

Citation of the published manuscript:

Beischel, J., Mosher, C. & Boccuzzi, M. (2014-2015). The possible effects on bereavement of assisted after-death communication during readings with psychic mediums: A continuing bonds perspective. *Omega: Journal of Death and Dying*, 70(2), 169-194. doi: 10.2190/OM.70.2.b

Please note: Since the original publication of this paper, our research concerning psychic mediums and after-death communication was moved from the Windbridge Institute to the Windbridge Research Center, a 501(c)(3) non-profit. www.windbridge.org

THE POSSIBLE EFFECTS ON BEREAVEMENT OF ASSISTED AFTER-DEATH COMMUNICATION DURING READINGS WITH PSYCHIC MEDIUMS: A CONTINUING BONDS PERSPECTIVE

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Author Note

This research was supported by members of the Windbridge Institute. The authors also wish to acknowledge Angelina Loetschert for the term 'assisted after-death communication.'

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Abstract

Unresolved, complicated, prolonged, or traumatic grief can have detrimental effects on mental and/or physical health. The effects of traditional grief counseling, with its focus on the client's acceptance of separation and integration of loss, are unclear. Within the model of continuing bonds, however, grief resolution includes an ongoing relationship between the living and the deceased. Spontaneous and induced experiences of after-death communication (ADC) have been shown to be beneficial in the resolution of grief by demonstrating these continued bonds. Presently, many bereaved individuals are experiencing assisted ADCs by receiving readings from psychic mediums and though little is known about the effects of this self-prescribed treatment option, anecdotal reports and exploratory data posit a positive outcome. This paper aims to inform those who work with the bereaved about the relationships between grief; spontaneous, induced, and assisted ADC experiences; and the continuing bonds paradigm. Suggestions for future research are also included.

Key Words: bereavement, continuing bonds, mediumship, grief, treatment, psychic mediums

Presently, many grieving individuals in the US are choosing to receive readings about their deceased loved ones from psychic mediums. As of this writing (May 2, 2013), a Google search of the phrase “psychic medium readings” garnered more than 1.6 million results. With the widespread use of this self-prescribed ‘treatment,’ it would be beneficial for healthcare providers, counselors, caregivers, social workers, mental health professionals, chaplains, grief workers, palliative and hospice care professionals, volunteers, and other supportive individuals to be aware of the basics regarding the relationship between mediumship readings and grief in order to best serve the bereaved population. This is especially relevant within a ‘continuing bonds’ perspective (discussed below).

Previous researchers have made similar suggestions regarding phenomena analogous to receiving a reading about the deceased from a medium: spontaneous experiences of communication with the deceased by the bereaved. For example, Berger (1995) stated that, “The inability of survivors to turn to skeptical professional counselors to disclose their important experiences... is inimical to their well-being and, if the goal is to help them, inexcusable” (p. 4). Barbato, Blunden, Reid, Irwin, and Rodriguez (1999) made this suggestion:

For palliative care workers who witness or are told of parapsychological experiences, the most important step is to listen attentively and to validate the experience as normal. This is both cathartic and therapeutic for the experient and therefore aids the grieving or dying person’s journey. (p. 35)

In her discussion of these spontaneous experiences, Daggett (2005) indicated that:

Health care professionals have an important role in caring for the bereaved; therefore, it is important for them to be aware of the phenomenon, its various manifestations, and its effects on the survivors. In particular, it is key that clinicians who employ a holistic approach to health and healing and who recognize the link between mind, body, and spirit understand this dimension of the bereavement experience to intervene effectively with the bereaved. (p. 192)

Sormanti and August (1997) found that grieving parents experiencing spiritual connections with their deceased children wanted healthcare professionals

to be open, respectful, and nonjudgmental of their bereavement experiences and to allow and encourage them to talk openly about their experiences and beliefs. Parents want staff to know that these connections do exist, are reassuring to them, and help them in their grieving process. (p. 467)

These authors also noted that, “In the context of mental health work, the need for carefully constructed definitions of spirituality not linked to any particular psychological, religious, or cultural belief system is evident” (p. 461). Similarly, Nowatzki and Grant Kalischuk (2009) noted that an understanding of post-death encounters “could allow human services professionals to build a supporting and understanding atmosphere for the bereaved... regardless of their own beliefs regarding the authenticity or source of the reported encounter” (p. 106). Regarding spontaneous experiences with the deceased, Barbato et al. (1999) noted that, “Even if we cannot understand the basis for these parapsychological phenomena, the weight of evidence suggests we cannot continue to ignore them” (p. 36).

Several authors have emphasized that the primary issue regarding the experiences of the bereaved is not whether or not they reflect actual communication with the deceased, but rather how the experience can be used to aid in coping with the loss (e.g., Drewry, 2003; Klugman, 2006; LaGrand, 2005; Parker, 2005; Sanger, 2009). According to Dannenbaum and Kinnier (2009), even “imaginal” communication with the deceased can produce therapeutically beneficial effects including “feeling cared about and loved, experiencing resolution of grief and relationship conflicts with the deceased, and experiencing increased confidence in problem solving and decision making” (p. 109), though the authors maintain that

...although the modifier imaginal is used, we are not insisting that such conversations can only be imaginal. Some people do believe that communication between the living and dead is a reality, and we do not have evidence to the contrary. Out of respect to all clients, we would not attempt to refute a client’s belief that the conversations might be real. (p. 111)

In their work, Nowatzki and Grant Kalischuk (2009) assume “that encounters with the dead have been defined as real and important by those who experienced them, are real in their consequences and, therefore, are a reality to be studied” (p. 93).

We suggest that a similar unbiased awareness regarding assisted post-death experiences gained during readings with psychic mediums—one based on current research rather than historical stereotypes or popular culture depictions—would be equally helpful in clinical settings. Through his study of British Spiritualist church services and clinicians' responses to the bereaved who attend them, Walter (2008)

was told that only about one in fifteen clients had spoken about visiting a medium, but these clients did so with great passion, and it was something the counsellors were keen to discuss with me. The counsellors tended to be person-centred, and described their clients' stories about the dead without pathologising them or interpreting them within a fixed framework. (p. 47)

Our intention is that the information contained herein provides a basis for willing professionals from various backgrounds to begin to understand the phenomenon of mediumship and its potentially therapeutic relationship to grief. Suggestions for future research are also provided.

