wagner, 2019, pp. 94-99). The bereavement counsellor can recall the ADC, in which the awareness of the loss was softened by the encounter with the deceased. Based on the memory of the comfort and love that the encounter provided, issues such as reconciliation with fate, healing of the relationship or feelings of guilt can be dealt with more easily.

8. Inclusion of the "message"

The LaGrand approach shows how ADCs can be included in grief counselling in a resource-oriented way. It encourages the development of a meaningful and relevant message for the affected person in bereavement counselling. The answers to our ADC survey can be categorised into three main topics, which underline the resource potential of ADCs:

Assistance

When close relationships end due to death, the bereaved can feel very lonely and emotionally overwhelmed by their situation. In such cases, the deceased may assure them of their support: "I am with you. I support you." (G092) "I'm here for you, even if my body is no longer here." (G084) Sometimes this support is also concretised in the form of the deceased promising to accompany the bereaved on their further journey. "Sometimes I appear to you in a thought, in an intuition, then again in a feeling, a premonition" (Stockmar, 2020, p. 100). They encourage them to pay attention to inner impulses.

Encouraging acceptance

Grieving people can struggle with fate. They may blame themselves because they feel they have failed to do this or that. They may also be angry with other people who they believe were involved in the person's death or could have prevented it. Then

it may be that deceased people in an ADC encourage acceptance. They present the events as if it was okay that they died. For example, they say: "Everything makes sense." (G092) One participant writes: "My father wanted to give me comfort and confidence, as if what had happened was in reality not as tragic as I felt it was for me and my life at that moment." (G025). Or: "I couldn't have prevented his death, and I shouldn't beat myself up any more." (G199)

Encouragement to carry on

The death of someone with whom you had a close relationship inevitably means that you have to "start over" in some way. This can be difficult for the bereaved as long as their thoughts only revolve around the deceased. They can be encouraged during the ADC: "Live your life!" (G235) "Go your own way. You have the strength to do it." (G181) Sometimes the deceased also encourages people to overcome their grief. Then the message can be: "I shouldn't be sad. He's still here." (G039). Or "Sweetheart, that's enough now." (G142).

As a bereavement counsellor, how can you incorporate the message that is relevant to the person in question? LaGrand suggests that if the griever believes in the experience, you can ask him or her a key question: "The deceased told you that he or she is well and that he or she wants you to be well, too. What do you think he or she wants you to do?" (LaGrand, 2005, p. 15). Once the message has been identified, there are several ways to help mourners incorporate it into their daily lives:[4]

- The grief counsellor can encourage the client to find a word or symbol that represents the message.
- You can also formulate an affirmation that builds on the message. The client can repeat this sentence at a suitable point.
- You can print the message on an object - a cup or a glass, for example - as a reminder that the relationship will always last.
- If the client wishes, he can communicate something to the deceased and formulate a written response.

9. Conclusions

This article summarises research findings that suggest that ADCs have a helpful potential for coping with the grieving process. By suggesting a continuing bond with the deceased, they help to resolve old conflicts and encourage the bereaved to move on and overcome their grief. They make it easier to accept the loss.

In order to be able to utilise this potential, the bereavement counsellor needs to have an open, appreciative attitude. Bereavement counsellors do not have to personally believe in life after death or in an "otherworldly existence", but they should be willing and able to engage with the belief system of bereaved people who report

[4] Kamp et al. (2020) offer a useful table of clinical recommendations for assessing and working with ADCs, and Pait et al. (2023) suggest clinical interview and assessment strategies for how therapists should best approach the topic of ADC with clients.

an ADC without ideological reservations. Then the inclusion of the ADC in the bereavement counselling will contribute to the development of a relationship of trust and a good basis for discussion.

The taboo surrounding ADCs is ultimately based on a lack of knowledge about the current state of research. For this reason, information about ADCs should be integrated into the training for bereavement counsellors. Only if bereavement counsellors are able to understand the independent character of the experience during an ADC and are familiar with the key scientific data on its prevalence, awareness of reality and coping potential can they deal adequately with ADCs and utilise their potential for bereavement counselling (Rabeyron, 2022). Elsaesser et al. (2022, p. 60) point out that in recent years, several studies have concluded that caregivers, bereavement counsellors and pastoral caregivers should be trained about after-death communications so that mourners can share their experiences in a supportive and understanding atmosphere (Beischel, 2019; Evrard et al., 2021; Nowatzki & Kalischuk, 2009).

Resource work has proven to be a starting point for inclusion in grief counselling, which is particularly essential in cases of complicated grief. ADCs can mitigate the dominance of the negative grief experience and introduce an element of connection and hope into grief counselling. They create a basis that can make it easier to deal with the difficult aspects of grief.

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