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**THE IMPACT OF POST DEATH  
COMMUNICATION [PDC] ON  
BEREAVEMENT**

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*“There are universal reports of these post-mortem phenomena . . . They are based in the main on psychic facts which cannot be dismissed out of hand. Very often the fear of superstition, which strangely enough, is the concomitant of universal enlightenment, is responsible for the hasty suppression of extremely interesting reports which are then lost to science”*

(Jung, 1964b, p. 316).

## Abstract

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Post Death Communication (i.e. perceived communication from someone who has died), has been part of the human experience since the earliest recorded history, and it is now known to be highly beneficial to almost all bereaved individuals who experience it. Despite the fact that PDC appears to be common to all cultures and is usually very welcome and very healing, it has been judged by Western society in a negative way and as a result, fear of negative judgment has meant that experiencers are hesitant to discuss it.

Using Thematic Analysis, this study conducted a small qualitative investigation into the experience of PDC among New Zealand and North American populations. In a semi-structured interview, conducted face to face where possible, and by Skype where necessary, 14 participants aged between 52 and 80 years were asked about the nature of their PDC experience, how they felt about it, and how it impacted their bereavement.

Results showed conclusively that PDC is welcome and beneficial, and that experiencers are wary of discussing it for fear of being judged negatively. Thematic analysis revealed a meta-theme of Affirmation – participants were unanimous in believing PDC to be beneficial. Within this meta-theme were the three themes of Comfort - PDC brings comfort to the bereaved; Continuity – PDC brings a sense of personal and relational continuation, and Growth - PDC brings a sense of personal growth and a change in values. A fourth theme arising from the analysis was Negativity. Participants expressed fear of being judged in a pejorative way for having experienced PDC.

Since 2000 it has been possible to induce PDC in a clinical setting, thereby elevating what had been a serendipitous, random occurrence into a powerful therapeutic tool. The protocol of Induced PDC is practiced on five continents, yet few people in the healing professions are aware of it. In New Zealand, Induced PDC appears to be unknown. This means that grieving Kiwis are going without the therapeutic benefits of PDC. The findings of this thesis indicate spontaneous PDC as experienced by the sample is overwhelmingly beneficial, and they support the use of Induced PDC in therapeutic settings. The findings have implications for raising awareness about and the use of Induced PDC by New Zealand clinicians.

## Acknowledgements

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*“being true to the data is the heart and soul of science”*  
(Schwarz, 2002, p. 276).

I would, first and foremost, like to thank my wise, patient, and oh so fey mentor and role model Ann St Cartmail, for her support and inspiration. This thesis was not only Ann’s idea she was its most enthusiastic participant. Ann died during the course of this thesis and true to her promise given in the participant interview, she returned to give PDC. Thus, Ann is in this study twice: once as a participant and once discarnately, giving PDC.

And, I would also like to thank my supervisor, Natasha Tassell-Matamua, PhD, for her willingness to oversee such an unusual thesis as this and for her help and patient direction during the course of it.

I also owe a very big debt of thanks to the highly skilled librarians at Massey, who were enormously skilled in the treacherous grimoire of APA and without whom this work would be much less precise.

And lastly, I would like to thank the people who shared their stories with me. Almost all of the stories came with a good deal of emotion, and I am eternally indebted to these people for their trust in sharing such deeply personal experiences with me.

## Personal Rationale

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*“I am attacked by two very opposite sects – the scientists and the know-nothings. Both laugh at me, calling me “the frogs” dancing master.” Yet I know I have discovered one of the greatest forces in nature”*

(Galvani, as cited in Verkhatsky, Krishtal, & Petersen, 2006, p. 233).

My mother was Irish and a believer in all things ‘spooky’. She sensed presences, she had esoteric books lying around the house, and she took me to the Spiritualist Church. This openness and curiosity formed my mindset and later led to an interest in consciousness and the nature of the soul.

Then, about two years ago, I met celebrated physicist Dr. Russell Targ who told me point blank: “Yes, you can communicate with the dead”. He had had communication from his deceased daughter, Dr. Elizabeth Targ. Coming as it did, from the world’s foremost laser research scientist, and someone who had worked for the CIA for 25 years, and later for NASA, I took the words very seriously.

In recent years, I have had a series of friends lose loved ones and have seen close up the anguish that they have experienced. I also saw how much pleasure they took from having post-death communication (PDC) from their dead loved one. The event was meaningful and soothing to each and every one of them.

Then recently I met, by chance one night out walking, a 19 year old man in a very distressed state. He was drunk and crying and his story was awful: aged 15 and behind the wheel, he had killed his girlfriend who was aged only 14. He had had counseling and found it “useless”, and since then had been without support of any kind. He admitted to being suicidal, and was doing Community Service for dangerous driving.

I tried to find him professional help in the form of a support group, but soon realized there was nothing available for him. What was more, grief workers in New Zealand seemed to have no knowledge whatsoever of the fact that it is possible to induce PDC in a clinical setting, often with excellent therapeutic results.

In the literature, there are cases of PDC transforming grief that has been complicated by the toxicity of guilt. It saddens me that this person’s life is being

poisoned by his guilt, and that although a therapy that could potentially transform his attitude and therefore his life exists, it is not available to him nor does it seem to be even recognized in New Zealand.

I hope in this thesis to present evidence and an argument that in its own small way will chip away at the paradigm of scientific materialism that, despite voluminous and contradictory research in hard science disciplines such as physics, still dominates Western culture.

Writing this thesis has changed me as a person, not only for the knowledge I have gained, but also for facilitating my own PDC.

Early in 2013, I got my maternal grandmother's death certificate and that led me to confront, in a deeply painful way, my relationship with my own mother. Late in 2013, over the course of two weeks, I had three experiences of PDC from my mother. Each time it was late, I was tired, and I had been crying.

During the first PDC experience, I was imagining my parents when they first met and fell in love, and suddenly my entire body was suffused with love. From tears, I suddenly found myself laughing and smiling.

The second time I experienced PDC, a statement that was very meaningful to me, arrived fully formed, in my mind.

The third time I smelled my mother's face cream. These events, which were very real and totally unexpected, mean for me, that despite everything, our relationship is mended.

As a result of that experience and of the experience of writing this thesis, I no longer have any doubt about life after death and I have no doubt about the meaning of life; we are here to learn to love unconditionally.

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## Thesis Introduction

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*“The hope of another life gives us courage to meet our own death, and to bear with the death of our loved ones; we are twice armed if we fight with faith. And we are thrice armed if we fight with science.”*  
(Durant, 1933, p. 24).

Losing a loved one through death is perhaps the most emotionally stressful event that any individual will endure, and the ensuing sense of separation may have significant, long term implications for those surviving. In some cases, these implications may last a lifetime. This negative impact may be due to the commonly held view, at least in the Western world, that death is the end – the end of life, and the end of connection to others.

The phenomenon of Post Death Communication (PDC) though, has been known to humanity for millennia and “studied since at least 1882 with results...consistently showing PDC to be widely experienced by many people” (Bayless, 1973, p. 17). Stories of PDC permeate all cultures and are found throughout history, beginning with the very first written text, Gilgamesh, c. 2000 B.C., which has as its climax, communication with the dead. In the first great stories of Western Civilization, the ancient Greek epics, PDC is a dominant narrative. The Odyssey, c. 800 B. C., has the hero Odysseus communing not only with his dead mother, but with various dead friends. In The Aeneid, c. 20 B.C., the hero Aeneas has continual PDC from his dead friends.

Literary accounts of PDC continue through The Bible, in both the Old and New Testaments, right through the Middle Ages (Jeanne d’ Arc) and the Renaissance (Shakespeare) to Victorian times (Dickens). More recently, anecdotal reports, books, and empirical studies also provide some evidence that communication with another post-death, does occur. Testimonies from prominent people of their encounters with the deceased include author Michael Crichton, psychiatrist Carl Jung, psychiatrist Elisabeth Kübler-Ross, President Theodore Roosevelt, and, neurosurgeon Eban Alexander, to name but a few.

The author C. S. Lewis wrote about his intense bereavement following the death of his wife and the post-death communication with her that ensued, which he felt as "an instantaneous, unanswerable impression of her presence" (Lewis, 1989, p. 20). Bill and Judy Guggenheim's (1995) bestseller, *Hello From Heaven!* provides evidence from the After Death Communication Study they began in 1988. The research garnered 3300 firsthand accounts from ordinary, healthy people who claimed to have had communication posthumously with a deceased loved one.

There has been an enormous amount of research into the PDC phenomenon and a number of studies have been global (Parker, 2005). This body of work includes studies conducted with samples in the United Kingdom (Bennett & Bennett, 2000), Iceland (Haraldsson (1988), Japan (Yamamoto, Okonogi, Iwasaki, & Yoshimura 1969), and India (Osis & Haraldsson, 1977), among others. Other researchers have investigated the phenomena in specific ethnic and cultural groups within the same geographical location, such as Kalish and Reynolds (1973), who studied Japanese, Mexican, and Black American populations in Los Angeles.

In the USA, a Gallup poll (2001) revealed that 54% of respondents believe, or are open to the possibility, that people can mentally communicate with the deceased. This is up 10% from 1990, when the same question was first asked, and up 19% over the 1972 poll in which 25% of the general US population felt they "were really in touch with someone who had died" (Greeley, 1987, p. 258). Davis and Smith (1997) suggested 40% of Americans believe they have had some contact with someone who had died. Haraldsson (1988) found 31% of a sample of Icelanders had perceived the presence of a deceased. While the European Human Values Survey found 25% of Western Europeans are believed to have had PDC (Halman, 2001). Streit-Horn (2011) in her meta-analysis suggests approximately 30-35% of people in the general population are likely to have one or more experiences communicating with a deceased other in their lifetimes.

The type of PDC experience can differ, with individuals claiming to see, hear, feel, smell, or otherwise perceive another after they have died. These perceptions can occur during sleep, during a hypnogogic (falling asleep) or hypnopompic (waking up) state, or while the individual is completely awake, and may happen to both the bereaved and the non-bereaved. Irrespective of the subjective nature of the

phenomenon or the sensory form it takes, the common factor of all communications is that the experient believes them to be some form of contact with the deceased. Overwhelmingly, these encounters are viewed in positive terms, but there are rare occasions that they have been described as a negative experience (LaGrand, 2005; Parker, 2005).

The perceived authenticity of PDC and its apparent positive nature play a role in the beneficial implications that typically arise from it. For the bereaved, communication with the deceased may assist with the resolution of painful emotions including guilt, sadness, loss, and separation. It may also provide a means for continuing a relationship with the deceased. For those who are not grieving, such experiences may facilitate a variety of life changes, and provide the impetus for positive spiritual, emotional, and psychological growth (Guggenheim & Guggenheim, 1995; LaGrand, 2005; Streit-Horn, 2011). Indeed, such are the positive implications of the experiences that they are used within a therapeutic, clinical context, in the form of a process known as Induced After Death Communication (IADC: Botkin, 2000).

While accounts of and research into post-death communication have been prominent in many parts of the world, investigation of the phenomena, its implications, and possible applicability within a New Zealand context, has yet to be performed. To the researcher's knowledge, no known studies have been conducted on the phenomenology of PDC with a New Zealand sample.

Given the prevalence of communication with the deceased within the general population in various cultures around the world, and the reported beneficial effects for experients, it seems prudent that empirical investigations should be undertaken with a New Zealand sample. It is also prudent that information from New Zealand be compared to other populations to determine if and where differences in the phenomenology and implications of PDC lie. Not only would this contribute to the general knowledge base and scholarly literature on PDC, it would also provide a basis for determining whether such experiences could be used as a therapeutic tool for the bereaved in New Zealand contexts.

This need formed the focus of the present study. Using semi-structured qualitative interviews to gather the data, and analyzing the interviews thematically, the research conducted had two main aims:

1. To investigate the phenomenology of post-death communication in a sample of New Zealand and, as a comparison, North American participants.
2. To examine the importance of post-death communication in the process of grief resolution in a New Zealand sample, and compare to a North American participants.

This thesis will provide an overview of the research conducted and begin by giving a synopsis of PDC in chapter one, which will include a definition, an outline of some of the main characteristics, the prevalence of the experiences, and also a brief overview on the veridical nature of PDC.

Chapter two will focus on describing the PDC experient. Information provided in this chapter will highlight specific characteristics, such as grief status, gender, relationship to the deceased, and age, that appear to be, and appear not to be, related to PDC.

Chapter three will discuss the therapeutic nature of PDC. Some empirical evidence supporting the therapeutic effects of PDC will be cited with an overview of the specific benefits related to the experience. The lack of knowledge about PDC among health professionals will be highlighted. The use of Induced After Death Communication as a therapeutic process will be described.

The methodology used in the present study will be described in chapter four. This chapter will give a brief overview of qualitative research, before discussing thematic analysis – which was the methodology adopted for the present study. An overview of the research procedure and participant demographics will also be given.

Chapter five will present the research findings. It will begin by giving a brief overview of the PDC experienced by each participant, before providing a more in-depth analysis of the information derived from all the interviews. The main theme of Affirmation and its three sub-themes, in addition to the theme of Negativity are discussed.

Chapter six will provide a discussion of the research findings, placing them in context to those of previous research. This chapter will also consider the Limitations of the present study, as well as offer ideas for Future Research.

The thesis will close, with chapter seven offering a conclusion of the arguments presented in chapter six.

## Chapter One

### An Overview of Post-Death Communication

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*“everyone who is seriously involved in the pursuit of science becomes convinced that some spirit is manifest in the laws of the universe, one that is vastly superior to that of man. In this way the pursuit of science leads to a religious feeling of a special sort”*  
(Einstein, as cited in Calaprice, 2002, p. 128).

The present chapter provides an overview of PDC. First, a definition of the term is given, in addition to the general characteristics of such experiences. Characteristics include a description of the sensory aspects of PDC, as well as when they might occur. The most common sensory forms of PDC are provided, followed by the prevalence of PDC in the general population, and a brief description of after-effects. A section on the veridicality of PDC is included, as it is an important issue for experiencers. Although veridicality is in some ways irrelevant to the therapeutic effect of PDC, its ontological reality is of great interest. If PDC is shown conclusively to be veridical, or even if it were accepted as potentially veridical, it would provide a greater basis for arguing the importance of raising awareness of, and knowledge of, such experiences within the health sector. This would also have implications for society as a whole. The chapter will conclude with a brief summary.

#### 1.1 Definition

In 1944, psychiatrist Eric Lindemann published his paper *Symptomatology and Management of Acute Grief*, which investigated the bereavement experienced by 101 friends and family members of those who died in The Cocoanut [sic] Grove fire in New York in 1942. In this paper, Lindemann described what he called the “altered sensorium of grief” (p. 188) and identified communication with the deceased as a common factor, stating: “there is intense preoccupation with the image of the deceased . . . some patients are much concerned about this aspect of their grief reaction because they feel it indicates approaching insanity” (p. 188). This was the first time PDC had been documented within psychology as concomitant with grief, but there was no consensus among researchers regarding what to call it, and terminology is important as it colours understanding of experience and affects the

experient's interaction with others in relation to their experience (Blumer, 1969). Since Lindemann's work, a variety of terms, some pejorative, have been used to describe and/or label posthumous communication. These include: hallucinations of widowhood (Rees, 1971); idiophany (Barbato, Blunden, Reid, Irwin, & Rodriguez, 1999); ideonecrophobic experience (MacDonald, 1992); perceived presence (Datson & Marwit, 1997); extraordinary experiences of the bereaved (LaGrande, 1997; Parker, 2005); after-death communication (Devers, 1997; Drewry, 2003); afterlife encounters (Arcangel, 2005); and, post-death contact (Kalish & Reynolds, 1973). The latter three of these terms are non-judgmental, descriptive, and therefore useful as a description for communications with the deceased. However, in line with the terminology used by other researchers (e.g., Houck, 2005; Mack & Powell, 2005; Klugman, 2006), PDC is considered the most appropriate and concise term for the following reasons:

1. The communication occurs in specific relation to death.
2. The interaction is specifically understood by the experient as communication from the deceased.
3. The word 'post' is concise, is commonly used in scientific nomenclature, and indicates that the experience occurred following death.

Consequently, for the purposes of the present research, the term post-death communication (PDC) has been adopted and is used to refer to the perceived experience of communication with the dead.

