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Meditation-Induced After Death Communication: A Contemporary Modality for Grief Therapy

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Meditation-induced after death communication (MI-ADC) was introduced as a potential modality for grief therapy. Traditional and contemporary approaches were compared in order to evaluate effective paradigms and theories of bereavement. The Continuing Bonds theory of attachment emerged as an adaptive framework for grief therapy, especially with attention to meaning-making and the strength of continued bonds. Considerations were implemented from research in psychomanteum, mediumship, and induced after death communication. Specifically, visual stimuli and timing of after death communications were emphasized. The discussion was encouraging for the conceptualization of MI-ADC as an effective construct and as an inquiry for empirical research.

Keywords: ***bereavement, grief therapy, attachment theory, continuing bonds, after death communication, meditation-induced phenomena***

Bereavement, defined as the experience of having lost someone to death (Bonanno & Kaltman, 1999), has consistently been rated as one of life's most stressful events (Hobson et al., 1998). *Grief,* referring to one's emotional response to loss (Stroebe et al., 1997), has been experienced on a continuum ranging from the absence thereof to chronic and complicated grief (Hall, 2014). On either end of this continuum, grief therapy was developed to help the bereft in processing their loss (Klass et al., 2014). The majority of therapeutic models traditionally aimed to decrease the intensity of grief and eventually resolve it by disconnecting the bond between the bereft and the deceased (Davies, 2004). However, Fenwick and Fenwick (2013) emphasized the therapeutic implications of maintaining an adaptive attachment to the deceased. A theoretical framework for these attachments was found in the Continuing Bonds theory (CB) of grief, in which reconstructing the relationship between the bereft and the deceased was an important therapeutic goal (Klass et al., 2014).

Within the CB framework, effective approaches to grief therapy have often reported a form of communication between the bereft and the deceased (Krippner, 2006). The possible experience of direct contact with a deceased person by a living person has been defined as a*fter death communication* (ADC; Streit-Horn, 2011). Such ADCs seem to have occurred both spontaneously (Fenwick & Fenwick, 2013) and at will (Barušs & Mossbridge, 2017); positive outcomes for the bereft have been found in either case.

The capacity to induce ADCs at will is encouraging for a contemporary approach to grief therapy. Examples of induced ADCs include the psychomanteum process (Moody 1992), mediumship (Barušs & Mossbridge, 2017), and Botkin's Induced After Death Communication (IADC; Botkin & Hogan, 2005). The review of literature will further define each of these practices of inducing ADC and their implications for grief therapy. Importantly, each instance of induced ADC was therapeutic for the bereft and could potentially be replicated through other practices. For example, the practice of *meditation,* defined as a set of "self-regulating practices that focus on training attention and awareness in order to bring mental processes under greater voluntary control and thereby foster general mental well being and development and/

or specific capacities" (Walsh & Shapiro, 2006, pp. 228-229), could potentially induce ADCs thereby decreasing the intensity of grief for the bereft. Meditation-induced ADC (MI-ADC) has potential as an effective modality for grief therapy.

Traditional approaches to grief therapy have often neglected experiences that have appeared to be helpful for the bereft (Davies, 2004). In a review of 32 publications on traditional and contemporary approaches to grief, Davies found that dominant traditions emphasized detachment from the deceased as the goal of grief therapy. Detaching from the deceased has been referred to as the Breaking Bonds paradigm in which the bereft were encouraged to sever their emotional bond with the deceased in order to recover from grief (Klass & Chow, 2011). Such a practice appeared to contradict the natural process of grief. For example, Davies (2004) explained that bereft parents often reported the need to share stories about their deceased children and maintain an attachment to them. While maintaining this attachment helped decrease grief, according to the Breaking Bonds paradigm, these attachments were pathological.

Over more, Davies (2004) observed that the traditional approach to grief therapy was reflective only of Anglo-American practices. These practices neglected the spiritual aspect of bereavement (Hall, 2014) as well as the experience of continued attachment often present in Eastern traditions of grief (Yamamoto et al., 1969). Hall (2014) suggested that an integral approach to grief therapy was necessary in order to address the multidimensional impact of bereavement. Klass and Chow (2011) also argued for alternative perspectives in the treatment of grief to better understand and alleviate the emotional response to bereavement. Fortunately, a shift in grief processing was apparent in Davies' (2004) review.

