FACT: Unresolved grief can cause significant mental and physical distress.

Unresolved grief is considered pathological in stage models (e.g., Kübler-Ross, 1969) and the goal of traditional psychotherapy sessions is "working through the stages," and resolving the sense of loss. However, Larson and Hoyt (2007) pointed to the popular yet pessimistic consensus within the grief and bereavement literature that grief counseling was at best ineffective while at worst harmful to clients seeking help.

Similarly, in a recent meta-analysis of traditional psychotherapeutic grief treatment outcomes, Currier, Neimeyer, and Berman (2008) revealed a "disheartening picture for bereavement interventions" (p. 656) which added "little to no benefit beyond the participants’ existing resources and the passage of time" (p. 657).

FACT: Traditional psychotherapy provides little to no effect in relieving grief.

Traditional psychotherapy interventions and experiences have been repeatedly demonstrated to dramatically diminish or even entirely alleviate grief (e.g., Beck, 2000; Drewry, 2003; Hastings et al., 2002; LaGrand, 2005; Parker, 2005). These include both spontaneous (e.g., sensing the presence of the deceased; visual, olfactory, auditory, and tactile phenomena; powerful dreams) and induced (e.g., eye-movement desensitization and reprocessing (EMDR) techniques (Beck, 2000); use of a Psychomanteum (Hastings et al., 2002)) experiences of after-death communication (ADC).

Although ADCs have been described as "paranormal," they are universal in nature and usually healing, comforting, and beneficial (e.g., Drewry, 2003; Houck, 2005; Klugman, 2006; Sanger, 2009).

FACT: Experiences of after-death communication (ADCs) dramatically reduce grief.

Non-traditional interventions and experiences have been demonstrated to dramatically diminish or even entirely alleviate grief (e.g., Beck, 2000; Drewry, 2003; Hastings et al., 2002; LaGrand, 2005; Parker, 2005). These include both spontaneous (e.g., sensing the presence of the deceased; visual, olfactory, auditory, and tactile phenomena; powerful dreams) and induced (e.g., eye-movement desensitization and reprocessing (EMDR) techniques (Beck, 2000); use of a Psychomanteum (Hastings et al., 2002)) experiences of after-death communication (ADC).

A hallmark of grief counseling (Beischel, 2007/2008) is the tendency to encourage the patient to "face their fears," often leading to the stimulated recollection of painful memories of the deceased or the fruitless search for contact with the deceased. Interestingly, a substantial amount of research has documented the therapeutic effect of these nonsensical experiences, which are often accompanied by physical symptoms such as nausea, hyperventilation, and fatigue.

FACT: Pilot data suggest similar positive effects after readings with mediums.

There have been no systematic studies published investigating the effects that receiving a personal mediumship reading from an unadorned, mental medium has on the experience of grief. An exploratory study using an anonymous, on-line survey which asked participants (N = 83) to retrospectively rate their levels of grief before and after a reading with a medium indicated that participants recollect experiencing meaningful reductions in levels of grief.

A subset (35%, n = 29) of participants also worked with a mental health professional (MHP) as part of their approach. Participants’ verbatim comments about those experiences can be found below on the left.

The potentially positive therapeutic benefits of mediumship readings in the field of grief psychology warrant serious study.

Representative Participant Comments

Short- and long-term effects of a mediumship reading

“The medium... had a profound effect on my life and my grieving process... It has helped me in a way I never would have imagined.”

“Irving... I had a different definition of my relationship with my mom that was more special than I could ever expect.”

Experiences with a mental health professional (MHP)

“When my first MHP neglected the reading I had with a medium, I switched to someone who understood and supported my new reality and therefore received much more constructive help with my grief.”

“I only went to a grief counselor for four sessions. I did not continue because I didn’t feel that she was helping me either way.”

“I know that I personally needed to go through counseling as well. However, the level of healing was accelerated by getting readings.”

Advantages of Mediumship Readings over Traditional Grief Counseling Interventions, Non-traditional Methods, and Spontaneous Experiences

Readings may be less frightening, less intimidating, and easier to understand than more personal, spontaneous ADC experiences.

The scheduled and regulated environment of a reading makes it well-suited as a controlled and prescribable treatment option.

A reading may be preferred for individuals who long for contact but have not experienced it.

A medium serves as a non-judgmental participant in the experience who will not disparage or pathologize the experiences of the bereaved.

Conclusions

The absence of effective treatments for grief and the trends from exploratory data warrant further study into the potential therapeutic benefits of mediumship readings in the field of grief psychology.

We recommend controlled research trials with readings from credentialed mediums whose abilities to report accurate and specific information about the deceased have been demonstrated under controlled laboratory conditions (e.g., Beischel, 2007/2008).

The combination of traditional psychotherapy and mediumship readings may prove to be more beneficial than either intervention separately.

References


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