## **1.2 Characteristics**

The night my father died I was lying in bed, and lo and behold, I sensed his presence. He said, "Hi, honey!" I said, "Daddy! You're okay!" He said, "Honey there's nothing to it. Dying is as easy as falling off a log!" I was so overcome I really didn't know what to say. My father continued, "I just stood up and there was Carl! He shook my hand and said, 'Hello, Norman. It's good to see you.'" Carl and I used to play together when we were little kids, but I hadn't seen him in years. All these other people were there who I hadn't seen in ages, and Carl



introduced me around.” I was lying there crying with joy and said, “Oh, that’s wonderful!” Then my father said, “I just wanted you to know. Don’t worry about me” I said, “Thank you Daddy.” It was all telepathic and that was the end of it. I fell asleep very, very happy. I wanted to share all this with my family, but I knew they would think I was crazy. So I just used it as support and let it warm me inside (Guggenheim & Guggenheim, 1995, p. 40).

Communication with the deceased can manifest in a variety of forms, and may be single or multisensory. Visual PDC involves the visual perception of the deceased, as if they were alive and physically manifest (Haraldsson, 1988; Kalish & Reynolds, 1976; Matchett, 1972; Parkes, 1970). Auditory PDC occurs when the experient hears the voice of the deceased or sounds they associate with the deceased (Guggenheim & Guggenheim, 1995; Haraldsson, 1988; Marris, 1958; Parkes, 1970). When experienced tactilely, PDC involves a feeling of being touched by the deceased or a physical sensing of the person’s body (e.g., feeling the weight of them sitting on the bed) (Haraldsson, 1988). During an olfactory PDC, a scent associated with the person who died or a particularly beautiful smell may be perceived (Guggenheim & Guggenheim, 1995; Haraldsson, 1988; Klass, 1993). Sentient PDC involves sensing the presence of the deceased (Datson & Marwitt, 1997; Field & Friedrichs, 2004; Haraldsson, 1988; Kalish & Reynolds, 1976; Marris, 1958; Olson, Suddeth, Peterson, & Egelhoff, 1985; Parkes, 1970; Rees, 1971; Yamamoto et al., 1969). PDC

\can occur during a sleep state. In this instance, the experient will have a particularly vivid, lifelike dream of the deceased (Gorer, 1965; Heimlich & Kutscher, 1970; Kalish & Reynolds, 1973, 1976; Marris, 1958) or may experience the deceased as they are just falling asleep or waking up, and so are in a hypnogogic or hypnopompic twilight state. Experiences commonly report dream state PDCs to be very different from ordinary dreams, in that they are much more real (Streit-Horn, 2011, p. 73).

PDC can occur while an individual is engaged in various activities such as watching television, writing letters (Klass, 1993; Yamamoto et al., 1969), being in the

presence of objects associated with the deceased (Klass, 1993; Troll, 2001), talking to the deceased (Marris, 1958), or while at the cemetery (Parkes, 1970). In other instances, PDC may happen kinesthetically, as electrical or other physical phenomena (e.g., a door opening and closing, butterflies fluttering, a rainbow appearing) that are understood by the experient as purposeful communication from the dead. PDC may also take place as an out-of-body experience, where there is contact with the deceased while the experient is in an out-of-body state (Drewry, 2002, p. 3). It may occur also indirectly rather than directly (Arcangel, 2005), via a medium (Berger & Berger, 1991).

Consensus regarding the most common form of PDC is yet to be reached as empirical studies to date provide conflicting results. Houck (2005), Kalish and Reynolds (1973), LaGrand (2001), and Wright (1998) found the most commonly reported types of PDC occur in dreams and as telepathic experiences. In contrast, Grimby (1993, 1998) and Rees (1971) found sense of presence to be most common. While Haraldsson, Gudmundsdottir, Ragnarsson, Loftsson, & Jonsson, (1977) and Greeley (1987) both identified the visual as the most common form of PDC. Klugman (2006) found 35.1% of respondents to a telephone survey reported hearing voices of the deceased, 84% dreamed of the deceased, 37% saw a vision or image of the deceased, 55% felt the presence of the deceased, and 69% had conversations with the deceased. The least commonly reported form of PDC is the experience of receiving an actual phone call from the deceased while awake (Guggenheim & Guggenheim, 1995).

Although it is common for experiencers to report PDC as extremely positive and a great help in reducing their grief (Guggenheim, 1995), on rare occasions experiencers report negative experiences. Streit-Horn (2011) noted that of the 35 studies she investigated, 12 of them addressed the negative effects of PDC: “Most reported were experiences of fear and confusion, often as a result of not understanding what was happening” (p. 51). Another aspect of negativity in the PDC experience is the feeling of loss reported by some experiencers (Marris, 1974). These people report feelings of anguish at losing their loved one all over again. The following is a quote from a father who lost his son to suicide: “The only problem is after [PDC] you go through a huge sense of wanting and despair . . . [to] be with him . . . when that sets in, it’s really, really tough” (Nowatski & Kalischuk, 2009, p. 6). Other PDCs may be experienced as negative, not due to their content, but due to their timing, as highlighted in this

example cited in Sanger (2004, p. 82):

a grandfather clock that only chimed on a deceased man's birthday was very upsetting to the deceased's wife and her new husband. It was not the chiming itself that they found upsetting, it was the intrusion of the deceased husband into the new couple's life.

Often, PDC occurs serially and when this repetition occurs it has the same beneficial effect as induced PDC (discussed in chapter 3) in that it can relieve fear and confusion caused by the first PDC, as well as resolve issues extant when the deceased was alive. This finding is supported by Barbato, Blunden, Reid, Irwin, & Rodriguez, (1999), who reported that while one PDC experience may be scary, confusing, or upsetting, several are soothing. This is because while one PDC may be a total shock, several appear to make more sense to the experient (i.e., it is clear to them that the deceased is making purposeful and beneficial contact). Experiencers who had felt scared, ill at ease, or who were in acute grief, stated that their PDC experience became ever more positive and helpful the more they learned about the phenomenon. Arcangel (2005) found that after an initial state of fear or discomfort, individuals believed their encounters [PDCs] were increasingly beneficial, allowing them to gain knowledge of the PDC phenomenon and assuage their grief.

Joan and Susan were the only two who were scared during a contact without also indicating a positive feeling. Joan explained that when she realized the contact was non-threatening, she regretted missing the opportunity to communicate with her sister and wanted another chance. Susan was scared and thought she must be crazy during the first contact but felt happy and blessed during the second (Arcangel, 2005; in Streit-Horn, 2011, p. 69).

### **1.3 Prevalence**

A multitude of studies have investigated the prevalence of PDC in various populations. Of those conducted between 1965 and 2013, findings suggest between 25% and 54% of the population will claim to have experienced at least one PDC. For

example, a 1981 Gallup poll revealed that 42% of Americans claimed to have had “contact” with the dead. Investigating surveys conducted between 1978 and 1996, Davis and Smith (1997) found 40% of Americans reported at least once having felt as though they were really in touch with someone who had died. The same figure arose in the 1991 survey by the National Opinion Research Centre of the University of Chicago (NORC, 1991). This study showed 4 out of 10 respondents believe they have experienced PDC. A Gallup poll (2001) revealed that 54% of respondents believe, or are open to the possibility, that people can mentally communicate with the deceased.

Conversely, the European Human Values Survey of 1980-83 (Halman, 2001) found 25% of people in Western Europe believe they have had PDC. A few years later in a national survey of Iceland, Haraldsson (1988) found 31% of respondents claimed they had “perceived the presence of a deceased person” (p. 103). A 2011 meta-analysis of research found:

The mean of the percentages of the five strongest studies yielding prevalence in this current study was 34%. Given that the strongest study yielded a percentage quite a bit lower than 34% and the second strongest study yielded a percentage a bit higher than 34%, it seems reasonable to estimate that 30-35% of people in the general population are likely to have one or more ADCs [PDCs] during the course of their lifetimes (Streit-Horn, 2011, p.46).

Despite these findings, accurately estimating the incidence of PDC in the general population is nevertheless problematic, largely due to suspected under-reporting. Throughout the literature, researchers report that experiencers frequently do not discuss their PDC experience (Daggett, 2005; Devers, 1994, 1997; Drewry, 2003; Klugman, 2001; LaGrand, 2001) or are reluctant to report them (Streit-Horn, 2001). This hesitation is despite the fact that most experiencers believe PDCs should be discussed (Gariglietti & Allison, 1997), and evidence that suggests talking about their PDC is indeed beneficial (Amatuzio, 2002, 2006; Hastings, 1983; Wooten-Green, 2001). More about the negative categorization and impact of disclosing PDC is discussed in chapter 3, section 3.3.2.

#### **1.4 Veridicality**

There is evidence within the literature, to suggest PDC may be veridical. While it may be argued that veridicality cannot be established due to the nature of the experiences being almost wholly subjective, some researchers state otherwise and point to evidence within anecdotal reports and some empirical studies. Some arguments are outlined here, while Appendices one and two provide actual exemplar accounts reported in Guggenheim and Guggenheim, 1995.

#### *1.4.1 Evidential PDCs*

Evidential PDCs are common and involve external, independent confirmation for the experient that their PDC was veridical. This confirmation may occur via the experient identifying an aspect of their PDC that they believe to have an external point of reference (e.g., the PDC may contain information unknown to the experient which is later confirmed to be true). It may also occur as a serendipitous occurrence post-PDC that is deemed significant and verifiable by the experient. Two examples of evidential PDC are provided in Appendix one.

#### *1.4.2 Shared PDCs*

Shared PDCs occur when two or more individuals experience the same or similar PDCs, and are able to verify aspects of the experience for each other (Devers, 1994; Hart & Hart, 1933). Shared PDC is powerful evidence that such experiences are not hallucinatory, the result of an overactive imagination, or an extreme stress/trauma response. Because they are witnessed and/or shared by another individual, they provide credible testimony of the objective nature of PDCs (Guggenheim & Guggenheim, 1995). Two examples of shared PDC are provided in Appendix two.

It is interesting to note that PDC has been shared not only by a friend or family member of the experient, but by health practitioners with whom the experient is working. Allan Botkin (Botkin, 2000), the pioneer of Induced After Death Communication (IADC: discussed in chapter 3, section 3.4) has discussed IADCs experienced by both the experient and a professional present at the time of induction. Specifically, he describes a trainee psychologist attending an IADC session. The trainee, wishing only to relax, followed the instructions Botkin was giving the experient. Post-induction discussions revealed both the trainee and experient had seen a near identical vision. The procedure was repeated with the same participant and produced the same results of a shared vision. Botkin and the trainee repeated the

procedure with eight additional participants and found that aspects of the PDC were shared each time. Shared PDCs have since been reported by other therapists using the IADC method.

## **1.5 Summary**

The term post-death communication is deemed the most appropriate to use in the context of this research and refers specifically to the perceived experience of communication with someone who is deceased. Communication can manifest in a variety of sensory forms, including visual, auditory, olfactory, and kinesthetic, among others. The most common type of PDC is still unclear. PDC is typically reported as positive and beneficial by those who experience it, but negative PDCs have also been reported. Analysis of PDC research indicates a prevalence rate of between 25-54% in the general population; however, due to under-reporting, it is possible this rate may be higher. Overall, PDC appears to be a common experience, with easily identifiable sensory features that are perceived as being intentionally directed by a deceased other, in order to communicate with a living individual. There is some evidence to suggest that PDC is veridical. Specifically, evidential PDC and shared PDC provide the best means of verifying the objective nature of such experiences. While this chapter has provided an overview of PDC, the following chapter will focus on discussing the characteristics of individuals who have these experiences.

## Chapter Two

### The Post-Death Communication Experient

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*“A new idea is first condemned as ridiculous and then dismissed as trivial, until finally, it becomes what everybody knows”*  
(James, as cited in Ruddle, 2002, p. 72).

PDC can happen to anyone. Houck (2005) noted that PDC appears to cut across the lines of race, gender, age, religious affiliation, level of education, time elapsed since death, and cause of death. However, research suggests that certain demographics appear to impact the likelihood of experiencing PDC. These include: grief status, gender, relationship to the deceased, age, race and culture, education, presence of death trauma, and personality type. This chapter will provide an overview of each of these categories.

#### 2.1 Grief Status

Many studies report grief status to be associated with an increased likelihood of experiencing PDC. Specifically, Barbato et al., (1999) report PDC is more likely to be experienced within the first month of bereavement. Streit-Horn (2011) found 70-80% of bereaved people are likely to have one or more PDCs within a year of bereavement. However, PDC can also occur decades after the death of the communicant (Parker, 2005). The subtle form of PDC known as “sense of presence” in which experiencers feel the deceased around them, may be continual and last for years (Houck, 2005).

Although PDC is strongly associated with bereavement (Arcangel & Schwarz, 2005) and is a normal part of the grieving process (Arcangel, 2005; Devers, 1997; Drewry, 2003; Guggenheim & Guggenheim, 1995; LaGrand, 1999, 2005; Rando, 1984, 1988; Shuchter & Zisook, 1988; Worden, 2002), it can occur in the total absence of bereavement. In 2002, Dr. Richard Kelly, a retired police Detective Lieutenant and professional counselor, investigated the PDC experience of 90 mentally healthy emergency service workers (68 police officers and 22 firefighters with an average age of 39.7 years) to see if they had experienced a sense of “communication, presence or attachment” with people whose traumatic death they

had attended. He found that 28% had experienced PDC at the scene of an accident, where they saw the accident victim both lying physically wounded and hovering above the wounded body.

Such reports are very similar to those of the near-death experience whereby individuals who are believed to have temporarily died report a sense of disembodiment and the experience of viewing their own physical body from a position removed from the body (Greenhouse, 1974; Greyson & Flynn, 1984; Kelly, 2002; Rawlings, 1978; Ring, 1980; Sabom, 1982).

## **2.2 Relationship to the Deceased**

Although PDC can occur between strangers (Kelly, 2002), the more intense the relationship between the experient and the deceased, the more likely it is for PDC to be experienced. Research indicates parents, widows, and widowers are more likely to experience the phenomenon than members of any other dyads.

### *2.2.1 Bereaved Parents*

Bereaved parents are statistically more likely to experience PDC. Wiener et al. (1996) in a study designed at the Pediatric Branch of the National Cancer Institute, invited 92 parents to take part in a study investigating the adaptation of family members to the death of a child from either AIDS or cancer. Of the 92, 56 agreed to take part and completed quantitative questionnaires between three months to four years after their child had died. Among the questions answered was: "Since the death of your child, have you had an experience in which you either saw a vision of your child, heard your child's voice, had a dream or any other unusual occurrence involving that child?" (Wiener, 1996, p. 57). A total of 47 out of 56 of the participants answered yes to this question, with 23 stating they had had more than one contact experience.

This finding is supported by the work of Guggenheim and Guggenheim (1995) who also reported that PDC is experienced much more frequently by bereaved parents. Rando (1986) found that "a significant proportion of mourners actually experiences some type of visual or auditory hallucination of the child, or feels an intuitive, overwhelming sense of his presence" (p. 17).



### 2.2.2 *Widows and Widowers*

PDC is also more likely to be experienced by the bereaved member of once happily married couples. Rees (1971) interviewed 80.7% of all widowed people in a certain area of Wales (specifically 227 widows and 66 widowers). He found almost half reported PDC and that this was more likely to occur in long-term, happy marriages. Rees' work was later supported by Berger (1995) who reported that around half of widows and widowers claim "hallucinatory experiences" of their deceased spouses. Haraldsson (2006) found that 50% of widows and widowers in the UK and the USA claim to have had PDC. Of all studies, Yamamoto et al., (1969) found the highest incidence of PDC (90%) among widows in Japan, which as previously mentioned, may be related to cultural norms.

Rees (1971) isolated the experiential gender differences, finding widows are more likely to have an auditory PDC than widowers. Widowers in contrast, are more likely to have had verbal PDC. He also found that people aged under 60 years when widowed are less likely to have PDC than those widowed after age 60 years, and people widowed for more than 20 years were less likely to have PDC than those widowed for a shorter time. Least likely to experience PDC are those widowed under the age of 40 years (Kraus & Lilienfeld, 1959).

Where a spouse dies also affects the likelihood of PDC. Widowers whose wives die in hospital are less likely to experience PDC than those who die elsewhere. Curiously, widows whose husbands die in hospital are more likely to have PDC than those who do not (Rees, 1971).

Less surprisingly, Rees found the state of the marriage itself is a predictive factor. Spouses of unhappy marriages are less likely to experience PDC (also see Grimby, 1993), as were the childless.

