

A SYSTEMATIC REVIEW OF RESEARCH ON  
AFTER-DEATH COMMUNICATION (ADC)

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Dissertation Prepared for the Degree of  
DOCTOR OF PHILOSOPHY

UNIVERSITY OF NORTH TEXAS

August 2011

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Streit-Horn, Jenny. *A systematic review of research on after-death communication (ADC)*. Doctor of Philosophy (Counseling), August 2011, 81 pp., 9 tables, references, 104 titles.

In this study, after-death communication (ADC) is defined as spontaneously occurring encounters with the deceased. Reported occurrences of ADC phenomena range widely among published ADC research studies, so a systematic review of 35 studies was conducted. A rubric was developed to evaluate the methodological quality; final inter-rater reliability among three raters was  $r = .90$ . Results were used to rank the studies; the methodologically strongest studies were used to arrive at best estimate answers to four research questions/subquestions: (1) How common are experiences of ADC? How does occurrence vary by gender, age, marital status, ethnicity, religious practice, religious affiliation, financial status, physical health, educational level, and grief status? (2) To what extent do ADCrs report ADC experiences to be beneficial and/or detrimental? What are the leading benefits and/or detriments? (3) What is the incidence of research studies in which the researchers mentioned that the research participants appeared mentally healthy? (4) What is the incidence of sensory modalities—for example, visual, auditory, and kinesthetic—in which ADCs occur? Best estimate results were compiled into a one-page fact sheet that counselors and others can use to educate people who seek empirically-based information about ADC.

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## ACKNOWLEDGEMENTS

I am sincerely grateful to my committee members for their ongoing support, encouragement, and expertise. I thank my faculty advisor, Dr. Jan Holden, who has been my mentor for many years. I appreciate her unwavering guidance, patience, and encouragement. I thank Dr. Sue Bratton for her counseling and research experience, her openness to new ideas, and her many years of support and encouragement. I thank Dr. Dee Ray for “gently challenging” me for many years, and I appreciate her sense of humor and her tenacity when it comes to research.

I am grateful to my loving and supportive parents, Nancy and Rommie Atkinson and Don and Lindy Streit. All of my parents have instilled in me the assumption that I can accomplish my goals. I appreciate all my brothers and sisters and many friends who have supported me along the way. I also appreciate my clients and supervisees who have been flexible and encouraging.

I am supremely grateful for my supportive, patient, and loving husband, Steve Horn. He has supported me every single day during the course of the Ph.D. program in general, and the dissertation process in particular—and without ever complaining! He is a precious jewel in my life. I cannot imagine completing this goal without his support.

Lastly, I thank Venerable Geshe Kelsang Gyatso and Gen Kelsang Jampa, my kind teachers, who helped me transform what appeared to be adverse conditions into the spiritual path and who reminded me to maintain a good intention to benefit others in all my actions.

I am blessed with many kind, supportive, and loving people who have made this achievement possible. May the completion of this endeavor be beneficial for others.

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## CHAPTER 1

### INTRODUCTION

Experts have defined after-death communication (ADC) in a variety of ways (Guggenheim & Guggenheim, 1995; Houck, 2005; LaGrand, 1997; Long, 1999). Distilling the common features of their definitions yields the following: ADC is a spontaneous phenomenon in which a living person has a feeling or sense of direct contact with a deceased person. ADCs occur across culture, race, age, socio-economic status, educational level, gender, and religious belief. Experts in the fields of grief/bereavement, counseling, and parapsychology support the idea that ADCs are common, natural experiences that most percipients find comforting, encouraging, and sometimes even life-saving (Arcangel, 2005; Devers, 1997; Guggenheim & Guggenheim, 1995; LaGrand, 1997, 1999; Long, 1999).

#### Statement of the Problem

The reason this research study is important is that the literature overwhelmingly points to ADCs being both common and beneficial, yet many people have expressed hesitation and even fear regarding having the experience and/or sharing it with others. In most of the ADC literature, the authors particularly noted percipient's reticence to disclose their ADC experiences and some percipient's concern about their mental health because of not knowing about the ADC phenomenon.

Much of the ADC literature arose from the field of paranormal psychology and/or bereavement studies. For the most part, the paranormal studies were exploratory in nature, looking for the occurrence of ADCs (Sidgwick, Sidgwick, & Johnson, 1894; West, 1948), sometimes along with other psi phenomena like telepathy and out-of-body



experiences, (Kohr, 1980; McClenon, 1988; Palmer, 1979) and deathbed visions (Osis & Haraldsson, 1977). The studies on ADCs related to bereavement generally arose from professionals' and researchers' surprise at observing the ADC phenomenon in the absence of any observed mental illness. To illustrate this tendency is the quotation of a footnote in *The First Year of Bereavement* by Glick et al. (1974)

We are unable to give reliable figures regarding the incidence of the sense of the husband's presence [ADC]. Direct questions were not at first asked on this subject, since we had not anticipated the phenomenon. But even if we had included an appropriate item in our schedule of direct questions we should probably have ended with an underestimate. (p. 146)

The authors then referred to Rees's (1971) study that indicated that bereaved people are often reluctant to reveal information that might lead others to think them mentally ill.

As mentioned, much of the ADC literature arose from paranormal psychology and bereavement studies; however, the data from two recent articles from the *Journal of Near-Death Studies* addressed ADCs among a special occupational group: emergency service workers. In one article, Kelly (2002), a retired detective lieutenant in the Massachusetts State Police, reported incidences in which emergency service workers experienced post mortem contact by fatal injury victims at the scenes of their death. He described these workers as experienced in their respective professions and accounted that none of them reported or exhibited any symptoms of mental illness (Kelly, 2002). In the other article, Ring (2008) reported an incident in which a paramedic in New York State began having ADC experiences after tending to a patient by the name of Tom Sawyer who is well-known in the field of near-death studies as someone who had a near-death experience (NDE) and was active in educating others about NDEs. The emergency service worker had worked as a paramedic for 16 years and reported never

having had an ADC prior to her contact with Mr. Sawyer. In fact, prior to her experiences, she expressed having had no knowledge that such experiences existed. She reported being very concerned about her sanity and then relieved once she discovered some information about ADCs (Ring, 2008).

Judy and Bill Guggenheim (1995), pioneers in the field of ADC research, noted the importance of increased awareness about ADCs. They shared the following: “Many men and women we interviewed expressed hope that readers would benefit from their ADCs. They wanted to spare others the confusion and pain they had endured when few relatives or friends were willing to believe their stories” (p. 20).

Researchers have conducted a number of studies on ADCs; however, determining a best estimate of the occurrence of ADCs is a challenging task because of the substantial variations in types of studies and, consequently, results. Based on their research, Guggenheim and Guggenheim (1995) estimated conservatively that approximately 20% of Americans had experienced one or more ADCs. However, other research studies have yielded such a wide range of results that currently it is still unclear as to how commonly ADCs occur and who has them. Researchers have investigated a number of percipient characteristics as they relate to ADCs, including gender, state of consciousness, marital status, ethnicity, relationship of percipient to the deceased, religious practice, religious affiliation, age, financial status, physical health, access to and utilization of social support, educational level, grief status, presence/absence of knowledge of the death before the experience, number of experiences, benefits of the experiences, and potential for suicide prevention. They also

have studied aspects of the decedent, such as nature of decedent's death, and have studied types of experiences.

Synthesis of researchers' findings from various studies is complicated by their exclusions and inclusions. For example, some studies excluded dream ADCs (Datson & Marwit, 1997; Greeley, 1987; Grimby, 1993, 1998; Rees, 1971), despite an absence of evidence that they deserve exclusion. Conversely, other studies included phenomena that do not fit the definition of ADCs, such as ghosts, in which cases the perceived entity is connected to a place rather than associated with a deceased person and in which the entity does not interact with observers (Arcangel, 2005); séances, in which the experience was sought rather than spontaneous; and mediums, in which the experience was indirect rather than direct (Arcangel, 2005). Another difficulty is the variation in what term the researcher used and what question the researcher asked in the study as well as the type of study. Table 1 includes the following data from the aforementioned studies: author and year of publication, type of study, number of participants, term used to refer to ADCs, and question(s) asked (if the researcher[s] directly asked a question about the phenomenon).

#### Purpose of the Study

In the majority of books and articles related to ADCs, authors emphasized percipients' reticence to share their ADC experiences with others due to fear of being ridiculed and/or thought insane. This common theme in the research indicates a need for accurate information about ADCs. It is important that people both in and out of counseling settings have access to this information so that those having ADC experiences can reap whatever benefits these experiences might hold without fear of

ridicule and without doubting their sanity. My intention is for the results of this study to reach not only professionals in a position to help those having these experiences—medical, mental, social, and spiritual healthcare providers—but also the general public. In fact, based on my current review of the literature, at this point in time, someone from the general public is much more likely than a healthcare professional to hear about one of these experiences because of many people’s fear of being seen and treated as “crazy.” I hope to facilitate a better understanding of the ADC phenomenon so that the negative stigma of having this experience will be eradicated and the potential for the experience to enhance percipients’ wellbeing will be enhanced.

While researching the phenomenon of ADCs, I did not find a single source in which the author(s) synthesized the other existing research, particularly by means of evaluating the quality of the research studies. My purpose in this research study is to evaluate and synthesize the studies and literature related to after-death communication in order to provide a new, comprehensive, and integrative interpretation of the findings. My goal is arrive at best estimates of various ADC phenomena so that professionals will better be able to educate and support their patients/clients and so that people who experience ADCs (ADCrs) can maximize the potential benefit of their experiences and are not unnecessarily distressed about the question of their sanity. My goal also is to provide a thorough synthesis that future researchers may quickly utilize in their studies on ADCs.

I fulfilled this purpose by conducting a systematic review of the existing research on ADCs. I examined descriptive data from primary research sources published between 1894 and 2009 including research studies, clinical case studies, and

compilations of first-hand accounts of ADCs. I systematically looked for patterns across studies and noteworthy differences in the findings in order to synthesize research on ADCs.

#### End Product

With this synthesis of the ADC research, I hope to normalize the experience for percipients and to educate professionals in the mental health community about ADC phenomena so that they may confidently educate and support their clients. I condensed the synthesis of this study into a one-page fact sheet for mental health clinicians and identified what I consider the three best sources about ADCs for clients based on my examination of all the research and literature. My goal is to make the results of this study easily available in and applicable to the clinical counseling and other health care settings.

## CHAPTER 2

### REVIEW OF LITERATURE

What follows is a review of literature related to after-death communication (ADC). Given that this current study is a systematic review of research on ADC, some of the detail is reported in the Results chapter.

#### What Are ADCs?

For the purposes of this study, I use the term after-death communication (ADC) to refer to spontaneously occurring encounters with the deceased. Guggenheim and Guggenheim (1995) coined this term in the late 1980s and defined ADC as “a spiritual experience that occurs when someone is contacted directly and spontaneously by a deceased family member or friend” (p. 16). I have chosen not to use the term *spiritual* in my definition because of the difficulty in satisfactorily defining the term and because some percipients have not specifically described their ADCs as *spiritual* experiences. For the purpose of ease, I am coining the term “after-death communicator” or “ADCr” to refer to a person who reports having had an ADC experience.

In 1988, Guggenheim and Guggenheim (1995) began the ADC Project to research thoroughly the (then-perceived) unusual phenomena of ADCs. Via the ADC Project they collected more than 3,300 firsthand accounts of ADCs by interviewing 2,000 people who lived in the United States and Canada. The age of their participants ranged from 8 to 92 years, and the people varied in their social, educational, occupational, and economic backgrounds. Because the Guggenheims’ study is the largest recent study of this phenomenon; because they popularized reference to the phenomenon as ADC in their bestselling book, *Hello from Heaven*; and because the

term represents a reasonably objective description of the phenomenon, I have chosen it as the term I use in this study.

### Examples of Actual ADCs

ADC experiences can be difficult to understand if one has not had that type of experience. I provide the following examples of actual reported ADCs in order to give the reader a sense of what the ADC experience can be like for some people. By no means are the following examples an exhaustive collection of the types of ADCs; however, this sample may help the reader better understand the phenomenon addressed in this study.

On September 24, 1995, I woke up feeling good having had a good night's sleep. I turned to my husband's side of the bed and smelled his cologne just like he was beside me. I turned back to my side of the bed and lay there for a while and could not smell the cologne on my side of the bed. When I turned back to his side, the smell had disappeared. This was one day short of a year after the first time I experienced Harvey's presence, when he had put his arm around me. Some would say I was dreaming or hallucinating but the strange thing was that the cologne I smelled was not one of my favorites that he wore. It would seem to me, that if I was imagining things, I would have imagined what I liked best. (LaGrand, 1998, p. 111-112)

This first example is a description of an olfactory ADC in which the percipient smelled a scent associated with the deceased when he was still alive. The percipient also made reference to a previously experienced tactile ADC. It is common for percipients to note their experiences as being out of the ordinary and yet still real.

Randy is an astrophysicist. "Hours after his father's funeral, Randy sat in his father's ocean condominium stunned and numb. He felt a profound sense of loss surrounded by all the familiar reminders of this man he loved so dearly: his father's favorite time-worn books, his maps from exotic trips he'd taken, and most of all his beautifully carved collection of shore birds. How his father had loved those birds. Randy began listening to their melodic sounds on an old record from the 1960s, scratches and all.

Later, as Randy sank deeper into a state of despair, he heard a faraway sound, ever so faint. He strained to listen. It was an unusual sound: unfamiliar,

yet familiar at the same time. Then he recognized it. It was the beautiful song of a faraway shore bird. As Randy strained to hear, its pitch rose to a crystal clear trill that filled his head and the room with a joyous light. "I don't know how to explain it," he said. "Noise became light. And that light held an emotion. I was filled with such joy because I knew everything would be all right and that my father was happy."

Randy sat with this profound joy for several moments, still and at peace. And then, as if it were a gift from heaven, he heard his father's voice. It was clear and happy and it said, "The birds sound better here. No scratches." Randy's joy erupted into laughter. The universe was indeed a strange place, but it was also a loving place with a cosmic sense of humor.

Making sense of this experience years later, Randy says his father's visit had a remarkable healing effect on him. It made him stronger and more sure of himself in the world. "When people ask me whether I think it really happened, I say, 'Of course it really happened.' It was a thought that had the power to change me. That's real." (Devers, 1997, pp. 47-48)

This example is that of an auditory ADC, in which the percipient heard his father's voice, as well as a symbolic ADC, in which the percipient heard the sound of a bird that reminded him of his father. As is often reported, the percipient found the experience healing and beneficial.

When Dad was in the terminal stages of his illness, he chose not to have any further medical intervention. We were fine with his decision, and since I am a nurse, he and my family depended heavily on me at that time. Dad's condition began to deteriorate. He was lapsing in and out of consciousness, sleeping most of the time, and no longer eating.

