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## Helping the Body Grieve: A Body Psychotherapy Approach to Supporting the Creation of Continuing Bonds After a Death Loss Dyana Reisen, MA, CT

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### Abstract

This article attempts to bridge the gap between thanatology and body psychotherapy. More specifically, the focus is on why and how bereaved individuals can use their body memories of deceased loved ones to form continuing bonds. Historically, there has been a prevailing view among clinicians in Western society that breaking attachments with the deceased is essential to the mourning process and that remaining connected is pathological (Freud, 1917/1957; Rando, 1984; Worden, 2009). But over the years, evidence has shown that many survivors actually continue their relationships with the people who have died (Klass, 1993a, 1993b; Rosenblatt, 1983). Because grief is a somatic process, a theoretical framework is proposed for using body memories by those experiencing uncomplicated grief to aid in the creation of continuing bonds with the deceased.

*Keywords:* grief, death, continuing bonds, body psychotherapy, body memory

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### Introduction

Most people will experience death and grief at some point in their lives. Anyone who loves or forms an attachment with another runs the risk of losing that person and suffering the consequences of that loss. In that light, the only way then to avoid the pain of loss would be to live a life without attachments so there is nothing to lose. Grief is the usual, natural response to a loss (Hooyman & Kramer, 2006; Rando, 1984). It “allows us to let go of that which was and be ready for that which is to come” (Rando, 1984, p. 17). Grief is also a life-long journey. This, however, does not mean that people need always suffer. Instead, individuals can create a life that supports the grief process.

Loss results from an event that is perceived to be negative and that creates long-term changes to a person’s life (Hooyman & Kramer, 2006). Thanatology, the study of dying, death, and bereavement, defines grief as the personal reaction to loss (Worden, 2009; Rando, 1984; Corr, Nabe, & Corr, 2009). Mourning, though sometimes used interchangeably with grief, is the intrapsychic and interpsychic process used to cope with loss. Bereavement describes the situation of having experienced a loss. In this article, grief, mourning, and bereavement will be used in accordance with these definitions.

Many survivors are able to endure the distress of loss without disruption in their daily lives; these people seem to experience new challenges with ease (Bonanno, 2004). People

who are able to adapt to loss are considered by thanatologists to have uncomplicated or normal grief (Rando, 1984; Worden, 2009; Zisook & Shear, 2009). The term uncomplicated grief will be used in this article because normal grief implies that some grief is abnormal, which the literature increasingly indicates is not true. On the other hand, those who grieve without moving through the mourning process towards reorganization and adaptation, thus potentially impairing their functioning, are said to have complicated grief (Howarth, & Leaman, 2001; Horowitz, Wilner, Marmar, & Krupnick, 1980; Worden, 2009). Worden (2009) differentiates between supporting an individual experiencing uncomplicated grief and supporting an individual with complicated grief. Grief counseling is for mourners who are experiencing uncomplicated grief and are seeking added support as they adapt to the changes precipitated by the loss. Grief therapy is appropriate for survivors with complicated mourning who need to resolve conflicts with regard to separation from the deceased. It is difficult to make distinctions between normal and complicated grief (Stroebe, Hansson, Stroebe, & Schut, 2001) and when to use grief therapy versus counseling (Worden, 2009). These distinctions are being noted in order to give context for why certain terms are used in this article.

Grieving is an individual experience and even if two people experience the same loss, they do not grieve in the same way. Nevertheless, there are common elements that are evident in the grief response (Bauman, 2008). Normal grief is comprised of a variety of feelings, physical sensations, cognitions, and behaviors that are common after a loss (Rando, 1984; Worden, 2009). Although grief is usually viewed as a psychological reaction, there are somatic reactions as well (Rando, 1984). Some of the more common physiological manifestations of grief are gastrointestinal disturbances, physical exhaustion, crying, shortness of breath, inability to sleep, tightness in throat or chest, or restlessness (Rando, 1984; Worden, 2009). Somatic reactions are often the main reason that individuals with complicated grief are referred to therapy (Rando, 1984). Furthermore, physiological factors are said to influence a person’s grief reaction, and grief interventions should be tailored to take into account these factors. “To ignore the somatic aspects of grief in favor of the psychological ones is to incompletely address the needs of the griever” (Rando, 1984, pp. 85-86).