## 2.3 **Death Trauma**

McDonald (1992), in his analysis of the 1989 General Social Survey (GSS), conducted for the National Data Program for the Social Sciences at the National Opinion Research Center, University of Chicago, found that death trauma increases the probability of PDC for the bereaved. This result is supported by Haraldsson (2009) who investigated PDC reported by 337 Icelanders. He found that

“disproportionately prominent were apparitions of those who died violently and crisis apparitions observed close to the time of death of the person who was perceived” (p. 91). Thus, it appears that people whose loved one died a traumatic death are more likely to experience PDC from that loved one, and this PDC is more likely to occur close to or at the time of death. This finding is supported by Kelly (2002) in his study investigating emergency workers and the incidence of PDC. These emergency workers are clearly not bereaved, but instead are involved with the deceased, who are total strangers, in a solely professional capacity.

## **2.4 Gender**

Significantly more women than men report experiencing PDC, as illustrated by the results of Barbato et al., (1999), who found only 8% of males but 92% of females in their sample had had PDC. Women are also more inclined to experience PDC visually, aurally, tactilely, and by association. Men are more likely to have an olfactory experience (Klugman, 2006). Discussing PDC is also something more commonly done by women than by men (Daggett, 2005).

Some have suggested these differences are related to socialization – at least in Western cultures – where social norms dictate women are ‘in touch’ with their feelings and more sensitive to unusual sensory or transcendental experiences. “In our culture, idionecrophanic experiences [PDC] are consistent with the principle of femininity, but not at all consistent with the principle of masculinity. Women are expected to be emotional, weak, intuitive, and receptive to the unconscious (Silverman, 1970; O’Neil et al. 1986)” (McDonald, 1992, p. 217), “while men are expected to be self confident, invulnerable, and less intimate or emotional (Snell, 1986: Williams, 1985)” (MacDonald, 1992, p. 217).

## **2.5 Age**

Age does not appear to be associated with increased likelihood of having PDC. A variety of studies find no differences between different age groups with respect to PDC (although some suggest older respondents are more likely to report a full visual PDC rather than a feeling of one (Kalish & Reynolds, 1973)). For example, Houck (2005) investigated grief reactions in 162 respondents bereaved by cancer, AIDS and AIDS-related illnesses, and suicide deaths. A frequency analysis revealed no

significant differences in PDC experience among people of varying ages. This was later supported by Streit-Horn (2011) in her systematic analysis of PDC research. She found over 50% of the studies she analyzed (9 out of 14) reported no substantial difference in prevalence of PDC according to age. When a difference was detected, four studies found greater prevalence among older participants, two among middle adulthood participants, and one study found greater prevalence among teens. Consequently, absolute consensus regarding the effect of age on PDC prevalence is still lacking from an empirical perspective, although the conclusions of the Streit-Horn meta-analysis suggest age is not a determining factor of PDC.

## **2.6 Race and Culture**

Race/culture appears to be associated with PDC, showing almost as great a variance as gender. McDonald (1992) analyzed data from the 1989 (GSS) wherein he selected 465 subjects over the age of 18 who had answered “yes” when asked if they had ever felt that they “were really in touch with someone who had died”. Results revealed American Blacks are more likely than American Whites to experience PDC when they conceive of God, as a judge and less likely when they conceive of God as a lover (Greeley, 1987). Previously, Greeley (1975) and Kalish and Reynolds (1973) had also found Blacks more likely than Whites to experience PDC, and also more likely to report feelings of fearfulness while experiencing them.

Kalish and Reynolds (1973) investigated racial/cultural differences in the Los Angeles area. They studied 434 people of whom approximately 25% were Japanese, 25% Black, 25% White, and 25% Mexican. All were of comparable income level with equal numbers of men and women, and equal numbers in each of the three elected age groups (20-39 years, 40-59 years, 60+ years). They found 44% of respondents reported experiencing PDC and finding it comforting. But within this 44% there were interesting variations between the categories of experient. Over half of the black and Mexican-American groups had experienced PDC, while White and Japanese Americans reported it much less frequently. It is interesting to note the variance found in two different populations of Japanese people. In contrast to the Kalish and Reynolds study which investigated Japanese Americans, Yamamoto et al., (1969) found that 90 % of Japanese reported PDC. This is evidence for the impact of culture over race in the experience of PDC.

Racial/cultural variance is also seen on the other side of the Atlantic, in The European Values Survey (Haraldsson & Houtkeeper, 1991), which showed that although 25% of Western Europeans believe they have experienced PDC, there is significant variation within that group. Only 9% of Norwegians answered affirmatively with regard to experiencing PDC, compared to 41% of Icelanders (Haraldsson, 2009).

Haraldsson and Houtkooper (1991, p. 159) have concluded that nationality emerges as a “very powerful factor indeed” in the experience of PDC and offered the following potential explanations: 1) differences in genetics, 2) dominant philosophy or life styles, 3) amount of media attention given to PDC, and 4) the impact of the quantity and quality of research conducted and published in any given nation.

It is likely that culture has an impact on the reporting of experienced PDC, such that where the culture is supportive (through cultural and societal norms, beliefs and attitudes), it is more commonly reported, and when it is less supported, it is less reported. Indeed, in the study showing 90% of Japanese widows reported PDC from their deceased husbands, Yamamoto et al., (1969) suggest this is due to the almost universal Japanese custom of ancestor worship, which derives from the Shinto/Buddhist religious culture. Shintoism and Buddhism both promote the bereaved maintaining an ongoing relationship with the deceased, via lighting candles and talking to pictures of the dead in a home shrine. In this cultural milieu, PDC fits neatly into the paradigm of ancestor worship and does not cause any emotional or cognitive angst for the experient, nor any fear of negative social judgment.

## **2.7 Education Level**

Consensus regarding the impact of education on PDC is lacking. Streit-Horn (2011) claims data from the top five studies is inconclusive, and that the academic literature is conflicting, showing both a negative correlation between education and the experience of PDC, and no correlation whatsoever. In discussing the findings, she suggests the evidence leans towards the conclusion that individuals with lower levels of education are more likely to report PDC. Similarly, Kalish and Reynolds (1973, p. 218) report: “the trend for the less educated to report the encounter was significant”. The need for more research is clear again from Klugman’s (2006) study, which found that someone with a graduate degree is less likely than someone with less

education to experience PDC as a guardian angel watching over them at all times. However, Klugman did not find statistical significance in other types of PDC experience.

## **2.8 Individual Differences**

Research shows there are considerable individual differences in the likelihood of experiencing PDC. For example, Arcangel (1997) within the framework of counseling and mirror gazing (a protocol known as the Psychomanteum (see Appendix 8) which was devised to induce PDC – see chapter five) in a hospice environment, asked respondents to fill out the Myers-Briggs Type Indicator, which is an indicator of Jungian typology vis à vis personality. Results showed respondents high in the Feeling and Intuitive functions were more disposed to experiencing PDC.

Greeley (1987) and Rees (1971) found that those who have other ESP experiences are more likely to experience PDC. Personality type is relevant too. Rees asked 253 respondents to answer a hysteroid-obsessoid questionnaire, to determine if there was a significant correlation between basic personality type and post-bereavement PDC. Of the respondents, 39 men and 149 women were found to be obsessoid, while 15 men and 50 women were hysteroid. More hysteroid (61.5%) than obsessoid people (45.2%) claimed to have had PDC. The figure was even higher for hysteroid widows who were more than twice as likely as obsessoid widows to experience PDC.

Gariglietti and Allison (2008) found meditation habits impact the likelihood of experiencing PDC; those who meditate often report PDC more frequently.

## **2.9 Summary**

As outlined in the preceding chapters, PDC is part of the human experience and can be experienced by anyone. However, there appear to be specific relationships between PDC and certain characteristics, for example, the grief status of the experient and the trauma experienced by the deceased at death, appear to have some bearing on the prevalence of PDC. Of particular note is that parents and significant others of those suffering traumatic deaths, as well as professionals exposed to traumatic deaths, experience PDC more often. A variety of other characteristics, such as being female, belonging to certain racial and cultural groups, and being of a hysteroid disposition,

are also positively correlated with experiencing PDC. Age and education appear not to impact the likelihood of experiencing PDC. The present and preceding chapters focused on providing a comprehensive overview of the PDC experience, and who is likely to have such an experience. In the next chapter, the focus will shift to examining the implications of such experiences by specifically addressing the therapeutic nature of PDC.

## Chapter Three

### The Therapeutic Nature of PDC

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*“As a man who has devoted his whole life to the most clear headed science, to the study of matter, I can tell you as a result of my research about atoms this much: There is no matter as such. All matter originates and exists only by virtue of a force which brings the particle of an atom to vibration and holds this most minute solar system of the atom together. We must assume behind this force the existence of a conscious and intelligent mind. This mind is the matrix of all matter.”*

(Planck, 1944, p. 22)

Throughout the literature, PDC has been found to be highly beneficial to the bereaved. Experiencers report feeling comforted, they report a sense of continuation, both personal and relational, and they report personal growth. PDC fits into the therapeutic paradigm of Continuing Bonds, and is also reported to resolve problem relationships between the deceased and the bereaved. It is now possible to induce PDC in a clinical setting, and in this instance the therapeutic benefits of PDC are enhanced. Unfortunately, PDC is not widely supported by health care professionals, and experiencers are wary of reporting the experience for fear of negative judgment.

That PDC is typically beneficial for experiencers is a well-established finding in the literature. However, what is it about the experience that leads to such positive and beneficial outcomes in relation to the bereaved and their grieving process? Additionally, given its therapeutic nature, how readily is PDC addressed in therapeutic settings? The purpose of this chapter is to provide an overview of the current understanding of the benefits of PDC which appear to be comfort, problem resolution, spiritual connection, a sense of a continuing relationship with the deceased, personal and/or spiritual growth, and a loss of fear of death.

#### **3.1 PDC is beneficial**

Research overwhelmingly indicates experiencing PDC is beneficial and therapeutic. Respondents reporting contact with the deceased show reductions in unresolved feelings, loss, grief, guilt, and sadness, as well as in changes in values, a

strengthened belief in the possibility of life after death, and a resultant decrease in fear of death (LaGrand, 2005).

In a revealing Japanese study, Yamamoto et al., (1969) invited 55 widows aged 60 years or under, whose husbands had been killed in automobile accidents, to take part in a study into PDC. Of the 55, 23 accepted to take part in the study and 20 were actually interviewed. These interviews took place in the widows' own homes, with the widows having an average time elapsed post loss of 42 days. Of the widows, 13 were Buddhist, one was Shinto and six had no religious affiliation. None of the participants indicated trying to cultivate the idea of their deceased husband, but 90 % reported sensing his presence. Yamamoto et al., also found reduced depression and anxiety in widows who had experienced PDC, in comparison to those who did not.

Many experients state that their PDC was a positive, soothing, beneficial, comforting and transformative experience (Streit-Horn, 2011). PDC can also result in a sense of expanded awareness, enhanced personal or spiritual growth, a sense of purpose, and a shift in values and beliefs (LaGrand, 2005). Other researchers report very similar findings (see Arcangel, 2005; Devers, 1997; Guggenheim & Guggenheim, 1995; LaGrand, 1997, 1999; Long, 1999).

As an illustration, Nowatski and Kalischuk (2009) conducted a study specifically to investigate the consequences of PDC on experients. Twenty-three participants (18 women and 5 men) were recruited via newspaper advertisements and after a phone call to determine their suitability, were interviewed in a semi structured manner and asked to describe their PDC(s), the meaning the experience had for them, and whether it impacted their grieving, religious or spiritual beliefs, or beliefs regarding an afterlife. Attitudes toward death and dying, and disclosure of the experience to others were also assessed.

The emotions expressed by the participants were largely positive and associated with love, connectedness, and comfort. Many felt that they had received a specific and meaningful message from the deceased, which often involved reassurance that the deceased was fine, and that they loved and (where appropriate) forgave the participant. Many participants reported life changes and personal growth following their PDC. They described themselves as more compassionate and more connected to others. All participants reported some form of belief in life after death



post-PDC (see also Sormanti & August, 1997).

### **3.2 Why Beneficial?**

The beneficial impact of PDCs (Datson & Marwit, 1997; Gariglietti & Allison, 1997; Kalish & Reynolds, 1973; Wiener, Aikin, Gibbons, & Hirschfeld, 1996) is due the comfort they bring (Archangel, 2005; Botkin, 2000; Devers, 1997; Hastings et al., 2002; Kalish & Reynolds, 1973). Cooper (2013) has suggested this comfort relates to a sense of hope that the loved one is still present, albeit non physically, and that if the loved one has survived physical death, it is reasonable to assume the bereaved might also survive death and be reunited with loved ones.

Drewry (2002), in his doctoral dissertation, investigated the phenomenology of the PDC experience. He advertised in the San Diego *Holistic Nurses' Newsletter*, at the 1999 Noetic Sciences Conference, and on the Guggenheim website ([www.after-death.com](http://www.after-death.com)) for bereaved individuals to participate in a PDC study. He selected seven participants and these people had had in total, 40 individual PDC experiences. His interview method was semi-structured and interviews were transcribed verbatim. Results were then analyzed via phenomenological reduction, in order to isolate the vital components of the PDC experiences, and the meaning ascribed to these components by the participants. He found that participants reported feeling blessed and privileged by the experience of PDC, even when they had been initially disturbed by it. PDC enabled them to conclude unfinished business with the deceased, and in some cases resolve their grief. There were also accounts of spiritual and personal growth. Participants reported reduced existential fears and expanded existential awareness along with a reduced fear of death and a belief that consciousness and love persist post death.

The benefits of the PDC phenomenon appear to go beyond providing a sense of comfort though. Rather, it seems that PDCs enable engagement with a number of psychological processes, which assist the bereaved through the experience of grief and existential angst. Among these other psychological processes are problem resolution, spiritual connection, the perception of a continuing bond with the deceased

and loss of death fear. Knowledge of PDC can also bring solace to care givers who are in danger of emotional burnout.

### *3.2.1. Problem Resolution*

Grief is not always simple and when a loved one passes there can remain a variety of unresolved issues and emotions for the bereaved. This can be damaging and inhibit the process of grief resolution in numerous ways (Horowitz, et al., 1984). However, the honest, loving communication that is typically experienced during PDC has resolved problems that were an issue between the deceased and the bereaved while the deceased was alive (Moody & Perry, 1993; Parker, 2005). It appears that PDC can transform the negative into the positive, hate into love, and anger into forgiveness (Devers, 1997).

Nowatski and Kalischuk (2009) investigated the PDC encounters of 23 experiencers via semi structured, in depth interviews. They recruited the experiencers through newspaper advertisements and asked them to describe their PDC and whether it had impacted their grief or spiritual beliefs. The interviews lasted from 1-2 hours and were transcribed. Phenomenological analysis showed that PDC helped resolve negative feelings, such as guilt which some participants had after losing their loved one. The PDC was reassuring and aided healing and forgiveness.

Guggenheim and Guggenheim (1995) recount a powerful example of healing PDC, in which a woman who had been molested by her alcoholic uncle between the ages of seven to nine years. As a result, she was an alcoholic herself by the age of seventeen years, doing drugs at age eighteen years, and she remained an addict for many years. Years later, in the process of sobering up, she was obliged to deal with what her uncle had done to her and in the course of this process she had a hypnopompic PDC experience, which featured her uncle who appeared to her with Christ. Christ asked her if she held anything against her uncle and she replied that she didn't; both the uncle and Christ then disappeared. A few days later the woman received a letter telling her that her uncle had died.

The healing effect of PDC applies as well to guilt as it does to forgiveness and is illustrated in a story from Nowatski and Kalischuk (2009). In this account, a woman felt great guilt at not being helpful enough to her dying husband, but then experienced

PDC in which her husband told her to stop feeling guilty because she would make herself ill. He told her that if she needed forgiveness, he forgave her and this PDC experience freed her from the guilt she had been holding onto, enabling her to mourn healthily.

### 3.2.2 *Spiritual Connection*

The spiritual or existential consequences of PDC can include a feeling of expanded awareness, enhanced personal or spiritual growth, a sense of purpose, and a shift in values and beliefs (LaGrand, 2005).

That PDC has spiritual implications has been widely documented in the research. In an early qualitative study, Whitney (1992) investigated 25 individuals who had had PDC and reported that the experience strengthened their spiritual practices. This was later supported by Hastings et al., (2002) who found spirituality is a consistent theme in the qualitative literature, and that experiencers are usually convinced they have had communication from the surviving consciousness, soul, or spirit of their deceased loved ones.

