

Stolen Tears: *Addressing the Hidden Trauma in Grief Therapy* Video Course

Robert Neimeyer, PhD & Carolyn Ng, PsyD

Video Course
CPD hours: 6



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"Grief is not a disorder, a disease or a sign of weakness. It is an emotional, physical and spiritual necessity, the price you pay for love. The only cure for grief is to grieve."

— Earl Grollman

But what happens when trauma steals your ability to grieve?

"I can still hear it—the phone call that changed everything," Sarah said quietly, her voice barely above a whisper. "It's like that moment hit 'pause' on my life, and everything since has been in slow motion."

She sat across from her therapist, outwardly composed but somehow unreachable. "I know I'm supposed to be grieving," she continued. "I know I loved him deeply. But when I try to remember our life together... there's just this grey wall. It's like he's been erased from inside me, and I don't know how to get him back."

Six months into grief therapy, Sarah remained in this strange suspended state. "I should be crying more," she said. "I should be falling apart. Instead, I feel... disconnected. Like I'm watching someone else's life."

Her therapist sensed the presence of profound love beneath Sarah's frozen exterior, but every attempt to access grief seemed to trigger a protective shutdown. Both therapist and client found themselves stuck — Sarah couldn't access her natural mourning process, and her therapist couldn't find a way through the invisible barrier that seemed to separate Sarah from her own emotional life.

What neither recognised was that this wasn't standard grief—it was traumatic grief. **Some losses don't simply evoke sadness; they rupture our assumptive world about safety, predictability, and meaning.** The sudden, unexpected nature of her loss had fractured Sarah's capacity to mourn naturally, leaving her suspended between unbearable pain and protective numbness.

When Trauma Locks Grief Away



Here's what you're seeing more and more: **grief clients who aren't responding to your best interventions. They attend sessions faithfully, speak about their loss in measured terms, but remain mysteriously unreachable.** Your usual grief protocols—memory work, continuing bonds, meaning-making—seem to bounce off an invisible wall. Meanwhile, you're left wondering if it's your approach, their resistance, or something else entirely.

This clinical picture is becoming epidemic. A client begins grief work after a significant loss, but the natural flow of mourning feels frozen. They can't access warm memories without feeling overwhelmed, or they've gone completely numb and disconnected. For therapists, these clients present a profound dual challenge: you're trying to tend both trauma and grief, but each process seems to stall the other.

Here's the problem: **when trauma hijacks grief, standard bereavement approaches can actually make things worse.** You risk reactivating trauma responses when you push for emotional access, but trauma work alone bypasses the essential meaning-making that grief requires. Without recognizing this intersection, you can find yourself stuck alongside the client, session after session, with no clear path forward.

The Cost of Missing This

For your clients: They remain trapped between unbearable pain and protective numbness, often for months or years. They may drop out of therapy feeling more hopeless than when they started, convinced that "nothing works" for them.

For your practice: These become your most draining cases—the ones you dread seeing on your schedule. Clients who don't improve despite your best efforts can erode your confidence, damage your therapeutic reputation, and leave you questioning your competence with grief work.

The hidden epidemic: Research shows that a significant subset of bereaved individuals—particularly those facing sudden, violent, or medicalised losses—experience trauma responses that complicate natural grieving. Yet most therapists haven't been trained to recognise or treat this intersection.

What changes immediately: **When you understand trauma-informed grief therapy, those "difficult" grief clients suddenly make sense. Sessions that felt stuck become opportunities for breakthrough.** Clients who seemed unreachable begin to access their natural mourning process. Your confidence returns—and so does theirs.

From Stuck to Skilled

Before: You're working harder, not smarter. Grief clients remain stuck despite months of therapy. You find yourself dreading certain appointments and wondering if you're missing something crucial.

After: You can spot traumatic grief in the first session. You know exactly how to sequence interventions—when to prioritize safety, when to access memories, when to focus on meaning-making. Those "impossible" cases become your most rewarding therapeutic successes.

Immediate practice changes:

- Transform your most challenging grief cases from draining to breakthrough-ready
- Gain confidence working with sudden deaths, medical trauma, and violent loss
- Reduce client dropout rates and improve therapeutic outcomes
- Feel equipped rather than helpless when trauma complicates grief
- Build a reputation as the therapist who can help when others can't



Evening 1: Restorative Retelling & Rebuilding Meaning

17 November | 6pm–9pm UK time

Core Focus: Restorative Retelling and Rebuilding Shattered Meaning

Learn to recognise when trauma is hijacking the grief process and master the **Restorative Retelling** technique—a structured, research-informed process for helping clients safely revisit and reprocess the violent, sudden, or otherwise traumatic circumstances of a death while rebuilding shattered meaning frameworks.

You'll Learn:

- **Trauma signature identification:** Recognise when trauma is hijacking grief through dissociation, protective shutdown, and disconnection from positive memories
- **Restorative Retelling with Safety Anchors:** Combine grounding and co-regulation with narrative restructuring to transform chaotic, traumatic imagery into coherent story
- **Trauma-grief distinction:** Distinguish between trauma-driven and grief-driven symptoms, understanding when each is blocking the other

Clinical Applications Include:

- Working with sudden, unexpected deaths (accidents, suicide, cardiac events)
- Supporting clients who witnessed traumatic death scenes or medical interventions
- Addressing guilt, blame, and "what if" ruminations that block natural grief processing
- Helping clients distinguish between trauma responses and grief responses when they're intertwined

Evening 2: Embodied Dialogue & Directed Journaling

18 November | 6pm–9pm UK time

Core Focus: Embodied Dialogue and Directed Journaling for Lasting Transformation

Move beyond stabilisation toward deep integration through innovative **Embodied Dialogue and Directed Journaling** techniques that help clients access implicit meanings, reconstruct their relationship with the deceased, and transform their loss narrative from devastation toward growth.