Since grief is a somatic experience, body psychotherapy may be a useful approach to working with the mourning process. This form of therapy takes into account the interactions of the body and the mind (Caldwell, 1997; European Association for Body Psychotherapy, n.d.; Totton, 2003, 2005). In body psychotherapy, embodiment, the connection of body and mind, is an important part of being human; when working with the body, one is also working with the mind, and vice versa (Totton, 2003). “[A] person’s beliefs and feelings manifest in their body and, conversely, changes in the body can and do facilitate changes in belief and feeling” (Totton, p. 24). Emotions are therefore able to bridge the mind and body in that they are experienced in both (Caldwell, 1997; Damasio, 1999; Pert, 1997; Schore, 1994). In addition, the human body does not exist in isolation (Totton, 2003). We form our relationships through and as our bodies. Because of the focus on emotion and relationship formation in body psychotherapy, it seems fundamental to use such an approach when working with someone who has had a loved one die.

This article will serve to bridge the gap between thanatology and body psychotherapy by presenting a theory of why and how individuals experiencing uncomplicated grief can use their bodies to create lasting relationships with those who have died. Using the concept of body memory, this article will address how body psychotherapists can support mourners in using their bodies to get in touch with their memories of the deceased and create continuing

bonds that involve their bodies. Body memory refers to implicit memory that is inherent to the body and includes how we experience and remember life through the body (Casey, 2000; Koch, Fuchs, Summa, & Müller, 2012). Continuing bonds pertains to how “survivors construct a sense of the deceased and develop an inner representation of that person” (Silverman & Klass, 1996, p. 19).

### Grief Theories

The study of grief began with Freud and his work on mourning and melancholia (Freud, 1917/1957). Freud proposed that a person needed to work through the loss of a loved one who had died. He stated that mourning’s “function is to detach the survivor’s hopes and memories from the dead” (Freud, 1917/1957, p. 257). Freud’s theoretical framework was later reinforced by Lindemann’s (1944) study that included people who had experienced the death of a loved one in the Coconut Grove fire in Boston. From his research, Lindemann (1944) concluded that grief work, the process of coping with a significant loss, required the bereaved person to confront the reality of the loss and detach from the deceased in order to build new relationships.

One theory that became well known and accepted was Elisabeth Kübler-Ross’ grief theory. In her book, *On Death and Dying* (1969), Kübler-Ross introduced the five stages of dying. These stages were presented as a normal response to one’s own death. The process, which is familiar to many people, starts with denial and progresses to anger, bargaining, depression, and acceptance. Even though Kübler-Ross’ stages were based on people who were dying, they have been applied to mourning survivors as well. Rando (1993) also contributed to the stage theory of grief. Rando’s model, the six “R” processes of mourning, suggested that mourning has six phases: recognize, react, recollect, readjust, relinquish, and reinvent. This model is rooted in Lindemann’s (1944) concept of grief work. Thus, Rando (1993) theorized that a bereaved person needed to sever ties with the person who died by relinquishing old attachments to the deceased and readjusting to the new world and creating new relationships.

Despite its popularity, limited empirical research has been done on the stage theory of grief. The studies of stage theory show mixed support for Kübler-Ross’s model. One study did not find any support for the stage model (Barrett & Schneweis, 1981), whereas other research found limited supporting evidence (Holland & Neimeyer, 2010; Maciejewski, Zhang, Block, & Prigerson, 2007; Meuser & Marwit, 2001). In addition to the lack of research that supports the existence of stages in the grief process, there is also no agreement among thanatologists on what the stages of grief actually are (see Dillenburger & Keenan, 2005).

Breaking away from grief stages, Worden (1982) adopted a different approach to loss by developing a task model of mourning. He stated that stages or “phases imply a certain passivity” (p. 38) and the tasks concept implies that the mourner can and needs to do something to actively adapt to the death of their loved one. In other words, the bereaved person is given some control over their grief process. Although these tasks do not have to be done in order, there is some sequencing in their definitions. Worden’s (2009) current tasks are the following:

- To accept the reality of the loss
- To process the pain of grief
- To adjust to a world without the deceased
- To find an enduring connection with the deceased in the midst of embarking on a new life.