Grief and Treatment Options

Grief is a ubiquitous and natural experience among people of every culture as well as throughout the animal kingdom (reviewed in Worden, 1991, pp. 8-9). In humans, grief can manifest through feelings of sadness, anger, guilt, anxiety, loneliness, fatigue, helplessness, shock, yearning, numbness, and even emancipation and relief and these feelings are often accompanied by specific physical sensations, behaviors, and cognitions (Hensley, 2006; Worden, 1991). However, grief “often surfaces as the underlying cause of various physical and mental aberrations” (Worden, 1991, p. 1). Indeed, a number of studies have demonstrated increased morbidity and mortality as a result of grief (e.g., Schaefer, Quesenberry, & Wi, 1995; Shahar, Schultz, Shahar, & Wing, 2001; Stroebe, Schut, & Stroebe, 2007).

Although most people have the natural ability to heal from grief—that is, to integrate their experiences of loss and bereavement (e.g., Jordan & Neimeyer, 2003)—on their own or by seeking solace with family members, community members, and/or spiritual leaders/clergy, unresolved and nonintegrated bereavement can lead to chronic depression in approximately 10-15% of individuals (Hensley, 2006). In addition, if individuals do not find relief, they may develop a clinically significant syndrome known

as complicated grief, traumatic grief, or prolonged grief disorder which differs from major depressive disorder and involves a heightened risk of distress and dysfunction (Prigerson et al., 2009).

A discrepancy exists, however, between the potentially serious risks of complicated grief and the presence of effective treatments that may be offered to the grieving. Despite its widespread acceptance and use, the effectiveness of traditional grief counseling interventions is suspect (e.g., Breen & O'Connor, 2007; Currier, Neimeyer, & Berman, 2008; Jordan & Neimeyer, 2003; Larson & Hoyt, 2007; Neimeyer, 2000; Schut, Stroebe, van den Bout, & Terheggen, 2001). Outcome studies have yielded mixed results regarding the effectiveness of grief therapy ranging from positive, neutral, and negative outcomes to the therapeutic process and have been hampered by numerous methodological issues including lack of control groups and improper participant assignment procedures (reviewed in Schut et al., 2001).

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 the literature regarding psychotherapeutic interventions for the bereaved, Currier, Neimeyer, and Berman (2008) reviewed “a total of 61 outcome studies reported in 64 papers, which included 48 published peer-reviewed articles and 16 unpublished dissertations” (p. 650). Their findings revealed a “discouraging picture for bereavement interventions” (p. 656) which they found added “little to no benefit beyond the participants’ existing resources and the passage of time” (p. 657).

The “general lack of understanding of grief in the service professions, which is at least partly explained by the discord between grief researchers and service providers” (Breen & O'Connor, 2007, p. 204) as well as the paradox between the commonly used definitions of grief and currently used interventions have also recently been called into question (e.g., Breen & O'Connor, 2007). For example, models of grief counseling have stemmed from traditional psychotherapeutic approaches and tended to focus on pathological conditions of traumatic grief (Wass, 2004). Furthermore, some theories of grief posit a linear, predictable pattern of bereavement experiences that are not sensitive to individual, cultural, or developmental differences. Finally, psychotherapeutic interventions for grief are not as effective as traditional psychotherapy and clients do

not experience the reduction in subjective grief that grief counselors may anticipate (Currier et al., 2008).

Additionally, pharmaceutical antidepressants are often ineffective for acute grief responses due to the extended time it takes for them to reach full efficacy. Besides the lack of strongly established findings regarding psychopharmacologic treatments, it is ill-advised to provide potentially lethal quantities of medications to those in the midst of a grief response (Worden, 1991). Taken as a whole, the tools the mental health community has to offer the bereaved for recovery from acute experiences of grief are limited.

Alternative Experiences and Interventions

In contrast to psychotherapeutic and pharmaceutical therapies, non-traditional interventions and experiences have been repeatedly demonstrated to positively and dramatically impact grief in individuals after the death of a loved one. These include both spontaneous and induced phenomena. Though these types of after-death experiences have been described with words like “paranormal” and “extraordinary” or even associated with delusion and psychopathology, the reality is that spontaneous experiences of after-death communication are quite common.

Estimates reveal that nearly a third of American adults (Newport & Strausberg, 2001), approximately 70 million people (LaGrand, 2005), have had contact with the deceased. People “from all walks of life have experienced the extraordinary when mourning” (LaGrand, 2005, p. 6), and 35-97% of grieving individuals experience the deceased in some way after the death (Klugman, 2006). Spontaneous experiences with the deceased are “universal in nature; that is, they occur in all socioeconomic and religious groups, types of death, and at various times after the death” (Houck, 2005, p. 124).

Dannenbaum and Kinnier (2009) have brought attention to the ubiquitous nature of these experiences and beliefs:

From Hamlet to Star Wars, literature and the media are replete with representations of communication between the living and the dead. Real-life public displays include baseball players who point to the sky as they round the bases, presumably celebrating their home run with a deceased parent, and Oscar winners who tearfully thank a deceased grandparent from the podium. (p. 101)

The terms used to identify spontaneous experiences of contact with the deceased, used interchangeably here to reflect the referenced authors' preferred terms, include: after-death communications (ADCs); extraordinary experiences (EEs); ideonecrophobic experiences (IEs); post-death encounters (PDE); and post-death contact (PDC). These experiences with the deceased "occur along a continuum of intensity and emotional impact" (Drewry, 2003, p. 75) and are "common, natural, non-pathological, mostly beneficial and comforting, helpful in facilitating the grieving process, and sometimes extraordinarily spiritually healing to a bereaved individual" (p. 75).