The Continuing Bonds theory (CB; Klass et al., 2014) offered an alternative theoretical foundation for grief therapy. This contemporary approach developed from the literature on attachment theory (Bowlby, 1979) in which the attachment behaviours of a child (e.g. crying and searching) were observed after the child was separated from its caregiver. These attachment behaviours were indicative of healthy adaptation and potentially served an evolutionary advantage when the child perceived its caregiver to be near and attentive. However, if the child perceived its caregiver to be absent or present though inattentive, the child exhibited exaggerated attachment behaviours (e.g. inconsolable crying and frantic searching), or so called *anxious attachment style*, which is ultimately maladaptive. Both adaptive and maladaptive attachment behaviours have also been observed in the separation between the bereft and the deceased (Neimeyer et al. 2006), catalyzing the emergence of CB.

In their empirical study of CB and complicated grief, Neimeyer et al. (2006) investigated grief as a function of attachment. Neimeyer et al. administered questionnaires and conducted interviews with a sample of 506 participants who had suffered the loss of a loved one within the previous two years. The researchers found that *meaning-making*, as in the ability to integrate the loss into one's life, and the strength of the continued bond were important factors in the experience of grief. To elaborate, Neimeyer et al. observed that higher levels of meaning-making correlated to better grief outcomes in the two years following bereavement. In addition, scores reflecting adaptive attachments on the Continuing Bonds Scale (CBS; Field et al., 2003) which measures aspects of attachment to a deceased person, were protective factors in the experience of grief over time. The researchers concluded that reconstructing the relationship with the deceased helped decrease the experience of grief, especially when mitigated by meaning-making (Neimeyer et al., 2006). That is, adaptive attachments post-bereavement helped the bereft in the processing of their grief.

Interestingly, Neimeyer et al. (2006) found that the strength of relationships prior to bereavement was indicative of higher levels of distress soon after bereavement. Prior research on CB (Field et al., 2003) explained that helplessness and guilt, often present in those with strong pre-bereavement bonds to the deceased, impacted the experience of distress especially in the absence of meaning-making. This emotional response was an example of maladaptive attachments in CB which would require reconstruction post-bereavement. These findings provided insight to the nuances of attachments in

continued bonds and should be a consideration in grief therapy. Overall, Neimeyer et al. (2006) evidenced the power of continued bonds with the deceased and thereby offered empirical support for the CB theory.

A recurring experience within the CB framework is after-death communication (ADC). According to Barbato et al. (1999), ADCs are a natural part of grief and essential to grief therapy. Barbato et al. evaluated the occurrence of ADC among 47 participants who had lost a loved one in palliative care within the previous month. The results illuminated seven categories of ADC, the most prevalent being a sense of the deceased's presence; a frequency of 50% was reported in Barbato et al.'s study. The remaining categories, in order of frequency, were the experience of auditory, olfactory, unusual occurrence, tactile, visual, and dream sensations of the deceased. Additionally, Barbato et al. reported that the feeling of comfort from the ADC increased with the number of experiences and that ADCs closer to the time of bereavement were more likely to be reported as distressing experiences. These findings suggested that comfort from an ADC may be a function of time. Further, the majority of those who experienced ADCs wanted to engage in conversations about them. Barbato et al. posited that since most were willing to discuss their experience, ADCs should be incorporated within psychiatric treatment without being disregarded or pathologized. Instead, Barbato et al. implored grief therapists to incorporate the ADC phenomenon in their clinical practice as they found it had a positive effect in decreasing the intensity of grief among the bereft. The findings from Barbato et al. were supported by Daggett (2005) whose study likewise investigated the occurrence of ADCs among a small population of grieving adults. Daggett similarly found that ADCs were not only common but were also an important part of the grieving process, providing further support for a CB approach to grief therapy with special attention given to ADC.

While most reported cases of ADCs have been spontaneous, some cases have been intentional. For example, Moody (1992) studied *psychomanteum,* the process by which an individual ostensibly makes contact with the deceased by sitting in a dimly-lit, mirrored chamber. The exercise of *mirror-gazing*, that is, staring into the reflection of own eyes with the intention of inducing an anomalous experience, was an important element in the apparent contact with a deceased loved one. A relaxed state was also deemed necessary for the induction of ADC. Often participants reported seeing the deceased in the mirror or having had the experience of entering the mirror themselves to reunite with their loved one. These apparent ADCs reportedly provided a meaningful experience of comfort for the bereft which was upheld for at least five years thereafter.