Notably, Worden’s (1982) final task was originally to withdraw emotional energy from the deceased and reinvest it in another relationship. Worden (1991) later changed this task due to further research that showed a large number of survivors stay connected with the loved one who died.

The shift in Worden’s (1982, 1991) grief model illustrates how new theoretical perspectives rejected the concept of breaking bonds with the deceased as a part of the resolution of grief. This came about because researchers began to discover that mourners were continuing their relationships with those who had died long after their deaths. Numerous studies revealed that survivors often feel a sense of presence of the deceased (Rosenblatt, 1983; Silverman & Worden, 1993; Stroebe, Stroebe, & Domittner, 1988). Some studies found that bereaved parents maintain a continuing interaction with their deceased children by creating inner representations of them (Klass, 1988, 1993a, 1993b). Fairbairn (1952) defined inner representation as “aspects of the self that are actualized in the interaction with the deceased person; characterizations or thematic memories of the deceased; and emotional states connected with those parts of the self and with those characterizations and memories” (as cited in Klass, 1993a, p. 344). In addition, other researchers discovered that many widows maintain an active connection with their spouses through a sense of presence of the deceased (Glick, Weiss, & Parkes, 1974; Shuchter, 1986). Because the modern Western world has moved toward a more individualistic view of the self, it is difficult for grievers to feel supported in creating lasting connections with those who die (Stroebe, Gergen, Gergen, & Stroebe, 1992). Many other cultures believe that the deceased continue to live on in some form after death and create rituals that sustain relationships with the dead (Silverman & Silverman, 1979). Therefore, it is important for therapists working with bereaved individuals to be knowledgeable about and sensitive to how different cultures and religions may impact a person’s grief journey.

### Somatic Components of Grief

As mentioned earlier, there are various components of a grief reaction: physical sensations, behaviors, cognitions and emotions. Of importance to this article in particular are the physical or somatic manifestations that are associated with grief. Many researchers have studied the reactions of grief and found that bereaved individuals report experiencing physical manifestations, such as changes in sleep or appetite, after their loved ones’ deaths (Kowalski & Bondmass, 2008; Lindemann, 1944; Parkes, 1964; Parkes & Brown, 1972; Zisook, DeVaul, & Click, 1982). Other studies on the somatic impact of bereavement have used biochemical measures to determine what happens to an individual’s body while undergoing grief. Some researchers have found that people who have experienced the death of a loved one have impaired endocrine functioning (Hofer, Wolff, Friedman, & Mason, 1972a; Hofer, Wolff, Friedman, & Mason, 1972b). Furthermore, research has shown that survivors may experience dysfunction in their immune systems (Schleifer, Keller, Camerino, Thornton, & Stein, 1983; Spratt & Denney, 1991; Zisook et al., 1994).

Despite studies that indicate there are physiological changes that occur when someone is grieving, the physical sensations that accompany grief are often overlooked (Worden, 2009). None of the aforementioned studies on the somatic components of grief suggested ways to address such concerns. In grief literature, the physical issues are usually addressed only as a means to rule out any physical disease the grieving person may have (Rando, 1984; Worden, 2009).

### Body Psychotherapy and Grief

Because grief is such a somatic experience, somatic psychology can be a useful modality when working with someone who is bereaved. However, there is minimal literature on body psychotherapy and grief. Some of the major authors in somatic psychology do not do anything more than mention grief in a list of emotions or in passing (Heller, 2012; Lowen, 1972; Totton, 2003, 2005). Even when grief is discussed at length, the information is more anecdotal and does not present theory or research to support the claims that are made (Keleman, 1975; Romanyshyn, 1998).