More recently, Steffen and Coyle (2011) conducted a thematic analysis of accounts of sensing the presence of dead loved ones. So that they would avoid a religious bias, they specifically recruited twelve experiencers from the general population, with the requirements that each had been bereaved for at least 18 months and had had at least one sense of presence experience. Seven of the experiencers were Christian and five were irreligious. Semi-structured interviews with open-ended questions were conducted lasting 60 – 120 minutes. Analysis showed that 100% of participants understood their PDC to be indicative of life after death, and therefore reason to hope that they would one day be reunited with their loved one. It also reduced fear of death, with all participants claiming to find meaning in it spiritually.

This reduction in fear of death is due to the fact that PDC strongly suggests to the bereaved that the mind, soul, or consciousness of the person for whom they are grieving, has persisted (Cooper, 2013). This implies that they will be reunited in an afterlife with their loved ones because death is not final. This spiritual belief related to PDC, which typically manifests as a renewed or new sense of belief in an afterlife, is associated with decreased death anxiety and better recovery from bereavement (Glick,

Weiss, & Parkes, 1974; Smith, Range, & Ulmer, 1991).

### 3.2.3 *Continuing Bonds*

A Continuing Bond can be defined as an ongoing, internal relationship between a bereaved person and their dead loved one (Stroebe & Schut, 2005), and it is widely noted in the literature that Continuing Bonds are a key factor in reducing the pain of grief (Asai et al., 2010; Barbato et al., 1999; Klugman, 2006; Nowatzki & Kalischuk, 2009). This pain reduction is due to the sense of connection that is found when bonds are maintained via “loving in absence”, rather than “loving in presence” (Attig, 2000; Nowatzki & Kalischuk, 2009).

PDC, with its sense of continued connection (Sormanti & August, 1997), can be understood as part of this model of Continuing Bonds, although the model assumes that PDC is simply a mental construction on the part of the bereaved. In this instance, the PDC experience reinforces continuing bonds (Klugman, 2006) and is a positive adaption in coping with grief (Field & Friedrich, 2004).

To investigate PDC and Continuing Bonds, Klugman (2006) conducted two focus groups with fourteen participants, each of whom was a spiritual leader or clergyman. They were asked to discuss stories of PDC they had heard from their congregants, and these stories were analyzed in order to create a closed-ended, random digit-dial, telephone survey consisting of 81 questions. In all, 928 phone calls were answered and 202 participants over the age of 18 years who had lost a family member or friend, were recruited. Results showed that nearly two thirds of participants had had PDC, and that the experience could occur early or late in bereavement - the passage of time was irrelevant. The experience might be less frequent over time, but it still can occur, which implies that the experience of continuing bonds via PDC may last a lifetime (Klugman, 2009).

This understanding that Continuing Bonds can be beneficial (Klugman, 2006; Nowatzki & Kallischuk, 2009; Parker, 2005) has led researchers to investigate specific means of retaining bonds with the dead, and this has included PDC (Rando, 1993, 1995; Rosenblatt & Meyer, 1986; Shuchter & Zisook, 1988).

## 3.3 **PDC in Health Care Settings**

PDC has historically has been categorized in a negative way by researchers, and understood to be indicative of underlying psychopathology (Freud, 1917; LaGrand, 2001) or “of broken hearts and minds in chaos” (Bennett & Bennett, 2000, p. 1). Bennett and Bennett (2000) argue that the medico-psychological model prevalent reveals itself in the language used to describe PDC that is often pejorative (as seen in section 1.1). The corollary of this is that although PDC is typically a highly therapeutic experience, there is suspicion of PDC in medical circles and as a result, awareness and support for PDC in therapeutic settings are lacking. This has a variety of consequences for both health care professionals, and for experients of PDC. The latter are reluctant to discuss their PDC experiences for fear of “being judged, ridiculed, and/or thought insane” (Streit-Horn, 2011, p. 62). And this fear is well founded. Experients have been judged to have lower levels of education (Emmons & Sobal, 1981), to be cognitively inferior (Alcock, 1981), and to have lower judgment capabilities (Blackmore & Troscianko, 1985).

### *3.3.1 Lack of Knowledge by Health Care Professionals*

As a result of the health care establishment being wary of PDC, health care professionals are frequently unaware of it, and are ill prepared to address the needs of clients who disclose them.

Daggett (2005) found many health care professionals knew nothing of PDC, and many say that they feel ill equipped to cope with the existential issues around death and dying (Brayne, Farnham, & Fenwick, 2008). This is a serious issue as many health care professionals working in bereavement could potentially be presented with a client who has experienced PDC (Sanger, 2007), and have no idea how to respond. Part of the ignorance surrounding PDC may be due to it rarely being mentioned in nursing and medical journals. Between the years 1995 and 2005 only two research papers under the key terms “bereavement”, “after death communication”, “death hallucinations”, “after-death contact”, “post death contact”, and “grief hallucinations” were found in the ERIC, CINAHL, and Medline databases (Daggett, 2005).

### *3.3.2 Impact of Limited Knowledge on Disclosure*

As the medical establishment and its offshoots are suspicious of PDC and since PDC is not discussed, there is a resultant lack of awareness of it by health care

professionals. This is likely to be a major contributing factor (in addition to fear of stigma) to the lack of disclosure of PDC by experients, and to an unsatisfactory outcome when they do.

As recently as 2005, more than 75% of participants who had disclosed their PDC felt their counsellor had not responded in a satisfactory manner. The lack of awareness of and appropriate education about PDCs may cause unnecessary stress for the bereaved, and lost opportunities for communication with the deceased (Daggett, 2005). In fact, research shows that experients who do discuss their PDC are unlikely to do so with a palliative care worker (Barbato, et al., 1999; Nowatski & Kalischuk, 2009; Streit-Horn, 2011). Brayne et al., (2008) and Olsen, Suddeth, Peterson, & Egelhoff, (1985) found that the actual clinical interviews they were conducting were often the first time many experients had discussed their PDC, for fear of ridicule.

As a result of this fear, if and when experients do talk about their PDC, they will typically attempt to frame their account of it in such a way as to eliminate any threat of being labeled as pathological. But because the experience is so intriguing and meaningful, experients commonly report wanting to share it. Thus, experients usually seek reassurance that they are not mad first, and then seek validation of their PDC experience after they have shared it (Attig, 2000). Guggenheim and Guggenheim (1995) support this, adding that experients were relieved and pleased to be able to discuss it with someone who understood. Within this reticence to discuss PDC, there is evidence of significant sex differences. Daggett (2005) and Rees (1971) found that the preponderance of their male subjects had not mentioned their PDC experiences at all, and that their female subjects had been careful to discuss them only with highly trusted friends and/or family members.

### **3.4 Induced After Death Communication**

The therapeutic benefit of PDC is underscored by the work of psychologist Dr. Alan Botkin. In 1998, Botkin, who had been employed by the US Veterans' Association for 20 years to work in trauma reduction, was using a technique of rapid eye movement, Eye Movement Desensitization Reprocessing (EMDR), to reduce Post Traumatic Stress Disorder. Botkin found that not only was EMDR a very powerful tool for healing emotional pain, but that while using EMDR some patients spontaneously experienced PDC. He then identified the therapeutic elements facilitating the experience, and after further refinement was able to induce PDC in the

majority of his patients. Of the first 84 patients to receive such treatment, 83 experienced PDC, of which 76 believed their experience was genuinely spiritual in nature (Botkin, 2000). Prior to Botkin's discovery, it was assumed PDC could only be a spontaneous experience (Guggenheim & Guggenheim, 1995; La Grand, 1997).

Botkin found that induced ADC [After Death Communication aka PDC] and spontaneous ADC are essentially identical, but with one vital difference: the induced experience is almost always multisensory, as opposed to spontaneous PDC, which tends to be most commonly experienced as "sense of presence". Botkin believes the fuller experience of induced ADC (IADC) is due to the greater control it provides in facilitating the experience and allowing different aspects of it to develop. Thus, the primary benefit of inducing ADC is that it works and is quick, effective, and allows more control over the experience by both the therapist and the experiencer. Botkin (2000) states:

The PDC can also be induced several times during one therapy session so that all issues arising from the encounter can be addressed and resolved. In the simplest, but not necessarily least profound of these induced ADC experiences, the individual "sees" the deceased as happy and at peace, and still very much alive, although in a different place. Usually some form of communication also occurs. As a result of the experience, the pain of disconnection vanishes, and is replaced by a loving reconnection. The experience dramatically erases any doubts about a belief in an afterlife (p. 188).

In the two years between his serendipitous discovery of IADC and the writing of *Induced After Death Communication* (2000), Dr. Botkin induced over 3000 PDC experiences in people with varying racial, cultural, and religious backgrounds. Today IADC is a therapeutic tool used on five continents. Recent studies confirm the efficacy of IADC. Botkin, Marrone, & Streit-Horne (2013) conducted a statistical analysis of 71 of Botkin's cases pre and post IADC. Results showed significant improvement on all items. Grief, depression and anger were reduced, and positive coping and belief in an afterlife were increased after the experience of PDC. Botkin

(2013) has also found that therapists he trains get results every bit as good as his. He had a sample of 16 therapists listed on his website rate the outcome of IADC therapy. They reported that IADC as “being between much better and dramatically better than other therapies used to treat grief” (p. 223).

### **3.5 Summary**

Research is conclusive that PDC is beneficial to the experient, and this benefit appears to be due to the widely acknowledged sense of comfort that is experienced as a result. Beyond this sense of comfort, PDC is also known to aid in problem resolution. In instances where the experient and the deceased have had a difficult relationship, PDC can bring rapprochement. PDC also brings to the experient a heightened sense of spiritual connectedness both to the deceased and to the world at large, and reduced death anxiety. PDC can be understood within the paradigm of Continuing Bonds, which holds that maintaining a relationship with the deceased can help reduce the pain of grief. Despite the evident benefits of PDC, research shows that the phenomenon is not widely known within the healthcare community and that experients are loath to disclose it to health professionals for fear of negative judgment. However, while PDC is typically a spontaneous experience unrelated to specific therapeutic procedures, Botkin (2000) has developed a protocol for inducing PDC to assist with various therapeutic concerns, and the induced PDC experience appears to be highly effective. The next chapter will discuss the methodology used in this research.



## Chapter Four

### Methodology

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*“A scientific theory . . . describes and codifies the observations we make . . . and will make definite predictions that can be tested . . . if the observations disagree with the predictions, one has to discard or modify the theory. (At least, that is what is supposed to happen. In practice, people often question the accuracy of the observations and the reliability and moral character of those making the observations”*  
(Hawking, 2009, p. 31).

This chapter will discuss the methodology used in the present research. Firstly, an overview of qualitative methodology and thematic analysis will be provided to place the research in context. This will be followed by an overview of the participants and the procedures used in the present study.

#### 4.1 Qualitative Methodology

The methodology used in this thesis is qualitative rather than quantitative, due to the following:

- a) Qualitative methodology is more relevant and more appropriate in this instance because the focus of this study is not just on the lived experience of the participants, but also on how they feel about their experience. Quantitative research alone would not provide the requisite tools with which this question of personal phenomenology could be investigated thoroughly.
- b) Qualitative research can be accomplished with a small population sample.

Qualitative research is valuable here in that it attempts to explore and understand an individual’s lived experience (emotions, behaviours, thoughts, feelings – in other words, their emic perspective), along with exploring systems at a cultural and social level (Strauss & Corbin, 1998). It investigates social environments, the individuals within these environments, and the manner in which the individual makes sense of their social setting (Berg, 2007), with the goal of gathering information on the individual’s understandings and belief systems (Barbour, 2008). The focus is on quality, process, and meaning, which cannot be measured via quantity, intensity, and frequency (Denzin & Lincoln, 2008), that are the domains of quantitative research. Qualitative data is analyzed thematically, as opposed to quantitative research where

data is analyzed statistically (O’Leary, 2004). The goal is to obtain quality insights into the question(s) under analysis (Patton, 2002), and therefore the sample size can be smaller, with the understanding that outcome can be generalized to a broader population (O’Leary, 2004).

## **4.2 Thematic Analysis**

Thematic Analysis (TA) was chosen for the analysis of the data gathered for this thesis, because it is “a method of identifying, analyzing and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79). Additionally, TA has clear advantages over other methodologies in that it is adaptable and uncomplicated to use, and the conclusions are clearly informative, not just to fellow researchers but also to any educated member of the public. It is also useful as it permits social as well as psychological observations, and this factor is particularly pertinent to the theme of this thesis. TA deals with the reported experience of participants and identifies, organizes, and analyzes themes within data in a simple way, thereby allowing for thorough description of experience. It is widely used because it is valuable in isolating and analyzing themes in verbal data and can allow for greatly detailed analysis.

TA is appropriate to this particular research study that is small and relatively uncomplicated. To have sought a more complicated methodology would have been ‘methodolatry’ (Holloway & Todres, 2003) and contrary to the scientific ideal of simplicity expressed by Occam’s Razor, whereby the solution with the fewest assumptions is selected. When working with the data corpus (see description below of this term), Kissling’s (1996) suggestion that the data should furnish the TA themes was heeded, and on this basis the interview transcripts have been quoted from directly, in order to name each theme.

### *4.2.1 Isolating the Data Set*

Thematic Analysis requires that the interview responses of the participants be broken down so that they can be analyzed. In TA, the totality of data collected for any specific research project is termed the ‘data corpus’. In this instance, this refers to every word of each participant interview. But not every item of data (i.e., not every word of every interview) is used when analyzing the results of a study. Instead, the irrelevant text is ignored and the data that is relevant to the study is isolated for

analysis.

This relevant data is called the ‘data set’. In this present study, the term ‘data set’ refers to every reference made by every participant to a certain topic (e.g., comfort) within the data corpus. Thus, every mention of ‘comfort’ would go into the data set.

The data set is comprised of individual responses to interview questions, and these individual responses within the data set are termed ‘data items’. A data item in this present study is, for example, an individual mention of ‘comfort’.

Lastly, the term ‘data extract’ applies to a piece of data from a certain individual that has been isolated and coded. It is these data extracts that will be used in the analysis. Many of these will be found in the data set, but only a relevant few will be used to analyze the interviews. In conclusion, TA involves the searching across a data set (interviews) to find repeated patterns of meaning (repeated statements).

### **4.3 Participants**

#### *4.3.1 Recruitment*

Participant recruitment was conducted via the snowball method. PDC often lends itself to non-disclosure by those who have such experiences. In that sense, PDC experiencers could be considered a ‘hidden population’. Snowballing has been shown to be particularly effective for accessing and obtaining information from ‘hidden populations’ (such as non-institutionalized drug-users (e.g., Heckathorn, 1997; Sifaneck & Neaigus, 2001); unemployed men (e.g., Atkinson & Flint, 2001; Faugier & Sargeant, 1997), and so was deemed the most appropriate method of recruiting the sample. In this present study, ‘snowballing’ meant that every time the researcher encountered a person who claimed to have experienced PDC, they were invited to take part in this study.

#### *4.3.2 Informing the Participant*

Once potential participants had been identified they were verbally informed about the nature of this study and invited to take part. Each participant was then sent an Information Sheet (see Appendix 3) containing basic information about the PDC phenomenon. This information contained an overview of the history of PDC, the

purpose of the present study, information on what would be required of the participants, the goals of the study, and the rights of the participants. Participation consent was then obtained from each individual (see Appendix 4).

Once the participants were fully informed and participation consent obtained, an email was sent to each participant containing the sheet of interview questions (see Appendix 5). The participants were asked to consider the questions and an interview time was agreed upon. Interviews were conducted face to face where possible, and by Skype where necessary. The interview technique was semi-structured, that is, verbal prompts were given when required to elicit more information (Breakwell, 1995).

The open ended questions covered the participant's relationship with the deceased; the participant's state of bereavement; the nature of the PDC; the significance to the participant of the PDC; its impact on the participant's grief; its impact on him or her as an individual; what the participants thought other people think about PDC; the desire (or otherwise) of the participant to tell others about the PDC; the opinion of those told; the impact of the opinion of those people; the impact of PDC on the spiritual beliefs of the participant; and lastly, the impact of the PDC on the participant's attitude to his or her own death.

Each interview was recorded and then immediately transcribed into textual format. This was time consuming, but is an important initial step in understanding the content of the interviews (Riessman, 1993). The transcript of their interview was then emailed to each participant for signed text approval (see Appendix 6).