Supporting data was found in Hastings et al. (2002), who also conducted a study with grieving adults and the psychomanteum process. In this study, 27 participants underwent a three-stage process of mirror-gazing to facilitate apparent contact with their deceased friends and relatives. Hastings et al. found that 13 of the 27 participants reported ADCs that replicated the categories of ADC found in Barbato et al. (1999), for example visions and sensations of the deceased's presence were reported. Pre- and post-questionnaires relating to bereavement reflected a decrease in grief following the experience of ADCs. Hastings et al. (2002) concluded that the process of psychomanteum was beneficial for the bereft. The extant empirical data on psychomanteum, while limited, is strong enough to inspire optimism about induced ADC and its purpose in grief therapy.

Another example of induced ADC can be found in *mediumship,* defined as the apparent communication between the deceased and someone who displays the ability to facilitate the contact, often referred to as a *medium* (Barušs & Mossbridge, 2017). Mediumship has been reported in African, Asian and Indigenous cultures as a form of comfort-seeking after bereavement (Bryant, 2003). Generally, one approach to studying this phenomenon requires the medium to interact with an experimenter who is unknown to the bereft in order to meet double-blind conditions (Barušs & Mossbridge, 2017). The medium seemingly receives information regarding the deceased while the experimenter transcribes the details given. The transcript is then scored, by another anonymous

experimenter, for accuracy based on details given from the bereft. Control conditions use transcripts unrelated to the test transcript.

The Windbridge Research Center has developed and employed a quintuple-blind research protocol in the study of mediumship (Beischel, 2007). The center also provides certification for research mediums to evidence the validity of their research. According to Beischel, the majority of research in mediumship has either investigated the accuracy of the received information or it has gathered retrospective data from those who have had an experience with mediumship. Peer-reviewed, empirical studies of the direct impact of mediumship on grief are sparse, however, Evenden et al. (2013) do provide one encouraging example.

In their study of mediumship and grief, Evenden et al. investigated the therapeutic aspects of ADC facilitated by a medium. The investigators recruited three participants who had experienced bereavement in the past five years. Participants were interviewed regarding their grief symptoms before and after a session with a medium. Each participant reported the experience of an ADC within the medium session. Participants also reported that the session brought them comfort in their grief. Whereas participants initially felt that their connection with the deceased was lost, they acknowledged a continued bond following their mediumship session. Evenden et al. (2013) observed a significant decrease in reports of grief following mediumship leading them to conclude that ADC and the feeling of a continued bond with the deceased was essential in the processing of grief and attainable through mediumship. The researchers added that these phenomena should be addressed in grief therapy. Despite their minuscule sample size, Evenden et al. presented, at the very least, a pilot study of mediumship and grief.

Elsewhere, ADCs have also been induced in trauma therapy. Throughout his therapeutic practice with war veterans, Botkin (Botkin & Hogan 2005) developed a method for patients to ostensibly communicate with the deceased. The method, named *induced after death communication* (IADC) began with the practitioner bringing the participants to a state of relaxation by instructing them to make lateral eye-movements. The participants were then instructed to call to mind a deceased loved one and to stay with any emotions that arose. Often, an apparent IADC occurred during which the participants appeared to be embraced by a deceased loved one who provided comfort, relief, and resolution to them. According to Botkin and Hogan, these therapeutic results were upheld for at least two years. Evidently, IADCs allowed the bereft to maintain a loving relationship with the deceased thereby decreasing the intensity of grief. To empirically study this phenomenon, Hannah et al. (2013) replicated Botkin's IADC in a population of bereft individuals. Hannah et al. (2013) likewise found a decrease in the intensity of grief for those who experienced an IADC, reportedly 79% of their sample. The process of these IADCs appeared to be similar to experiences found in mediation practices.