Many times when grief is discussed in the body psychotherapy literature, it is combined with trauma (Minton, Ogden, & Pain, 2006; Ogden & Minton, 2000; Rothschild, 2000; van der Kolk, 1987). Grief is viewed as a response to a traumatic event and researchers often focus on unresolved grief. It is, however, important to separate grief and trauma. According to Stroebe, Schut, and Stroebe (1998), “it is possible to experience trauma without bereavement...and bereavement without trauma” (p. 83). The focus of this article will be grief in the context of body psychotherapy without connecting it to trauma. However, it is important to note that when trauma is a part of an individual’s grief experience, the trauma needs to be worked through before the process of grief can begin (Lindemann, 1944).

### Body Memory

Body memory is a rather newly explored field. The concept of body memory emerged from cognitive research on explicit and implicit memory (Summa, Koch, Fuchs, & Müller, 2012). Schacter (1987) stated that explicit memory stores experiences that can be consciously recollected, whereas implicit memory stores experiences and the emotional behavior connected to those experiences and is unavailable to conscious awareness. Body memory has been studied in cognitive science as implicit memory (Caldwell, 2012; Fuchs, 2012). Phenomenology has also explored the concept of body memory (Casey, 2000; Fuchs, 2012; Sheets-Johnstone, 2012). Fuchs (2003) declares, “What we have acquired as skills, habits and experience, has become what we are today; implicit knowing is our lived past” (p.2). Some phenomenologists have also differentiated various forms of body memory (see Casey, 2000; Fuchs, 2012). Koch (2012) empirically tested Fuchs’ divisions of body memory by doing a content analysis of interviews about differentiation of body memory. Results indicated that Fuchs’ categories were included by interviewees and were further sub-divided as well.

Trauma researchers have also investigated how somatic memory and the body play a role in trauma and post-traumatic stress disorder (Minton, Ogden, & Pain, 2006; Rothschild, 2000; van der Kolk, 1987). van der Kolk (1987) first talked about somatic memory in terms of trauma and asserted that unconscious memories of trauma are expressed as somatic symptoms. Despite body or somatic memory being supported in these fields, there is a gap between body memory theory and research.

In addition to there being little research on body memory, the research on body memory and grief is even more limited. Hentz (2002, 2012) is the only person to have investigated body memory following the death of a loved one. Hentz (2002) discovered in her interviews that the body experience around the anniversary of the death was relived as it had been experienced at the time of the loss. In her second study, Hentz (2012) analyzed a case that again expanded on the grief process and revealed that body memory can be a part of a survivor’s grief experience.

### Theory: How Body Memory Can Inform Continuing Bonds

Grief is a somatic process — people experience it through their bodies. Researchers have shown that survivors may exhibit numerous physical manifestations following a loss (Kowalski & Bondmass, 2008; Lindemann, 1944; Parkes, 1964; Parkes & Brown, 1972; Zisook, DeVaul, & Click, 1982). Furthermore, emotions are experienced in both the brain and the body (Caldwell, 1997; Damasio, 1999; Pert, 1997; Schore, 1994). It therefore seems apparent that the body can serve as a resource for mourners as they process their grief. One of the ways that this can be done is by using a person’s body memory of the deceased to create continuing bonds with the loved one who has died.

### Continuing Bonds

Continuing bonds reflect the efforts of the bereaved to preserve ongoing relationships with the deceased and construct internal representations of them (Klass et al., 1996). This theoretical approach proposes that it is normative for a person to maintain a connection with the deceased. Instead of letting go, the emphasis is on creating and recreating the meaning of loss over time. Continuing bonds are not about living in the past or a failure to acknowledge the death. They are actually a recognition of the bonds that, though formed in the past, can still influence a person’s present and future.