You'll Learn:

- **Embodied Dialogue methodology:** Guide clients through somatic visualisation to access unvoiced emotional meanings held in their bodies
- **Three-tier journaling approach:** Implement Emotion-Focused, Sense-Making, and Benefit-Finding protocols for processing, insight, and growth
- **Metaphor and symbolisation:** Help clients move beyond literal language to connect with deeper grief significance
- **Integration and consolidation:** Seamlessly weave insights into ongoing therapy for lasting meaning-making and life reconstruction

Advanced Clinical Skills:

- Working with clients who've lost access to positive memories or emotional connection to the deceased



- Facilitating continuing bonds in the context of traumatic loss
- Supporting identity reconstruction and life narrative revision after profound loss
- Addressing complicated emotions including relief, anger, or ambivalence toward the deceased

What This Training Will Transform

This isn't about adding techniques to your existing grief therapy approach—it's about developing an entirely new clinical lens that recognises trauma and grief as inseparable aspects of human response to profound loss. You'll gain the discernment to identify when protective dissociation is preventing natural mourning, and the precision to intervene in ways that honour both safety and transformation.

Immediate Clinical Applications:

- Recognise traumatic grief signatures in initial assessment sessions
- Safely guide clients through trauma processing without abandoning grief work
- Help clients who've been "stuck" for months or years find pathways toward healing
- Transform therapeutic relationships with clients who've seemed unreachable or resistant
- Integrate body-based and writing-based interventions for comprehensive healing

Long-Term Practice Evolution:

- Develop confidence working with your most challenging bereavement cases
- Understand when to prioritise trauma stabilisation versus grief processing
- Create treatment plans that address both neurobiological and meaning-making needs
- Support clients through complete transformation from fragmentation to integration

Who This Training Transforms

Perfect if you're:

- A grief counsellor frustrated with clients who remain stuck despite good therapeutic work
- Working in medical settings, hospice care, or with first responders where traumatic loss is common
- Seeing increasing numbers of clients with sudden, unexpected, or violent losses
- **Feeling under-equipped when trauma symptoms complicate your grief work**
- Ready to become the therapist others refer their most challenging bereavement cases to

Essential if you've ever:

- Had grief clients drop out because "therapy isn't helping"
- Felt stuck alongside a client, unsure how to break through their protective barriers
- Wondered why some bereaved clients can't access memories or emotions about their loved one
- Avoided taking referrals involving traumatic deaths because you felt unprepared
- Questioned your competence with grief cases that should be responding to treatment

The Evidence Base That Changes Practice

This training draws on hundreds of peer-reviewed studies on meaning-making in grief, including Robert Neimeyer's extensive body of work, which has been validated across diverse cultural contexts. It also integrates longitudinal research on complicated and prolonged grief from the Harvard/MGH Center for Complicated Grief.



The integration of trauma-informed approaches with meaning-making grief therapy isn't just clinically innovative—it's empirically supported, with outcome studies showing significantly improved results for clients who previously met criteria for prolonged grief.

17 & 18 November, 6–9pm UK time — Join us for this practice-changing integration that transforms your most challenging grief cases into therapeutic breakthroughs.

Places are limited. This November, become the therapist who can see what others miss and help when others can't.

You'll leave not only with tools—but with renewed confidence to accompany clients through the most tangled grief terrain.

A recording will be available, but nothing compares to witnessing this live clinical dialogue between two of the field's most innovative practitioners.

About the speakers

Robert A. Neimeyer, PhD, is Professor Emeritus of the Department of Psychology, University of Memphis, maintains an active consulting practice, and directs the *Portland Institute for Loss and Transition*, which provides global online training in grief therapy. Neimeyer has published 37 books, including *Living Beyond Loss: Questions and Answers about Grief and Bereavement* and *New Techniques of Grief Therapy*, and serves as Editor of *Death Studies*.

The author of over 600 articles and book chapters, he has been recognized in the Stanford University/Elsevier list of Top 2% Scientists in the world, with 57,968 citations to his work according to Google Scholar. Neimeyer is currently working to advance a more adequate theory of grieving as a meaning-making process. In recognition of his contributions, he has been made a Fellow of the American Psychological Association and given Lifetime Achievement Awards by both the Association for Death Education and Counselling and the International Network on Personal Meaning.

Carolyn Ng, PsyD, MMSAC, RegCLR maintains a private practice, [Anchorage for Loss and Transition](#), for training, supervision and therapy in Singapore, while also serving as Associate Director of the Portland Institute for Loss and Transition. Previously she was a Principal Counsellor with the Children's Cancer Foundation in Singapore, specialising in cancer-related palliative care and bereavement counselling. She is a registered counsellor, master clinical member and approved supervisor with the Singapore Association for Counselling (SAC) and a consultant to a cancer support and bereavement ministry in Sydney, Australia. She is trained in the Critical Incident Stress Management (CISM) by the International Critical Incident Stress Foundation, USA, community crisis response by the National Organisation for Victim Assistance (NOVA), USA, and Applied Suicide Intervention Skills Training (ASIST) by LivingWorks, Canada. She is also a trained end-of-life doula and advanced care planning facilitator. Her recent writing concerns meaning-oriented narrative reconstruction with bereaved families, with an emphasis on conversational approaches for fostering new meaning and action.

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