Walsh and Shapiro (2006) defined meditation as a self-regulated practice involving the focused attention of mental processes used to foster specific capacities and general well-being. *Guided meditation* broadens this definition to include the element of instruction either by an in-person facilitator or by a variety of other communication (e.g. on-line content, written text, audible and visual media; Morale, (2017). This compound definition allows for both the exploration of meditation as a form of grief therapy and for the experience of meditation-induced phenomena in a wide variety of contexts. For example, Cacciatore and Flint (2012) studied bereavement and *mindfulness,* a self-regulation exercise of meditation. In their study, Cacciatore and Flint proposed a six-point model of mindfulness meditation which was intended for grief therapy. Their model used principles of meditation such as attention, awareness, and mental development to reconstruct meaning for the bereft in the processing of their grief. Following participation in Cacciatore and Flint's model of mediation, the bereft reported a decrease in their experience of distress and grief. Cacciatore and Flint concluded that mindfulness mediation was a cost-effective, culturally inclusive, and integral approach to grief therapy.

Finally, Van Gordon et al. (2018) studied meditation-induced near-death experiences in which advanced meditators reported experiences such as

the dissolution of the self, an altered sense of time and space, as well as encounter with otherworldly beings, including the deceased, in their meditative practice. These empirical studies in isolation provided support for mediation as an integral and multidimensional approach to bereavement. Taken with the body of research in continuing bonds and ADC, it seems possible to induce ADC by way of meditation. Hereafter, this process will be referred to as *meditation-induced after death communication* (MI-ADC), with or without guided instruction.

Insights from this review of literature illustrated three considerations for MI-ADC. First, the role of a facilitator appeared to be important in induced ADC given that the bereft were assisted by someone else in each method. The literature supported the use of guided MI-ADC though advanced meditators may wish to omit the instruction. Second, a relaxed and receptive state was found to be conducive of ADC in both psychomanteum (Moody, 1992) and IADC (Botkin & Hogan, 2005). Since meditation itself has been known to promote relaxation (Kutz et al., 1985), it appears suitable for use as a method of ADC induction. Third, the use of eye movements (Botkin & Hogan, 2005) and mirror-gazing (Moody, 1992) in induced ADCs suggest the importance of some form of visual stimuli in MI-ADC. Incorporating these considerations in the procedure of guided MI-ADC may increase their efficacy.

The procedure of MI-ADC would begin with the bereft situated in a comfortable setting and position. Space, lighting, and posture are variables with which to contend. Particularly, MI-ADC would make use of a visual stimulus so the bereft would have to be positioned within its view. Since both mirror-gazing (Moody, 1992) and lateral eye movements (Botkin & Hogan, 2005) have been used successfully, the bereft would have the option of using either method; ideally, the space would accommodate both. The space would also be dimly-lit as presented by both Moody as well as Hastings (2002). Moody asserted that a variety of reflective surfaces could be used; this allows for additional choice on the part of the bereft or facilitator. Regarding internal state, Hartelius (2015; Hartelius et al., 2022) has provided insight on *attentional stance*, that is, the cognitive process associated with regulation of the emotional and psychological location from which attention feels itself originate within the body—which in turn appears to impact global cognitive state, commonly referred to as state of consciousness. According to Hartelius (2015), an attentional stance in which the sense of self-location is in the belly with its presence felt as radiating outward while in mindfulness meditation was more reflective of non-ordinary states. It is inferred from this observation that such an attentional posture may be effective in MI-ADC.

Next, the guided MI-ADC would be facilitated either by a practitioner or by another form of communication. In either case, a standardized template would be practical. The template would simulate elements from meditation and from the existing methods of induced ADC referenced above. First, the bereft would arrive to a relaxed state by exercising mindfulness (Cacciatore & Flint, 2012). In order to promote receptivity to non-ordinary states, the bereft would then practice belly-centred attentional posture (Hartelius, 2015). Mirror-gazing (Moody, 1992; Hastings, 2002) or lateral eye-movements (Botkin & Hogan, 2005) would then commence with the intention of making contact with the deceased. Theoretically, this would be the point at which the ADC would occur; the bereft would simply allow for the experience to unfold. The MI-ADC would conclude upon the discretion of the facilitator or the bereft, after which the bereft would require debriefing and follow-up in grief therapy. The follow-up and subsequent trajectory in grief therapy would entail the reconstruction of an adaptive continued bond. Engaging the bereft in meaning-making both before and after MI-ADC would be crucial in this reconstruction. Outcome measures may include scores on the Continuing Bonds Scale (CBS; Field et al., 2003), subjective reports, and observations of decreases in distress and in the intensity of grief over time.