Creating continuing bonds with the deceased is a complex task that changes as the griever reconciles the loss. There are various ways in which people may maintain a relationship with the person who has died. These include dreaming, keeping belongings, talking with the deceased, feeling a sense of presence of the deceased, visiting the grave, and frequently thinking of the person (Parkes, 1972; Shuchter, 1986). Certain expressions of continuing bonds are found to be adaptive, whereas others seem to create more distress for survivors. Field, Gao, and Paderna (2005) propose that an important factor in determining if a continuing bond is adaptive is whether the given expression reflects a survivor’s attempt to create a more internalized and symbolically based connection that demonstrates an acceptance of the loss. Individuals who maintained a more concrete tie and were not able to give up physical proximity to the deceased were believed to have more maladaptive relationships with the person who died. Furthermore, other researchers found that preserving a relationship with the deceased through their belongings was correlated with more distress over time, whereas creating a continuing bond through fond memories was not (Field, Nichols, Holen, & Horowitz, 1999). Nevertheless, Klass (1993a, 1993b) discovered that linking objects provided solace to parents of the deceased, as well as validation that the children live on even though they have died. Linking objects and linking phenomena are external objects or experiences that connect a person to the deceased, and include examples such as a watch or a smell (Volkan, 1981).

### Body Memory

Body memory is viewed as how people experience the world around them through their bodies (Caldwell, 2012; Fuchs, 2012; Koch, 2012). It is dynamic in that it changes over time. As Fuchs notes, “body memory is our lived past” (2012, p. 11) because it does not represent the past but rather reenacts it in the present through the body. Many researchers argue that memories are tied to sensory systems and that experiences start with senses (Caldwell, 2012; Fuchs, 2012; Rothschild, 2000). The way that the brain constructs representations of a situation and the movements that result from that situation depend on interactions between the brain and the rest of the body (Damasio, 1994). Furthermore, emotional memories are

said to be stored subcortically, which Totton (2003) states is equivalent to being stored bodily, since this region of the brain is strongly connected with the body.

Some researchers propose that body memory is a long-term or life-long representation of sensations, perceptions, and actions that result from and form individual understanding of internal and external worlds (Glenberg, 1997; Kruithoff, 2012). Keleman (1987) adds that muscular movement patterns can also be a source of memory. “We recall an actual past muscle pattern together with its emotional associations. By re-experiencing those patterns and associations, we make internal images to represent the event” (p. 28). Implicit memory, when referring to the whole individual and not one or more systems in the brain, is sometimes used to refer to body memory (Caldwell, 2012; Fuchs, 2012; Jansen, 2012). Therefore, Summa, Koch, Fuchs, and Müller (2012) argue that body memory is “a form of lived experience, which is constantly reactualized and implicitly lived through by a bodily subject” (p. 425).

### Continuing Bonds Through the Body

The goal of continuing bonds is to create an internal connection with the loved deceased, since the external relationship is no longer possible. This internal relationship must be established in the body. In addition, this new relationship that is formed with the deceased is based on memories. Because of the somatic aspect of the relationship and the use of memories to create it, body memory can support the creation of continuing bonds. A bereaved individual’s body memory is a way to discover how the body remembers the person who died, as well as to experience memories of the deceased in a new way. This process can also help mourners uncover aspects of the memories that they were not aware of before because body memories are a culmination of sensations, emotions, and cognitions.

Body memory is not simply a remembering of the past, it is a connection to the past from the present. Gendlin (2012) remarks that body memory should not be considered exclusively in the past because “the past reshapes itself in the course of the body’s present performance” (p. 73) and allows people to create something new. As a result, a mourner can use their body to recover memories of the deceased loved one and reshape the relationship that once existed. For instance, the former external relationship can be recreated into one that resides in the bereaved individual’s body; survivors can change how they relate to the memories of the deceased, namely, from only cognitively to both cognitively and somatically. The survivor can achieve this by linking objects or phenomena in the present moment and/or becoming aware of how the body responds to the memories of the person who died. This ability to reshape the past can allow the bereaved individual to create an internal representation of the person who died, which is the foundation of continuing bonds.

There are many ways in which one can use the body to encode, store, and retrieve memories of the deceased loved one. Body memory is comprised of sensations, movements, postures, gestures, thoughts, and images (Koch et al., 2012). By working with these components that are associated with the person who has died, a survivor can retrieve more embodied, and therefore possibly more substantial, memories. The act of embodying those experiences is the closest a mourner can get to once again being with the person who died. The individual no longer has access to the physical person who has died but can still have the physical experience of that loved one. People’s bodies and body memories give them the opportunity to create new relationships with the deceased.