#### *4.3.3 Participant Demographics*

A total of 14 participants (11 female, 3 male), ranging in age from 51 years to 80 years (median age = 63) participated in this research. One participant was full-blooded Zapotec Indian and the other 13 were all Caucasian. Among the Caucasian participants, 5 were New Zealand Caucasian, 1 was Swedish Caucasian, 1 was English Caucasian, 2 were Norwegian Caucasian, and 5 were American Caucasian. Of the 14 participants, 5 reported themselves to be Christian or Christian and-open-to-other-ideas, 2 reported that they were Jewish, 2 reported that they were Buddhist, 2

reported that they were agnostic/irreligious, and 3 reported that they were spiritual but not religious. Table 1 provides an overview of participant demographics.

**Table 1**

*Demographic Characteristics of the Participant Sample*

| <b>Participant</b> | <b>Gender</b> | <b>Religious Affiliation</b> | <b>Age</b> | <b>Educational Level</b> | <b>Marital Status</b> | <b>Residence</b> | <b>Race</b>            |
|--------------------|---------------|------------------------------|------------|--------------------------|-----------------------|------------------|------------------------|
| 1NZCF              | F             | Spiritual<br>not Religious   | 76         | graduate                 | widow                 | Auckland         | NZ<br>Caucasian        |
| 2NZCF              | F             | Christian +                  | 67         | graduate                 | married               | Brisbane         | NZ<br>Caucasian        |
| 3SwCF              | F             | Agnostic                     | 68         | graduate                 | married               | San Francisco    | Swedish<br>Caucasian   |
| 4NZCM              | M             | Christian                    | 56         | college                  | single                | Auckland         | NZ<br>Caucasian        |
| 5NZCF              | F             | Spiritual<br>not Religious   | 80         | college                  | widow                 | Auckland         | NZ<br>Caucasian        |
| 6NZCF              | F             | Spiritual<br>not Religious   | 59         | graduate                 | divorced              | Wellington       | NZ<br>Caucasian        |
| 7UKCF              | F             | Spiritual                    | 59         | college                  | married               | Auckland         | English<br>Caucasian   |
| 8NCF               | F             | Christian                    | 63         | graduate                 | divorced              | San Francisco    | Norwegian<br>Caucasian |
| 9IndM              | M             | Buddhist                     | 73         | graduate                 | married               | San Francisco    | Zapotec<br>Indian      |
| 10AmCF             | F             | Jewish                       | 59         | post -<br>graduate       | divorced              | San Francisco    | American<br>Caucasian  |
| 11AmCF             | F             | Christian +                  | 52         | college                  | married               | Los Angeles      | American<br>Caucasian  |
| 12AmCM             | M             | Christian +                  | 67         | post-<br>graduate        | married               | Los Angeles      | American<br>Caucasian  |
| 13AmCF             | F             | Jewish                       | 51         | graduate                 | widow                 | Los Angeles      | American<br>Caucasian  |
| 14AmCF             | F             | Buddhist                     | 54         | college                  | married               | Los Angeles      | American<br>Caucasian  |

## **4.4 Procedure**

### *4.4.1 Ethics*

Ethics approval for this study was sought from and approved by the Massey University Human Ethics Committee: Southern B, Application 13/77.

### *4.4.2 Data Analysis*

Once the interviews were completed, Thematic Analysis was undertaken in order to construct a detailed analysis of the data. This first involved transcribing the interviews. Transcription in TA is not required to be as detailed as it is in some other forms of qualitative analyses. The transcripts are simply required to be true to the original verbal account (punctuation, for example, can change the meaning of text, see Poland, 2002, p. 632). The transcriptions were then read over several times for full familiarization with the data, and to identify common themes and patterns in the interviews.

Once careful transcription was complete, the protocol outlined by Braun and Clarke (2006) was used. The initial coding process was begun using the semantic approach, in order to identify broad codes within the explicit content of the data corpus. This evolving and organic process of coding is considered to be part of the analysis (Miles & Huberman, 1994), but care was taken that no interpretation was made of the concepts behind this content at this stage (Braun & Clarke, 2006).

Every data item was given equal attention during the coding process with care being taken that unusual and or exciting examples were not focused upon, but rather, that all relevant extracts were collated. Various codes were then derived from transcript analysis, and pertinent data extracts with their relevant codes were constructed into ensuing themes. These various themes were then refined into the four basic, umbrella themes of Comfort, Continuation, Growth, and (perceived) Negativity, which are described in the next chapter, which presents the results of this study.

## Chapter Five

### Results

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*“A new scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die, and a new generation grows up that is familiar with it.”*

(Planck, as cited in Kuhn, 1949, p. 33-34)

This chapter begins by providing a general overview of the PDC experienced by each participant, before providing a more in-depth analysis of the information derived from all the interviews. The three main themes and the theme of negativity are discussed. Unless otherwise indicated, all letters and numbers occurring in parentheses indicate the code allocated to the specific participant who provided the quote.

#### 5.1 General Overview of the PDC Experience

##### 5.1.1 Decedent Relationships

Across the 14 participant interviews, 20 individual PDC relationships were reported. This was because some participants experienced PDC from more than one decedent. Of these relationships, five involved mothers, three involved husbands, two involved dogs, two involved fathers-in-law, two involved fathers, and two involved friends. PDC from a son, a lover, a cousin, and an acquaintance was reported once each. Eleven participants reported multiple PDC experiences, while the remaining three reported only one instance of PDC.

##### 5.1.2 PDC Type

Across the interviews, eight different types of PDC were reported. These included:

1. Tactile (2 reports): Tactile PDCs generally involved the perception of being physically touched by the deceased or of a physical sensation: *I was awoken*

*by someone stroking my shoulder [1NZCF]; and: I felt the warmth of her body and her arms around my middle, just as it felt when she rode with me [4NZCM].*

2. Kinaesthetic (5 reports): Kinaesthetic PDC involved unusual and meaningful physical phenomena. Examples from the interviews included: *All of a sudden a swirl of wind started flying around the three of us [13AmCF]; and: a plate flew off the shelf and travelled about 1.5 metres before it smashed on the floor [1NZCF]; and: all of a sudden two wooden platters that she had given me, that were sitting along side the chair, just fell over and there was really no reason for that. They had never fallen over before, never [5NZCF]; and: every time I looked at the clock it was 11:11 – am/pm it didn't matter, it was 11:11 all the time. This happened over a period of about six weeks. It was always 11:11 [7UKCF]; and: He had bookmarked it to the very verse I was going to read in church at his funeral [12NM]; and: I began waking up early and looking at the digital clock which said 5:55am. This happened three days in a row and puzzled me. It wasn't until about two months after the funeral when I was responding to condolence cards that the mystery was solved. Keith's latest book, which was on tribal art, had been published and was ready for release. The publisher's card featured their address, which was 555 \*\*\*\*\* St" [1NZCF].*
3. Sense of presence (4 reports): Otherwise known as "Sentient PDC", a sense of presence involved the participant feeling the presence of the deceased despite their physical absence: *I could feel my mum around me, it was her presence [2NZCF]; and: He was definitely with me 100%. I could physically feel him near me [7UKCF]; and: It felt like mom showed up to take Karen home and it's an overwhelming feeling of her presence [8AmCF]; and: I certainly felt his presence [9IndM].*
4. Visual (2 reports): Visual PDC involved the participant actually seeing the deceased as if they were physically present, either in a real or hyper-real way: *I saw him totally clearly [3SwCF]; and: Oh my God! There's Rennie [6NZCF].*
5. Auditory (3 reports): Auditory PDCs involved the participant hearing the distinct voice of the deceased: *I heard my dad as if he were sitting right next to*



me [11AmCF]; and: *I heard his voice saying ‘What you doing?’* [7UKCF]; and: *I would hear his words* [9IndM].

6. Dreams (2 reports): Dream PDC involved the participant experiencing a meaningful dream which featured the deceased: *she has come to me in dreams* [10AmCF]; and: *in my own dream I felt as if there was a child next to me* [13AmCF].
7. Olfactory (1 report): Olfactory PDC involved the participant actually smelling the distinctive scent of the deceased: *I would smell my husband* [14AmCF].
8. Mediumistic (1 report): PDC via a medium involved unsolicited and meaningful communication from a complete stranger: *he said he was going to give me a reading because someone wanted to reach me. He said, ‘There is someone trying to get through to you’* [2NZCF].

Table 2 provides a general overview of each participant’s PDC experience:

**Table 2**

*Specific Details Concerning Each Participant’s PDC Experience*

| <b>Participant</b> | <b>Grief Reduced?</b> | <b>PDC From</b> | <b>PDC Type</b>   | <b>Time Since Death of Communicant</b> |
|--------------------|-----------------------|-----------------|-------------------|--|
| 1NZCF              | yes                   | husband         | tactile           | 1 week,                                |
|                    | yes                   | friend          | kinesthetic       | 3 days                                 |
|                    | no relief             | acquaintance    | kinesthetic       | days                                   |
| 2NZCF              | yes                   | mother          | medium            | 1 year                                 |
|                    |                       | mother          | sense of presence | days                                   |
| 3SwCF              | yes                   | mother          | visual            | 1 month                                |
|                    | yes                   | husband         | visual            | days                                   |
| 4NZCM              | yes                   | partner         | tactile           | 1 day to 1 year                        |
|                    |                       | partner         | sense of presence | 1 day to 1 year                        |
| 5NZCF              | no relief             | cousin          | kinesthetic       | days                                   |
| 6NZCF              | ambiguous             | dog             | visual            | days                                   |
|                    |                       | father          | visual            | days                                   |

|        |                |               |                   |                                  |
|--------|----------------|---------------|-------------------|----------------------------------|
| 7UKCF  | yes            | son           | auditory          | 18 months                        |
|        |                | son           | sense of presence | 18 months                        |
| 8AmCF  | yes            | mother        | kinesthetic       | 1 year                           |
|        |                | mother        | sense of presence | days to present (13 years total) |
| 9IndM  | ambiguous      | friend        | sense of presence | days                             |
|        |                | friend        | auditory          | days                             |
| 10AmCF | yes            | mother        | dream             | days                             |
| 11AmCF | yes            | father        | auditory          | weeks                            |
| 12AmCM | yes            | father in law | kinesthetic       | days                             |
| 13AmCF | yes            | dog           | kinesthetic       | weeks                            |
|        |                | father in law | dream             | days                             |
| 14AmCF | worsened grief | husband       | olfactory         | 8 months –lasted 4 days          |

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## 5.2 Analysis of Interviews

### 5.2.1 Meta-Theme: Affirmation

The overriding message apparent in the reported experience of PDC was one of Affirmation. Participants overwhelmingly conveyed their experiences in positive terms, indicating that they were beneficial for a number of reasons. Importantly, participants' interview responses indicated PDC was a useful and effective tool in grief resolution. The final and main themes apparent in the data set were all subsumed under this overriding meta-theme of Affirmation, and include: Comfort, Continuation, Growth, and Veridicality. Several sub-themes fell within each of these main themes.

#### 5.2.1.1 Comfort

The first clear theme arising under the meta-theme of Affirmation is that of comfort. This is conveyed largely through positive expressions about how enjoyable the PDC was and the implications of that enjoyment in terms of the grieving process. All fourteen participants stated that their PDC was enjoyable, using statements such

as: *I loved it* [3SwCF]; *I loved it. I thought it was amazing* [6NZCF]; and: *Thank you God* [8AmCF; 10AMCF].

Twelve of the fourteen respondents reported experiencing some form of comfort from their PDC experience, and five specifically used the word “comfort” to describe the impact of PDC.

*It is also comforting when they make contact because you know that even though they have moved on, they have not forgotten us* [1NZCF]

*I was grateful, thrilled . . . it was the feeling that was reassuring* [10AmCF]

*It made me feel better . . . It gave me the strength to go on* [4NZCM]

Other expressions indicative of comfort included: *I felt good, happy. I felt relieved* [7UKCF]; *The overall feeling was one of warmth* [6NZCF]; and: *I felt pleased, reassured that she was there with me*. Four participants also reported that PDC made them feel “loved”, while a further ten indicated a more direct implication of PDC which included: *it meant closure for me* [1NZCF]; *it cheered it [bereavement] up, enormously . . . It gave me the strength to go on*. [4NZCM].

An important aspect of Comfort was the grief resolution and/or reduction. Of the 14 participants, 10 reported reduced or resolved grief: *it cheered it up, enormously* [3SwCF]; *It gave me the strength to go on* [4NZCM]; and: *it meant closure for me* [1NZC].

Of the twenty PDC relationships, four (involving four different participants) did not result in resolved grief. One participant said her grief was already resolved, two had not experienced intense grief, and one said her PDC made her feel worse. It did not make her grief worse however, it made her angry. *I got very angry. How am I supposed to get through this if I keep getting reminded of you?* [14AmCF].

#### 5.2.1.2 Continuation

Under the Affirmation meta-theme, a second larger theme emerging from the data was that of continuation. Participants expressed the feeling that their PDC

experience provided them with an opportunity for continuation. This sense of continuation was seen in the idea of a continued relationship with the deceased, a continued personal existence beyond physical death, reduction or resolution of death fear, and reduction or resolution of existential concerns.

A total of 11 participants reported a sense of a continued relationship with the deceased. Statements highlighting such continuity included: *It made me feel better to know that our love had endured* [4NZCM]; *I felt I was still connected with him* [9IndM]; and: *Hearing from her made me feel like I still had like I still had my family* [10AMCF].

Some participants believed the continued relationship expressed in PDC was driven by the deceased and that they could (and would) also engage in PDC upon their own death:

*He just wants to keep connected . . . It wasn't really his time but he had to go and I just think that he is trying to keep connected with us* [13AmCF]

*I expect to be giving PDCs myself* [1NZCF]

*I want . . . to give a message that I am not gone I am just in a different dimension*  
[10AmCF]

*I promised the youngest one, who smelled his dad . . . that when I pass, and after I have time to rest, and gain strength, that I would reach out to him* [14AmCF]

Continuation was also expressed in the form of belief in the continued existence of the non-physical self-identity after the physical self had died. Twelve of the fourteen participants stated that PDC strengthened their belief in such continuation, and this facilitated positive grief resolution.

*PDC helps bereavement because it shows consciousness continues. It is proof*  
[1NZCF]

*I know there is life after death* [2NZCF]

*Signs are a help because I was very painfully bereaved by Marg's death . . . and PDC helps bereavement because it shows consciousness continues [1NZCF]*

*It did affect me bereavement because I knew, to me, that was a positive affirmation – confirmation, that there was a spirit. Absolutely, 100% [7UKCF]*

*You die, physically you just disintegrate into the ground, end of story. But I believe your soul, or your spirit or whatever, goes higher or lower or wherever [7UKCF]*

*I knew there was more to life and death. I just knew there was something more [4NZCM]*

### 5.2.1.3 Growth

A final theme to emerge related to the meta-theme of Affirmation was that of growth. This theme tended to relate to participants' personal development as a result of the PDC. Overwhelmingly, participants suggested that the experience had facilitated a positive change in the way they viewed life and death and motivated them to engage in a more spiritual approach to life.

For those reporting changes in views on life, these mainly related to philosophical concerns about how life should be lived or beliefs about what the important things in life are. Six participants specifically reported the changes as a personal growth:

*I am privileged – it taught me to appreciate things more and to look for the good in life [2NZCF]*

*It gave me the strength to go on. It increased my world . . . it made me a searcher of truth and history . . . it changed my internal world [4NZCM]*

*I felt it was a tune up for me, an instruction for me to be who I am supposed to be and not who I thought I should be [4NZCM]*

*All of it has made me want to give back and help others [13AmCF]*

*It changed my whole philosophy of life and life after death. I believe in a supreme life force of some form . . . it's all tied into magnetism, atomic structure, electricity, you know all the science stuff that they go on about, It's all tied*

*into that. It's also tied into that fact that there are millions of universes beyond this universe. We are not designed to be able to know about these things [2NZCF]*

Other issues highlighted as growth oriented, related to a desire to learn more, mainly about PDCs and what they might mean. Two specific quotes highlight this reported desire to seek out further information about PDC:

*these experiences combined with research on my own part and the expansion of my knowledge about post-death communication and what might lie beyond this life will make dying not such a terrifying prospect at some point in my life [11AmCF]*

*It made me more excited to talk about it and look into it more, to read about it more. I am thirsty for this information [13AmCF]*

Two further quotes highlight the desire reported by several participants to share the information they have gained on PDC with the world at large:

*I wanted the world to understand that there's more going on. I had spiritual discovery excitement and I wanted to share the excitement [4NZCM]*

*I did [want to talk about PDC] because I thought it was important . . . I think it was important that they realize that it does exist . . . that there is something after death and it's important people know that. Maybe it will take some of the fear away and maybe people when they pass they can be a little more at peace [14AmCF]*

Six participants reported the growth they felt occurred was spiritual in nature. Some statements highlighting this claim included: *It made them [spiritual beliefs] stronger. We are all connected. We are all part of each other and the more we discover with science the more that is confirmed [4NZCM]*, and: *It drove me to try to understand our spiritual nature*, and: *It made it [spiritual belief] stronger and more solid [7UKCF]*.