Not only does MI-ADC have potential for grief therapy, the concept is adaptable for research as well. For the purpose of an empirical study, the MI-ADC procedure may include data collection such as pre- and post-interviews and CBS scores to be analyzed longitudinally. Based on ethical

grounds, bereavement within a month may be an exclusion criterion in such research given that ADCs within a month of bereavement have been reported as distressing by some (Neimeyer et al., 2006; Barbato et al.,1999). Otherwise, a general population of bereft adults would likely benefit from participation in this research.

Despite the evidenced potential of MI-ADC, three limiting factors were apparent in the review of literature. First, the strength of the relationship with the deceased prior to bereavement posed particular challenges in reconstructing adaptive attachments after bereavement (Neimeyer et al., 2006; Field et al., 2003). Second, as noted by Neimeyer et al. (2006) and Barbato et al. (1999), the timing of ADCs appeared to affect the emotional response to them. Third, multiple ADCs might be required in order to achieve the desired effect on grief (Barbato et al., 1999). Addressing these limitations might increase the efficacy of MI-ADC in grief therapy.

Maintaining an adaptive attachment to the deceased is a tenet of continuing bonds (Neimeyer et al., 2006). Reconstructing the relationship between the bereft and the deceased after bereavement should be regarded as an important goal in grief therapy (Davies, 2014). In order to reconstruct an adaptive relationship between the bereft and the deceased, the pre-bereavement bond must also be examined (Neimeyer et al., 2006; Field et al., 2003). Given that stronger pre-bereavement bonds were correlated to higher distress soon after bereavement (Neimeyer et al., 2006), the efficacy of MI-ADC might be increased if preparation for the MI-ADC began with practices in meaning-making since they appeared to mitigate distress (Neimeyer et al., 2006). Further, Field et al. (2003) stated that the greater distress experienced within stronger pre-bereavement bonds could be due to feelings of guilt and helplessness in the bereft. Botkin's IADC (Botkin & Hogan, 2005) seemed to alleviate the guilt experienced by veterans upon their return from war. It could be inferred that in the event that initial meaning-making is not effective, the MI-ADC itself could potentially decrease the experience of guilt, and thereby, the experience of distress as well.

Furthermore, facilitating multiple MI-ADCs, each at an opportune time, might increase their efficacy. Recalling that Neimeyer et al. (2006) and Barbato et al. (1999) observed that ADCs within a month of bereavement were reportedly distressing to some, an opportune time for an initial MI-ADC might be at least one month after bereavement. Despite the importance of timing in ADC, the literature has yet to uncover the ideal time for an initial one. Future research could explore the preparedness of the bereft for an initial MI-ADC. Also, since induced ADCs may not occur upon the first attempt (Moody, 1992), exploring this additional inquiry in future research could provide a framework for first-time MI-ADCs.

Although induced ADCs did not always occur upon the first attempt, subsequent attempts were more successful (Moody, 1992). Also, since multiple ADCs appeared to provide more comfort to the bereft (Barbato et al., 1999), it follows that MI-ADC should be attempted multiple times in order to increase the likelihood of ADCs and the comfort experienced from them. Since mediation is a self-regulated practice (Walsh & Shapiro, 2006), the bereft have the opportunity to attempt MI-ADC, guided or not, multiple times on their own. Cost-effectiveness is an advantage of this approach to grief therapy, as indicated by Cacciatore and Flint (2012).

The implications of exploring MI-ADC are innumerable. The potential benefits of such a modality have been addressed extensively throughout this paper. While presented here for use within grief therapy, MI-ADC could have a cultural and empirical impact as well.