Finally, one evening, just twelve hours before he died, I sat quietly with him, just he and I. He hadn't spoken for several days. He gently opened his eyes wide and smiled as he said, "Pops, how good to see you." Then the smile faded from his face and he seemed to drift back off to sleep. I hadn't heard him say "Pops" for many years, not since his own father, my grandpa, had died.

I said to him, "Is Grandpa here?"

He roused slightly, smiled, and replied, "Oh, yes, he's been here several times." Then he nodded slightly as if to reassure me that all was well.

My father seemed filled with certain peacefulness and an astonishing calm, which also affected us, his family. Dad died peacefully the following morning. His words have comforted me greatly. (Amatuzio, 2006, pp. 176-177)

This example is that of a deathbed vision, a type of ADC in which a dying percipient communicates with those who are deceased shortly before one's own death. Typically



people who have deathbed visions seem to be comforted and peaceful—even joyful—from perceiving and sometimes communicating with loved ones who have already died.

### Encounters with the Deceased

Throughout history, people from diverse cultures have reported encounters with the deceased (Guggenheim & Guggenheim, 1995; Long, 1999). Guggenheim and Guggenheim (1995) cited an early record of a man's encounter with a deceased friend in the essay "On Divination" by Roman statesman and author Marcus Tullius Cicero written circa 45 B.C.:

There were two comrades from Arcadia traveling together, and when they reached Megara one of them went to the inn, while the other accepted the hospitality of a friend.

He and his friend finished their evening meal and retired. In his slumber our guest dreamed that his traveling companion appeared to him and said, "The innkeeper has murdered me, flung my body into a cart, and covered it with dung. Please, I beg you, be at the gate early in the morning before the cart can leave the town."

Stirred to the depths of his being by this dream, he confronted at dawn the rustic who was driving the cart out of the gate. The wretch took to his heels in dismay and fright. Our friend then recovered the body and reported the murder to the proper officials. The innkeeper was duly punished. (Guggenheim & Guggenheim, 1995, p. 10)

The person in Cicero's record who encountered his deceased friend learned details he could not have otherwise known: that his friend had been murdered, who murdered him, and when and where his friend's body could be recovered (Guggenheim & Guggenheim, 1995).

### Biblical ADCs

Well-known are the accounts of Jesus Christ's appearances to and communications with many living people after his death. Accounts of these experiences appear in numerous biblical references: Matt. 28:9-10, 16-20; Mark 16:7; Luke 24:13-

35, 36-51; John 20:11-18, 19-22; and 1 Cor. 15: 5a, 5b, 7a, 7b, 8 (New Revised Standard Version). In the book, *Resurrecting Jesus: The Earliest Christian Tradition and Its Interpreters*, Allison (2005) presented a very thorough summary and analysis of these accounts.

### ADCs Reflected in Culture

Many famous people from various social and professional backgrounds have experienced encounters with the deceased: science fiction author Michael Crichton; psychiatrist Carl Jung; psychiatrist Elisabeth Kübler-Ross; actor and director Michael Landon; author C. S. Lewis; General George S. Patton, Jr.; President Theodore Roosevelt; and designer Gloria Vanderbilt, to name a few (Guggenheim, 2000). Developers of the ADC Project have listed numerous additional examples at their website (<http://www.after-death.com>).

Authors and playwrights have depicted encounters with the deceased. For example, Shakespeare illustrated an encounter with the deceased in his play *Hamlet* (circa 1600) in which Prince Hamlet's deceased father appeared to him, and Charles Dickens did so in *A Christmas Carol* (1843) in which Ebenezer Scrooge was visited by his deceased former business partner Jacob Marley (Guggenheim, 2000). More recently, in an interview with Steve Paulson on Public Radio International, Amy Tan, American novelist famous for writing *The Joy Luck Club*, spoke of her encounter with her deceased mother (Tan, 2007). When asked if a particular scene in her latest book, *Saving Fish from Drowning*, was based on anything in particular, Ms. Tan shared that she had based the scene partly on her encounter with her deceased mother and described the encounter as

the most powerful experience I have ever had, and I look back on it and sometimes I think that perhaps it was a delusion, you know, a hallucination, or even a seizure, but a great deal of my heart would like to believe that it was true. . . . It was 24 hours after my mother had died, and I was grieving a little bit more than I thought I would have, because I had prepared for it for such a long time. I wrote these books about her. And all of a sudden, I saw a hologram, a huge hologram, and it was my mother, a hologram within a hologram, and it moved toward me, and I thought, "Oh, I am hallucinating." And when it got to the point where a real person would have touched me, I was suddenly shocked and filled with this feeling as though I now understood *completely* her feelings, and she understood mine. I needed no words, and this feeling was the most super-saturated sense of love, and that love was both peace and hope. (Tan, 2007)

Ms. Tan questioned her experience, wondering if she was hallucinating or deluded. This questioning is a common characteristic of healthy, sane individuals having had an encounter with the deceased. However, these individuals, after integrating their experiences, generally determined them to be very real (Arcangel, 2005; Devers, 1997; Guggenheim & Guggenheim, 1995; LaGrand, 1997).

#### History of Research on ADCs

Encounters with the deceased are not only common among famous people and depicted in literature and movies such as *Always* (1989), *Field of Dreams* (1989), and *Ghost* (1990). Researchers and clinicians consider them to be common experiences in the general population (Guggenheim & Guggenheim, 1995; Haraldsson, 1988; LaGrand, 1997, 2005; Long, 1999; MacDonald, 1992; McClenon, 1988). 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). The Society for Psychical Research (SPR), founded in London in 1882, conducted a landmark study of encounters with the

deceased, called the Census on Hallucinations, to investigate “spontaneous hallucinations of the sane” (Sidgwick et al., 1894). Gurney, Myers, and Pomodore (1886) were members of the SPR and recorded in their two-volume book, *Phantasms of the Living*, over 100 cases of people’s encounters with the deceased. They referred to the experiences as “hallucinations of the sane” (Gurney et al., 1886).

#### From “Hallucinations of the Sane” to “ADCs”

Early authors and researchers commonly used the word *hallucination* to label encounters with the deceased (Arcangel, 2005; Devers, 1997; Gurney et al., 1886, Klass & Goss, 1999; LaGrand, 1997; MacDonald, 1992; Olson, Suddeth, Peterson, & Egelhoff, 1985; Osis & Haraldsson, 1977a, 1977b; Rees, 1971; Sidgwick, et al., 1894; Stevenson, 1983; Worden, 2002). Because of the associations the word hallucination has with serious mental disorders, many researchers and writers have argued for a new word and/or have selected their own terms for people’s encounters with the deceased (MacDonald, 1992; Stevenson, 1983).

Drawing on his background in psychiatry, Stevenson (1983) posed the question of whether authors and the public needed a new word to supplement hallucination. He described the etiology of the word and discussed how it is technically correct.

*Hallucination* derives from a Latin word meaning *to wander in the mind* and a Greek word meaning *to be uneasy*, and it refers to “a waking sensory experience having no identified external physical stimulus” (Stevenson, 1983, p. 1609). Stevenson (1983) noted that many people who are not mentally ill have sensory experiences that are not shared by others. In fact, he stated that “most people who have hallucinations are not in any way mentally ill” (p. 1609) and that many people in the general population appear to

have had one or more hallucinatory experiences. Stevenson (1983) nevertheless argued for a new word, *idiophany*, to refer to all unshared sensory experiences and recommended that the word hallucination be then used, as it originally was, to refer only to experiences of the mentally ill.

In addition to the term hallucinations, authors have referred to encounters with the deceased as, in alphabetical order: after-death communication (Devers, 1997; Drewry, 2003; Guggenheim & Guggenheim, 1995; LaGrand, 1997, 1999; Wright, 2004, 2006); afterlife encounters (Arcangel, 2005); anomalous experiences (McClenon, 1988); apparitions (Haraldsson, Gudmundsdottir, Ragnarsson, Loftsson, & Jonsson, 1977; Kohr, 1980; Palmer, 1979); contact with the dead (Burton, 1982; Greeley, 1975, 1987; Haraldsson, 1985; Haraldsson & Houtkooper, 1991; MacDonald, 1992); encounters with the dead (Haraldsson, 1988); experiencing the deceased (Devers, 1994); extraordinary experiences (La Grand, 1997, 1999, 2005, 2006; Parker, 2005); idionecrophanies (MacDonald, 1992); illusions (Grimby, 1993, 1998; Parkes, 1965, 1970; Rees, 1971); near-life experiences (Wooten-Green, 2001); perceived presence (Datson & Marwit, 1997); post-death communication (Houck, 2005; Mack & Powell, 2005); post-death contact (Kalish & Reynolds, 1973; Klugman, 2006); sensing a presence (Conant, 1996; Hobson, 1964; Lindstrom, 1995; Marris, 1958; Parkes, 1965, 1970; Rees, 1971; Simon-Butler, Christopherson, & Jones, 1988; Yamamoto, Okonogi, Iwasaki, & Yoshimura, 1969); and spiritual connections (Sormanti & August, 1997).

#### Summary of Review of Literature

A thorough review of the literature yielded numerous research studies and collections of reported ADCs. The professional literature on ADCs appears to consist of

approximately 35 research studies that yielded a percentage of participants who reported having ADCs. Among the 35 research studies, descriptive statistics ranged widely. Some researchers reported incidence, whereas others reported prevalence. Zingrone and Alvarado (2009) discriminated between prevalence and incidence, particularly related to research on near-death experiences (NDEs). I adapted their definitions for research on ADCs. Based on an adaptation of their definitions, I am defining prevalence as a lifetime estimate of ADCs or how many people are likely to have had one or more ADCs over the course of their lifetimes. I am defining incidence as the number of ADCs reported by a specific cohort defined by their recent experience of the loss of a loved one such that it is possible to be relatively sure that the ADC being reported occurred in the context of that experience. In other words, incidence refers to how many people experiencing the loss of a loved one are likely to have had one or more ADCs within a specified period of time following the experience. Based on the 35 research studies included in this systematic review, prevalence ranges from 2% (Sidgwick, Sidgwick, & Johnson, 1894; West, 1948) to 88% (Sormanti & August, 1997); incidence ranges from 49% (Barbato, Blunden, Reid, Irwin, & Rodriguez, 1999) to 90% (Yamamoto, Okonogi, Iwasaki, & Yoshimura, 1969). Prevalence and incidence in ADC research are discussed further in chapters 4 and 5.

In addition to these 35 studies are clinical case studies that provide in-depth analysis of the ADC phenomenon (Hoyt, 1980; MacDonald & Oden, 1977; Matchett, 1972; Smith & Dunn, 1977). Also published are research studies that provide descriptive data but not to the same extent as the 35 studies that provided a percentage of ADCs (Conant, 1996; Bennett, 1999; Bennett & Bennett, 2000; Bennett, Hughes, &

Smith, 2005; Drewry, 2003; Glick, Weiss, & Parkes, 1974; Malinek, Hoyt, & Patterson, 1979; Normand, Silverman, & Nickman, 1996; Parker, 2005; Wright, 1999). Last are numerous publications in which the authors have gathered and organized accounts of ADC experiences (Amatuzio, 2004, 2006; Callanan & Kelley, 1992; Devers, 1997; Duminiak, 2003; Heathcote-James, 2008; LaGrand, 1997, 1999, 2006; Lerma, 2007; Sutherland, 1997; Wooten-Green, 2001; Wright, 2002).

I created Table 1 from data from the 35 research studies to briefly summarize the author and year, type of study, number of participants, and term used/question asked. More information about these studies appears in chapter 4. These 35 research studies are included in this current study. Details about criteria for inclusion in the systematic review appear in chapter 3. I created Table 2 to summarize briefly the research studies that are not included in the systematic review but that do provide helpful information on ADCs. In contrast to the published research studies listed in Table 2, Whitney's (1992) study was an unpublished master's thesis. I included it because of its relevance to this current study. I created Table 3 to provide a brief summary of the other relevant literature in which the authors have gathered and organized accounts of ADC experiences. The importance of the research and literature addressed in Table 2 and Table 3 is more apparent in chapter 5, in which I integrate data from the systematic review of the 35 research studies, other research studies, and other relevant ADC literature.

Table 1

*Summary of After-Death Communication Studies*

Author(s) and Year	Type of Study	N	What was studied/Term used and Question asked
Arcangel, D. 2005	International survey made available online over 5-year period	N = 827	Afterlife encounters  "Have you experienced an encounter after the death of a loved one?"
Barbato, M. et al. 1999	Australia: Questionnaire sent to next of kin one month after their relative or friend had died in a palliative care unit in a hospital	N = 47	Parapsychological experiences assoc w/ the death of a loved one  "Did the deceased report any unusual incident(s) before his/her death?"  "Did you experience any unusual incident(s) prior to, at the time of, or following the death of your relative or friend?"
Burton, J. 1982	U.S. (Los Angeles area): Questionnaire given to psychic research groups and classes	N = 206	Contact with the dead  "Have you ever had a 'visitation' from a deceased relative?"
Datson, S. & Marwit, S. 1997	U.S. (St. Louis, MO): Surveys sent to recently bereaved recruited from grief support organizations, funeral home patron lists and advertisements in local publications	N = 87	Perception of presence  "In the time since the death of your loved one, have you ever felt a sense of their presence?"
Greeley, A. 1975	USA national survey conducted by author and his colleagues at the University of Chicago's National Opinion Research Council (NORC)	N = 1,467	Contact with the dead  "Have you ever felt that you were really in touch with someone who had died?"
Greeley, A. 1987	USA national survey conducted by author and his colleagues at the University of Chicago's National Opinion Research Council (NORC)	N = 1,473	Contact with the dead  "Have you ever felt that you were really in touch with someone who had died?"
Grimby, A. 1993 and 1998	Goteborg, Sweden: Semi-structured interviews with widows and widowers. Participants were systematically selected (every second bereaved person born in 1912).	N = 50	Postbereavement hallucinations and illusions  "Have you ever felt that your husband/wife has been with you in some way since he/she died?"

*(table continues)*



Table 1 (*continued*).