These spontaneous after-death phenomena include a wide variety of experiences for the bereaved including sensing the presence of the deceased; visual, olfactory, tactile, and auditory (voices or sounds) phenomena; conversations; powerful dreams; hearing meaningfully timed songs on the radio or music associated with the deceased; messages from objects; lost-things-found; communication through electric devices (e.g., flickering lights); natural phenomena; symbolic messages; synchronicities; and other unusual incidents or unexplainable phenomena (e.g., Barbato et al., 1999; Conant, 1996; Daggett, 2005; Drewry, 2003; Haraldsson, 1988; Houck, 2005; Klugman, 2006; LaGrand, 2005; Normand, Silverman, & Nickman, 1996; Nowatzki & Grant Kalischuk, 2009; Sanger, 2009; Sormanti & August, 1997). These post-death communications and experiences seem to be a natural part of the grieving process (e.g., Barbato et al., 1999; Klugman, 2006; LaGrand, 2005).

Several researchers have specifically investigated the effects of these spontaneous experiences on the grieving processes of the bereaved (reviewed in Krippner, 2006). In a phenomenological study of ADC experiences in the bereaved, Drewry (2003) found that all 40 experiences she examined "resulted in varying degrees of spontaneous healing or resolution of grief" with one "complete release of grief" (p. 78). Similarly, Parker (2005) found that EEs fulfill "specific grief, bereavement, and/or other needs for individuals such as consolation, comfort, reassurance, and encouragement" (p. 272) and "facilitate a sense of psychological well-being" (p. 277). In a study of widows, Conant (1996) found that the experiences were "often left with emotional peace, a conviction of ongoing spiritual life for the deceased and of resolution of [their] internal conflict over the death" (p. 188). LaGrand (2005) noted that EEs "spawn personal and/or spiritual growth, reduce existential fear, and generate new perspectives and purpose in life through the questions they suggest and the obvious answers provided" (p. 9). Sormanti and August (1997)

examined the experiences of bereaved parents and found that “the parents who experienced continued connection to their dead child derived psychological benefits from the connection” (p. 468). In addition, Nowatzki and Grant Kalischuk (2009) found that, “Qualitative differences in the grieving process were evident in the participants’ accounts of their post-death encounters, as they described grieving before and after their experiences” (p. 101). They also noted that

When a loved one dies, griever may experience feelings of hopelessness and despair. However, post-death encounters suggest the existence of an afterlife, and establish a bond with the deceased. [They] can have a positive and therapeutic effect on the griever, and can be an important part of healing. (p. 103)

They also reported that “post-death contact appeared to lend meaning to the participants’ losses, and a sense of connection to the deceased played a prominent role in healing and personal growth” (p. 107).

Though there is “a paucity of literature that integrates research on EEs of the bereaved with current grief models” (Parker, 2005, p. 260), the mainstream grief therapy community has begun to acknowledge these sorts of experiences as ordinary and seems accepting of their usefulness in the grieving process. For example, Sanger (2009) found that 21 social workers interviewed believed “there is nothing inherently abnormal or pathological about IEs” (p. 87) and had several recommendations for those in clinical practice which included exploring spiritual issues, being aware of psychic phenomena, and honoring the continued connection to the deceased. In his discussion of normal grief reactions, J. William Worden in his text *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (1991) lists both “sense of presence” and visual and auditory “hallucinations” as normal cognitions in the grieving process (p. 26). Referring to hallucinations, he states:

Although disconcerting to some, many others find these experiences helpful. With all of the recent interest in mysticism and spirituality, it is interesting to speculate on whether these are really hallucinations or possibly some other kind of metaphysical phenomena. (p. 26)

However, it was later noted that “to describe these grief experiences as ‘hallucinations’ can limit and stigmatize what may prove to be a common bereavement experience” (Sormanti & August, 1997, p. 461; similarly, Barbato et al., 1999). Indeed, in a study of 10

widows who experienced feeling the presence of their deceased husbands, Conant (1996) found that nine reported no feelings “of control over these events. The vividness of the experience amazed them. The comparison to hallucinations was voiced spontaneously five times and was always denied. These were *not* hallucinations” (p. 186) (the remaining participant meditated to induce visits).

Unfortunately, not all clinicians are accepting of spontaneous experiences of the deceased. In a study of the counseling experiences of bereaved people who sense the presence of the deceased, Taylor (2005) found that 62% of participants had “totally unsatisfactory” experiences (p. 60). They “all described feeling unaccepted, abnormal, not understood, unable to connect to counselors, and that they had received no empathy” (p. 60).

In general, post-death communications and experiences such as ADCs, EEs, IEs, and PDCs maintain the bond and develop new, meaningful relationships between the bereaved and the deceased (e.g., Klugman, 2006; Sanger, 2009; Walliss, 2001). In addition to these spontaneous experiences, it appears that induced after-death experiences also positively affect the resolution of grief.

Through the use of eye-movement desensitization and reprocessing (EMDR) techniques in his clinical practice of treating patients with post-traumatic stress disorder, Allan L. Botkin (2000) observed that patients were reporting spontaneous ADCs during the EMDR sessions and discovered that a particular sequence of psychotherapeutic events could be used to induce the experience in any patient. In the initial 83 patients for whom Botkin attempted the ADC induction, 81 (98%) achieved an ADC, which he defined as “any perceived sensory contact with the deceased” (p. 198), and of that subset, 96% reported “full resolution of grief following the ADC” (p. 198). Botkin also discovered, in the hundreds of cases he has observed, that “the difference in subjects’ prior beliefs systems is of little consequence” (p. 199).

The second well-documented method for the induction of after-death experiences involves a mirror gazing procedure developed by Raymond Moody (1992) which he called a Psychomanteum. Participation in the Psychomanteum process involves spending time in a “dimly lit room in which a sitter gazes with open eyes into a mirror, with the intention of contacting a deceased individual” (Hastings et al., 2002, p. 212) and has been studied for over a decade at the Institute of Transpersonal Psychology (ITP; now Sofia University) in Palo Alto, California. A study from ITP from 2002 studied the

phenomena, experiences, and effects on bereavement of 27 Psychomanteum participants. The participants reported a variety of experiences including physical sensations, external phenomena in the room, imagery that appeared in the mirror, sense of presence, communications and dialogue, and auditory, visual, and olfactory phenomena (Hastings et al., 2002). It was discovered that people reporting contact as part of their experience showed significant self-reported changes in needing to improve the relationship and needing to communicate as well as in the feelings of grief and loss. Even those participants who did not experience contact reported significant improvements in feelings of grief and sadness and the need to communicate (Hastings et al., 2002). As a whole, participants also reported significant alterations in unresolved feelings, missing the person, and feelings of grief, loss, sadness, guilt, and fear (Hastings et al., 2002).