The intended effect of MI-ADC is to help the bereft in the processing of their grief. The existing research on CB (Neimeyer et al. 2006), ADC (Barbato et al., 1999), and meditation (Cacciatore & Flint, 2012) suggested that the proposed modality may be effective in decreasing guilt, distress, and grief; these outcomes are reflective of treatment goals in grief therapy (Davies, 2004). Moreover, the bereft frequently reported feelings of helplessness and loss of control as well (Field et al., 2003). The variables of MI-ADC in which the bereft can exercise choice and autonomy (e.g. choice of visual stimuli, instruction, and timing) may help alleviate the related symptoms of helplessness and loss of

control. According to Mikulincer's (1988) research, choice and autonomy have been shown to increase feelings of perceived control and self-efficacy while decreasing feelings of helplessness; these effects may be replicated in MI-ADC. Further, since meditation is generally cost-effective (Cacciatore & Flint, 2012), using this modality after bereavement would prevent an added financial burden to an already stressful event (Hobson et al., 1998).

Since MI-ADC was conceptualized based on various cultural (Yamamoto et al., 1969) and spiritual (Fenwick & Fenwick, 2013) principles, the modality may have broad applications. The modality reflects many non-dominant belief systems which suggests that it could resonate with a wider population of the bereft, especially since ADCs are revered in many cultures other than Anglo-American (Bryant, 2013). As noted in Barbato et al. (1999), those who experience ADC were willing to talk about them, though not in a psychiatric context. Including such non-dominant theoretical foundations in grief therapy could promote disclosure of the experience which could in turn lead to a better understanding of grief on the part of the practitioner and the bereft. Next, Sekowski (2021) has adapted the CBS (Field et al., 2003) for use in Italy and validated its cross-cultural potential. Also, reiterating its cost-effectiveness, MI-ADC can be practiced among low-income individuals and in developing countries as well. These implications reinforce Cacciatore and Flint's (2012) claim that meditative modalities are not only cost-effective but culturally inclusive as well.

Finally, MI-ADC has theoretical and empirical implications. Researching the construct empirically would first validate its effectiveness in grief therapy. Doing so may influence the theoretical foundations of traditional grief therapy to include contemporary approaches and modalities. This was an important argument in Davies' (2004) review. The procedure of MI-ADC is adaptable to many research designs and could prompt the exploration of neural correlates of ADC. The theoretical framework for this paper was based on CB but future research need not be limited to this theory. For example, experiences of ADCs and their induction have been used to support the Survival Hypothesis (Bryant, 2003) which postulates that some part of the individual survives bodily death. Though not discussed here, this hypothesis could be explored within MI-ADC research.

Before concluding, it is necessary to address the limitations of this paper. First, while MI-ADC was proposed as an integral approach to grief therapy, biological and neural correlates of grief were not explored. The absence of this dimension precludes MI-ADC from being truly integral until such a time when all dimensions of grief are addressed in unison. Though not yet truly integral, MI-ADC is more holistic than traditional approaches to grief therapy. Next, in light of Walsh and Shapiro's (2006) definition of meditation, it could be argued that the presented methods of induced ADC in themselves are practices that focus on attention and the development of specific capacities and mental well-being, meaning each method could be defined as meditation. The similarities in these experiences could conceivably obviate the need for MI-ADC as a separate construct. However, the overlap between MI-ADC and other methods of ADC was precisely the rationale behind proposing MI-ADC as its own construct. To date, these practices have not yet been formally conceptualized together. Nevertheless, future directions in the exploration of MI-ADC as an integral treatment modality in grief therapy will benefit from validating the procedure as its own construct.

The potential for MI-ADC to decrease the intensity of grief was informed by the literature on continued bonds (Neimeyer et al., 2006), psychomanteum (Moody, 1992; Hastings et al., 2002), mediumship (Evenden et al., 2013), and IADC (Botkin & Hogan, 2005; Hannah et al., 2013). Separately, each of these elements have been beneficial in the treatment of grief, therefore conceptualizing them within one practice may result in compounded benefits. Making meaning of the loss and reconstructing adaptive bonds with the deceased have benefits for the bereft and should be the central goals of grief therapy (Neimeyer et al., 2006). Communicating with the deceased can help attain these goals (Evenden et al., 2013). Hypothetically, the practice of MI-ADC could offer the compound benefits of meditation and communication with the deceased. This practice is cost-effective and culturally inclusive (Cacciatore &

Flint, 2012) therefore could be accessible to many. The greatest limiting factor of the proposed modality is that it has not yet been researched empirically as its own construct. Fortunately, MI-ADC is adaptable for future research.

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