Author(s) and Year	Type of Study	N	What was studied/Term used and Question asked
Guggenheim, B. & Guggenheim, J. 1995	U.S. and Canada: ADC Research Project took 7 years to complete and consisted of telephone interviews with Americans and Canadians who responded to flyers and/or word of mouth. Participant recruitment originated in the Orlando, FL area.	N = 2,000	After-death communication (Guggenheim & Guggenheim coined this term.)  "Have you been contacted by someone who has died?"
Haraldsson, E. et al. 1977	Iceland: National random sample questionnaire	N = 902	Apparitions of the dead (under the heading of "psychic experiences")  Exact question unclear: author made reference to the Palmer study (1979)
Hobson, C. 1964	England: Unstructured interviews with widows in small town	N = 40	Sense of presence  Unclear as to whether participants were asked specifically about this experience.
Houck, J. 2005	U.S. (Pennsylvania): Survey given to bereaved people recruited from various hospice, suicide support groups, and HIV/AIDS agencies	N = 162	After-death communication  "After the death of your loved one, was there every a time when you sensed his/her presence?"
Kalish, R. & Reynolds, D. 1973	U.S. (Greater Los Angeles): Interviews with people from 4 ethnic groups (Black, White, Japanese, and Mexican) Random sample	N = 434	Post-death contact  "Have you ever experienced or felt the presence of anyone after he died?"
Kelly, R. 2002	U.S.: Questionnaires and interviews with emergency service workers	N = 90	Post mortem contact with fatal injury victims  "Have you ever felt a 'presence,' 'communication' of some kind, or a feeling of 'attachment' from a deceased victim?"
Klugman, C. 2006	U.S. (Reno, Nevada): Closed ended random digit-dial telephone survey at U of Nevada, Reno	N = 202	Post Death Contact (PDC)  "Do you have a connection with someone who has died?"

(*table continues*)

Table 1 (continued).

Author(s) and Year	Type of Study	N	What was studied/Term used and Question asked
Kohr, R. 1980	U.S.: Non-randomized survey of members of the Association for Research and Enlightenment (A.R.E.)	N = 406	Spontaneous psi experiences  Apparitions: "Have you ever had, <i>while awake</i> , a vivid impression of seeing, hearing, or being touched by another being, which impression, as far as you could discover, was not due to any external physical or 'natural' cause?"  Communication with the dead: "Have you ever 'communicated' with the dead or believed yourself to have been controlled or 'possessed' by a 'spirit'?"
Lindstrom, T. 1995	Norway: Interviews of widows recruited through hospital(s)	N = 39	Sense of presence of the deceased spouse  "Have you ever sensed the presence of your deceased spouse?"
Luke, D. & Kittenis, M. 2005	UK: online questionnaire inquiring about psychoactive drug-use behavior and the frequency of occurrence of a number of paranormal, shamanic, and mystical type experiences	N = 139	Transpersonal (paranormal, shamanic, and mystical type) experiences  "While not dreaming, and without any normal explanation, I have had the experience of communication with a deceased person or spirit."
MacDonald, W. 1992	U.S.: Used data from 1989 General Social Survey (GSS) conducted for the National Data Program for the Social Sciences at the National Opinion Research Center (NORC)	N = 465	Idionecraphany: a sensory experience which involves contact with a dead person  "Have you thought you were really in touch with someone who had died?"
Mack, J. & Powell, L. 2005	U.S. (Jefferson County, Alabama): Random sample telephone survey (cluster sampling procedure for stratified random samples)	N = 368	Post-death communication  "Have you ever felt that you've had a message from a deceased friend or family member?"
Marris, P. 1958	UK: Interviews with widows	N = 72	Sense of dead husband's presence  Unclear as to whether participants were asked specifically about this experience.

(table continues)

Table 1 (continued).

Author(s) and Year	Type of Study	N	What was studied/Term used and Question asked
McClenon, J. 1988	People's Republic of China: Random sample survey of dormitory residents at 3 colleges in Xi'an	N = 314	Communication with the dead "Have you thought you were really in touch with someone who had died?"
Olson, P. et al. 1985	U.S. (Asheville, North Carolina): Interviews with widowed residents of 2 nursing homes (non-random selection)	N = 52	Hallucinations of widowhood "Have you ever experienced your husband/wife being with you in any way since his/her death?"
Osis, K. & Haraldsson, E. 1977 India	India: Survey of doctors and nurses reporting on their patients' deathbed visions  In India, recruited hospital staff from large university hospitals	N = 435	Deathbed visions, hallucinations, apparitions of dead persons "What was the patient's behavior indicating that he/she was experiencing hallucinations?"
Osis, K. & Haraldsson, E. 1977 United States	U.S.: Survey of doctors and nurses reporting on their patients' deathbed visions  In the US, stratified random sample	N = 442	Deathbed visions, hallucinations, apparitions of dead persons "What was the patient's behavior indicating that he/she was experiencing hallucinations?"
Palmer, J. 1979	U.S. (Charlottesville, Virginia): Randomly selected sample of students from U of Virginia and adult residents	N = 354 (townspeople)  N = 268 (students)	Apparitions: "Have you ever had, <i>while awake</i> , a vivid impression of seeing, hearing, or being touched by another being, which impression, as far as you could discover, was not due to any external physical or 'natural' cause?"  Communication with the dead: "Have you ever 'communicated' with the dead or believed yourself to have been controlled or 'possessed' by a 'spirit'?"
Parkes, C. 1965	London, England: Interviews with selected bereaved psychiatric patients in 2 hospitals  Interview with open-ended questions	N = 21	Sense of presence, illusions, hallucinations  Unclear as to whether participants were asked specifically about this experience.

(table continues)

Table 1 (continued).

Author(s) and Year	Type of Study	N	What was studied/Term used and Question asked
Parkes, C. 1970	London, England: Standardized interviews with widows	N = 22	Sense of presence, illusions, hallucinations  Unclear as to whether participants were asked specifically about this experience
Rees, W. 1971	Wales: Interviews with widowed residents in mid-Wales	N = 293	Hallucinations, illusions of dead spouse  Participants were not directly asked about hallucinatory experiences
Sidgwick, H. et al. 1894	UK (primarily): Census carried out over the course of 3 years by the Society for Psychical Research (SPR). Many collectors/interviewers were associated with SPR.	N = 17,000	Spontaneous hallucinations of the sane  "Have you ever, when believing yourself to be completely awake, had a vivid impression of seeing or being touched by a living being or inanimate object, or of hearing a voice: which impression, so far as you could discover, was not due to any external physical cause?"
Silverman, P. & Nickman, S. 1996	U.S. (Massachusetts General Hospital/Harvard Medical School Child Bereavement Study) Used data from longitudinal, prospective study: interviews with bereaved children; use of open-ended questions	N = 125	Experiencing the deceased  Participants were not directly asked if they experienced the deceased.
Simon-Buller, S. et al. 1988	U.S. (Arizona): Questionnaires mailed to widows in Arizona; widows were recruited via the American Association of University Women, organizations for widows, some newspaper ads, and personal referrals (not random)	N = 294	Sense of presence of the deceased spouse  "Do you ever sense the presence of your deceased spouse?"
Sormanti, M. & August, J. 1997	U.S. (New York, New York): Mailed surveys to bereaved parents of pediatric cancer patients at a hospital; 9 open-ended questions	N = 43	After-death connection  "Please describe ways in which you continue to feel connected to your child after she/he has died."

(table continues)

Table 1 (continued).

Author(s) and Year	Type of Study	N	What was studied/Term used and Question asked
West, D.  1948	U.S.: Mailed survey conducted by the Society for Psychical Research (SPR) with assistance from "Mass-Observation," which provided a national panel of voluntary helpers who assisted by answering and getting their friends to answer the questionnaire sent to them in the mail	N = 1519	Hallucinations of dead persons  "Have you ever, when believing yourself to be completely awake, had a vivid impression of seeing or being touched by a living being or inanimate object, or of hearing a voice: which impression, so far as you could discover, was not due to any external physical cause?"
World Value Survey 1981-1984  Reported by Haraldsson, E. in 1985 and Haraldsson, E. & Houtkooper, J. in 1991	International: Multinational Human Values Study conducted by Gallup  International involving leading polling institutions in most Western European countries and some countries in Asia	N = 20,133	Contact with the dead  "Have you ever felt as though you were really in touch with someone who had died?"
Yamamoto, J. et al.  1969	Tokyo, Japan: Interviews with widows; researchers sent widows of men killed in automobile accidents letters requesting their participation in the study.	N = 20	Sense of presence of deceased  Unclear as to whether participants were asked specifically about this experience

Table 2

*Other Research Studies on ADCs*

Author(s), Year	Brief Description of Study	What was studied and/or Term used	Themes/Findings
Conant, 1996	Qualitative research study; interviews with 10 widows in Boston, MA	Sense of presence of deceased spouse	All 10 widows reported at least one ADC; widows reported that ADCs were transformative experiences that altered self-esteem; consoling quality of ADCs
Bennett, 1999	Qualitative research on widows in the UK—focus on culture, how individuals shape the cultural traditions of their social group	Contact with the dead	Many stories of women's first-hand accounts of ADCs; author noted the widows' stories were not requested, that the widows spontaneously offered them to illustrate their point of view and that the stories typically were responses to questions of faith
Bennett & Bennett, 2000	Qualitative research comparing KMB's study to GB's earlier study (Bennett, 1999); focus on how widows interpret their ADC experiences	Presence of the dead	Rich descriptions of widows' ADC experiences; support that ADCs are not restricted to the early months of bereavement nor to any particular period ("not confined to the confused early weeks following the death" p. 144)
Bennett, Hughes, & Smith, 2005	Study on the effects of psychological response and gender on coping with late life widowhood	Talking to dead spouse	Those who researchers identified as "Copers" (as opposed to "Non-copers") were those who talked more to their dead spouse—this was the case for both men and women in the study
Drewry, 2003	Phenomenological study exploring the experiences of 7 self-selecting participants reporting 40 ADC events	ADC	"All ADCs were described as ultimately beneficial even if initially frightening" (p. 78).; rich data on emergent themes with examples of types of ADCs from participants; report that at least one participant experienced her ADC as giving hope and giving her a willingness to keep living
Glick, Weiss, & Parkes, 1974	The Harvard Bereavement Study, 1965-1969 which is cited in many other sources; longitudinal study on bereaved widows and widowers	Sense of presence	Researchers did not directly ask about ADCs because of not anticipating the phenomenon; they included data on this phenomenon because of how frequently participants spontaneously reported it during the course of the study.
Hoyt, 1980	Clinical psychologist's case study of 4 participants	Experiences of presences in mourning	"In all four cases, the experience was profound and resulted in changes in the person's subsequent feelings and relationship to the one who had departed" (p. 106). Author reported no history of serious psychopathology in any of those who had ADCs.

*(table continues)*

Table 2 (continued).

Author(s), Year	Brief Description of Study	What was studied and/or Term used	Themes/Findings
MacDonald, & Oden, 1977	Three case histories in which Hawaiian teenaged students reported persistent hallucinations while residing in a Job Corps training center in Hawaii	<i>Aumakua</i> (Hawaiian term for personal spirit, usually a departed relative with whom a person has had a special relationship)	Desensitization techniques had failed to alleviate the "hallucinations." The subjects were guided to relax and communicate with the image of the <i>aumakua</i> . The subjects heeded the advice from the <i>aumakua</i> to improve their behavior. The subjects' problem behaviors spontaneously improved when they attended to the messages.
Malinek, Hoyt, & Patterson, 1979	Systematic psychodynamic study on bereavement reactions of people who have lost a parent during their adult life; in-depth interviews with 14 people	Preternatural experiences	Researchers selected 8 categories of interest based on an initial review of the literature. One of these categories was "preternatural experiences." Within this category are two brief accounts of ADCs.
Matchett, 1972	Three case examples from a psychiatrist of Hopi Indian women experiencing "hallucinations" during a period of mourning	Hallucinatory experiences	"In my psychiatric contacts with the Hopi I have heard of the phenomenon [ADC] frequently enough to think that its occurrence is rather common during a period of loss, but I cannot document this statistically" (p. 185-186). All three women seemed to benefit from talking about their experiences.
Normand, Silverman, & Nickman, 1996	Part of the Massachusetts General Hospital/Harvard Medical School Child Bereavement Study; findings of this study are based on a subsample of 24 children interviewed as part of the overall study	Experiencing the presence of the deceased	Researchers identified four types of ongoing connections maintained by bereaved children with their deceased parents; one of these types was "maintaining an interactive relationship with the deceased." Children exhibiting this type communicated with their deceased parents—not just talking to them but hearing or sensing the deceased parent answering back and/or comforting them in some way.
Parker, 2005	Multiple case questionnaire/interview study on Extraordinary Experiences of 12 bereaved individuals (North Carolina)	Extraordinary Experiences (EEs)	Some of the themes related to EEs: feelings of consolation, comfort, reassurance, and encouragement; decrease in fear of death; opportunity to resolve unfinished business with the deceased; opportunity to facilitate continuing bonds with the deceased. One participant reported having had a negative EE experience.
Smith, & Dunn, 1977	Two case reports of bereaved patients having hallucinatory experiences (Toronto)	Hallucinatory experiences	One patient reported the experience as being a positive part of her bereavement; the other patient expressed being frightened of her experience, fearing she might be "going crazy." This second patient "was relieved to talk about them and found the discussion of her experiences beneficial" (p. 122).
Whitney, 1992	Master's thesis on after-death contact; combination of questionnaire and interview with 24 people who had experienced after-death contact	After-death contact	Extensive literature review; rich data based on participants' ADC experiences; types of ADCs; ADCs were beneficial to the participants' grief process more often than not

(table continues)

Table 2 (continued).

Author(s), Year	Brief Description of Study	What was studied and/or Term used	Themes/Findings
Wright, 1999	Interviews with 61 people who had reported experiencing contact with the dead	Contact with the dead	First-hand ADC accounts; types of ADCs; 13 reports of death coincidences

Table 3

*ADCs: Other Relevant Literature*

Author(s) and Year	Title	What was studied and/or Term used	Themes/Findings
Allison, 2005	Resurrecting Jesus: The Earliest Christian Tradition and Its Interpreters	Apparitions, appearances	A very thorough, descriptive list of research and other literature containing ADC accounts; biblical accounts of ADCs
Amatuzio, 2002	Forever Ours: Real Stories of Immortality and Living from a Forensic Pathologist	Varies: depends on the percipient's description of the experience	Author's background as a physician and how she came to hear story after story from patients of their ADC experiences; several first-hand accounts of ADCs
Amatuzio, 2006	Beyond Knowing: Mysteries and Messages of Death and Life from a Forensic Pathologist	Extraordinary experiences	Several first-hand accounts of ADCs; benefits of ADCs
Callanan & Kelley, 1992	Final Gifts: Understanding the Special Awareness, Needs, and Communications of the Dying	Nearing Death Awareness	Accounts of experiences of dying people as they approached death—including accounts of death-bed visions; practical suggestions for helping those who are dying
Devers, 1997	Goodbye Again: Experiences with Departed Loved Ones	ADC	Author's book based on her qualitative research study on ADCs; accounts of ADCs; reported common thread throughout the experiences was a sense of comfort
Duminiak, 2003	God's Gift of Love: After-Death Communications	ADC	Types of ADCs; biblical accounts of ADCs; several first-hand accounts of ADCs
Flammarion, 1921	<i>Death and Its Mystery: Before Death; Proofs of the Existence of the Soul</i>	unknown	unknown
Flammarion, 1922	Death and Its Mystery: At the Moment of Death; Manifestations and Apparitions of the Dying	Apparitions	Many, many examples of first-hand accounts of ADCs
Flammarion, 1923	<i>Death and Its Mystery: After Death; Manifestations and Apparitions of the Dead; The Soul after Death</i>	unknown	unknown

(table continues)



Table 3 (continued).