Perhaps the most prominent discourse within the main theme of growth, related to a loss of the fear of death, with 12 of the 14 participants indicating they no longer held a fear of dying:

*YES! It [PDC] has [impacted her fear of death]. I am very relaxed about it. I have no fear of death now [2NZCF]*

*I am not afraid although it is not an easy thing to go through, from what I have seen. It has dispelled any fear I had [8AmCF]*

*It made me feel not afraid of death [9IndM]*

*It gave me comfort about my own passing in the future [12AmCM]*

One participant reported death fear, but said PDC had helped with that fear: *I am still afraid of death . . . But I think that the post-death communication I have had with my father . . . is helping me to slowly change that fear. [11AmCF]*

The growth experienced through PDC also involved a healing dimension for one participant who had previously had a painful relationship with her mother:

*I felt relieved as if I had got that relationship back with her that every child wants with their parent . . . The PDC from my mother made me feel great. It put a positive spin on what was a very tough relationship. I speak with Mum on a regular basis now and have a great relationship with her, and I have told my family and they all think its great that we have finally become friends [7UKCF]*

*I feel that my mum is available for me if I want to make contact with her [7UKCF]*

#### 5.2.1.4 Veridicality

Evidence for the veridical nature of their PDC was reported by 50% of participants and appears to emphasize and support the other beneficial characteristics of PDC. Specifically, participants suggested that external points of reference that related to their PDC were indicative of veridicality. Seven participants in this study reported such experiences:

*I was asked to read at his funeral and I knew which passage I was going to read immediately. I didn't know why. I said to my mother-in-law, "I know what I want to read and she said Okay". She pulled his Bible out of his desk. He had bookmarked it*

*to the very verse I was going to read in church at his funeral. It was Ecclesiastes 3.  
She called me to tell me this [12AmCM]*

*They were amazed to see the pictures and a lot of people who said they didn't believe  
in it changed their tune. Even my husband did not believe in it until he saw that  
picture with his father in it, then he finally softened and said "Wow, I guess it really is  
real" [13AmCF]*

*my other son said "You know, I smelled him too" [14AmCF]*

*this medium, this guy, used her language, in her tone, with the words, and spoke  
exactly as she would have spoken and I didn't say a word to him. I thought the  
questions, I looked at him, and he came up with the answers to my questions. He just  
came out with the answers [2NZCF]*

*This was a few weeks after Molly died. I was really having a bad time and I  
looked down and normally all the water runs down the drain but this time it all  
collected around this one broken sticker and the water made a vision of Molly's face,  
her head, using the sticker as her ear. I took a picture of that [13AmCF] (see  
Appendix 7 for this image).*

The lack of expectation with respect to wanting a PDC and the spontaneous nature of some PDC events facilitated for some participants and strengthened for other participants, a belief in the veridical nature of PDC. For example, seven participants reported no expectation of PDC, and surprise at the way it occurred:

*A strange man appeared out of the rain . . . he said then that he wanted to give me a  
reading [2NZCF]*

*A year after her death, on the very day of her death, the entire factory, Morrison and  
Black, had some sort of electrical circuit and shut down. I was told it shut down at  
exactly the same time as she got killed and it had never shut down before [4NZCM]*

*I wasn't expecting it [6NZCF]*

However, one participant did specifically report focusing on the deceased when PDC occurred. The nature of the ensuing experience was still believed to be veridical by the participant:



*I just sat and semi-meditated on Ann's face. And all of a sudden two wooden platters that she had given me, that were sitting along side the chair, just fell over and there was really no reason for that. They had never fallen over before, never [5NZCF]*

### 5.2.2 Negativity

The fourth and final theme emerging from the data was related to negative aspects of PDC. These included both negative reactions of the participant and perceived negative reactions of others to being told about the PDC.

While 13 of 14 participants reported their experiences in positive terms and 100% indicated that PDC had highly beneficial implications, there were two reports of negative experiences. Although these were minimal, they are nonetheless important to include.

One participant reported the experience as strongly negative: *It got me very angry. It got me angry at him [14AmCF]*. The same participant went on to explain her need to make changes in her living arrangements because of the PDC, and also the negative implications the experience had in terms of her grieving process:

*The last time I smelled him I decided it was time to move house. I found smelling him very disturbing. I didn't find it comforting because I didn't think he had a peaceful death. I didn't feel comfort in it. I was a little bit upset by it . . . It made it very difficult because I felt very frustrated because I felt like . . . I got very angry. How am I supposed to get through this if I keep getting reminded of you? [14AmCF]*

One participant welcomed the PDC but found it painful:

*Although I got pleasure from it, I wanted to slap him. I wanted to physically slap him, as if to say: "Why are you not here? Why am I . . . I was angry with him for putting me through the hurt and the pain, and why have you done this to me?"*

[UKCF7]

#### 5.2.2.2 Fear of Negative Judgment

Fears about others' perceptions of them, and specifically of their sanity, were highlighted throughout a number of participant discourses. They discussed hesitance at telling others of their PDC due to fear of how they would be perceived. Many

believed there are negative categorizations or ‘stigma’ associated with disclosing experiences of PDC.

Seven participants reported fear of being judged mentally deficient for telling others about their PDC experience and used language that describes colloquial pathologies. In line with this, 13 of the 14 participants reported some form of concern about social condemnation if they disclosed their PDC. Quotes clearly highlight thoughts regarding others perceptions, include:

*You will think I am crazy* [3SwCF]

*They thought I was a nutter* [4NZCM]

*I think it's important that people know that those of us that have experienced it are not crazy* [14AmCF]

*I thought I can't tell her this because she will think I am mad* [3SwF]

*I don't talk about it! You can't talk about it. People think you are bloody cuckoo*  
[2NZCF]

Nine participants reported wariness about discussing their PDC or disclosing they had had the experience at all: *You have to be very careful not to mention it* [1NZCF]; and: *I was real careful about who I told* [14AmCF].

Four respondents indicated that they thought most people did not believe that PDC happens at all, and two used scatological terms to express the intensity of their feelings: *most people think it's bullshit* [14AmCF]; and: *they think it is absolute crap* [7UKCF].

### **5.3 Summary**

All participants reported PDC as a beneficial experience despite one PDC event being unwelcome, one being painful, and one being irrelevant. Specifically, participants widely reported experiencing a sense of comfort from PDC. They reported a sense of continuation in their relationship to the person for whom they were grieving, and a sense of continuation with respect to their own mortality. PDC also reduced fear of death. Ten participants reported reduced or resolved grief, and 50% of participants reported perceived veridicality of their PDC experience due to external

points of reference. A sense of personal growth and a reduced fear of death were widely reported, as was fear of being judged as mentally deficient. This fear was almost as powerful as the sense of comfort, with 13 of the 14 participants expressing wariness with regard to disclosure. The next chapter will provide a discussion of these results and place them in context to other literature in this area, as well as addressing limitations of the present research and areas of future endeavour.

## Chapter Six

### Discussion

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*It is almost an absurd prejudice to suppose that existence can only be physical. As a matter of fact, the only form of existence of which we have immediate knowledge is psychic (i.e. in the mind). We might as well say, on the contrary, that physical existence is mere inference, since we know of matter only in so far as we perceive images mediated by the senses*  
(Jung, 1969, p. 12).

This chapter presents a discussion of the research results, and attempts to place them in relation to previous research. To place the findings in context, an overview of the participants in the present study in relation to demographic characteristics that may be relevant to PDC will be given. The phenomenology of the PDC experience of the participants will then be provided. How PDC impacted on the process of grief relief will be discussed, in addition to the negative aspects of PDC highlighted by participants. The chapter will conclude by considering the limitations of this study, and providing ideas for future research.

#### 6.1 The PDC Experient

In order to best consider the findings of this study in light of other research, some specific demographics of the participants are worthy of mention, and will provide context for the findings in terms of the phenomenology and the therapeutic nature of the PDCs experienced.

The majority of participants in the present study were female, which is in line with previous research suggesting that women are more likely to experience PDC (Barbato et al., 1999), and also more likely to discuss it (Daggett, 2005). It is possible that the gender disparity in this study is related to these factors. However, it is also possible that the snowballing sampling method used here played a role in the gender of participants opting to be involved in the study. Klugman (2006) broke the gender differences down in an illuminating way. He found that women were more inclined to experience PDC visually, aurally, tactilely, and by association. Men were more likely to have an olfactory experience. That was not the case in this study, as the only participant to report olfactory PDC was female, and male participants varied in the

type of PDC they had. These included auditory, tactile, and sense of presence.

The age range of participants was skewed toward an older group. Results from other studies have been inconclusive with regard to the influence of age on the experience of PDC (e.g., Streit-Horn, 2011). The skewed range in the present study may be a function of the snowball method of participant recruitment and the age of the researcher (56 years). It is also possible that as individuals in this older age range are biologically closer to death, that they are more likely to be interested in or captured by this type of study.

In line with other findings (e.g., Gariglietti & Allison, 2008; Houck, 2005), the spiritual affiliation of participants appears to have no impact on their experience of PDC. There were no specific commentaries within the interviews to indicate that spiritual or religious orientation played a role in the phenomenology of the PDC or the occurrence of it for specific individuals. This finding holds whether participants reported themselves as Christian, Buddhist, Spiritual or otherwise. Furthermore, despite the fact that religion has had the traditional role of establishing contact with the dead (Ben Yehuda, 1986), the fact that one participant self-reported as agnostic, supports the wider research findings that a lack of religious and/or spiritual belief does not exclude an individual from the PDC experience. Clearly while certain spiritual beliefs make the experience of PDC more likely, belief per se is, in fact, not required at all.

A stated aim of the study was to compare the PDC experiences of New Zealand participants to American participants. Analyses of the interviews revealed no obvious differences in the descriptions of the phenomenology of the PDC, or in the implications of the PDC across the sample. This suggests that the race or culture of the participants did not have an effect on the experience of PDC for this sample, which is contrary to the findings of previous research that suggests race and/or culture may be implicated in the PDC experience (e.g., Greeley, 1975; Haraldsson & Houtkooper, 1991; Kalich & Reynolds, 1973; McDonald, 1992). Similarly, death trauma, education level, and other individual differences were not apparent in the interview dialogues, so did not appear to have any bearing on the PDC experience of participants in the present study sample.

## **6.2 The PDC Experience**

The first aim of this research was to investigate the phenomenology of PDC, in part to determine whether there exist differences between the present sample and previous samples regarding certain variables of the experience. Findings revealed many elements found in the experiences of the present sample have been reported in previous literature.

The most commonly reported PDC relationship was that of mother-child, followed by that of husband-wife. This is in line with extant research showing close relationships are more likely to engender PDC than more distant relationships, especially in relation to spouses (e.g., see Grimby, 1993; Haraldsson, 2006; Rees, 1971). While previous research indicates PDC is statistically more likely to occur for bereaved parents (e.g., Wiener, 1996), only one participant in the present study indicated receiving PDC from a deceased child. As none of the other participants in the present study had deceased children, this accounts for why PDC experiences between deceased children and parents were not prominent in this study. PDC from various other relationships was also reported by the present sample, including PDC from pets.

The two instances of pet PDC were kinesthetic and visual respectively, indicating communication with a deceased pet can at least be perceived in the same sensory way as communication with a deceased human other. Research investigating PDC in owner-pet dyads is minimal, but pet-human PDC has been recorded in the literature (e.g., Heathcote, 2008). It has also been noted that the concept of continuing bonds applies equally to pets as it does to human loved ones (Packman, Horsley, Davies, & Kramer, 2011).

Participants experienced eight of the thirteen types of PDC found throughout the literature, with kinesthetic PDC the most frequently reported. Although consensus regarding the most common type of PDC is lacking, no previous studies, to the researcher's knowledge, have reported kinesthetic PDC as the most frequently experienced. Two reports of kinesthetic PDC are of special interest however, in that the experience entailed a meaningful digital display of time. Sense of presence was the next most reported type of PDC in the present sample, which is in line with previous studies by Grimby (1993, 1998) and Rees (1971), who also found this to be the most reported PDC type. Although previous studies have suggested dream and telepathic PDC (e.g., Houck, 2005; LaGrand, 2001; Kalish & Reynolds, 1973;

Wright, 1998) and visual PDC (e.g., Haraldsson, et al., 1977; Greeley, 1997) as the most frequent types, this was not apparent in the present study. Here, dreams and visual PDC are reported twice each, and there are no reports of telepathic PDC. Only one participant (7%) had a spontaneous, unsolicited PDC (in this case, via a medium), which contrasts with the findings of Houck (2005), in which 15% of participants reported experiencing PDC via a third party such as a medium or a shaman.

That PDC is often part of the bereavement process is found throughout the literature (e.g., Devers, 1988, 1997; Drewry, 2002; Hastings et al., 2002; LaGrande, 1999, 2001; Moody, 1992; Parker 2002; Whitney, 1992). But it is valuable to note that although intense grief is strongly associated with PDC (Arcangel et al., 2005), it is not a *sine qua non* of PDC. PDC can happen in the absence of any strong or positive feelings for the deceased at all, as was the case for one participant who received PDC from an acquaintance she was not close to and did not like. This same lack of emotional investment was found by Kelly (2002) in his study into the PDC experiences of emergency response workers, which found that 28% had experienced PDC at accident sites from total strangers. PDC may also happen when it is specifically unwelcome, as reported by one participant, who explained that the unwelcome nature of her PDC was due to her concern that her dead husband didn't know that he was "gone". She was also clear that her marriage to the deceased had been a difficult one.

Of the 20 PDC relationships occurring in this study, 14 were experienced in the first week post-bereavement and all but two happened during the first year post-bereavement. One PDC relationship, which began just days post-mortem, is ongoing today, some 13 years later. That PDC tends to occur most frequently during the first year of bereavement but can occur at any time, even decades later, is found widely in the literature (e.g., Barbato et al., 1999; Houck, 2005; Parker, 2005; Streit-Horn, 2001), and sense of presence PDC in particular can be a continual occurrence and last for years.

Only three participants reported a single experience of PDC. For the other eleven participants, each PDC experience was not a stand-alone event but part of an ongoing experience. Two participants reported PDC from three different individuals; three reported it from two individuals; and, eight reported PDC from one individual. This finding of multiple PDCs is supported by Houck (2005), who found most respondents reported at least two PDC experiences from their deceased loved one, and

that this repetitive PDC was very comforting. Arcangel (2005) found that experiencers who were at first disturbed by their PDC later said they: “wished or prayed for visitations” (p. 286), and Botkin (2000) has found that repeated induction of PDC, when required, produces an excellent therapeutic outcome. Over half of participants in the present study did indeed have more than one PDC, and were enormously gratified by their experience. These combined findings suggest that experiencing PDC once makes it more likely to be experienced again. This may be because the individual is more aware of the possibility and is alert to meaningful signs.

### **6.3 PDC in Grief Relief**

The second aim of the present study was to examine the importance of PDC in the process of grief resolution. Consonant with previous research, the over-riding single theme to emerge from the data was that of Affirmation. Not only was PDC found to be a positive experience, the benefits were enduring. Arcangel’s (2005) five year Afterlife Encounter Survey designed to investigate the effects, if any, of PDC on bereavement, revealed a positive response to PDC, both short and long term. The findings of this present study support those of previous research and are subsumed under the four themes discussed below.

#### *6.3.1 Comfort*

The majority of participants in this study found comfort in PDC. This theme of comfort was expressed through descriptions of the actual PDC experience itself, as well as the implications of the experience. For example, many participants reported their PDC as enjoyable, and used expressions such as happy, joyous, love, and comfort to describe the experience. The positive and comforting nature of PDC found in the present study is supported by the numerous findings of other studies, which show the experience of PDC reported in positive ways. According to Streit-Horn’s meta-analysis (2011, p. 60), experiencers felt their PDC was “positive, healing, life-changing, comforting, consoling, transformative, life-saving, joyful, uplifting and/or pleasant” (see also Devers, 1997; Guggenheim & Guggenheim, 1995; LaGrand, 1997, 1999; Long, 1999). Similarly, Arcangel (2005) found that of 596 respondents claiming to have experienced PDC, 583 (98%) said that the experience brought them



comfort and: “Upon final analysis, the encounters that were initially scored little or no comfort dropped from 5% to 1% over time” (Arcangel, 2005, p. 286).