This extensive body of research demonstrating the positive effects of spontaneous and induced ADCs on the bereaved implies a potential for similar effects after assisted ADCs during readings with psychic mediums.

Psychic Mediums

A *medium* is an individual who regularly experiences communication with the deceased. Conversely, a *psychic* regularly experiences information about or from living people, distant locations or events, and/or times in the past (that they did not originally experience) or in the future. (However, one or several mediumistic or psychic experiences do not a medium or a psychic make; the definition requires the ‘regularly.’) It is often stated that all mediums are psychics but not all psychics are mediums.

Mental mediumship (also called “clairvoyant” mediumship) “occurs in a conscious and focused waking state” (Buhrman, 1997, p. 13) and reflects the type of reading that will be encountered most often by contemporary clinicians and other professionals interacting with the bereaved. In mental mediumship, “the medium acts as an active intermediary between the living and the deceased by gathering super-sensory information from the spirit, translating and selecting from this and then presenting their interpretation” (Walliss, 2001, p. 132). In contrast, *trance mediumship* involves amnesia on the part of the medium and occurs in a “sleep-like state” (Sher, 1981, p. 108) in which

the medium is passive and is possessed by the particular spirit for whom (s)he becomes an ‘instrument.’ In this condition, the spirit manifests through the medium who adopts, for example, the mannerisms, posture and in some instances the voice and/or facial characteristics of the deceased. (Walliss, 2001, p. 132)

Finally, *physical mediumship* can include phenomena such as independent voices, the levitation or movement of objects, and raps on walls or tables (Fontana, 2005).

The process during which a mental or clairvoyant medium experiences and conveys information from a deceased person is called a *reading*. During research, the living people requesting the communication are called *sitters* and the deceased communicators are called *discarnates*. The sitter’s experience of hearing from deceased loved ones during a mediumship reading is an *assisted ADC*.

Mediumship Research

Although mediumship has been examined scientifically by such great minds as William James and Oliver Lodge since the 1880s (reviewed in Blum, 2006), the current body of research involving mediumship (reviewed in Rock, 2014) includes studies of the accuracy of mediums’ statements under controlled conditions (e.g., Beischel, Biuso, Boccuzzi, & Rock, 2011; Beischel & Schwartz, 2007; Kelly & Arcangel, 2011; Roy & Robertson, 2004) as well as examinations of their psychology (e.g., Roxburgh & Roe, 2011), physiology (e.g., Beischel, 2013a, Chapter 5), phenomenology (e.g., Beischel & Rock, 2009), and neurobiology (e.g., Hageman et al., 2010). This research has demonstrated that certain mediums are able to report accurate and specific information about the deceased using research protocols that eliminate fraud, cold reading, and similar ‘sensory’ explanations for the source of their information (e.g., Beischel, 2007). Though experiences of non-sensory communication may be a symptom in a variety of ailments, research has indicated that at least some of the individuals who experience regular communication with the deceased are not suffering from delusions or other psychological issues (reviewed in Beischel, 2014).

The mediums who participate in research at the Windbridge Institute have been screened, tested, and trained to serve specifically in research studies and as part of the research team. Though these Windbridge Certified Research Medium (WCRMs) are unique in this respect and we can only report on our experiences with them, the WCRMs

are potentially representative of the larger population of secular American mediums in their histories, practices, experiences, and beliefs. Because fraud has been prevalent throughout the practice of mediumship in Western cultures, we will focus here on modern mediums' ethics and reading styles.

Ethics

Upon certification, each WCRM agrees to standards of conduct that were assembled with feedback from mediums and based on the code of ethics in use by many modern mediums. These standards include: being drug- and violence-free, consuming minimal to no alcohol at least 12 hours prior to a research reading, demonstrating confidentiality of readings, and not performing readings outside of those specifically requested (i.e., not offering unsolicited readings).

Reading Style

Most WCRMs report that during the non-research readings from their own practices, they prefer receiving as little information as possible from sitters. (During research, WCRMs receive no access to or information about sitters prior to readings and no feedback from any sensory source during readings.) Because the mediumship process appears to be more of a 'right-brained' or intuitive task, outside information including all visual, verbal, and other data from the sitter can engage deductive reasoning or the 'left brain' to make assessments and judgments; this can disrupt the mediumship process. This is why some mediums prefer phone readings and why some mediums close their eyes during in-person readings.

Mediums have very little control over who communicates and what information is conveyed during readings; their experience is that the right discarnates find them and not *vice versa*. Sitters should be aware of this in order to create accurate expectations prior to readings. Previous quantitative research has shown that mediums' volitional control, self-awareness, and memory are all significantly lower during a reading compared to a control condition (Rock & Beischel, 2008). Similarly, in an examination of British Spiritualist church services in which Walter's (2008) aim was "simply to describe what visiting a medium means to mourners" (p. 47), he reports, "Though mediums

emphasise that they cannot call up a particular spirit to order, they say that a receptive medium may well be contacted by the relevant spirit” (p. 48).

Messages

In our experience, there are three types of information that are reported most often during mediumship readings and our research reflects these topics by specifically requesting this information from mediums during research readings. The first type of information reported by mediums is that identifying of the discarnate. This can include descriptions of the person when s/he was living such as his/her physical appearance (e.g., hair and eye color, height, build, unique scars or birthmarks, and typical clothing preferences), personality characteristics, other deceased people or animals with him/her, and favorite activities, foods, events, places, etc. The purpose of this information seems to be for identification of the discarnate so the sitter feels confident that the information is coming from his/her loved one.

The second type is information about events in the sitter’s life that have occurred since the death. A medium may convey statements such as “She saw the photo album you put together,” “He likes the color you painted the kitchen,” or “He walked you down the aisle.” The purpose of this information seems to be providing evidence for the sitters that the discarnates continue to observe and participate in their lives.