In order for a body psychotherapist to help a mourner retrieve and successfully work with body memories of the deceased, some time needs to pass to allow the initial, intense pain of the loss to lessen. Reminders of the loved one are often considerably more emotionally painful in

closer proximity to the death rather than later on (Parkes, 1998; Field & Friedrichs, 2004). The positive memories, the ones that the bereaved most likely wants to hold on to, can even be very painful soon after the death. As a result, the therapist’s role is to help the person come to terms with the death and process some of the pain of grief before embarking on extensive work with memories (Worden, 2009). Those who are not able to process their pain may avoid feelings or things that remind them of the deceased loved one, thus inhibiting any work with body memory and continuing bonds.

Before a therapist can make use of a client’s body memory in the formation of continuing bonds, the therapist must first ensure that the survivor’s experience of memories about the deceased is positive. This does not mean that all of the survivor’s memories are, or will be, pleasant. Relationships have both positive and negative aspects to them. The goal here is to help the person process both the pleasant and unpleasant memories. This can allow bereaved individuals to hold onto the memories they want as well as work through any pain that arises. By supporting the griever in working through the pain, the therapist can help the individual find comfort in the pleasant memories.

There are various ways in which a therapist can support a mourner through this initial part of the grief process. Body psychotherapists can guide the person to use the body as a way to work through pain. It is important to help survivors understand that their reactions do not always need to hurt and can become something pleasant. Some interventions that may be useful at this point in the grief process, as well as throughout, are ones that help the individual tolerate painful emotions and self-regulate. For instance, the therapist can guide the person to follow the breath while talking about the memories that elicit intense emotions. By moving through the emotional pain of something linked to the deceased, the bereaved person can then discuss positive experiences that are tied to the memory. There is an ebb and flow to the grief process. Therefore, some days may be more painful than others, even years after the death. Body psychotherapy can be used in work with bereaved individuals to help them learn how these waves of grief come and go and how they react to and work through them.

### Application: Using the Body to Create Continuing Bonds

The following are proposed body psychotherapy interventions for bereaved individuals who are in grief counseling and experiencing uncomplicated grief. Working with memories and supporting the formation of continuing bonds is only one part of grief counseling. These techniques can be used in one session or they can span several sessions. It depends on the particular client and how that client moves through the memory of the deceased or if that client wishes to work on multiple memories or death losses. The work is client-driven, which is to say the client has an active role in determining how these interventions are used. Furthermore, some of the linking objects or phenomena in these exercises may still bring up unpleasant reactions for the mourner. It is the individual’s choice to decide whether to turn the negative charge associated with those objects or phenomena into a more pleasurable experience. Some negative experiences, however, cannot be changed into positive ones. Nonetheless, by working through the pain that arises from these occurrences, as well as working with the person’s body memory of the deceased, the client can reshape the experience of the past and have the opportunity to discover what really gives the individual enjoyment.

Continuing with Worden’s (2009) concept of tasks, these interventions are intended to be action-oriented in that they provide bereaved individuals with tools to facilitate their own

creation of positive connections with the deceased through their bodies. Body psychotherapy can support these tasks by providing techniques that allow clients to become more familiar with their bodies and internal experiences. Grief is a unique experience for everyone. By building a bereaved individual's awareness through breath and techniques to help tune into their body, such as a body scan, a body psychotherapist can potentially help that person discover what their grief looks like and how it shows up in their body. The following interventions are ways in which body memory can inform continuing bonds for survivors. They are based on the author's experiences working with people who have experienced the death of a loved one.

### Senses

Exercises that incorporate the five senses use the client's body to help in remembering the person who died. These sensory experiences can facilitate the creation of continuing bonds that are formed not only from memories, but through the mourner's body as well. The different senses can evoke various memories, emotions, and bodily sensations. With all of these techniques, the therapist can start by having the person settle into the body by using deep breathing or having the client notice how the body feels in the moment. Additionally, the therapist can support the client by facilitating a body scan during the exercises so that the client can learn more about how their body responds to the different sensory experiences.