Three PDC relationships in this study were not considered to be comforting in any way. In the first instance, this was due to the nature of the relationship with the deceased [1NZCF]; in the second instance, it was due again to the difficult relationship the participant had with the deceased, plus the fact she felt the deceased had not had a peaceful death [14AmCF]. In the third instance, the lack of comfort was due to the renewed feelings of loss that the PDC evoked [7UKCF]. This particular participant’s experience is consonant with the findings of others (e.g., Devers, 1997; Marris, 1974; Nowatski & Kalischuk, 2009; Shuchter & Zisook, 1988; Steit-Horn, 2011; Vickio, 1999), which indicate some experients are upset by their PDC, not because the experience wasn’t positive, but because it ended and meant losing the loved one all over again. This left some participants conflicted about their feelings regarding PDC.

It is important to note here that from a therapeutic perspective, IADC resolves this issue of new loss/new pain by re-inducing PDC until the pain response is eliminated. A sense of comfort, both short and long term, which is now clearly associated with PDC, is not limited to the PDC experient; PDC can also prevent burnout on the part of medical personnel. In his book *Parting Visions* (1994), Morse states that family members who know about the PDC of the dying are known to spend more time at the dying person's bedside and that PDC, when acknowledged, can prevent burnout on the part of medical personnel.

An important aspect of the comfort experienced by PDC is Grief Resolution. PDC eases bereavement. Of the 20 PDC relationships considered in this study, 14 were said to have eased or erased the grief status of the participant. Such a finding is typical of the PDC literature. LaGrand (2005), for example, reported a statistically significant reduction in bereavement among respondents who reported contact with the deceased. Unresolved feelings, loss, grief, guilt, and sadness were all significantly reduced. Others have also found statistically significant reductions in grief among those experiencing PDC (e.g., Devers, 1988; Drewry, 2002; Grimby, 1993; Hastings et al., 2002; LaGrand, 1999, 2001; LaGrand & Drewry, 2003; Rees, 1971; Rosenblatt, 1993; Rosenblatt & Elde, 1990; Whitney, 1992; and Wright, 1998). One participant in

the present study [7UKCF] reported the transformative effect of PDC in that it mended a formerly difficult relationship with the deceased. This result is commonly found in the literature (e.g., Botkin, 2000; Streit-Horn, 2011), and as Devers (1994) states, “Many times the reconnection provided the opportunity to resolve old issues between the deceased and the living person” (p. 66). The findings of comfort and grief resolution apparent in the present study not only concur with findings of previous PDC studies, but also confirm the use of the therapeutic technique of induced after-death communication (IADC) developed by Botkin (2000), as a means for assisting with grief resolution, which has been shown to have significant clinical application (e.g., Hannah, Botkin, Marone, & Streit-Horn, 2013; Botkin & Hannah, 2013)

However, although the findings generally advocate PDC as useful in resolving grief, it is interesting to note that two participants reported no relief from experiencing their PDC. Of the two, one stated she never really liked the acquaintance she received the communications from. This same lack of relationship and emotion was found by Kelly (2002) who showed that PDC can be experienced in the absence of bereavement or of a significant personal relationship with the deceased. The other participant reporting no grief relief suggested it was because she was over the worst of her grief by the time she experienced the PDC. Although PDC is strongly associated with bereavement (Arcangel et al., 2005) and is a normal part of the grieving process (Arcangel, 2005; Devers, 1997; Drewry, 2003; Guggenheim & Guggenheim, 1995; LaGrand, 1999, 2005; Rando, 1984, 1988; Shuchter & Zisook, 1988; Worden, 2002), this finding suggests it can occur in the total absence of bereavement and even once the grief has resolved, which implies PDC does not always facilitate a reduction or resolution of grief. It also suggests, in relation to IADC, that there may be specific criteria related to the intensity of the grief that determine the efficacy of IADC as a therapeutic technique.

### 6.3.2 *Continuity*

In contrast to the finality that is usually associated with death, a sense of continuation, which is found in the PDC relationship between the deceased and the participant, was a strong theme in this study. Eleven participants reported a sense of continued relationship with the deceased, and believed that the implication of this was that death is not final. This is consonant with Cooper (2013) who stated “The

deceased can . . . be understood by the bereaved, not as ceasing to be, but having entered a transformation into what we may call spiritual form“ (p. 25). Much of the dialogue with participants relating to continuity reflected this belief in the transformation of the deceased, and their consciousness or soul continuing on another plane of existence. This supports the findings of Hastings et al. (2002) who found that spirituality is a consistent theme in the qualitative literature, and that experiencers are usually convinced that they have had communication from the surviving consciousness, soul, or spirit of their deceased loved ones. The findings are also in line with near-death experience (NDE) literature, which overwhelmingly indicates those who report an NDE also report a belief in the continuation of a soul or consciousness after physical death (e.g., Tassell-Matamua, 2013-2014). This belief in spiritual transformation and continuity of existence is also widely associated with decreased death anxiety and better recovery from bereavement (Arcangel, 1997; Doka & Morgan, 1993; Glick, Weiss, & Parkes, 1974; Moody & Arcangel, 2001; Neimeyer, 1994; Osis, 1995). As Smith, Range and Ulmer (1992) state: “believing that the loved one continued an existence was important to any sense of well being”.

Only one participant [3SwF] stated no belief in continued existence. She did however still experience PDC as offering continuity, although this was constructed as a belief that the deceased did not continue to exist independently but instead lived on inside of her. She also reported experiencing PDC in a beneficial way. This specific finding is supported by the work of Parker (2005): “even for those who do not believe in an afterlife, they sometimes hold beliefs that give them a sense of continuity” (p. 262). Twelve participants reported that PDC from their loved one led them to conclude that they too would continue to exist post-death and three stated a desire to be giving PDC themselves one day.

A most interesting aspect of this present study and one which the researcher believes to be unique as it has not been previously noted in the literature, is that one participant [1NZCF] stated in her interview in December 2013: *I expect to be giving PDCs myself*. Shortly after that she died suddenly, and after her funeral in January 2014, another participant [5NZCF] who was the fond cousin of the recently deceased, experienced what she believes was PDC from 1NZCF.

According to Cooper (2013) the reported feeling of solace which usually follows PDC is due to a sense of hope: a) that the loved one is still present, albeit non-physically, and b) that if the loved one has survived death, it is reasonable to assume that the bereaved might also survive death and be reunited with loved ones.

### 6.3.3 Growth

Grief is understood to have an adaptive outcome when positive change such as spiritual and personal growth, and the reduction of existential fear is seen (Gamino, Sewell, & Easterling, 2000; Parker 2005; Tyson-Rawson, 1996). All participants in the present study stated that there was some form of personal benefit from PDC, which included spiritual reassurance, personal growth, and a total loss of fear of death or reduced fear of death. Spiritual benefit was expressed by participants as a sense of expanded awareness, enhanced personal or spiritual growth, a sense of purpose, and a shift in values and beliefs. This meaning making is understood to be a very positive behavior (Lichtenthal, Currier, Neimeyer, & Keesee, 2010; Steffen & Coyle, 2012).

These types of spiritual progressions have been reported in other studies as resulting from PDC. Specifically, Parker (2002) found that spirituality is a consistent theme in the PDC qualitative literature, while Parker (2005, p. 267) noted “positive cognitive, emotional, spiritual, behavioural and/or existential changes” in participants as a result of their PDC. Beliefs about the afterlife and a reduction in the fear of death have also been cited as sequelae of PDC in other studies (e.g., LaGrand, 2005), and are also common after-effects reported by those experiencing NDEs (Tassell-Matamua, 2013-2014). This suggests that there may be phenomenological similarities between the PDC and NDE experiences that facilitate these similar outcomes. That a belief in the afterlife is beneficial to the bereaved is confirmed by Smith et al., (1992) and Parker (2005), who found that high belief in an afterlife was associated with greater recovery from bereavement, regardless of the cause of death. Parker (2002, p. 277) also noted: “the cognitive-affective reinforcement of life’s continuity can also ease fear about the bereaved’s own eventual death”.

The only participant to make no claim of spiritual benefit from PDC (3SwCF) was also the only agnostic. Nevertheless, this participant too was unequivocally enthusiastic about PDC, saying: *I loved it . . . it enlightened me. It answered certain*

*questions for me.* It is evident that spiritual belief and/or belief in an afterlife are not necessary to benefit from the PDC experience.

#### 6.3.4 Veridicality

PDC does not need to be perceived as veridical for it to be experienced as positive. Nevertheless, for most experiencers the perceived veridicality of their PDC is one of its distinctive characteristics (Parker, 2005; Rees, 2001; Steffen & Coyle, 2012), and one that is vital to the experience. If PDC is understood to be veridical it provides reassurance for the experiencer that they are not mad, both in their own eyes and in the eyes of other people; it gives the experience personal validity; it has spiritual implications and it has serious implications for the persistence of the consciousness of the experiencer themselves post-death. The testimony of 7 participants in this study suggests their PDC may have been veridical. These people each had external reference points to their experience which provided definitive corroboration, if only for the participant themselves. Two accounts in this study [2NZCF, 4NZCM] stand out as experiences totally independent of the participant.

Previous empirical studies investigating the veridical nature of PDC are lacking, partly due to the difficulty associated with providing an objective means of measuring an experience that is largely considered highly subjective in nature. However, Streit-Horn (2011) notes that: “Highly credible medical and psychological professionals have authored works presenting encounters with the deceased as credible phenomena. Most recently, these include psychiatrist and University of Virginia professor Ian Stevenson (1977, 1981, 1982, 1983), forensic pathologist Janis Amatuzio (2002, 2005), and social psychologist and University of Connecticut professor Kenneth Ring (2008)” (2011, p. 12). Osis and Haraldsson (2009) also found evidence of veridicality with witnesses corroborating experiencer testimony regarding PDC. And Eisenbeiss & Hassler (2006) provide an interesting example of a chess match between two masters, one living and one dead, which had highly veridical detail such as autobiographical information which was 94% correct.

Haraldsson (2009) points out that research into veridicality has occurred in the past however. At the end of the nineteenth century the Society for Psychical Research (SPR) did a broad and systematic study of PDC (e.g., Gurney, Myers, & Podmore, 1886; Sidgwick & Committee, 1894). The carefully conducted research of

both sets of researchers showed that in some instances the PDC had been shared by more than one person at a time. Although these findings are difficult to place in the context of recent methodological and procedural advances, they do lend some support to the participant testimonies in the present study, which suggest a veridical aspect to the PDC experiences. The implications of veridical PDC are enormous for the individual, for science and for society as a whole.

The spontaneity of the experience is also evidence (at least for the experient) that the PDC is veridical in that it was not generated – at least wittingly - by their own consciousness. Of the 20 individual PDC relationships in this study, 18 were experienced without any specific pre-focus on the deceased person. However, two participants [5NZCF, 3SwCF] described focusing on the deceased prior to their PDC. This implies that conscious effort can be involved in experiencing PDC and indeed this focus is an important aspect of the PDC induction technique used by Moody (1992) in the Psychomanteum process (see Appendix 8). Although focused thought is not essential to the PDC experience, it is seen to help.

#### **6.4 Fear of Negativity**

Despite the benefits of PDC in terms of grief resolution, there was evidence of some negativity with respect to the experience, and it is important to discuss this as it has the potential to impact on the process of grief resolution.

Fear of negative categorization of their PDC experience was a clear and strong theme in this study. Participants expressed concern about their sanity being questioned, they expressed hesitation in disclosing their experience(s), and they expressed a belief that PDC is scorned by the wider public. Nine participants reported wariness about discussing their PDC and 13 reported fear of social condemnation. Of this 13, 7 used language descriptive of madness to express how they feared their mental state would be categorized if they disclosed their PDC. This finding supports that of other studies, suggesting fear of disclosure is a common experience for those who have PDCs, (e.g., Devers, 1988, 1997; Drewry, 2002; Hastings, 1983; Hoyt, 1980; LaGrand, 1999; Parker, 2005; Peterson, 2001; Whitney, 1992), and that this is often related to anxiety about condemnation by others (Streit-Horn, 2011). Indeed Olson et al., (1985) reported that 54% of participants in their study had never told anyone about their PDCs prior to their research interview. This issue of lack of

disclosure is a serious one, as social support has been found to be the most consistently predictive variable for better adjustment to bereavement (Windholtz, Marmar & Horowitz, 1985).

## **6.5 Limitations of the Present Research**

There were a number of limitations to the present research that limit the extent to which the findings can be interpreted, and revolve around the sample demographics, sample size, and lack of recent literature.

An important limitation of this study is that the participants were a relatively homogenous group of people. Although participants in two widely separated countries were involved, they were predominantly Caucasian and from the developed world. Only one participant was from an ethnically distinct group – full-blooded Zapotec Indian. Ideally a group of people as ethnically diverse as possible would have been recruited, as this would presumably have allowed a more in-depth analysis and explication of the issue of the impact of culture on the PDC experience.

Another limitation is the number of participants. In a qualitative study, a large sample is not necessary, 6-12 participants are sufficient as the concept of saturation suggests that after those 6-12 participants, new information is generally not added. However, a study with a larger sample using a different methodology (i.e., quantitative questionnaire) would have allowed for a quantitative analysis of the data, as well as a qualitative one. Established measures that tap into aspects of the PDC experience and the therapeutic implications of such an experience, would have been useful for providing a more objective measurement of the phenomenology of the PDC and its therapeutic effect. This would have enabled more generalizability of the findings to a wider population.

A third limitation is that the participants were clustered around the age range of 51 to 80, with a median age of 63. Despite some of the ethical issues associated with research with children, it would have been preferable to recruit participants of all ages, to allow greater extrapolation to the wider population, but also to ascertain whether there are differences in the phenomenology of PDC or its impact, according to age. The results of this present study are most valid for the age range of 51-80 years as this is the age range of the participants. However, with this cohort, one would have expected a greater prevalence of deceased children amongst the participants. What is

more, it is possible that older people have a different perspective on death. Older people are certainly exposed to death more because their peer group ages as they do and aging can only end in one thing – death.

A fourth limitation is that the participants in this study could have been more diverse in terms of religious belief. Four described themselves as “spiritual”; five described themselves as “Christian”; two described themselves as Buddhist; two as Jewish; and one as agnostic. Despite the variation in self-designation, all participants are from societies in which the ethos of Christianity is dominant. It would be highly valuable to research and compare attitudes among as diverse groups of people as possible (e.g., Papua New Guineans, main land Chinese, Fijians, Inuit etc.). The information gained from such an anthropologically diverse population of participants would be invaluable to the PDC research community, because it would allow for the investigation into whether or not the phenomenology of PDC varies from culture to culture. It may be that religious belief impacts the actual experience of PDC, and it also may impact the experientists’ understanding of their experience. Only a broad cross-cultural study can answer these questions.

A fifth limitation of this study is that thirteen of the fourteen participants describe themselves as having some form of spiritual belief. Only one person described herself as agnostic. It is reasonable to assume that prior spiritual belief may impact the experience of PDC in some way and on that basis it would be extremely valuable to compare the PDC experience of populations of believers (in any form of spirituality) with the PDC experiences of agnostics, and even better, of atheists to see if there is a phenomenological difference.

A final limitation of the study is the lack of recent empirical literature in the general topic area. Because much PDC literature is relatively dated, it was difficult to source recent empirical studies to serve as methodological exemplars for the present study. More recent literature may have provided more updated methodologies and theoretical propositions from which to base the present study.

## **6.6 Possible Future Research Endeavours**



Ideas for improvements to a study such as the present one have been addressed in the previous section. Potential areas where the topic area may be expanded are provided in this section.

A cross-cultural study into the PDC experience would be invaluable. It would be most illuminating to investigate the PDC experience of a specific percentage of the population of every country on earth. It is reasonable to assume that there is a certain amount of inter-cultural sharing in the developed world (e.g., films will be dubbed and books translated). The developing world, on the other hand, is more culturally distinct and for this reason data from these countries will be most valuable. For example, if Papua New Guineans from an isolated Highland tribe, which doesn't even speak pisin inglis, have the same PDC experience as people in NZ and the US, then researchers will be able to make some reasonable assumptions about the universality of the PDC experience, or at least aspects of it.