The third type of information is messages specifically for the sitters. LaGrand (2005) found that spontaneous ADCs may give advice, be inspirational or supportive, or let the bereaved know the deceased are still involved in their lives. The information reported in mediumship readings appears to be similar. This can include simple messages like “I love you” to messages seemingly intended to alleviate guilt or sorrow such as “There was nothing you could have done to prevent my death” or “I didn’t feel any pain.” Messages can also offer advice (e.g., “It’s time to sell your house”), reprimand (e.g., “Why hasn’t my headstone been installed yet?”), or encourage (e.g., “It’s time to start dating again”). Walliss (2001) describes similar messages provided by mediums during group readings in British Spiritualist churches:

part of the message could be the spirit telling the congregation member that they’re ‘OK’ and that they’re settling into their new existence. Linked to this, (s)he may also want to let them know that, for example, their death was peaceful, that

they were aware of their love and help towards the end of life (this is often the case with those who were not lucid towards the end) or that any ailments that they suffered from in life are now absent. In addition, (s)he may also speak of family and friends who had 'passed over' beforehand with whom they have met up again. Indeed, it is often the case that mediums can relay a set of messages to an individual from a number of spirits, a phenomenon that may be likened to, for example, the image of relatives passing around the telephone receiver on a special occasion... The other dominant theme in the messages may be expressed as 'I'm still here for (or with) you and...' In other words, the spirit will affirm their continued interest in, and relationship with, the living and seek to assist in a number of ways. (p. 134)

Walter (2008) also reports comparable messages conveyed during his own observations of British Spiritualist services:

In contemporary spiritualism in England, the messages are remarkably similar. The vast majority say: "S/he's okay. Don't shed any tears. You can get on with life without worrying about him/her. S/he's with you, watching you. And s/he sends you love." The message is that the dead are watching us, or are for a generation or so, and they want us to move on. The sitter need not feel guilty that she has taken a new husband; the deceased knows, and approves. The deceased do not want to be disturbed by our tears. (p. 48)

Walter (2008) goes on to observe,

Whether or not they resonate with current bereavement theories and therapeutic practices, the messages that mediums impart do resonate with a popular culture that celebrates love, especially parental love, as eternal, yet expects mourners to get on with their lives. (p. 50)

Sitters can choose to heed or ignore advice or direction from discarnates just as they would comments from any well-meaning loved one. (The dead are still just people.) One medium Walliss (2001) interviewed noted, "They can't tell you what to do because that's your choice, that's your free-will" (p. 136). Walliss described the relationship between the living and the dead as "in many ways a continuation of the lived one, with the

deceased offering support and advice which the living can then either act on or not” (p. 142).

The collection of information reported during mediumship readings assists sitters in recognizing that their relationships with their discarnates still exist and assures them that their bonds continue.

Continuing Bonds

A major paradigmatic shift occurred within bereavement theory, research, and practice over the past several decades. Previously, an emphasis was placed on severing the bonds with the deceased and the view was held that continued attachments to the deceased were unhealthy and pathological (e.g., Jackson, 1957, and Bowlby, 1969-1980; reviewed in Silverman & Klass, 1996). By the 1980s, it was becoming clear that this model “was developed in the face of data that suggested its inadequacy” and “based on inadequate assumptions about the nature of self” as well as “in inappropriate social scientific methodology used to study bereavement” (Silverman & Klass, p. 22). The pathologies defined by this “old model of grief were not based on research or clinical experience, but were based on the cultural values from which that model of grief emerged” (Silverman & Nickman, 1996, p. 353).

The model that replaced it was one of *continuing bonds* (reviewed in Klass, Silverman, & Nickman, 1996) in which “the resolution of grief involves a continuing bond that the survivor maintains with the deceased” and in which “the bereaved remain involved and connected to the deceased” (Silverman & Klass, 1996, p. 3 and p. 16, respectively). This model may include experiences in which contact with the deceased occurs (e.g., Field, Gao, & Paderna, 2005; Klugman, 2006; Sanger, 2009; Walliss, 2001).

Field, Gao, and Paderna (2005) found that continuing bonds with the deceased may “represent a transition from a corporeal attachment to a spiritual attachment. Whereas earlier on after the death there is a keen sense of the deceased as missing, later on the deceased has been recovered as a spiritual being” (p. 295). Silverman and Klass (1996) note that,

While the intensity of the relationship with the deceased may diminish with time, the relationship does not disappear. We are not talking about living in the past, but rather recognizing how bonds formed in the past can inform our present and our future. (p. 17)

They suggest “a process of adaptation and change in the postdeath relationship and the construction and reconstruction of new connections” (p. 18) as well as encouraging attempts to locate modern “rituals that facilitate continuing bonds with the dead” (p. 20). Silverman and Nickman (1996) point out that when new models of grief arise, “our culture develops new rituals of helping to match the new model” (p. 354) and name several “mutual-help and self-help organizations” that

have formed in part because their members’ experience was not legitimized in the larger society. As part of their shared resolutions, they have developed the folk psychology and “folk remedy” to match their lived experiences. They find comfort, acceptance, and legitimation of their feelings. (p. 354)

Perhaps readings from psychic mediums currently serve as one of these “folk remedies.” The formation of Forever Family Foundation (FFF; a secular, not-for-profit organization; www.foreverfamilyfoundation.org) in the early 2000s developed from a need in individuals experiencing and finding value in spontaneous and assisted ADCs. FFF maintains a list of mediums online that they or other organizations have tested for accuracy. The mission of FFF includes establishing the existence of the continuity of the family, even though a member has left the physical world and providing a forum where individuals and families who have suffered the loss of a loved one can turn for support, information, and hope through state-of-the-art information and services provided by ongoing research into the survival of consciousness (Forever Family Foundation, n.d.). The existence and growth of FFF demonstrates the expanding interest in and adoption of assisted ADCs as a treatment for the bereaved.

The Intersection of Grief, Continuing Bonds, Assisted ADCs, and Clinical Practice

The effects of mediumship readings on bereavement are not clearly understood. The relationship between bereavement and involvement in public Spiritualist group mediumship demonstrations has been analyzed (Walliss, 2001) and numerous anecdotal reports exist regarding the positive and profound effects a reading with a psychic medium can have on the bereaved. For example, one participant in our initial mediumship research reported, “After the devastating loss of two sons, mediumship has

proven to me that we survive the death of our bodies, and has made my life not only bearable but worthwhile again.” However, to date and to the best of our knowledge, no systematic, empirical studies have been published investigating the effects of a personal reading from modern-day, secular medium.