Author(s) and Year	Title	What was studied and/or Term used	Themes/Findings
Heathcote-James, 2008	After-Death Communication	ADC	Types of ADCs; hundreds of first-hand accounts of people in the UK; accounts of ADCs with pets were included
LaGrand, 1997	After Death Communication: Final Farewells	ADC	Author's background as a grief counselor and how he came to hear one ADC experience after another and noticed how beneficial they seemed to be for the ADCs; types of ADCs; several first-hand accounts of ADCs
LaGrand, 1999	Messages and Miracles: Extraordinary Experiences of the Bereaved	Extraordinary Experiences	Question and answer format regarding ADCs including chapters on the nature of ADCs, types of ADCs, benefits of ADCs, and how to help ADCs
LaGrand, 2006	Love Lives On: Learning from the Extraordinary Encounters of the Bereaved	Extraordinary Encounters	Discussion of how ADCs can positively alter people's experience of grief; this book is mostly about how to move through the grief process
Jerma, 2007	Into the Light: Real Life Stories about Angelic Visits, Visions of the Afterlife, and other Pre-Death Experiences	Pre-death experiences	Author's experience as a hospice medical doctor who recounted several people's pre-death experiences, including death-bed visions
Sutherland, 1997	Beloved Visitors: Parents Tell of After-Death Visits from Their Children	After-death contact	Reports of parents feeling love, peace, and joy and being able to move on and cope better with their losses; types of ADCs; several first-hand accounts from parents whose children died
Wooten-Green, 2001	When the Dying Speak: How to Listen to and Learn from Those Facing Death	Near-life experiences	Author's experience as a caregiver and hospice chaplain who recounted people's encounters with the deceased—deathbed visions and other types of ADCs; discussion of difficulty people have understanding their own or others' ADC experiences; suggestions for how to help those who are dying
Wright, 2002	When Spirits Come Calling: The Open-Minded Skeptic's Guide to After-Death Contacts	After-death contact	Types of ADCs; several first-hand accounts of ADCs; discussion of people's fear of discussing their ADC experiences with others

*Note.* Italics represent works to which several other sources referred but which I was unable to locate and, therefore, to examine directly. These volumes are included because of their presumably extensive inclusion of ADC accounts.

## CHAPTER 3

### METHODS AND PROCEDURES

Many people have reported having an after-death communication (ADC) experience in which they spontaneously had a feeling or sense of direct contact with a deceased person. A thorough review of ADC literature yielded 35 research studies between the years of 1894 and 2005 including 50,682 research participants and representation from 24 countries. Because the methods and results of these studies varied considerably, answers to basic questions about ADCs such as their prevalence and incidence and who has them were not evident from a cursory or even in-depth examination of the studies. In fact, with my discovery of each additional study and attempt to integrate its findings in light of previous studies, the answers to these questions became more elusive. I concluded that the state of the field of research on ADC phenomena is ripe for a systematic review of ADC research. The goal of this study was to understand, describe, interpret, and synthesize ADC phenomena by answering the following research questions.

#### Research Questions

1. How common are experiences of ADC?
  - How does occurrence vary by gender, age, marital status, ethnicity, religious practice, religious affiliation, financial status, physical health, educational level, and grief status?
2. To what extent do ADCrs report ADC experiences to be beneficial and/or detrimental?
  - What are the leading benefits and/or detriments?

3. What is the incidence of research studies in which the researchers mentioned that the research participants appeared mentally healthy?
4. What is the incidence of sensory modalities—for example, visual, auditory, and kinesthetic—in which ADCs occur?
5. What are the strengths and weaknesses of the 35 ADC research studies?

#### Definition of Terms

*After-death communication* (ADC) is defined for the purpose of this study as a spontaneously occurring encounter with the deceased.

*After-death communicator* (ADCr) is defined for the purpose of this study as a person who reports having had an ADC experience.

*Apparition* is defined for the purpose of this study as an appearance of a deceased person.

*Bereaved* is defined for the purpose of this study as an adjective for a person who has experienced the loss of a loved one.

*Incidence* is defined for the purpose of this study as the number of ADCs reported by a specific cohort defined by their recent experience of the loss of a loved one such that it is possible to be relatively sure that the ADC being reported occurred in the context of that experience. In other words, incidence refers to how many people experiencing the loss of a loved one are likely to have had one or more ADCs within a specified period of time following the experience (Zingrone & Alvarado, 2009).

*Percipient* is defined, in general, as one who perceives; for the purpose of this study, a percipient is one who has an ADC.

*Prevalence* is defined for the purpose of this study as a lifetime estimate of ADCs

or how many people are likely to have had one or more ADCs over the course of their lifetimes (Zingrone & Alvarado, 2009).

#### Method: Systematic Review

In order to answer the research questions, I conducted a systematic review of the 35 research studies listed in Table 1. As mentioned already, the methods and results of these 35 research studies differed greatly. One of the advantages of conducting a systematic review is the ability to “make sense out of a bewildering array of different studies that used different methodologies and produced inconsistent results” (Rubin, 2008, p. 153).

A common misconception about systematic reviews is that they are merely big literature reviews (Petticrew & Roberts, 2006). What distinguishes a systematic review from a literature review is not its size but its purpose: to integrate and synthesize the literature in order to arrive at something new and qualitatively different than the sum of the existing data. Critical to the quality of a systematic review is the degree to which the researcher(s) minimize bias by assessing the quality of the studies included in the review (Rubin, 2008; Petticrew & Roberts, 2006). Rubin (2008) stated that “what makes a review systematic is the extent to which it attempts to be comprehensive in finding relevant studies and unbiased in appraising, synthesizing, and developing conclusions from the diverse studies with their disparate findings” (p. 161).

#### Procedures

For the review of literature, I included all research studies and other relevant literature that addressed ADCs—spontaneously occurring encounters with the deceased. I excluded studies and literature related to mediums, séances, or any other

third-party encounters with a deceased person, as well as induced forms of ADC (Botkin, 1998, 2000, 2005).

For the systematic review, I included research studies that yielded a percentage, either prevalence or incidence, of participants in the study who reported having experienced one or more ADCs. I chose this criterion because of my primary research question: “How common are experiences of ADC?”

I searched for research studies via two databases – PsychInfo (formerly PsychLit) and Academic Search Complete – using the term *after-death communication*, variations of the term, and synonyms of the term. I used the studies I found and the reference sections of those studies to find other studies that may not have surfaced from the database searches. Some research studies and other relevant literature surfaced in unexpected ways and did so throughout the research process. For example, some studies came to the attention of my faculty advisor as a result of her research contacts, and I came across some books while browsing in bookstores, libraries, or online for other, unrelated topics. I made every effort to include all relevant literature.

#### Instrument

After collecting the data and selecting research studies to include in the systematic review, my task was to find a way to critically appraise them before determining best estimates of ADC phenomenon. Petticrew and Roberts (2006) noted that the “most common and probably the most serious flaw [in systematic reviews] is the lack of any systematic critical appraisal of the included studies” (p. 271). In order to critically evaluate the 35 studies, I searched for an existing rubric by which to appraise the studies included in this systematic review. The 35 studies yielded descriptive data

and could be described as nonexperimental quantitative studies. Because I could find no such rubric, I developed a rubric in order to fulfill the purpose of this study.

I based the items of the rubric primarily on Rubin’s (2008) criteria for critically appraising nonexperimental quantitative studies and secondarily on Petticrew and Roberts’ (2006) framework for appraising surveys. Throughout the instrument development process, I consulted primarily four experienced researchers: regularly my faculty advisor and a research specialist (F. Lane, personal communication, 2009) at the Center for Interdisciplinary Research and Analysis (CIRA) at the University of North Texas (UNT), and periodically the other two members of my dissertation committee.

Table 4 shows the resulting rubric.

Table 4

*Inter-rater Reliability (Pearson’s r)*

	Independent Ratings			Post Rater Discussion Ratings		
	Average	Breakdown		Average	Breakdown	
Pilot Phase (3 OBE Studies)	.73	R1R2	.70	Not applicable—no need for discussion; this was for training purposes		
R1R3		.64				
R2R3		.86				
Rater Training Phase (10 NDE Studies)	.79	R1R2	.82	1.00	R1R2	1.00
R1R3		.72	R1R3		1.00	
R2R3		.84	R2R3		1.00	
Rating Phase (1 <sup>st</sup> 10 of 35 ADC Studies)	.68	R1R2	.72	.92	R1R2	.97
R1R3		.59	R1R3		.88	
R2R3		.74	R2R3		.92	
Rating Phase 2 <sup>nd</sup> 10 of 35 ADC Studies)	.55	R1R2	.60	.95	R1R2	.95
R1R3		.59	R1R3		.94	
R2R3		.47	R2R3		.95	
Rating Phase (Last 15 of 35 ADC Studies)	.62	R1R2	.57	.89	R1R2	.85
R1R3		.62	R1R3		.93	
R2R3		.60	R2R3		.90	
Rating Phase (Total for 35 ADC Studies)	.59	R1R2	.61	.90	R1R2	.90
R1R3		.61	R1R3		.90	
R2R3		.54	R2R3		.89	

Feedback during the instrument development process indicated it would be best to weight certain rubric items based on their relative importance to the quality of a study. For example, the author(s) of a study could write a very clear and thorough purpose section and methods section, but if little or no support for the validity and reliability of the instrument exists, the quality of the results would be seriously compromised. Thus, rubric items validity and reliability would seem to be fundamental and thereby to call for relatively heavier weighting than some other items related to quality of a study.

To develop a weighting system, I asked each of my four primary consultants to specify independently their recommended weighting of each rubric item, from 1 (low) to 2 (high). After compiling their recommendations, and upon further consultation with my chair and research specialist, I devised a system in which each item was weighted at 1, 1.5, 1.75, or 2. Table 5 shows the weighting for each item.

#### Use of the Rubric

After developing the rubric and weighting system, I enlisted the assistance of two raters in addition to myself to use the rubric to evaluate independently the quality of each of the 35 ADC studies. Both additional raters were doctoral students in the University of North Texas Counseling program. Both had taken research coursework beyond that required for their degrees, and both worked in research positions. The use of multiple raters helped to minimize bias and to establish and/or support the validity and reliability of the rating results (Rubin, 2008).

Table 5

*Research Evaluation Rubric*

Item	Code		3 Strong	2 Moderate	1 Weak or Unknown
1	PURP	Clarity/Completeness of Explanation of Purpose of the Study	very clear/complete	somewhat clear/complete	unclear/incomplete
2	METH	Clarity/Completeness of Description of Method	very clear/complete	somewhat clear/complete	unclear/incomplete
3	RELI	Reliability of Instrument—Cronbach's Alpha	reported results from current study	reported results from original instrument developer	did not report
4	VALI	Validity of Instrument	2 evidences of validity (in addition to face validity)	1 evidence of validity (in addition to face validity)	no evidence of validity or only face validity
5	REPR	Representativeness of the Sample Surveyed	highly representative	moderately representative	low in representativeness
6	SAMP	Sampling Method	probability sampling	nonprobability sampling such as purposive or judgment sampling	nonprobability sampling such as convenience, availability, volunteer, or accidental sampling
7	SIZE	Sample Size	n = 500+	n = 499-100	n < 100
8	BIAS	Bias/Response to Bias	minimal bias or bias was present, but researchers identified some of it and attempted to reduce it	bias was present, and researchers identified some of it but did not attempt to reduce it	bias was present, and researchers neither identified any nor attempted to reduce it
9	RESP	Response Rate	> 60%	60-40%	< 40% or not enough information to calculate
10	DIFF	Attempt to Explain Difference Between Respondents and Non-Respondents	performed nonrespondent bias checks and attempted to explain differences	gathered data on nonrespondents but did not attempt to explain differences	no information provided
11	CONC	Results/Conclusions/Discussion	rich data and/or strong discussion	moderate data and/or discussion	weak data and/or discussion



I conducted training in use of the rubric by selecting three studies unrelated to ADCs: they addressed out-of-body experiences (OBEs). I met with the raters, described the purpose and process, and gave them the three OBE articles, the rubric evaluation form, and the worksheet for rubric form. The rubric evaluation form had the same format as that in Table 7, and the worksheet for rubric form appears in Appendix A. After the three raters evaluated independently the OBE studies, we met again to discuss any points of confusion. After this meeting, I consulted with my faculty advisor to revise the rubric and create the rubric explanation and guiding questions shown in Table 5.

Next, I selected another 10 other articles unrelated to ADCs in order to establish initial inter-rater reliability: They addressed near-death experiences (NDEs). I gave the raters the 10 articles, the revised rubric evaluation form, the rubric explanation and guiding questions, and the worksheet for rubric form. After we each independently evaluated the 10 NDE articles, I ran inter-rater reliability, Pearson's  $r$ , and then met with the other two raters to discuss points of disagreement and confusion. After that meeting, I made revisions to the rubric evaluation form, the rubric explanation and guiding questions, and the worksheet for rubric form, and I created the Validity Tutorial that appears in Appendix B.

### Results for Inter-rater Reliability

The purpose of this study was to critically appraise the 35 existing ADC research studies in order to come to best estimates regarding ADC phenomena. In order to objectively appraise the studies, I developed a rubric to evaluate study quality and used it with two other raters, calculating inter-rater reliability using Pearson  $r$ . A firm cutoff regarding an acceptable Pearson  $r$  was difficult to determine; however, the common

practice seemed to be that anything .9 or above was generally considered good, and anything between .8 and .9 was typically considered acceptable, depending on the purpose of the study (F. Lane, personal communication, 2010; Frick & Semmel, 1978; LeBreton & Senter, 2008).

Reflected in Table 6 are correlation coefficients for the pilot phase involving 3 OBE studies, rater training phase involving 10 NDE studies, and actual rating phase involving the 35 ADC studies. Because it is not possible to obtain a single correlation coefficient when running inter-rater reliability with three raters, I averaged the three 2-rater coefficients to obtain one correlation coefficient, which is a common practice among researchers (F. Lane, personal communication, 2010). Thus, Table 6 shows correlation coefficients for Rater 1 with Rater 2, Rater 1 with Rater 3, and Rater 2 with Rater 3 as well as an average of the three coefficients. For the ADC studies, I included inter-rater reliability for the independent ratings and for the post rater discussion ratings. Inter-rater reliability for the independent ratings was below acceptable but for the post rater discussion ratings was reasonably good.

Given that  $r = .8$  is minimally acceptable and that I obtained  $r = .79$  in the Rater Training Phase, I determined it was best to check inter-rater reliability throughout the rating process. Based on my research specialist's suggestion and in consultation with my faculty advisor, I and the other two raters rated independently 10 of the 35 studies, and I calculated inter-rater reliability. Because the resulting coefficient was less than acceptable, the three raters met, provided rationales for choices, and changed rankings accordingly. I ran inter-rater reliability again, which yielded an acceptable coefficient. We repeated this procedure for the next 10 studies and for the final 15 studies.