**Smell.** A client can bring in something that has a smell that is tied to a memory of the deceased. An example of this is a woman who keeps bottles of a lotion she frequently used when she and her husband dated. The woman would smell the lotion in order to evoke memories of her husband from that time.

Another way to use scents to create continuing bonds is by tying a new scent with the memory. The therapist can have the client think about positive memories that are connected to a photo or object, as well as how the body feels during the recall of that memory. The person then smells an enjoyable scent, one that is not necessarily tied to the memory. Later on, the person can smell that scent, and now can bring up those positive memories and body sensations. This intervention may be useful when a mourner is having difficulty reconfiguring negative reactions to memories into more positive ones.

**Sight.** Bereaved individuals may have a memory of seeing something with the person who died or have pictures with the deceased that can be used. A survivor who spent summers with their grandpa at the shore has memories of sitting with him on the beach watching the sunrise as dolphins swam in the ocean. The individual can bring in pictures of dolphins or sunrises over the ocean to help in connecting with these memories of their grandpa. As the person talks about memories of the shore, the therapist can support them in noticing how their body remembers those memories as well.

**Sound.** There are numerous ways in which sound can link a survivor to the loved one who died. For instance, people often listen to music that reminds them of the deceased. The music may also elicit associations the client had not thought about before. Sometimes hearing a certain noise, such as laughter, can make a mourner think of the person who died. Therefore, a client can use sounds that are somehow linked to the loved one to connect to the memories that are associated with those sounds.

**Taste.** Bereaved individuals may have certain tastes that are tied to memories of the deceased. A person who often ate spaghetti with their spouse can use that taste to bring up memories of their loved one. Or someone who drank coffee in the mornings while their child ate breakfast can use that same brand of coffee to connect back to those mornings. These are examples of how

clients can use something that they ate or drank with the deceased in order to remember those times with them.

**Touch.** Sometimes a client was touched in a certain way by their loved one. If someone touches them in a similar manner, this can evoke memories of when the person who has died used to touch them. Touch however is still a controversial topic in therapy sessions (Strozier, Krizek, & Sale, 2003). Therefore, the therapist could encourage clients to have people they feel close with touch them in ways the deceased used to, such as hugs or back scratches. In addition, the feel or touch of a particular linking object can be used. For example, a bereaved individual can feel a flannel shirt to access memories associated with their loved one who once wore it

### Movement

Movement is another way for a survivor to use their body to connect to memories of the deceased. One way individuals can accomplish this is by doing an activity they used to do with the loved one who died. This could include performing a dance the client did with the person who died or gardening as the individual used to do with the deceased.

Authentic movement is another way in which a person can get in touch with memories of the deceased. This technique is a form of free association in movement (Payne, 2006 as cited in Konopatsch & Payne, 2012). During authentic movement, the client can trigger memories through certain movements, body postures, or gestures (Konopatsch & Payne, 2012). In other instances, the memory of the deceased can create the impulse to move. A mourner may move freely and then suddenly think of a time they were playing a board game with their mother before she died. The memory of the board game was generated from a certain posture the person had assumed.

These ways of creating ties to the deceased are different than moving like the deceased moved. Researchers have found that people who imitate the deceased through movements or by taking on their somatic symptoms are most likely experiencing complicated grief (Lindemann, 1944; Worden, 2009). This can be explained as the bereaved individual over-identifying with the person who died, which can result from an inability to accept or adapt to the loss. Due to the nature of the therapeutic relationship, the therapist should rely on the griever to share examples of symptoms or movements of the loved one in order to assess whether the bereaved individual is taking on the persona of the deceased.

### Memories

All of the above techniques have a bottom-up approach in that they use the body to produce different memories of the loved one who has died. It can be just as important to start with the memories and explore the body sensations that arise. As mentioned before, this can be useful when first working with memories during the grief journey in that it can help a bereaved individual process pain. By focusing on the body when accessing memories of the deceased, the client can create a richer experience of the memories, one filled with sensations and emotions, rather than only thoughts. For instance, a person may have gone on numerous camping trips with the deceased person. When recalling these trips, the individual can think of the events that occurred as well as experience how the body remembers the events.