The profound effects a reading with a mental medium may have on the bereaved warrants a serious look at this phenomenon, particularly within the continuing bonds paradigm. A reading may be more accessible to individuals who may experience fear associated with the idea of a personal after-death contact that occurs unexpectedly (e.g., with spontaneous ADCs) or through induction (e.g., with the EMDR or Psychomanteum methods). The concept of the deceased being once-removed from the individual and the medium serving as the go-between for the deceased’s messages may be more palatable to some. In addition, it has been demonstrated that both “extremely positive” and “extremely negative” experiences during spontaneous ADCs are “related to poor adaptation and lack of coping with bereavement;” both were associated with “high levels of anxiety and lack of trust in future coping capacities” (Lindström, 1995, p. 19). Thus, a more controlled environment during which contact can be experienced may have more positive effects on the bereaved.

Alternatively, a reading may be preferred in cases in which an individual longs for contact but has not experienced it. In his interviews with social workers, Sanger (2009) found that this scenario occurred with “several clients” (p. 78). For example, an individual hoping to experience an ADC to aid in their process of healing from grief may seek out a medium. Walter (2008), in his discussion of the motives of those wanting ADCs, found that

There may have been guilt. A middle aged woman had felt guilty about her fraught relationship with her mother, which, after her mother’s death, led to her contacting the spiritualists. She was comforted to be told by a medium that her mother was all right. This one session was speedier than the multiple visits a counsellor would probably have needed to deal with her guilt. And it seems to have been more effective than praying to God for forgiveness: God might forgive the daughter, but her mother’s soul might continue to suffer the consequences of their poor pre-mortem relationship. It was not her own guilt but her mother she was worried about. (p. 48)

Because mediums focus on the discarnate rather than the sitter (Walter, 2006), they

may have something to offer mourners denied them by those bereavement counsellors who focus on the client's feelings. Mourners typically think about the dead as much as about their own feelings, and it is this that mediums recognise and cater for. (Walter, 2008, p. 50)

Additionally, a medium may also serve as a like-minded participant without disparaging, disbelieving, or ridiculing the experiences or worldviews of the bereaved—a risk that exists when speaking about or sharing ADC experiences with others. Walter (2008) observed, “Consulting a medium certainly can cause difficulties within families, but so can religious experience or zeal of any kind (including zeal for counselling) when not shared by other family members” (p. 49).

Mediumship readings also involve potential disadvantages that should be acknowledged. In situations which induce communication with the deceased (including Botkin's EMDR method and the use of a Psychomanteum), a trained facilitator participates in the process or is actually present during the experience; this is not necessarily the case for a mediumship reading. As stated above, research has demonstrated that mediums' experiences of communication may include alterations in some aspects of their phenomenology including volitional control, self-awareness, and memory (Rock & Beischel, 2008). Thus, mediums may not be in a psychological position to facilitate the reading experience for the bereaved sitter; their role, instead, is simply to convey what they experience regarding the discarnate to the sitter. This issue, as well as Lindström's (1995) finding described above that more extreme ADC experiences were related to poor adaptation and coping (p. 19), suggest that follow-up visits with a qualified facilitator may be necessary for some sitters.

In the pilot study described below, survey responses from a group of mourners who received readings from mediums and a subset who also worked with mental health professionals indicate a therapeutic effect worthy of further examination.

Exploratory Study

In order to assess the potential therapeutic benefit of assisted ADCs in the treatment of grief, data were collected via an anonymous, on-line survey to investigate individuals' recollections of their experiences of grief in relation to receiving a mediumship reading. We also asked about the perceived effect work with a mental health professional (MHP) had on the subset of participants who had engaged in both. Overall, the data demonstrated the need for future studies using randomization schemes, control groups, a standard grief instrument, and appropriate statistical tests to analyze the therapeutic effects of a personal mediumship reading from a credentialed, secular mental medium [i.e., a medium whose abilities have been tested by an independent third party that does not stand to gain (e.g., financially) from the certification; this includes organizations like the Windbridge Institute (Beischel, 2007) and Forever Family Foundation]. The basic methods used and data collected in this exploratory study are described in more detail below. Data are reported as mean \pm standard error of the mean.

Methods

On-line survey. An anonymous, on-line, automated survey (www.formsite.com) was used to collect participant responses. No identifying information was requested and standard participants' disclosure information was provided. Each participant provided information including his/her gender and age, the discarnate's gender and age at passing, and the approximate dates of the discarnate's passing and the reading with the medium.

Regarding their mediumship readings, participants were asked: "Please rate the level of grief you felt BEFORE receiving a reading (or readings) from the medium." The possible Likert-type responses participants chose from were:

- I felt no grief.
- I felt some grief but a very low level of grief.
- I felt a somewhat low, manageable level of grief.
- I felt a somewhat high level of grief.
- I felt a very high, almost unbearable level of grief.

The participants were then asked to rate the level of grief they felt after the reading (or readings) from the medium using the same response choices listed above. For analysis,

the responses regarding levels of grief were assigned numerical values from zero to four, respectively.

Participants also responded to the following question: “Did you work with a mental health professional (that is, a therapist, counselor, psychologist, psychiatrist, social worker, etc.) during your grief? (This could include either talking with your regular mental health professional about your grief or going to see someone specifically about your grief.)” Those who answered “yes” were redirected to questions about work with the MHP. Similar to the mediumship reading questions, these asked about the participants’ levels of grief before and after the work with the MHP using the same scale. Participants were also asked if they had ever talked to the MHP about their reading with a medium and the MHP’s response.

Finally, participants were asked the following open-ended question: “Do you have any other comments about your grief that you would like to share with the investigators?”