More research into the veridical nature of PDC would provide a useful contribution to the PDC literature. The types of procedures or methodologies involved in empirically assessing an experience that is largely subjective, and potentially challenging to operationalize, is difficult to ascertain with currently accepted qualitative and quantitative methods in psychology. However, the curious phenomenon of meaningful numbers, seen in this study and occasionally found elsewhere in the literature, would be worth investigating further in that it is PDC external to the participant, and easily measurable and might throw some light on this issue of veridicality.

As pointed out by Haraldsson, (2009) if PDC were shown clinically to be veridical it would have serious and far-reaching implications. Firstly, it would mean that healthcare workers would be obliged to learn about it, thereby enabling them to support experiencers fulsomely. Secondly, it would mean that the sense of comfort experienced by PDC experiencers would be amplified because proof of veridicality would remove all apprehensions and doubts about the nature of the experience. And thirdly, it is manifestly clear that proof of the veridicality of PDC would be very serious evidence for life after death, and this would have implications of a Copernican magnitude, not just in science, but in philosophy, and theology. Society as a whole would be impacted.

## 6.7 Summary

Overall, it appears that the experiences of PDC described in the present study have many similarities to the phenomenology of PDC outlined in other research. Specifically, no demographic variables appear to be definitely facilitative or associated either with who may experience PDC, or with the specific type or form the experience will take.

What is apparent however, is that beneficial outcomes in relation to grief resolution and positive change in terms of spiritual and personal growth typically occur as a result of the PDC, as was evidenced by the majority of participants in the present study. The positive change due to PDC is found throughout the literature (e.g., Parker, 2002; Streit-Horn, 2011), and is seen in both normal and what is deemed pathological grief (Rando, 1984; Raphael, 1983). Calhoun and Tedeschi (2006) coined the term “posttraumatic growth” to refer to this type adaptive change which is seen post-bereavement. These beneficial outcomes are also similar to those reported by individuals experiencing other unique phenomena, such as NDEs, and show similarities to the beneficial outcomes reported to occur as a result of the therapeutic technique of IADC.

That IADC has been shown to be so effective in assisting with grief resolution is clear evidence of the therapeutic nature of PDC (Botkin, 2000; Hannah, 2013; Botkin, 2013). However, it is important to note that not all participants experienced resolution of grief after their PDC, which indicates that the experience may occur in the absence of grief, that it may not always facilitate resolution of grief, or that specific criteria may be required for grief resolution to occur. While not vital to the experience, the perceived veridical nature of PDC is an important component of the experience for many participants who find comfort in the idea in that, at the very least, it provides evidence that they are not mad. Finally, disclosure of PDC appears to be very much affected by fear of the negative perception and judgment of others.

While the findings of the present research are interesting, and have many similarities to and are supportive of previous research in the area, there were a number of limitations inherent to the study which suggest that the findings should be interpreted with some caution. Some ideas for future research, taking account of these limitations have been mentioned, in addition to areas of future research that may be useful to pursue. A conclusion to this thesis will be provided in the next chapter.

## Chapter Seven

### Conclusion

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*“Science . . . means unrelenting endeavor and continually progressing development towards an aim which the poetic intuition may apprehend, but which the intellect may never fully grasp”*

(Planck, 1936, p. 83).

The results of this study confirm those of past research, suggesting that PDC is a common, welcome, and beneficial occurrence in the bereavement process. PDC brings comfort to the bereaved individual in that he or she feels they have not lost their loved one for good. It also brings a sense of continuity; the bereaved person not only feels that both the deceased and their relationship with the deceased have somehow persisted post death, but that they too may enjoy consciousness post death. Related to this is the fact that the PDC experience also leads to existential benefit in the form of personal and spiritual growth and a loss of fear of death. PDC has also been found to bring harmony to relationships that were distressing while the deceased was alive. Communication from the dead is almost always soothing, loving and healing thereby bringing resolution to unfinished business.

Unfortunately experiencers are frequently wary of disclosing their PDC experience for fear of being judged as mentally or emotionally deficient. This silence on the part of experiencers, as well as relative silence in nursing and medical journals means that members of the healing professions are unfamiliar with PDC and are unsure how to respond to clients who mention it. That health care workers are so unfamiliar with PDC is all the more unfortunate because they can be sure that sooner or later, they will experience a client who will bring PDC into the conversation, and as we have seen, PDC has important clinical applications. PDC can be induced with ease clinically and with excellent therapeutic results. Induced PDC is gaining recognition as a very valuable and easily wielded tool for counselors and therapists dealing with the bereaved. Therefore, information about it should be disseminated among the healing professions as widely as possible.

Although PDC is usually beneficial no matter how it is understood by the experient, the issue of veridicality is nevertheless commonly pivotal to them. That there is evidence for veridicality in the form of shared and evidential PDCs has important implications, not just for the bereaved, and not just for the psychologists who study them, but for humanity as a whole, and therefore should not be dismissed as a factor which is too subjective, and too difficult to control in a clinical situation. After all, pain is subjective but is widely studied and lightning cannot be controlled in a laboratory but we know it happens. Moreover, with the advent of QM and with the work of such theorists as physicist Stuart Hameroff and mathematician Sir Roger Penrose OM, SRS, we now have the hope of an explanation for PDC.

A Copernican revolution may await us.

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## **Appendix One: Two Examples of Evidential PDC**

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Both come examples from Guggenheim and Guggenheim, 1995:

Molly is a legal stenographer in Missouri. She was delighted when she saw her grandmother, who had died of old age at 87:

My grandmother and I were extremely close – I lived a good part of my life with her. She was crippled from the time she was in her early twenties, so I never really saw her standing straight.

The second night after her death, I was in bed but I was not asleep. My eyes were wide open and I saw her! She was standing up straight and looked to be about thirty or thirty-five years old. She was solid and lifelike, just like a living human being. Her hair was cut short, and it was real curly all around her face. She had this sweet smile. She didn't say anything but I got the idea she was showing me, "See now I'm standing straight!" She was wearing an older style dress with an unusual pattern – a white background with a red stripe – that I didn't recall ever having seen before. All she did was stand there and smile. I got out of bed, turned on the lights but she was gone. I told my aunt about it the next morning. I described my grandmother's dress to her, and she took me to the basement and pulled out some old trunks. She found a quilt my grandmother had made, and there was the same material, that had a white background with a red stripe, sewn into the quilt (p. 86).

Kitty, a 65-year-old homemaker in Alabama, did a favor for Leland, a family friend who died in an accident:

Leland was our friend and we bought our home from him. He was a mail carrier and was killed one morning in

his mail truck.

The next morning he appeared in my bedroom! While standing there, he told me to tell Frances, his wife, that he had an insurance policy she didn't know about. He said, "It's in our bedroom, in the top drawer of the chest under the paper. Tell Frances where it is." And then he disappeared. My husband, Cliff, walked into the room and I told him what had happened. He said, "Well, let's call and tell Frances." I said, "She'll think I'm nuts!" So my husband went down and told Leland's brother, Reed, to look in the top drawer of the chest under the paper – that he might find the insurance policy there. But Cliff didn't explain what had happened to me. Sure enough, they looked and there was an insurance policy just like Leland had told me! Reed called and thanked my husband, but we never told them how we knew. They just wouldn't have understood (p. 250).

## Appendix Two: Two Examples of Shared PDC

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Both examples come from Guggenheim and Guggenheim, 1995:

Lauren is a behavior therapist in Florida; her 53 year-old brother, Donald, died by suicide:

Donald always had a low back injury and a limp, and his body was always contorted. He had had two surgeries and was consumed with unbearable pain for three years before he died. During his memorial service, I looked out the window and saw Donald walking towards the church! His body was not solid and I could see the trees behind him. He looked a bit younger and seemed to be whole – and he didn't have his limp anymore! He was wearing a plaid shirt that he liked and a pair of trousers. He looked very peaceful and happy, like he was out for a stroll. Donald walked up to the window as if to beckon me to come with him. Then he just disappeared. After the service my sister – in – law, Joyce, said, “Did you see Donald?” I was quite surprised and said, “Yes!” She said, “I saw him too” (p. 289).

Lois, a homemaker in Nebraska:

When my husband, Ray, passed away, our four sons were between eight and thirteen. The three older boys knew that their father had not been well and understood what had happened. But our youngest son, eight- year old Jesse, was frightened and disoriented. Ray was always very compassionate with the boys and always talked to them about everything that happened. He went camping with them and discussed problems with them. He spent a lot of time with his sons. Two mornings after Ray died, I walked down the hall of our house. As I approached the

master bedroom, I saw Jesse sitting on the side of the bed with his father! His dad had his arm around him and was talking to him. Ray looked natural like he normally did. He seemed to be calm and reassuring. Ray was aware I was there too. He looked and kind of smiled at me, then gestured for me to go back down the hall. So I went around the corner and waited for about fifteen minutes. Jesse finally came out of the bedroom. Apparently Ray had explained to him what had happened, and he seemed to feel a lot better. Jesse said, "Daddy told me that he has gone and won't be coming back and not to worry about him. Everything will be all right". Jesse seemed much happier than he did before (p. 295).

### The Impact of Post-Death Communication (PDC)

#### On Bereavement

##### INFORMATION SHEET

#### **Who is doing this research?**

My name is Bridget Saunders and I am conducting this research as part of a Master of Arts thesis requirement through the School of Psychology, at Massey University, Palmerston North, New Zealand. I am being supervised by Dr Natasha Tassell-Matamua, who is a lecturer in the School of Psychology. Both of our contact details can be found at the end of this information sheet. This will be a small research project investigating the effects of Post Death Communication (PDC) on bereavement.

#### **What is this research about?**

I am interested in exploring PDC and its effects on the process of grief. PDC is part of the human experience. It featured prominently in the very first written text – The Epic of Gilgamesh (c.2750-2500 B.C.), in The Bible, Shakespeare and the work of Dickens, as well as in contemporary bestsellers (Hello from Heaven, Life After Life), and top grossing films (Ghost, 1990). Although mainstream psychology has been slow to recognise PDC, it is nevertheless supported and paid for by the US government in its “induced” form, as a therapy for Returned Veterans. Approximately 40% of any given population will attest to having experienced PDC. By doing this research, I hope to extend understandings of PDC, and provide insight into its potential effectiveness in grief therapy.

#### **Who can take part in this research?**

If you are aged 21 years or older, and believe you have experienced PDC at some stage, I would love to hear from you! For the purposes of this research, PDC is defined as the experience of some form of communication from someone who has died. This communication could be in the form of a ‘sense of presence’, a smell, hearing their voice, some synchronistic experience (e.g., a favourite song playing or

the phone ringing but no-one being there, while you are thinking about the deceased), or it may be a full blown multi-sensory experience which in every way replicates face-to-face communication between two living persons. If you have had any of these or similar experiences that you feel indicate communication with a deceased individual, you would be welcome to participate in this research.

### **What will I be asked to do?**

You will be asked to participate in an interview that should last about one hour. The interview will be conducted via Skype, so you will be able to choose the location that is most secure and comfortable for you. I will provide you with a list of the questions I intend to ask you prior to the interview, and will arrange a time to conduct the interview that is convenient for you. If you feel you may be upset by the interview it is recommended that you have a support person with you for the duration of the interview.

### **What are my rights as a participant?**

As a participant in this research, you have the right to answer as many or as little questions as you choose. You may also withdraw from the interview process and/or ask questions about the research, at any time. The interview will be digitally recorded and later transcribed. The transcribed interview will be returned to you for editing if you wish, prior to me using the information in my research.

All information you provide to me will be held securely and your privacy will be respected. That means, no one will have access to the information you provide, and any information I use in my research will not be able to identify you. Once the research is completed, I will send you a summary of the research findings. I will also be happy to provide further information regarding PDC and related topics, if requested.

While people are often pleased to be provided with the opportunity to share their PDC experience, speaking about it can at times raise emotions and other concerns. If participating in the research causes any distress or other emotions, you will be welcome to contact my supervisor or me to discuss these. We will also be able to provide you with details of other support or resources you could access to assist with any concerns.



### Who can I contact about the research?

I am available to answer any questions about the research and can be contacted on the details below. My supervisor is also available for contact.

|  |   |
|--|---|
| <b><u>Bridget Saunders</u></b><br><br><a href="mailto:bridget.saunders@live.com">bridget.saunders@live.com</a><br><br>+415 8125315 | <b><u>Dr Natasha Tassell-Matamua</u></b><br><br><a href="mailto:N.A.Tassell-Matamua@massey.ac.nz">N.A.Tassell-Matamua@massey.ac.nz</a><br><br>+64 6 3569099 x2056 |
|--|---|

*This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/77.*

*If you have any concerns about the conduct of the research, please contact Dr. Nathan Matthews, Chair, Massey University Human Ethics Committee: Southern B, telephone 06 350 5799 x 80877, email [humanethicsouthb@massey.ac.nz](mailto:humanethicsouthb@massey.ac.nz).*

## Appendix Four: Participant Consent Form

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### The Impact of Post-Death Communication (PDC) on Bereavement

#### PARTICIPANT CONSENT FORM

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree / do not agree to the interview being sound recorded.

I wish / do not wish to have my transcribed recordings returned to me as a word document.

I agree to participate in this study under the conditions set out in the Information Sheet.

**Signature:**

**Date:**

.....

**Full Name:**

.....

## **Appendix Five: Interview Schedule**

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- 1-Describe your relationship to the deceased.
- 2-Describe your bereavement.
- 3-What happened during your PDC?
- 4-What was significant to you about your PDC?
- 5-How did you feel about the PDC afterwards?
- 6-How did the PDC affect your bereavement, if at all?
- 7-How did the PDC affect you as a person, if at all?
- 8-What do you think most people believe about PDC?
- 9-Did you want to communicate the experience and if so, why, if not, why not?
- 10-How did people react to being told about your PDC?
- 11-Did the opinion of other people affect you and how you understand your PDC?
- 12-Did the PDC affect your spiritual beliefs?
- 13-Has PDC impacted your attitude to your own death?

**Appendix Six: Transcript Release Authority**

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**The Impact of Post-Death Communication (PDC)**

**On Bereavement**

**AUTHORITY FOR THE RELEASE OF TRANSCRIPTS**

I confirm that I have had the opportunity to read and amend the transcript of the interview conducted with me regarding my experience of Post Death Communication.

I agree that the edited transcript and extracts from this may be used in reports and publications arising from the research.

Signature:.....

Date:.....

Full Name- printed:.....

## Appendix Seven: Example of Veridical PDC

Provided below is an excerpt from the interview transcript of a specific participant, and the image described in the transcript.

13AmCF: *I was one time in the shower. I took a shower, dried off and I looked down on the shower floor. I had non-slip bathtub stickers one of which was a whale with the tail broken off. This was a few weeks after Molly died. I was really having a bad time and I looked down and normally all the water runs down the drain but this time it all collected around this one broken sticker and the water made a vision of Molly's face, her head, using the sticker as her ear. I took a picture of that.*

(See Section 5:3 Veridicality)



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## **Appendix Eight: The Psychomanteum**

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For M.D. and PhD psychologist, Raymond Moody, the results of research into NDEs and the life/death interface (Moody, 1992; Moody & Perry, 1993), were so compelling that he decided to recreate the ancient Greek Psychomanteum.

2500 years ago, in Ephyra, at the Oracle of the Dead (a cave complex that can be visited today) the Greeks used a small, darkened space in which was placed a bowl of water to contact the dead. After a period of profound mental preparation, the ancient truth seeker would enter the darkened room and would gaze into the water and in doing so, experience visions or apparitions of spirits.

Inspired by Ephyra, in 1995, Moody decided to recreate the experience. To this end he had a small room draped in black fabric, with a black flap door that provided entry but blocked all light. Instead of a bowl of water he used a mirror slanted towards the ceiling for the experient to gaze into, and as some illumination was necessary he added a dim, 7watt bulb. After the appropriate mental preparation, the participant entered the Psychomanteum and gazed into the mirror. Moody found that 50 percent of experients reported experiencing PDC. Hastings et al., (2002) using the Psychomanteum protocol, found that on pre, post, and long-term measures experients showed significant reductions in grief, worry, and other bereavement effects after Psychomanteum work:

From the statistical analysis of bereavement responses, it is evident that even persons who did not believe they experienced a contact were nevertheless often significantly helped by the experience” (Hastings et al., 2002, p.225).

The efficacy of the Psychomanteum may lie in the fact that it appears to facilitate a psi state. These features include “mental quieting, physical relaxation, lowered physiology, turning attention inward and a general altered state of stillness” (Hastings et al., 2002). Hastings believes that the Psychomanteum has much to offer psi

research and that it potentially holds deep knowledge for us.

There are now over twelve Psychomanteums in the United States.