Table 6

*Research Evaluation Rubric—Explanation of Items and Guiding Questions*

Item	Code		<b>Special Note: Please be sure to look at each rubric item for each given study. Even the weakest studies may rank high on some items, and the strongest studies may rank low on some items. As best you can, base your ratings on evidence present in the study.</b>
1	PURP 1.5	Clarity/Completeness of Explanation of Purpose of the Study	How clearly is the purpose of the study stated and explained? How well did the researchers indicate the question(s) they were aiming to answer (P & R, 2006)?
2	METH 1.75	Clarity/Completeness of Description of Method	How clearly and completely did the researchers describe how the study was conducted, (i.e., what the sample size was, how participants were recruited, etc.)? This item is not getting at the quality of the method but how clearly the method is explained. To what degree is the description of the method clear and complete enough for another researcher to be able to replicate the study?
3	RELI 2	Reliability of Instrument—Cronbach's Alpha	Did the researchers address reliability in relation to the instrument used to inquire about and/or assess ADC-related phenomena? Specifically, did they report results for Cronbach's Alpha? If so, did they go so far as to report reliability for the instrument used in their study? If not, did they at least report reliability results from the original instrument developer?
4	VALI 2	Validity of Instrument	Did the researchers report evidence that supports the validity of the instrument used to inquire about and/or assess ADC-related phenomena? Please see the "Validity Tutorial."
5	REPR 1.5	Representativeness of the Sample Surveyed	How well did the survey respondents represent the target population to whom the results will be generalized (P & R, 2006)? If the researchers clearly defined the target population and provided evidence that the survey respondents represented the target population well, then please rate the study as high in representativeness. Unfortunately, researchers often do not explicitly identify the target population; one has to infer it from the context and discussion of generalizing the results (G & M, 2000). For the purpose of this current study, please rate the sample of the study as highly representative if the sample was taken from a population that is large and diverse (as in the case of multinational studies and studies from large and diverse countries); rate as moderately representative if the sample was drawn from one country (but more than one city or region or type of population); and rate as low in representativeness if the sample was taken from a small and/or homogeneous country, region, or other defined population.
6	SAMP 1.5	Sampling Method	Did the researchers use probability sampling (i.e., simple random, systematic, stratified random, or cluster sampling) which is generally deemed the safest approach for reducing researcher bias or judgment errors? "A probability sample is selected in such a way that each element of the population has a known, positive chance of being selected in the sample" (S & G, 1987, p.228). Or did they use nonprobability sampling? If so, was the sample an availability, convenience, volunteer, or accidental sample in which researchers selected those cases immediately available? Judgment or purposive sampling is another form of nonprobability sampling in which researchers use their knowledge of the sample and their judgment in order to obtain the best possible representative sample even though the sample is not randomized. For example, "rather than merely interview the homeless people who happen to be in a nearby park on a warm afternoon, . . . the researchers could use their knowledge of where homeless people hang out at various times and various spots all over the city and then develop a sampling plan that—in the researcher's judgment—seems to offer the best chance of obtaining a representative sample of homeless people in that city" (Rubin, 2008, p.189).
7	SIZE 1.5	Sample Size	Please be careful to identify the number of <u>usable</u> surveys, questionnaires, or interviews to determine the actual sample size. The actual sample size is the number of "participants who complete the study and whose data are actually used in the data analysis and in the report of the study's results" (G & M, 2000, p.147). Sample size is not the same as people sampled. In general, the larger the sample size, the better. Generally what is big enough is 25-30 cases (C, M, & C, 2008). However, in practice, larger sample sizes are more powerful and also help better discriminate between the research studies reviewed in this current study (Lane, 2010).

*(table continues)*

Table 6 (continued).

Item	Code		
8	BIAS 1.5	Bias/Response to Bias	What or how much predisposing bias exists in the study, and to what degree did the researchers identify bias and attempt to reduce it?
9	RESP 1.5	Response Rate	The response rate is the size of the actual sample divided by the selected sample (G & M, 2000). If the researchers do not report how many participants they sampled (the denominator of the ratio), it is impossible to calculate the response rate. In those cases, assign a rating of "1." Although no hard and fast rule exists, a response rate of 60% or higher is generally considered relatively good (R, 2008).
10	DIFF 1	Attempt to Explain Difference Between Respondents and Non-Respondents	Did the researchers perform any nonrespondent bias checks (S & G, 1987, p. 235)? Did they make a reasonable effort to compare the attributes of respondents to nonrespondents (R, 2008)? (i.e., comparing demographic background data) (R, 2008; S & G, 1987)? [Note: If the researchers compared early responders to late responders, this is NOT related to this rubric item. This item is about comparing those who did respond to those who did not respond at all and trying to explain the differences between those two groups.]
11	CONC 1.5	Results/Conclusions/ Discussion	How rich and/or meaningful are the resulting data from the study? To what degree do the results of the study contribute to the understanding of the phenomenon (ADCs)? What is the extent to which the researchers placed their current findings within the context of previously-conducted research on ADCs? How well did the researchers address implications for future research on ADCs?

Table 7

*Rubric Evaluation Form: Studies Ranked*

Study Number	Author(s) and Year / Weighting	Rubric Items: 3 = Strong, 2 = Moderate, 1 = Weak or Unknown											Weighted Score
		1 PURP 1.5	2 METH 1.75	3 RELI 2	4 VALI 2	5 REPR 1.5	6 SAMP 1.5	7 SIZE 1.5	8 BIAS 1.5	9 RESP 1.5	10 DIFF 1	11 CONC 1.5	
1	Palmer, 1979	3	3	1	1	2	3	3	3	3	2	3	41.25
2	Kalish & Reynolds, 1973	3	3	1	2	3	3	2	3	2	1	3	40.75
3	Greeley, 1975	3	3	1	1	3	3	3	3	1	1	3	38.75
4	Kohr, 1980	2	3	3	1	2	1	2	2	3	1	3	36.75
5	Mack & Powell, 2005	3	3	3	1	1	3	2	2	1	1	3	36.75
6	Haraldsson et al, 1977	2	2	1	1	3	3	3	2	3	2	2	36.50
7	Marris, 1958	3	3	1	1	1	2	1	3	3	3	3	36.25
8	Osis & Haraldsson, 1977--U.S.	3	3	1	1	2	3	2	3	1	1	3	35.75
9	Grimby, 1993 and 1998	3	3	1	1	1	3	1	2	3	1	3	34.25

(table continues)

Table 7 (continued).

Study Number	Author(s) and Year / Weighting	Rubric Items: 3 = Strong, 2 = Moderate, 1 = Weak or Unknown											Weighted Score
		1 PURP 1.5	2 METH 1.75	3 RELI 2	4 VALI 2	5 REPR 1.5	6 SAMP 1.5	7 SIZE 1.5	8 BIAS 1.5	9 RESP 1.5	10 DIFF 1	11 CONC 1.5	
10	MacDonald, 1992	3	3	1	1	3	3	2	2	1	1	2	34.25
11	World Value Survey 1981-1984	2	2	1	1	3	3	3	2	1	1	3	34.00
12	Greeley, 1987	2	3	1	1	3	3	3	1	1	1	2	32.75
13	Houck, 2005	3	3	1	1	1	1	2	3	2	1	3	32.75
14	Luke & Kittenis, 2005	3	3	1	1	2	1	2	3	1	1	3	32.75
15	McClenon, 1988	3	3	1	1	1	3	2	2	2	1	2	32.75
16	Sidgwick et al, 1894	2	3	1	1	3	1	3	2	1	1	3	32.75
17	Kelly, 2002	3	2	1	2	1	1	1	3	2	1	3	31.50
18	Klugman, 2006	2	3	1	1	1	3	2	2	1	1	3	31.25
19	Osis & Haraldsson, 1977--India	3	3	1	1	1	1	2	3	1	1	3	31.25
20	Parkes, 1970	2	3	2	1	1	1	1	1	3	2	3	31.25
21	Arcangel, 2005	3	2	1	1	3	1	3	1	1	1	3	31.00
22	Olson et al, 1985	3	3	1	1	1	1	1	3	2	2	2	30.75
23	Silverman & Nickman, 1996	3	3	1	1	2	1	2	1	1	1	3	29.75
24	Sormanti & August, 1997	3	3	1	1	1	1	1	3	1	1	3	29.75
25	Simon-Buller et al, 1988	3	2	1	1	1	1	2	2	2	1	3	29.50
26	Rees, 1971	2	2	1	1	1	1	2	2	3	2	2	29.00
27	Barbato et al, 1999	3	2	1	1	1	1	1	2	2	1	3	28.00
28	Datson & Marwit, 1997	3	2	1	1	1	1	1	1	3	1	3	28.00
29	West, 1948	3	2	1	1	1	1	3	2	1	1	2	28.00
30	Guggenheim & Guggenheim, 1995	2	1	1	1	2	1	3	1	1	1	3	26.25
31	Yamamoto et al., 1969	2	2	1	1	1	1	1	2	1	1	3	25.00
32	Burton, 1982	2	2	1	1	1	1	2	1	1	1	2	23.50
33	Lindstrom, 1995	3	2	1	1	1	1	1	1	1	1	2	23.50
34	Parkes, 1965	2	2	1	1	1	1	1	1	2	1	2	23.50
35	Hobson, 1964	2	1	1	1	1	1	1	1	3	1	2	23.25

Note. The number underneath each rubric item abbreviation is the weight of each given item in relation to the other items.

## Summary

A search for research addressing ADC yielded 35 quantitative descriptive studies that appeared to range widely in both results and methodology. A systematic review seemed necessary to provide answers to several fundamental questions about ADC. To conduct a systematic review that would meet scholarly standards, I consulted with experienced researchers to develop a rubric, consisting of 11 weighted items, to evaluate the quality of each study. I used the rubric with two other raters in a process resulting in acceptable inter-rater reliability.

The resulting data enabled me to rank the 35 studies with reference to the quality of their methodology. This ranking enabled me to give greater credence to the results of the higher-ranking studies and use that information to arrive at seemingly best-informed answers to fundamental questions about ADC. These results are reported in Chapter 4.

## CHAPTER 4

### RESULTS

In this chapter I report results of ranking the studies and data related to the research questions in light of the quality of the studies. The fact sheet or end product of the study appears in Appendix C.

#### Results for Ranking the Studies

In all cases, ratings for each rubric item either matched across all raters or matched for two of the three raters; regarding the latter case, the non-matching rating was never more than 1 rating point different from the two matching ratings. To calculate final score for each study, in the case of non-unanimous ratings, I used the rating of the two matching raters. Table 7 shows final weighted score for each study with studies listed in rank order from highest score (strongest study) to lowest score (weakest study). Also shown are the abbreviated codes for each rubric item, each item's weighting, and raters' consensus for each rubric item for each study.

#### Data Related to Research Questions

At the time of formulating the research questions, I determined that I would answer them by considering relevant results from the five strongest studies that addressed each question or subquestion. In the below material addressing each question or subquestion, I first summarize all relevant results, and then I focus on results of the five strongest studies that addressed the question.

*Research Question 1: How common are experiences of after-death communication, and how does occurrence vary by gender, age, marital status, ethnicity, religious practice, religious affiliation, financial status, physical health, educational level, and grief status?*

Regarding prevalence and incidence, all the percentages in this section refer to

the percentage of research participants who reported having had one or more ADCs.

Table 8 shows the studies that yielded prevalence in order of study quality, beginning with the strongest study at the topic. Included are the following: author/year, percentage, type of study and *N*, and what was studied or the term used. Table 9 shows the studies that yielded Incidence. It contains the same column titles as Table 8.

Table 8

*Prevalence of After-Death Communication*

Author(s) and Year	Prevalence	Type of Study and <i>N</i>	What was studied/Term used and Question asked
Palmer, J. 1979	17% (apparitions) * 5% (communication with the dead)	U.S. (Charlottesville, Virginia): Randomly selected sample of students from U of Virginia and adult residents  n = 354 (townspeople)  n = 268 (students)	Apparitions: "Have you ever had, <i>while awake</i> , a vivid impression of seeing, hearing, or being touched by another being, which impression, as far as you could discover, was not due to any external physical or 'natural' cause?"  Communication with the dead: "Have you ever 'communicated' with the dead or believed yourself to have been controlled or 'possessed' by a 'spirit'?"
Kalish, R. & Reynolds, D. 1973	44%	U.S. (Greater Los Angeles): Interviews with people from 4 ethnic groups (Black, White, Japanese, and Mexican) Random sample n = 434	Post-death contact  "Have you ever experienced or felt the presence of anyone after he died?"
Greeley, A. 1975	27%	USA national survey conducted by author and his colleagues at the University of Chicago's National Opinion Research Council (NORC) n = 1,467	Contact with the dead  "Have you ever felt that you were really in touch with someone who had died?"
Kohr, R. 1980	54% (apparitions) * 25% (communication with the dead)	U.S.: Non-randomized survey of members of the Association for Research and Enlightenment (A.R.E.) n = 406	Spontaneous psi experiences Apparitions: "Have you ever had, <i>while awake</i> , a vivid impression of seeing, hearing, or being touched by another being, which impression, as far as you could discover, was not due to any external physical or 'natural' cause?" Communication with the dead: "Have you ever 'communicated' with the dead or believed yourself to have been controlled or 'possessed' by a 'spirit'?"

Note. Studies are listed in descending order according to quality with the strongest study listed first.

(table continues)



Table 8 (continued).

Author(s) and Year	Prevalence	Type of Study and N	What was studied/Term used and Question asked
Mack, J. & Powell, L. 2005	29%	U.S. (Jefferson County, Alabama): Random sample telephone survey (cluster sampling procedure for stratified random samples) n = 368	Post-death communication "Have you ever felt that you've had a message from a deceased friend or family member?"
Haraldsson, E. et al. 1977	31%	Iceland: National random sample questionnaire n = 902	Apparitions of the dead (under the heading of "psychic experiences") Exact question unclear: author made reference to the Palmer study (1979)
Marris, P. 1958	50%	UK: Interviews with widows n = 72	Sense of dead husband's presence Unclear as to whether participants were asked specifically about this experience.
Osis, K. & Haraldsson, E. 1977 United States	20%	U.S.: Survey of doctors and nurses reporting on their patients' deathbed visions  In the US, stratified random sample n = 442	Deathbed visions, hallucinations, apparitions of dead persons "What was the patient's behavior indicating that he/she was experiencing hallucinations?"
MacDonald, W. 1992	36%	U.S.: Used data from 1989 General Social Survey (GSS) conducted for the National Data Program for the Social Sciences at the National Opinion Research Center (NORC) n = 465	Idionecraphany: a sensory experience which involves contact with a dead person: "Have you thought you were really in touch with someone who had died?"
World Value Survey 1981-1984  Reported by Haraldsson, E. in 1985 and Haraldsson, E. & Houtkooper, J. in 1991	26% Great Britain; 12% Northern Ireland; 16% Rep. of Ireland; 26% West Germany; 11% Holland; 16% Belgium; 23% France; 33% Italy; 16% Spain; 19% Malta; 9% Denmark; 14% Sweden; 15% Finland; 9% Norway; 41% Iceland; 23% Total for Western Europe; 27% USA	International: Multinational Human Values Study conducted by Gallup International involving leading polling institutions in most Western European countries and some countries in Asia n = 20,133	Contact with the dead: "Have you ever felt as though you were really in touch with someone who had died?"
Greeley, A. 1987	42%	USA national survey conducted by author and his colleagues at the University of Chicago's National Opinion Research Council (NORC) n = 1,473	Contact with the dead: "Have you ever felt that you were really in touch with someone who had died?"
Houck, J. 2005	75%	U.S. (Pennsylvania): Survey given to bereaved people recruited from various hospice, suicide support groups, and HIV/AIDS agencies n = 162	After-death communication: "After the death of your loved one, was there every a time when you sensed his/her presence?"