Recruitment of participants. An email briefly describing the purpose of the study (i.e., “collecting information about the way people who have received a reading from a medium cope with grief after the death of a loved one”) and including a link to the on-line survey was sent to WCRMs and mediums certified by the Forever Family Foundation. The mediums were asked to forward a message requesting participation to their email lists, include the request in an upcoming newsletter, etc. The instructions to the mediums also included the following:

Please do NOT hand-pick the people that you invite to fill out the grief survey. We want a true representative sample of the population, so we don’t want to exclude people who had a bad experience with their reading just as we don’t want to exclude people who had a good or healing experience. We want an accurate representation of all of the different fractions of people.

A total of 83 participants completed the survey in full. Over 90% of the participants were female and their mean age was 52 ± 1.5 years (range: 30 to 78 years).

The participants were also asked about the discarnates they were grieving. The discarnates were 65% male and their mean age at passing was 56 ± 3.2 years (range: 17 weeks to 99 years). The mean time between the discarnate’s death and the participant

receiving a mediumship reading was 36 ± 8.6 months (range: 2 days to 34 years). A subset (35%, $n = 29$) of participants also worked with a MHP as part of their approach to dealing with their grief.

Results

Recollected changes in levels of grief. Because of the methodological limitations of the survey data collected (described below), it was not appropriate to analyze the survey responses using statistical tests, but the trends are described and graphically represented here in order to demonstrate the general reported changes.

Using the scale of 0 = “I felt no grief” to 4 = “I felt a very high, almost unbearable level of grief,” participants reported a mean level of grief of 3.13 ± 0.10 before a reading and 1.96 ± 0.11 after a reading ($n = 83$, $\Delta = 1.17$; see Fig. 1). This finding is congruent with previous research into the effects of ADCs on grief considering, as discussed above, that the messages received during assisted ADCs during mediumship readings are similar to those received during spontaneous ADCs.

The mean reported level of grief before work with a MHP was 3.69 ± 0.10 and 2.93 ± 0.15 after the work ($n = 29$, $\Delta = 0.76$). In response to the question about informing the MHP about the reading, 17 of the 29 participants (59%) told their MHP about their reading. This fraction may be lower than the portion of individuals who talk about spontaneous ADCs with their MHPs. For example, Sanger (2009) noted that 17 of the 19 (89%) social workers he interviewed “reported clients who brought IEs into the client/social worker relationship” (p. 76). In 58% of the subset of participants in our study who told their MHP about their reading ($n = 11$), the MHP used the information the participant received during the reading to steer the progress of the work. The following items about the MHP’s response to hearing about the reading were chosen by one participant (5%) each:

The MHP ignored the mediumship reading as important in your work.

The MHP suggested that you do NOT receive further mediumship readings.

The MHP suggested that you receive further mediumship readings.

None of the participants chose the following response: The MHP had suggestions on how to best choose a medium.

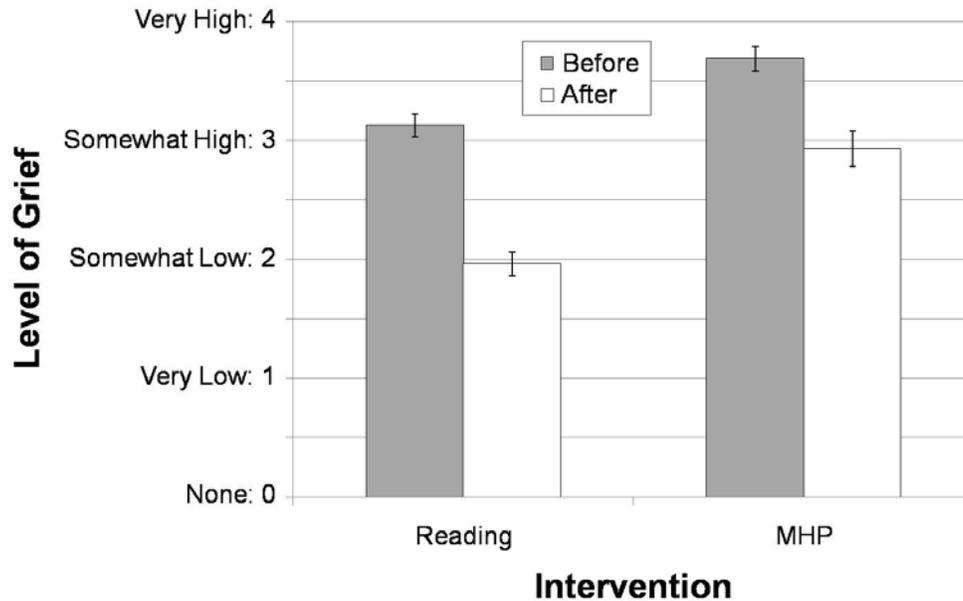


Fig.1. Participants' retrospectively reported levels of grief (mean \pm SEM) before and after a mediumship reading (Reading, n=83) and work with a mental health professional (MHP, n=29). (See text for full rating definitions.)

Representative participant comments. Perhaps most indicative of the potential therapeutic benefit of assisted ADCs in the treatment of grief were the participants' responses to the final open-ended survey question: "Do you have any other comments about your grief that you would like to share with the investigators?"

The following representative comments were provided regarding the short- and long-term effects of a mediumship reading on the experience of grief:

After the reading I felt tremendously upbeat. This euphoria lasted the whole day. It was very amazing.

Before my reading with [the medium], I still had a low level of grief... that I accepted as the loss that will always be there. After the reading, I felt as though that "weight"

was lifted and I had a different definition of my relationship with my mom that was more special than I could ever expect.

When I am approached by my loved one that has passed, I am much more accepting of her presence and look forward to the joy instead of the pain... I wish I had had the reading 16 years ago!

[The medium] and her gift of mediumship has had a profound effect on my life and my grieving process... It has helped me in a way I never would have imagined.

It is very healing for me to use mediums for help in this process.

I believe going to a good medium is an untapped resource for faster grief management.

[The medium] helped me manage the grief that has been with me for more than 20 years.

I feel a reading with a medium is an excellent tool for helping to decrease grief... I would recommend it to anyone that is considering it.

I don't know what I would have done without [the medium].

In addition, several participants spontaneously provided negative feedback regarding their experiences with a MHP:

For me, the various grief support groups were not the answer.

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.

When my first MHP negated 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.