### Conclusion

Research has shown that grief is an individual process and that grieving is a natural response to loss (Hooyman & Kramer, 2006; Rando, 1984). The grieving process is a somatic

experience (e.g., Kowalski & Bondmass, 2008; Lindemann, 1944; Rando, 1984) and as such, it only seems natural to use a therapeutic approach that incorporates the body when working with bereaved individuals. Mourners store numerous memories within their bodies, many of which are unconscious, that wait to be accessed and integrated in a way that helps in reconciling grief. Body psychotherapy can thus be used to work with a person's body memories to connect to the deceased. In doing this, the mourner's relationship with their loved one can become anchored in their body, which can then facilitate the creation of an internal relationship or continuing bond. A therapist can support this process by using interventions that incorporate the sense experiences, movements, and body sensations that are associated with memories of a deceased loved one.

The proposed framework assumes that clients have some level of body awareness. More work may need to be done in sessions to help the bereaved individual learn about their body and bodily sensations. Furthermore, some people may believe that their bodies are foreign and unsafe. The therapist must therefore assess whether or not body interventions are right for the client or at that time. It should also be noted again that this therapeutic approach is meant for those experiencing uncomplicated grief. There are many complex factors that can result in a person having complicated grief. As a result, these survivors may require different or supplementary therapeutic interventions as compared to those presented in this framework.

There are many ways in which the body can be integrated into grief counseling and grief therapy. This article illustrates only one way to work with the body in grief counseling, using body memories to create or enrich continuing bonds. More research is needed to understand how to work with the grief process somatically. One of the next steps could be to empirically study how people use their bodies to create continuing bonds, as well as their experiences of doing so. Future work incorporating thanatology and body psychotherapy could also include research on how to use body interventions to support those who are experiencing complicated grief and are unable to move through it. No matter the direction of potential research, therapists must view griever as whole entities, comprised of body and mind, in order to better serve them. The body would need to be used explicitly in the process.

## BIOGRAPHY

Dyana Reisen, MA, CT, received her master's degree in somatic counseling psychology at Naropa University in 2013 with a concentration in body psychotherapy. Dyana has over six years of experience in thanatology through research, volunteer work at hospices, and facilitation of bereavement support groups and individual grief counseling. She recently received her Certification in Thanatology through the Association for Death Education and Counseling. Dyana would like to thank Elizabeth Collier, retired grief counselor and instructor at The College of New Jersey, for introducing her to the field of thanatology and continually supporting Dyana throughout the development of her career. Dyana would also like to thank Dr. Christine Caldwell, Dean of Graduate Education and founder of the Somatic Psychology program at Naropa, for teaching her about body psychotherapy and body memory, concepts that now inform Dyana's work with bereaved individuals.

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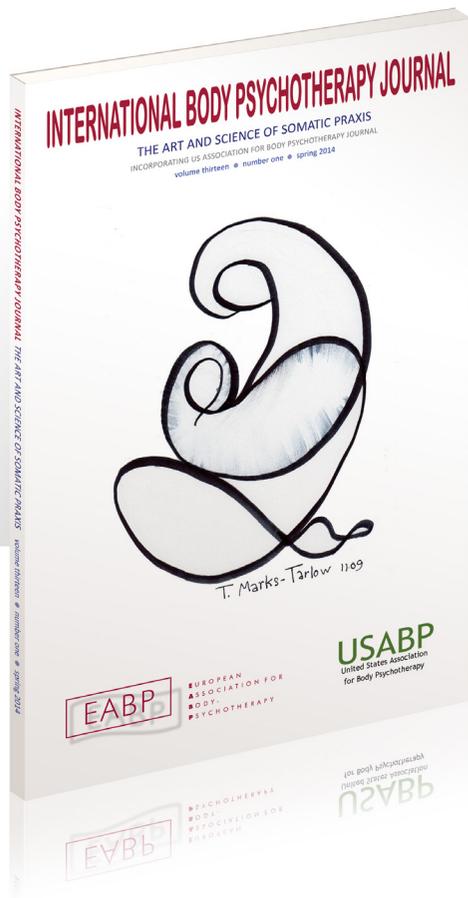
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