(table continues)

Table 8 (continued).

Author(s) and Year	Prevalence	Type of Study and N	What was studied/Term used and Question asked
Luke, D. & Kittenis, M. 2005	33%	UK: online questionnaire inquiring about psychoactive drug-use behavior and the frequency of occurrence of a number of paranormal, shamanic, and mystical type experiences n = 139	Transpersonal (paranormal, shamanic, and mystical type) experiences: "While not dreaming, and without any normal explanation, I have had the experience of communication with a deceased person or spirit."
McClenon, J. 1988	40%	People's Republic of China: Random sample survey of dormitory residents at 3 colleges in Xi'an n = 314	Communication with the dead: "Have you thought you were really in touch with someone who had died?"
Sidgwick, H. et al. 1894	2%	UK (primarily): Census carried out over the course of 3 years by the Society for Psychical Research (SPR). Many collectors/interviewers were associated with SPR. n = 17,000	Spontaneous hallucinations of the sane: "Have you ever, when believing yourself to be completely awake, had a vivid impression of seeing or being touched by a living being or inanimate object, or of hearing a voice: which impression, so far as you could discover, was not due to any external physical cause?"
Kelly, R. 2002	28%	U.S.: Questionnaires and interviews with emergency service workers n = 90	Post mortem contact with fatal injury victims: "Have you ever felt a 'presence,' 'communication' of some kind, or a feeling of 'attachment' from a deceased victim?"
Klugman, C. 2006	63%	U.S. (Reno, Nevada): Closed ended random digit-dial telephone survey at U of Nevada, Reno n = 202	Post Death Contact (PDC): "Do you have a connection with someone who has died?"
Osis, K. & Haraldsson, E. 1977 India	50%	India: Survey of doctors and nurses reporting on their patients' deathbed visions; In India, recruited hospital staff from large university hospitals n = 435	Deathbed visions, hallucinations, apparitions of dead persons: "What was the patient's behavior indicating that he/she was experiencing hallucinations?"
Arcangel, D. 2005	64%	International survey made available online over 5-year period n = 827	Afterlife encounters: "Have you experienced an encounter after the death of a loved one?"
Olson, P. et al. 1985	63%	U.S. (Asheville, North Carolina): Interviews with widowed residents of 2 nursing homes (non-random selection) n = 52	Hallucinations of widowhood: "Have you ever experienced your husband/wife being with you in any way since his/her death?"
Sormanti, M. & August, J. 1997	88%	U.S. (New York, New York): Mailed surveys to bereaved parents of pediatric cancer patients at a hospital; 9 open-ended questions n = 43	After-death connection: "Please describe ways in which you continue to feel connected to your child after she/he has died."

(table continues)

Table 8 (continued).

Author(s) and Year	Prevalence	Type of Study and N	What was studied/Term used and Question asked
Simon-Buller, S. et al. 1988	50%	U.S. (Arizona): Questionnaires mailed to widows in Arizona; widows were recruited via the American Association of University Women, organizations for widows, some newspaper ads, and personal referrals (not random) n = 294	Sense of presence of the deceased spouse: "Do you ever sense the presence of your deceased spouse?"
Rees, W. 1971	47%	Wales: Interviews with widowed residents in mid-Wales n = 293	Hallucinations, illusions of dead spouse: Participants were not directly asked about hallucinatory experiences
Datson, S. & Marwit, S. 1997	60%	U.S. (St. Louis, MO): Surveys sent to recently bereaved recruited from grief support organizations, funeral home patron lists and advertisements in local publications n = 87	Perception of presence: "In the time since the death of your loved one, have you ever felt a sense of their presence?"
West, D. 1948	2%	U.S.: Mailed survey conducted by the Society for Psychical Research (SPR) with assistance from "Mass-Observation," which provided a national panel of voluntary helpers who assisted by answering and getting their friends to answer the questionnaire sent to them in the mail n = 1519	Hallucinations of dead persons: "Have you ever, when believing yourself to be completely awake, had a vivid impression of seeing or being touched by a living being or inanimate object, or of hearing a voice: which impression, so far as you could discover, was not due to any external physical cause?"
Guggenheim, B. & Guggenheim, J. 1995	20% (estimate)	U.S. and Canada: ADC Research Project took 7 years to complete and consisted of telephone interviews with Americans and Canadians who responded to flyers and/or word of mouth. Participant recruitment originated in the Orlando, FL area. n = 2,000	After-death communication (Guggenheim & Guggenheim coined this term.): "Have you been contacted by someone who has died?"
Burton, J. 1982	76%	U.S. (Los Angeles area): Questionnaire given to psychic research groups and classes n = 206	Contact with the dead: "Have you ever had a 'visitation' from a deceased relative?"
Hobson, C. 1964	80%	England: Unstructured interviews with widows in small town n = 40	Sense of presence: Unclear as to whether participants were asked specifically about this experience.

\* Based on the researchers' descriptions of "apparitions" and "communication with the dead," more emphasis should be placed on "apparitions" because of more similarity in that description and the ADC definition. It is possible that "communication with the dead" captures ADC experiences. Because some participants could have answered "yes" to both, I did not combine the two percentages for fear of getting an inaccurately inflated percentage.

Table 9

*Incidence of After-Death Communication*

Author(s) and Year	Incidence	Type of Study and N	What was studied/Term used and Question asked
Grimby, A. 1993 and 1998	82% at 1 mo. 71% at 3 mos. 52% at 12 mos.	Goteborg, Sweden: Semi-structured interviews with widows and widowers. Participants were systematically selected (every second bereaved person born in 1912). N = 50	Postbereavement hallucinations and illusions "Have you ever felt that your husband/wife has been with you in some way since he/she died?"
Parkes, C. 1970	73% at 1 mo. 55% at 12 mos.	London, England: Standardized interviews with widows N = 22	Sense of presence, illusions, hallucinations Unclear as to whether participants were asked specifically about this experience
Silverman, P. & Nickman, S. 1996	81%	U.S. (Massachusetts General Hospital/Harvard Medical School Child Bereavement Study) Used data from longitudinal, prospective study: interviews with bereaved children; use of open-ended questions n = 125	Experiencing the deceased Participants were not directly asked if they experienced the deceased.
Barbato, M. et al. 1999	49%	Australia: Questionnaire sent to next of kin one month after their relative or friend had died in a palliative care unit in a hospital n = 47	Parapsychological experiences assoc w/ the death of a loved one "Did the deceased report any unusual incident(s) before his/her death?" "Did you experience any unusual incident(s) prior to, at the time of, or following the death of your relative or friend?"
Yamamoto, J. et al. 1969	90%	Tokyo, Japan: Interviews with widows; researchers sent widows of men killed in automobile accidents letters requesting their participation in the study. n = 20	Sense of presence of deceased Unclear as to whether participants were asked specifically about this experience
Lindstrom, T. 1995	74% at 4-6 wks 67% 12 mos. later	Norway: Interviews of widows recruited through hospital(s) n = 39	Sense of presence of the deceased spouse "Have you ever sensed the presence of your deceased spouse?"
Parkes, C. 1965	52%	London, England: Interviews with selected bereaved psychiatric patients in 2 hospitals  Interview with open-ended questions n = 21	Sense of presence, illusions, hallucinations Unclear as to whether participants were asked specifically about this experience.

Note. Studies are listed in descending order according to quality with the strongest study listed first.

Of the 35 research studies, 28 yielded prevalence ranging from 2% to 88%. The five strongest ADC studies that addressed prevalence were the five strongest studies

overall and yielded the following results, listed beginning with the very best: 17%, 44% 27%, 54%, and 29%. Simply calculating the mean of the strongest studies' percentages is not a valid way to arrive at a best estimate of prevalence; however, researchers (Zingrone & Alvarado, 2009) studying NDEs used a similar method to arrive at a best estimate of NDE incidence. 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 during the course of their lifetimes.

In the case of those researchers who reported data on "apparitions" and "communication with the dead," I used data reporting the prevalence of "apparitions" because of the definitions the researchers provided (Palmer, 1979; Kohr, 1980). In both cases, the data gathered for "apparitions" were more closely related to ADCs. Communication with the dead was meant to assess mediumistic-type experiences, meaning third-party experiences including a medium, but Palmer (1979) explained that some people might have interpreted "communication with the dead" as a first-hand experience with a deceased person. Because some research participants might have answered affirmatively to the question about apparitions and the question about communication with the dead, I did not combine the percentages from both. Therefore, the percentage of those people reporting having experienced apparitions is likely a conservative figure.

The seven studies that yielded incidence represented a range of quality ranked

from 9<sup>th</sup> to 34<sup>th</sup>, with incidence ranging from 49% to 90%. The five strongest ADC studies that addressed incidence yielded the following results, listed beginning with the very best: 82%, 73%, 81%, 49%, and 90%. Again, simply calculating the mean of the strongest studies' percentages is not a valid way to arrive at a best estimate of incidence; however, researchers (Zingrone & Alvarado, 2009) studying NDEs used a similar method to arrive at a best estimate of NDE prevalence. The mean of the percentages of the five strongest studies yielding incidence in this current study was 75%. Because the three strongest studies yielded percentages that were relatively similar to each other, it seems reasonable to estimate that 70-80% of bereaved people are likely to have one or more ADCs within a year of bereavement. All of the studies yielding incidence included data from recently bereaved people. Because incidence pertains to ADCs of the bereaved, I address it below in the discussion of ADCs and grief status.

Of the 17 ADC studies that yielded data on gender, 13 indicated that ADCs are more commonly reported by women than by men, whereas four indicated no difference in gender. Of the five strongest ADC studies that addressed gender, the top four found ADC prevalence to be more common in women, and the fifth found no substantial difference between men and women.

Regarding age, 9 of the 14 researchers or research groups whose studies yielded data found no substantial difference in prevalence between age groups. Of those that found a difference, four found greater prevalence among older research participants, two among middle adulthood participants, and one among teens; this number equals seven because two of the five studies found greater prevalence among

two age groups. Of the top five studies in which researchers reported data on age, three found no difference, two found a tendency for older people to have more ADCs, and one of those two also found a tendency for teens to have more ADCs.

Regarding marital status, eight studies yielded data. Of these, four of the eight researchers who reported prevalence found that widows and widowers are more likely to have ADCs than those in the general population. One of the researchers reporting prevalence and one reporting incidence found more ADCs among widows/widowers who had been happily married, and one reporting prevalence found fewer ADCs among married participants. Of the top five reporting marital status data, three of the four researchers whose studies yielded prevalence data found those widowed to be more likely to report ADCs; the other found no difference in marital status; and the one whose study yielded incidence data found a positive relationship between “former marital harmony with a deceased partner” and ADCs but no substantial relationship between length of marriage and ADCs. Because widowed marital status also relates to grief status, I address the topic of marital status further in the discussion of ADCs and grief status.

Regarding ethnicity, only five studies yielded data on this variable in relation to ADCs; all were among the top 10 studies in terms of quality, and all reported prevalence. Four of the researchers/research groups found a difference related to ethnicity, whereas one found no substantial difference. The three that provided percentages found African Americans more likely to report ADCs than Caucasians; another researcher found greater or lesser reports of ADCs among these two ethnic groups were related to how members of the group viewed God. The one study that

reported ethnicity beyond those two groups reported prevalence, from highest to lowest, among African Americans, Mexican Americans, Caucasians, and Japanese Americans.

Regarding religious practice, nine studies yielded data. The six studies that yielded prevalence represented a range of quality ranked from 1<sup>st</sup> to 25<sup>th</sup>. Of these six researchers/research groups, three found no difference in religious practice; one found more ADCs with people who identified themselves as conventionally religious; one found more ADCs among those who reported having a belief in a loving God; and one found more ADCs among those who identified themselves as less religiously conservative. Three of the nine studies that yielded incidence represented a range of quality ranked from 9<sup>th</sup> to 31<sup>st</sup>. Of these three incidence studies, the strongest two found no difference, and the weakest of the three found that those participants who described themselves as having religious beliefs and practices reported more ADCs.

Regarding religious affiliation, eight studies yielded data. All eight studies yielded prevalence data and represented a range of quality ranked from 1<sup>st</sup> to 28<sup>th</sup>. Of these eight researchers/research groups, six found no difference in religious affiliation; one found more ADCs with people who identified themselves as religiously moderate or liberal; and one found more ADCs among those who identified themselves as “other,” which the researcher (Palmer, 1979) proposed most likely represented Eastern faiths.

Regarding physical health, only three studies yielded data. All three studies yielded prevalence data and represented a range of quality ranked from 8<sup>th</sup> to 25<sup>th</sup>. Of these three researchers/research groups, none found a difference in relation to physical health.

Regarding financial status, eight studies reported data. Of these eight, five



reported no substantial difference, and the rest reported more ADCs correlated with lower income. Of the top five studies, the pattern was similar: three yielded no substantial difference; one found a negative correlation between ADCs and low income; and one found a negative correlation between ADCs and low and middle incomes.

Regarding educational level, 11 studies reported data. Five reported a negative correlation between ADCs and educational level: more ADCs correlated with lower educational level; five reported no substantial difference; and one reported a positive correlation between ADCs and higher educational level. Of the top five studies, data point to a mixture of negative correlation between educational level and ADCs and no substantial difference.

Regarding grief status, only one study specifically differentiated between grieving and non-grieving respondents and found a higher percentage of ADCs in those grieving. All of the studies yielding incidence were studies of the bereaved; as reported in the discussion of Research Question 1 above, among all studies combined and the five strongest studies, incidence of ADCs among the bereaved was consistently higher than prevalence of ADCs in the general population.

Nationality was not part of the subquestion, but researchers (see Table 8) found noteworthy differences among people of different nationalities. For example, Icelanders reported higher prevalence of ADCs than Norwegians and Danes.