We feel the last comment above is very important in demonstrating the potential of clients to seek out and employ counselors accepting of and knowledgeable regarding mediumship readings and supports the need for new training modalities for counselors (described below).

Several participants also specifically commented on the importance of the combination of the two interventions—mediumship readings and work with a MHP—on their recovery:

I believe the combination of assistance from a MHP and a medium to be of significant value in processing grief and corroborating one's belief in life on the "other side."

I can't begin to express how helpful my readings have been in my healing journey. I know that I personally needed to go through counseling as well. However, the level of healing was accelerated by getting readings.

The medium reached my heart, the social worker my mind.

Finally, participants also commented on the relief they felt knowing that this topic was being researched and validated. For example:

I get great comfort from visiting afterlife websites and knowing that people who are much more intelligent than me actually believe in an afterlife.

I have tried so hard to let friends understand how helpful the medium was to me but they think I am wrong, that I shouldn't see a medium.

...consciousness research is important for me in using mediumship readings as a tool in grief recovery.

The idea of data from parapsychological research serving as a tool that may be used to validate the experiences of the bereaved and "help [them] live after the death of a loved one and restructure their lives" is one that has been previously asserted (Berger, 1995, p. 1).

Limitations

It is important to keep in mind that these data were collected for the purpose of determining if this line of inquiry warrants further study and they should not be viewed as demonstrative of an effect. The participants were self-selected to include individuals who already held a belief that a mediumship reading could be helpful and were, therefore, predisposed to finding the experience beneficial. The participants' reports of their experiences of grief were retrospective. This methodology cannot control for

inaccurate and/or incomplete self-reports due to false memory impressions and memory loss. Additionally, the number of participants who received a mediumship reading and the subset who also worked with a MHP were relatively small ($n = 83$ and $n = 29$, respectively). Finally, a general questionnaire was used rather than a standard, established measure of grief. However, it seems probable that these positive findings, even considering these limitations and the exploratory nature of the study, could be extrapolated to at least a portion of the population actively receiving mediumship readings as a “folk remedy” for their grief; this warrants further study.

Conclusions

Although grief is experienced across cultures and is ubiquitous to the human experience, unresolved, complicated, prolonged, or traumatic grief can have detrimental effects on mental and/or physical health and wellness. Traditional grief counseling approaches, with a focus on the client’s acceptance of separation and integration of loss, may be ineffective. Conversely, therapeutic approaches that incorporate a continuing bonds perspective exhibit positive results for the bereaved.

Methods of healing from grief outside of a therapeutic scenario include ADCs, whereby the bereaved experience communication with the deceased. Both spontaneous and induced ADCs have been repeatedly demonstrated to diminish or even entirely alleviate grief. Other bereaved individuals seek out assisted ADCs through readings with psychic mediums, and anecdotal reports posit the positive effects of this practice.

No systematic studies have been published investigating the effects of a personal mediumship reading from a credentialed, secular medium on grief. The pilot study described here demonstrated recollections of noteworthy relief from grief after mediumship readings. The trends from these exploratory data warrant further study into the benefits of assisted ADCs within the field of grief psychology.

Future Directions

With objective research on this topic, investigators and counselors may be able—at the very least—to offer suggestions to the large population of individuals choosing to receive mediumship readings and—ideally—to become part of the decision-making process and follow-up. We suggest a scenario in which credentialed mediums work together with licensed MHPs in addressing the acute grief experiences of the bereaved

who may benefit from readings. This cross-collaboration will require research assessing who may benefit most from mediumship readings—and for whom it might be detrimental—regarding factors including, for example, gender and age of the sitter, gender and age of the discarnate, time since the death, type of death, psychological and personality characteristics of the sitter, level of adaptation to bereavement, etc. In his fieldwork with British Spiritualist services, Walliss (2001) found that

it is not so much bereavement *per se* but rather specific forms of bereavement that may lead to individuals consulting mediums for evidence of survival or in order to say goodbye. Typically this was the case where the deceased was young and/or where the death was sudden or tragic, for example through an accident, murder or suicide. (p. 141)

As a first step in discerning who might and might not benefit from readings, we have designed a randomized clinical trial [called the Bereavement And Mediumship (or BAM) Study] utilizing a standard randomization scheme, waiting list control group, group assignment method, quantitative grief instrument, and statistical analysis to examine the impact of a reading on the sitter's recovery from grief over the loss of a loved one (Windbridge Institute, 2013). Only with controlled research such as the BAM Study can the grief community effectively determine if receiving mediumship readings is helpful, harmful, or neither for different fractions of the bereaved.

With the results from this, similar, and subsequent research, an effective collaboration can develop between clinicians and mediums that will best serve the bereaved population. The role of the mediums will be to assist sitters who may benefit in beginning work with MHPs. Likewise, the role of the MHP will be to suggest readings to select individuals and to assist them in integrating the information provided by mediums into their lives. Though many individual MHPs may be including mediumship readings in the suggestions they offer to their clients (as we have heard anecdotally), an organized dialogue and list of agreed-upon standard practices is only in its infancy (see, for example, the work of the American Center for the Integration of Spiritually Transformative Experiences, ACISTE, www.aciste.org). Furthermore, this collaboration should include an open dialogue between researchers and those directly interacting with the bereaved: the MHPs and mediums. The experiences of those groups regarding the effects of readings on the bereaved are invaluable.

This collaboration between MHPs and mediums will require training for both halves. The training of MHPs may include information about the basics of mediumship processes, including the topics of ethics and reading styles discussed above as well as general error rates and where to find reputable, certified, or credentialed mediums and how to best prepare for a reading (Beischel, 2013b). Mediums should be provided with information gained from research regarding which sitters may require further work with a MHP after a reading. In addition, a list of licensed MHPs trained regarding mediumship processes should be distributed to credentialed mediums for the purpose of sharing with their clients. This is particularly important considering that a large portion of mediums provide phone readings to sitters who may be in other states or countries which may make establishing local relationships with MHPs somewhat ineffective.

We believe this scenario is a necessary and practical solution to the increasing use of mediumship readings by the general public and the limited demonstrable efficacy of traditional grief therapy. We are currently working on bringing it to fruition through controlled research and training material development.

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