*Research Question 2: To what extent do ADCrs report ADC experiences to be beneficial and/or detrimental, and what are the leading benefits and/or detriments?*

Nineteen of the 35 ADC studies yielded data on the benefits of ADCs. Among these studies, percipients described ADCs to be one or more of the following: pleasant, positive, mystical, serene, elating, helpful, comforting, healing, spiritual, and a good

experience. Twelve of the 35 ADC studies addressed detrimental effects of ADCs. Most reported were experiences of fear and confusion—often as a result of not understanding what was happening.

*Research Question 3: What is the incidence of research studies in which the researchers mentioned that the research participants appeared mentally healthy?*

Fifteen of the 35 ADC studies reported that the research participants were mentally healthy. Three reported people who were mentally unhealthy. Rees (1971) noted that the incidence of depression was similar for those who had ADCs and for those who did not. Participants in Parkes' study (1965) were psychiatric patients in a hospital. Hobson (1964) noted that some participants had a loss of contact with reality. By and large, many researchers mentioned that the participants in the study were determined to be psychologically healthy.

*Research Question 4: What is the incidence of sensory modalities—for example, visual, auditory, and kinesthetic—in which ADCs occur?*

ADCs may occur as any of the following types—alone or in combination with others—visual, auditory, tactile, sense of presence, olfactory, dream, symbolic, deathbed vision, and telephone. About half of the 35 ADC studies yielded data regarding types of ADCs. The top 5 studies that yielded data on types of ADCs are listed as follows in the order of quality (strongest first): Kalish and Reynolds (1973), Haraldsson et al. (1977), Grimby (1993, 1998), Greeley (1987), and Houck (2005). Kalish and Reynolds (1973) and Houck (2005) reported dream ADC as the most common type. Haraldsson et al. (1977) and Greeley (1987) identified visual as the most common type of ADC. Grimby (1993, 1998) found sense of presence to be most common.

*Research Question 5: What are the strengths and weaknesses of the 35 ADC research studies?*

Regarding strengths of the studies, a good majority of the studies exhibited strength in the following areas: clarity/completeness of explanation of purpose of the study and description of the method and results/conclusions/discussions (see Table 7). Results varied considerably in relation to the following: representativeness of the sample surveyed, sampling method, sample size, bias and/or response to bias. See Table 6 for further explanation of these areas.

Regarding weaknesses of the studies, several studies were weak when it came to obtaining a high response rate and attempting to explain differences between respondents and non-respondents. Lastly, most studies were weak when it came to providing support or evidence for validity and reliability of the instrument used to assess ADCs (see Table 7).

## CHAPTER 5

### DISCUSSION

#### Discussion of Results

*Research Question 1: How common are experiences of after-death communication, and how does occurrence vary by gender, age, marital status, ethnicity, religious practice, religious affiliation, financial status, physical health, educational level, and grief status?*

Given the results on prevalence, it appears that approximately 30-35% or roughly a third of people have at least one ADC during the course of their lifetimes. Interestingly enough, the top five studies reporting prevalence were conducted in the U.S. It may be more accurate to say 30-35% of Americans likely will have at least one ADC in their lifetimes; however, given the systematic appraisal of the 35 ADC studies, it seems reasonable to conclude that this estimate could apply to the general population. This estimate could be a guideline for expectation of prevalence with the assumption that it will likely vary according to nationality. It is clear from the data that some differences exist among nations.

Haraldsson and Houtkooper (1991) noted that nationality emerged as a “very powerful factor indeed” (p. 159) in the occurrence of psychic experiences of which ADC was one type. They cited many possible reasons for this finding: differences in genetics, dominant philosophy or life styles, degree of media coverage related to ADCs, and the impact of the quantity and quality of research conducted and published in a given nation. Yamamoto et al. (1969) noted openness to maintaining a connection with the deceased in Japan in general and Tokyo in particular; this attitude may have contributed to a high prevalence of 90% they found in their study. This finding is consistent with

some of the other ADC research in which paranormal experiences are accepted in a given culture (Matchett, 1972) (see Table 2).

Clearly more research is needed to determine differences due to nationality. The World Values Study (1981-1984) unfortunately discontinued the question related to ADCs in subsequent studies (Haraldsson & Houtkooper, 1991). A suggestion for future research is another multi-national study in which researchers study ADCs and explore differences among nationalities.

All of the studies yielding incidence included recently bereaved participants, so the results of incidence can apply only to the recently bereaved. Given the results on incidence, it appears most likely that approximately 80-85% of people within the first year of bereavement are likely to have at least one ADC. It is not statistically sound to simply calculate the mean of the percentages of studies yielding incidence; however, as an exploratory endeavor, I calculated the mean of the top five studies that yielded incidence, and the result was 75%. Likely 80-85% is a fair estimate given that the top study yielding incidence found incidence of 82% at the first measurement point, and this study ranked in the top 10 of all 35 ADC studies. The next-strongest-ranked study researcher, Parkes (1970), found 73% at the first measurement point. The other three of the top five had percentages higher and lower than that.

One interesting finding was the difference between incidence and prevalence in the 35 studies. Zingrone and Alvarado (2009) cited Greyson (1998), a well-known expert in the field of near-death experiences (NDEs), as saying “prevalence will necessarily be greater . . . than incidence” (p. 98). In the case of NDEs, this conclusion seems logical; near-death experiencers’ (NDErs’) memories of their NDEs show

extremely little degradation over time, hence retrospective studies of NDEs are likely to yield higher percentages of people who recall an NDE from sometime in their lives – about 35% according to Zingrone and Alvarado (2009) -- than prospective studies of, say, people resuscitated in hospital over the course of a year – about 17% according to Zingrone and Alvarado (2009).

However, in the case of ADCs, incidence among the bereaved has been consistently higher than prevalence. On a possibly-related note, in incidence studies, memory of ADCs appears to degrade over a relatively short time, such as within a year. In all three studies reporting incidence in which the researchers collected data from the same participants at multiple points in time (Grimby, 1993, 1998; Parkes, 1970; Lindstrom, 1995), the percentage of incidence decreased with passing time. The researchers did not ask if participants had experienced ADCs since the last interview; they simply asked their respective interview questions again at each assessment point. Some participants who had said they had experienced ADCs at the first data collection point did not report experiencing them at later points. This finding likely indicates they forgot some previous experiences – and that if they had been asked if they had ever experienced ADC, they would have responded in a way that reflected such forgetting and yielded a lower prevalence figure.

The reason that some respondents over time fail to report ADCs that they previously reported must remain for now a matter of speculation. Given the beneficial nature of ADCs for the majority of percipients, one might conclude that ADCrs may not remember their experiences because of having integrated them into their lives and moved forward. Whatever the reason, one conclusion seems justified: Although cases

of ADC exist involving a loved one long deceased, ADCrs are more likely to recall ADCs – and report them, including in healthcare settings – within a relatively shorter time lapse, such as months, than longer time lapse, such as even a year, of the death of a loved one.

Thus, a critical variable in the occurrence of ADCs seems to be grief status. Incidence of the bereaved was higher in general than prevalence of people who may or may not have been bereaved. Some researchers found that those widowed experienced more ADCs than those not widowed. The single researcher who reported data according to whether participants were bereaved or not (Arcangel, 2005) found a substantial difference in those who reported they were grieving and those who reported they were not grieving at the time of their ADCs. The data indicate that a person who is grieving is more likely to report – and probably actually have – an ADC than one who is not. This conclusion is consistent with many authors' findings that ADCs are 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). However, it is important also for healthcare providers and others to keep in mind that ADC research points to a large number of people having ADCs who are not grieving.

At this point I discuss the results of the remaining subquestions: gender, age, marital status, ethnicity, religious practice, religious affiliation, financial status, physical health, educational level. Based on the results, it seems reasonable to expect more women to report ADCs. The reason for this finding is uncertain, and discussion of this finding is scarce. Greeley (1975) noted a strong relationship between being a woman

and having psychic experiences in general. MacDonald (1992) reported the possibility that women are more likely than men to have “realities which allow for such attributions. Males are socialized to repress intuitive thoughts, which might make them less apt to report [ADCs] if they do have them” (p. 221). Rather than the psychogenic explanation of repression is the physiological explanation related to the corpus callosum. Though controversial, the weight of evidence appears to support that this structure, which is responsible for communication between the two hemispheres of the brain, is larger in females than males (Johnson, Pinkston, Bigler, & Blatter, 1996). Perhaps communication between the hemispheres, perhaps particularly “input” from the more non-linear right hemisphere, is necessary for, or at least facilitative of, transpersonal experiences such as ADCs. The reason for the difference between men and women when it comes to having and reporting ADCs is unclear, but what is clear is that more women appear to report them than men. More research is needed in this area to explore why that difference seems to be the case.

Regarding age, more research is needed to come to firm conclusions. More than half of the researchers who examined the relationship between age and ADCs found no substantial difference among age groups. Given those that did report a difference, there might be a tendency for older people to report ADCs. This could logically be a result of older people more frequently having experienced the loss of friends and family members to death and/or the length of time during which they may have had the opportunity to have ADCs.

Regarding marital status, the results of this study support the likelihood that the widowed population has more ADCs. However, what is not clear from the ADC studies



is whether the widowed have more ADCs than other bereaved people, those in the general population, or those who are single, married, divorced, etc. More research is needed to reach conclusions regarding this matter. Results of this study do indicate a tendency for those widowed who were happily married to be more likely to have ADCs than those who were not happily married (Grimby, 1993, 1998; Rees, 1971).

Inconclusive is whether length of marriage is a strong predictor of ADCs. More research is needed to explore the relationship between marital status and ADCs.

Regarding ethnicity, results from this study do indicate a stronger likelihood that African Americans will report ADCs than Caucasians. The reason for this finding is unclear, and possible explanations are unavailable. More research would need to be conducted to explain this finding.

Regarding religious practice, more than half the studies yielded no substantial difference in religious practice as it relates to ADCs. Of those researchers/research groups who did find a difference, the results are inconclusive. One found more ADCs reported among conventionally religious participants, whereas another found more ADCs among participants who reported being less conservative in their religious beliefs. However, it seems possible that having religious beliefs and practices in general may correlate with the likelihood of ADCs, and belief in a loving God rather than a judgmental God may correlate with the likelihood of ADCs. More research is needed to support these findings and to better determine whether religious practice relates to ADC prevalence and incidence.

Regarding religious affiliation, the majority of the eight researchers/research groups found no difference related to ADCs. Only two noted a difference, indicating that

possibly those with Eastern faiths (Palmer, 1979) or those who identify themselves as religiously moderate or liberal (MacDonald, 1992) may be more likely to report ADCs. This conclusion is tentative; more research is needed to determine whether religious affiliation is strongly related to ADCs.

Results regarding physical health indicate no relationship between physical health and ADCs. Given that only three studies yielded data related to physical health, more research is needed to support this finding.

Regarding financial status, whereas more than half of the studies yielding data on financial status indicated no substantial difference related to that status and ADCs, those that did yield a relationship between the variables indicated that the lower a participant's income, the more likely that participant was to report ADC. The reason for this finding is unclear. A conclusion regarding this possible relationship should be considered tentative at best. More research would be needed to support this finding.

Of the studies that reported any relationship between educational level and ADCs, just as many researchers found a negative correlation as found no relationship, and one study indicated a positive correlation. Though the evidence leans toward the finding that the lower a participant's level of education, the more the participant is likely to report an ADC, regarding the relationship between educational level and ADC, more research is needed as well.

Grief status was addressed in detail earlier in this section. Given that only one study distinguished between the bereaved and non-bereaved, more research is needed to determine how strongly grief status is related to ADCs.

One last, highly speculative point at least deserves mention. Taken together, the admittedly very few studies that addressed ethnicity indicated ADC prevalence, from most to least, among African-Americans, Mexican-Americans, Caucasians, and Japanese-Americans. In the U.S., where many ADC studies have been conducted, factors related to cultural expectations and social oppression have resulted in reduced educational and income-generating opportunities among the first two groups, relatively more among Caucasians, and relatively even more among the last group. ADCs also may be less likely among people with more education and income. Taken with the finding of higher incidence of ADCs among males, it may be that *dominance of rationality* in one's psychological functioning – whether innate (male) or cultivated (by education) reduces the experience, remembering, and/or reporting of ADCs – and that a tentative finding of fewer ADCs among those who report more income is an artifact of the tendency for those who are more educated to have higher incomes. These factors would, of course, vary by culture – and represent a fascinating direction for future ADC research.

*Research Question 2: To what extent do ADCrs report ADC experiences to be beneficial and/or detrimental, and what are the leading benefits and/or detriments?*

ADC research overwhelmingly indicates a beneficial nature of ADCs. Among the 35 research studies, other research studies, and other relevant literature are countless first-hand accounts of ADCs in which percipients experienced their ADCs as positive, healing, life-changing, comforting, consoling, transformative, life-saving, joyful, uplifting and/or pleasant. Of those who had a negative experience—frightening or confusing—most of them seemed to suffer as a result of lack of understanding—their own and/or others' – rather than from the contents of the ADC itself. Occasionally some people felt

sad after the ADC and missed their loved one even more (Devers, 1997), this reaction was the exception. Arcangel (2005) stated that “individuals who were initially frightened, uncomfortable, or in acute grief, declared that their encounters [ADCs] became increasingly beneficial as they gained understanding about the phenomenon, shed their grief, or both” (p. 286). The following example illustrates a typical “negative” experience:

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. (Whitney, 1992, p. 50)

What seemed to be missing in cases of distressing ADCs is the ability to contextualize and integrate the experience. Because of this tendency, it would be ideal for health professionals and the general public to know that ADCs are common, normal experiences with beneficial or potentially beneficial qualities, even if ADCs sometimes react initially with fear or puzzlement.

*Research Question 3: What is the incidence of research studies in which the researchers mentioned that the research participants appeared mentally healthy?*

Several researchers commented on the mental/psychological health of participants. Only three mentioned lack of mental health, but, even those researchers did not see ADCs as hallucinations in the pathological sense. Overwhelmingly, data indicate that ADCs occur among normal, healthy people. On this topic, Greeley (1975) asserted:

Such paranormal experiences—by definition, lying outside the normal—are generally viewed as hallucinations or symptoms of mental disorder. But if these experiences were signs of mental illness, our numbers would show the country is going nuts. What was paranormal is now normal. It’s even happening to elite scientists and physicians who insist that such things cannot possibly happen. (p. 47)

Rather than concluding that Americans are “going nuts,” based on the results of this current study, a much saner conclusion is that ADCs are both common and normal.

*Research Question 4: What is the incidence of sensory modalities—for example, visual, auditory, and kinesthetic—in which ADCs occur?*

According to the results of this current study, ADCs may occur as any of the types and any combination of the types. Given results from the top five studies yielding data on types of ADCs, it is possible that the most common types are dream ADCs, visual ADCs, and sense of presence. More research is needed to support these findings.

*Research Question 5: What are the strengths and weaknesses of the 35 ADC research studies?*

A majority of the 35 ADC research studies were strong regarding the following rubric items: purpose, method and conclusions (see Table 7). Results varied considerably in relation to the following rubric items: representativeness, sampling, size, and bias (see Tables 5 and 6).

Most studies lacked support for a valid and reliable instrument with which to assess ADCs (see Table 7). Future researchers could use the rubric I developed to design a strong study, aiming for the highest criteria related to each rubric item (see Tables 5 and 6 and Appendix B). Most importantly is the development of an instrument that researchers could use to validly and reliably assess ADCs.

#### Unanticipated Finding

A common theme among ADC research is percipients’ reticence to report their ADCs. Throughout this research process, I read account after account of ADCr’s reluctance to share their ADCs for fear of being judged, ridiculed, and/or thought insane

(Amatuzio, 2006; Ring, 2008). This finding possibly indicates that ADCs may be under-reported. Several ADC researchers, particularly those who conducted interviews, reported ADCrs' relief at having talked with someone about the experience (Guggenheim, & Guggenheim, 1995). Some ADCrs reported that the research study was the setting in which they first discussed the experience with anyone. For example, Olson et al. (1985) reported that 54% of study participants had never told anyone about their ADCs prior to their being interviewed for the research study.

Combining this finding with the "rationality" hypothesis described above yields another tantalizing possibility. It may be that people with more innate or cultivated tendency toward rationality do not experience ADC less but are more reluctant to report it because it, like other transpersonal experiences, is not rational but trans-rational (Wilber, 2000).

In any case, further research is needed to support even this finding regarding reluctance to report as well as to determine conditions that help facilitate percipients' willingness to share their ADCs with others – a process that apparently often enhances the ADCr's wellbeing. In general, what seems beneficial is for health professionals and others to listen without judgment and help percipients come to their own understandings of their experiences (Amatuzio, 2002, 2006; Hastings, 1983; Wooten-Green, 2001). In addition, for ADCrs who express confusion and/or fear of the experience when, as appears almost always to be the case, not the experience itself but the ADCr's difficulty contextualizing the experience is the source of the confusion and/or fear, it may be helpful for ADCrs to learn many of the results of this study: that at the very least, a third of people report this experience sometime in their lives; that the experience itself is

unrelated to mental disorder; and that the experience is almost always beneficial for experiencers who can overcome lack of information and self-imposed fear. To this end, based on the findings from this study, I have developed a one-page ADC Fact Sheet that healthcare providers and others may find helpful in working with distressed ADCs to promote their peace of mind and their ability to benefit maximally from the ADC (Appendix C). The effectiveness of this fact sheet for this purpose is, itself, a matter for future research.

### Limitations of the Study

#### *Data Collection*

Even though I was very thorough in my attempt to find and include every study that met criteria for inclusion in the study, it is possible to have missed some studies. Given the manner in which studies kept surfacing in unexpected ways, it is quite possible to have missed studies that I should have included in this systematic review. Given the length of time over which I read and studied the literature, it is quite possible that I missed elements or factors that I should have reported and included in the results.

#### *Rubric*

Although the rubric was a very helpful tool in assisting the raters in coming to agreement on the quality of the ADC studies in this systemic review, I do not have confidence in it being used reliably to assess the quality of studies. Further research would need to be conducted to support the validity and reliability of the rubric.

Some of the rubric items were quite subjective, which made it difficult to have high agreement by using the rubric alone. Independent ratings from the rubric never exceeded  $r = .79$  (see Table 4), which was below the  $r = .8$  that is typically considered

acceptable (LeBreton & Senter, 2008). Additionally, inter-rater reliability of independent ratings did not increase with increased use of the rubric, even after discussion meetings with the raters. However, the primary goal was to use the rubric as a tool to critically evaluate the studies, and that goal seemed to be met. Using the rubric independently and then having post rater discussion meetings was beneficial to the process of critically evaluating the 35 ADC research studies.

Even though all three raters were encouraged to address each item of the rubric separately and to be unbiased in applying the rubric to each study, of course there was inherent bias. As a result of discussion among the raters, it was clear that one or more raters could be biased for or against a study for various reasons, that raters could become fatigued and less attentive to detail, and that raters could neglect to check to make sure they were staying in line with the rubric.

### Recommendations for Future Research

#### *Validity and Reliability of the Rubric*

Given my difficulty in finding a suitable means by which to critically assess the studies in this systematic review, certainly a need exists for an assessment instrument with evidence of validity and reliability. Further research on the rubric used in this study or new research on an assessment instrument would be helpful for use in future systematic reviews involving nonexperimental quantitative studies.

#### *Validity and Reliability of an ADC Instrument*

A few ADC researchers provided evidence of validity (Kalish, & Reynolds, 1973; Kelly, 2002) and reliability (Kohr, 1980; Mack, & Powell, 2005; Parkes, 1970) of the instrument they used to assess or inquire about ADCs; however, most of the studies in



the systematic review had no support for the validity or reliability of their instrument. A strong need exists for an empirically designed and tested instrument by which to investigate ADCs and who has them.

#### *How to Increase the Likelihood of Having ADCs*

ADC researchers recounted many people's wishes to have ADCs (Arcangel, 2005; Guggenheim, & Guggenheim, 1995). Botkin (2000, 2005; Botkin, Paddock, Mouton, & Lipke, 1998) developed an intervention called Induced After-Death Communication (IADC) by which he or someone he trained facilitates a receptive mode, thus increasing the likelihood of a client/patient having ADCs for the purpose of grief resolution. Greer (2003) wrote a book on how to communicate with departed loved ones in which she suggests ways to be more open and receptive to ADCs. Guggenheim and Guggenheim (1995) recommended open-mindedness, prayer, and meditation to help increase the likelihood of having ADCs. Common among many sources is the concept of being open and receptive. What would be helpful is more research on possible predictive factors related to ADCs.

#### Implications and Final Conclusions

Based on a thorough review of research, ADCs seem to be common, normal experiences with great potential for benefit. In cases when ADCs report distress, a climate of support and acceptance seem to help transform the experience into one that enhances well-being.

Hopefully the results of this study will provide helpful information to professionals and lay people alike, contribute to the normalization of ADCs, and provide opportunity for maximum benefit to ADCs.

APPENDIX A  
WORKSHEET FOR RUBRIC

## Worksheet for Rubric

Rater \_\_\_\_\_

Title of Article/Study \_\_\_\_\_

Item		Rationale/Evidence for Choice of Rating			Please write the page number(s) on which you found the information that supports your choice/rationale.
		3 Strong	2 Moderate	1 Weak	
1	PURP				
2	METH				
3	RELI				
4	VALI				
5	REPR				
6	SAMP				
7	SIZE				
8	BIAS				
9	RESP				
10	DIFF				
11	CONC				

APPENDIX B  
VALIDITY TUTORIAL

## Validity Tutorial

For the purpose of this study, we are looking at measurement validity. Is the measure or instrument actually measuring what the researchers are intending to measure? There is no one type of statistic used to describe measurement validity (Gliner & Morgan, 2000). In research articles, there is usually more evidence for the reliability of the instrument than for the validity of the instrument because evidence for validity is more difficult to obtain (Morgan, Gliner, & Harmon, 2006). Reliability is a necessary precondition for validity (Rubin, 2008); however, for the purpose of this study, reliability is assessed as a separate item. When evaluating evidence of validity as part of this study, assume the precondition of reliability has been met.

It is important to keep in mind that “measurement validity” is not about establishing validity for the instrument itself but determining whether the instrument is valid for the instrument’s use in a given study. For example, a chain saw is “valid” for tree surgery but not for brain surgery (Gliner & Morgan, 2000). One can never say with certainty that an instrument is valid; the validity of a measurement procedure always depends upon the context and on the purpose for which it is used (Smith & Glass, 1987).

Rather than determining whether the instrument is valid (which is practically impossible to do), we will be looking for evidence(s) of validity to help determine the quality of the studies included in this systematic review. It should be noted that if only one type of evidence is provided, no matter how strong, it is insufficient for establishing validity (Gliner & Morgan, 2000).

The following are four types of evidence for validity:

### 1. Face Validity

The content appears to be appropriate for the purpose of the instrument. The key word is *appears*. Face validity is not enough (Gliner & Morgan, 2000); it is the weakest form of validity (Rubin, 2008). If face validity is the only evidence of validity provided, the rating will be a “1” according to the rubric. This makes sense when you think about how no researcher would choose content that does not appear to be appropriate. Examples of face validity might be choosing items from an existing instrument used to measure a similar or the same phenomenon or construct, modifying a previously used instrument for use with the current/new study, or basing an instrument on a literature review of the phenomenon being studied.

### 2. Content Validity

This refers to the actual content of the instrument. Ask if the content that comprises the instrument is representative of the concept that one is attempting to measure. The process of establishing content validity usually starts with a definition of the concept that the researcher is attempting to measure; a second step is a literature search to see how this concept is represented in the literature; next, items are generated that might measure this concept; gradually this list of items is reduced to form an instrument; one of the methods of reducing items is to **form a panel of experts to review the items for representativeness of the concept** (Gliner & Morgan, 2000). The **group of experts** agrees that the items on an instrument adequately cover the full domain of

the concept that the instrument intends to measure (Rubin, 2008). One of the most common evidences of content validity is **consultation with and agreement of experts**.

### 3. Criterion-Related Validity

When people mention measurement validity, they are usually referring to criterion validity which refers to validating the instrument against some form of external criterion. This validation procedure usually involves establishing a correlation coefficient between the instrument and the external or outside criterion. The key to criterion validity is being able to establish an outside criterion that is measurable (Gliner & Morgan, 2000). The following are two types of evidence for criterion validity:

Predictive evidence: trying to see how someone will do in the future on the basis of a particular instrument. The instrument is used to predict some criterion in the future. For example, the SAT, GRE, and LSAT are examples of instruments used to predict future academic performance.

Concurrent evidence: The instrument and criterion are measured at the same time (Gliner & Morgan, 2000).

Note: You are not likely to see criterion-related evidence of validity in these studies given the nature of the phenomenon being studied (ADCs).

### 4. Construct Validity

This is the most complex type of measurement validity; constructs are hypothetical concepts that cannot be observed directly (i.e., intelligence, achievement, and anxiety). When applying construct validity to an instrument, there is a requirement that the construct that the instrument is measuring is guided by an underlying theory. Often, especially in applied settings, there is little underlying theory to support the construct (Gliner & Morgan, 2000).

An example of this type of evidence might be the process of examining the responses of research participants to identify their *reasons* for providing certain answers. Another example could be the researchers' examination of the responses of raters, observers, or judges to determine whether they are using the appropriate criteria; this type of process is getting at the extent to which raters are influenced by irrelevant factors in making their judgments (Morgan et al, 2006). A practical example of this type of evidence is the training process that was part of this study. During our training meeting, we looked at not only our ratings and the degree of our agreement in relation to the ratings but how each rater came to his/her ratings and what the items meant to each rater.

Final Note: The researchers may not use the word *validity* anywhere in their study; however, there still may very well be evidence of validity. You will have to use your research judgment to determine whether researchers provided evidence(s) of validity.

APPENDIX C  
ADC FACT SHEET

## Fact Sheet about After-Death Communication (ADC)

ADC is a spontaneous phenomenon in which a living person has a feeling or sense of direct contact with a deceased person.

ADC may occur as any of the following types—alone or in combination with others: visual, auditory, tactile, sense of presence, olfactory, dream, symbolic (song on radio, butterfly), deathbed vision (nearing-death awareness), and telephone. Dream ADC may be the most common – and might better be termed “sleep” ADC because people who report ADC (ADCrs ) often report the “dream” was actually real or was more real than typical dreams.

About 1/3 of people report having experienced ADC sometime in their lives.

ADC is reported by:

- Bereaved people more than non-bereaved; about  $\frac{3}{4}$  of people within one year of the death of a loved one.
- Widows and widowers especially.
- Women more than men.
- People of all ages, with older people perhaps slightly more likely, probably because the older a person is, the more likely the person has experienced others' deaths.
- People of all nationalities, with those from ADC-affirming cultures reporting more.
- People of all ethnicities, with some perhaps slightly more than others – from highest to lowest among Americans: African-American, Mexican-American, Caucasian-American, and Japanese-American.
- People of all education levels.
- People of all incomes, with people with relatively lower incomes perhaps slightly more likely.
- People of all religious affiliations and practices.
- People no matter what their physical condition.
- People no matter what their mental condition. The great majority of ADC researchers have noted that ADCrs in their studies were mentally healthy. There is no evidence that ADC alone indicates psychological disorder or mental illness.

People usually find ADC to be beneficial, using descriptive words like pleasant, positive, mystical, serene, elating, helpful, comforting, healing, spiritual, and a good experience. Most ADCrs report that, as a result of the ADC, they feel reassured and comforted that the deceased continues to exist -- and in a state of wellbeing and happiness, and the



relational bond of love between the ADCr and the deceased continues -- albeit in a different form. In summary, the ADCr feels affirmed that neither the deceased nor the relationship with the deceased has ceased; rather, both have transformed and continue.

People sometimes experience distress related to ADC, almost always fear and confusion from lack of information or misinformation about ADC rather than from the contents or experience of the ADC itself.

### **Suggestions:**

Because distress related to ADC is almost always the result of lack of information or misinformation about ADC, reading about it is likely to be helpful. I have read virtually everything published about ADC up to 2010. If someone asks me what one book I most recommend for people wanting to learn about ADC, I suggest:

Guggenheim, B., & Guggenheim, J. (1995). *Hello from heaven*. New York, NY: Bantam Books.

...and a helpful website might be the After-Death Communication Research Foundation's at [www.adcrf.org](http://www.adcrf.org).

Reports of ADC diminish over the course of time following a death. In fact, if asked if they ever experienced an ADC with a particular deceased person, some people say "yes" within a few months of the death and "no" a year later – perhaps because they had integrated the experience and it no longer "stood out" to them. If you have an ADC and want to be sure to remember it – for the benefit of yourself and/or others – journal the experience as soon as possible after it occurs.

Though ADCs are ultimately spontaneous experiences, they can be facilitated through processes such as psychomanteum – a particular kind of mirror-gazing in darkened surroundings – and Induced After-Death Communication. A source I suggest is:

Botkin, A. L., & Hogan, R. C. (2005). *Induced after death communication: A new therapy for healing grief and traumatic loss*. Charlottesville, VA: Hampton Roads.

...and Dr. Botkin's website: <http://induced-adc.com/>

Whether or not someone has experienced ADC, some people are interested in communication with the deceased through a medium. Research indicates that some mediums appear to be accessing information from the deceased. Such research is ongoing, for example at the Windbridge Institute (<http://www.windbridge.org/>).

- Jenny Streit-Horn, Ph.D., LPC-S  
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